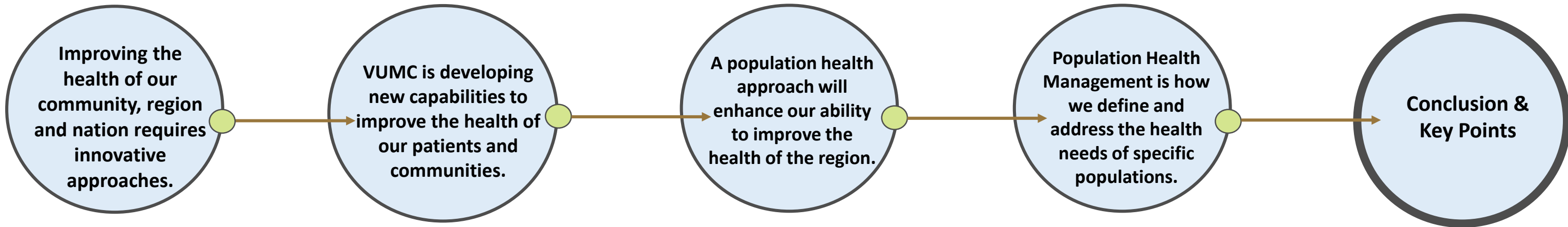


Population Health Messaging Framework



- Tennessee and surrounding states have some of the **highest rates of chronic disease in the country**, and our current healthcare approach isn't sufficient to solve this problem.
- **We need an enhanced approach** that focuses on lifestyle choices, socio-economic/cultural factors, and community partnerships with others who can support our patients' health.
- **90% of our health is the result of factors** outside of healthcare.
- Today's healthcare model is **reactive and hospital-centric, leaving gaps** where patients can easily fall through the cracks. Its focus is more "sick" care rather than on proactive approaches to health and well-being.

- VUMC is a **leader in building models and methods** that are preparing us to have a more proactive role in health. We share this leadership role with our affiliates and other community members. We're learning how to serve the **physical, mental, social, and behavioral health needs** of patients in a holistic way, applying academic rigor, data-driven approaches, and evidence-based practices that we are known for.
- We are **part of an esteemed academic peer group** that is re-shaping how healthcare organizations will have a larger role in health.
- In this new work, each one of us at VUMC can help improve how we deliver **better outcomes for our patients**.

- **The definition of Population Health is evolving.** Its focus is on improving the health of individuals and similar populations of people by understanding their needs, including determinants of health status, and delivering solutions that address common risks and barriers to health and well-being.
- Population health is a **patient-centered approach**, helping us design and deliver the type of care experience we would want for ourselves and our families.
- **Our teamwork culture at VUMC positions us for success in population health.** To be successful in this work, we are also developing and collaborating with a larger team beyond VUMC to better connect patients, clinicians, and communities.

- Population health management is the set of **key strategies for achieving our population health goals** and proactively identifying the health needs of patient populations.
- Efforts in P4P, bundles, VHAN, ACOs, chronic disease management programs, preventative health screenings, and patient-reported outcome measures are examples of population health management approaches at VUMC.
- **Advanced and critical care are core competencies at VUMC.** Identifying and enhancing connection points before, during, and after hospitalization is also an important part of a patient's journey.
- Improving the health of our region requires **coordination and collaboration** with a larger team. VHAN brings together like-minded clinicians and organizations to deliver new approaches at scale.
- VUMC applies **discovery and innovation** to population health challenges alongside our peers.

- **Our patients and communities need us** to help improve health in new and different ways.
- Our commitment to put **patients and their families first** steers the direction of our work.
- Our mission to **educate, innovate, and deliver exceptional care** is supported by continuous improvement and new approaches.
- We will constantly **learn, test, discover, and develop** new and better ways to care for our patients and communities.
- **We are leading the way forward** and collaborating with our peers.