At Intermountain, our mission is *helping people live the healthiest lives possible*. We recognize that maintaining the status quo in American healthcare is not an option.

The current U.S. healthcare delivery system is unsustainable. State and federal governments, employers, and individuals can no longer support the magnitude and rate of increase in healthcare expenditures. And many healthcare providers struggle to remain financially viable due to increases in expenses that are out-pacing payment levels. In addition, health outcomes in the United States are, in many instances, worse than in other countries that spend significantly less on healthcare.

In short, the current healthcare system: 1) produces costs that are too high and increasing at an unsustainable rate, and 2) does not provide a corresponding benefit to Americans’ overall health.

In 2011, Intermountain Healthcare began Population Health/Shared Accountability—our approach to achieve three important goals:

1. Better health
2. Better care
3. More affordable costs

This approach helps us fulfill our mission and our vision to be a model healthcare organization, providing extraordinary care in all its dimensions.

Transforming healthcare to meet these goals requires shared responsibility and contributions of all participants and stakeholders in the healthcare system.

**Three strategies**

Intermountain Healthcare's Population Health approach includes three strategies:

1. **Providing optimal care based on evidence.** We strive to consistently use treatments and procedures proven effective.
2. **Engaging patients.** We achieve better health for those we serve by promoting health and wellness.
3. **Aligning financial incentives.** We strive to reward high-quality care and service.

**How are we providing optimal care?**

Intermountain has demonstrated that in healthcare, higher quality often costs less. Patients have better medical outcomes and tend to experience fewer complications and readmissions. Using our vast data repositories, Intermountain Clinical Programs and Services teams are ramping up the development and consistent use of best practice standards.
We design care to keep people well and return them to optimal health quickly and efficiently when they are sick or injured. Our focus on best standards increases patient access to effective care, decreases risk, and improves clinical outcomes.

**Examples of redesigning care include:** personalized care and improved care management; our iCentra integrated system, TeleHealth, and health promotion and LiVe Well services.

**How are we engaging patients?**

Patient engagement means patients are involved in their own health and care choices, and they interact meaningfully with caregivers. At Intermountain, best patient care involves care of the whole person. This includes mental, emotional and physical health, as well as lifestyle.

We strive to put patients at the center of their care, and we engage patients in wellness and prevention decisions and in choices about their care. We are developing models of care to support patients in their circumstances. This includes tools patients can use to improve their overall health.

We seek to provide extraordinary care to each patient and to involve them in decisions about their care.

**Examples of engaging patients include:** Shared Decision-Making tools, personalized primary care/advanced primary care, patient education tools, digital and mobile communication like our Health Hub app, LiVe Well services, and integrated care management.

**How are we aligning financial incentives?**

Shared Accountability involves everyone in improving care: patients and health plan members, healthcare organizations, physicians, payers, and the community. Aligning financial incentives for all involved is key.

Everyone benefits from high-quality, high-value care. We need a payment system that rewards hospitals and physicians for providing the right care rather than just more care. With this in mind, we have new models for compensating hospitals and physicians. These models are based on a combination of productivity, quality, service, and total cost of care.

In addition, SelectHealth offers health plan benefits that encourage members to consider financial impacts of their healthcare decisions. We also continue our traditional focus on efficiency, which helps us manage costs.

SelectHealth Share in January 2016 hit a significant milestone of keeping annual rate increases closer to the general inflation rate and including Shared Accountability concepts in a commercial health plan. We are expanding this model to include additional options.

Also, Intermountain is engaging leaders in both federal and state governments to improve the effectiveness of Medicare, Medicaid, and other government programs.

**Examples of aligning financial incentives include:** a physician payment model that includes payment measures based on measures for productivity, quality, patient experience, and budget goals; developing physician networks for SelectHealth Share and other population health products; working with SelectHealth to encourage health plan members to be more involved in personal wellness and healthcare decisions; and supporting highly effective care—providing patients with the right care at the right time in the right setting, which improves clinical quality and lowers costs.

**Want more information?**

For more information and resources about Intermountain Healthcare’s Population Health approach, including a resource center with video, stories, time-line, glossary, and other tools, visit: [https://m.intermountain.net/populationhealth](https://m.intermountain.net/populationhealth) or call Intermountain Healthcare Population Health Department at 801.442.4555.