Implementing Population-Health Management:
Core concepts and principles

<table>
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<th>What</th>
<th>Why</th>
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<td>Population identification is the first step to begin implementing population-health management and will need to be done on an on-going basis as your population changes.</td>
<td>Understanding your defined population and subpopulations enables you to co-design and match finite resources with the goal of improving health, care integration and resource efficiencies.</td>
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It includes:
1. understanding your defined population (needs, socio-demographics, size, etc.)
2. identifying sub populations with common needs (i.e., ‘priority populations’) within your defined population

Learnings shared from other places so far:
- Think about the “priority population” as the initial population of focus – remember the goal is clinical and financial accountability for the entire defined population (spread is required over time). Learnings and capabilities can extend to other populations and improve efficiencies.
- No single right place to start - many teams found their initial population of focus drifted as they began the work of planning and identifying subpopulations
- Don’t let perfect be the enemy of good enough – leverage the data you have now and begin to collect the data you’ll need
- Too narrow a focus can lead to optimization of one part of system at the expense of others while, too broad a focus can stretch capacity and lead to change fatigue, complexity

### Example of application

**Tools**
- MoH data package
- OH OHT dashboard
- INSPIRE OHT reports
- Quantitative and Qualitative feedback (e.g., surveys, interviews, co-design activities)
- Data from partners (e.g., primary care, hospital(s), community mental health, public health, etc.)
- HSPN OHT population segmentation reports

**Understand your defined population by their care needs, risks and barriers?**

1. What is your total defined population? What is known about it?
2. What are the initial subpopulations with which you may wish to start (i.e., priority populations) ? What is known about them?

**Next steps**

Once you have identified your priority populations, move to segmenting the priority population.

Click [here](#) for the segmentation infographic
Click [here](#) for the care models infographic

Throughout each component:
- **Co-design with lived experience** which represents your population
- Apply an **equity lens** with an emphasis on racialized and Indigenous populations
- Leverage QI processes and complete **tests of change**
- **Adapt** based on learnings and as population changes

Example subpopulation: older adults (65 years+)