Jefferson College of Population Health Founding Dean Dr. David Nash Creating Population Health Leadership

David B. Nash, MD, MBA is founding dean of the Jefferson College of Population Health, one of the first programs granting Master and Doctoral degrees in population health topics. Interview explores the population health graduate programs and advancing population health.

CHARLOTTE, N.C. (PRWEB) November 30, 2018 -- David B. Nash, MD, MBA is the founding dean of the Jefferson College of Population Health (JCPH), the nation’s first institution dedicated to population health management and research. Nash founded JCPH 10 years ago as one of the first in the world offering graduate programs in population health.

In his BOH interview, Nash explores the value of population health graduate and continuing education programs and the impact he hopes his cadre of graduates will have on improving U.S. healthcare. Still a practicing primary care physician, Nash advocates population health interventions to keep people healthy and avoid chronic disease, such as diabetes, heart disease and obesity, or, as he likes to say, “Shut off the faucet, instead of mopping up the floor.”

“If I were a current operational leader of an integrated delivery system,” shares Nash about his vision, “I sure would want to have a core group of emerging leaders in my organization who understood the road from volume to value, who had these new skills to bring us from health care to health.”

Nash helped create the program in part because population health and comparative effectiveness are not currently part of medical, nursing or pharmacy school curriculum.

JCPH grants Master and Doctoral degrees in Population Health, Population Health Intelligence, Health Economics Outcome Research, Health Policy, Public Health, Healthcare Quality & Safety and Operational Excellence. The college also offers continuing education and professional development programs including a 5-day Population Health Academy bootcamp and annual Population Health Colloquium.

His illustrious career is overwhelming to summarize: board and oversight roles with health systems, influential organizations such as the National Quality Foundation, and for-profit enterprises such as Humana and Arsenal Capital Partners. Nash has authored over 100 peer reviewed articles and edited 23 books. He earned his undergraduate degree from Vassar College, medical degree from the University of Rochester, MBA in Health Administration from the Wharton School and was a Robert Wood Johnson Foundation Clinical Scholar.

“We had this incredible opportunity to create the nation's first such college devoted to what we called then and continue to call ‘population health.’ Remember this was two years before Obamacare became law in 2010,” shares Nash about why the school was founded. “Our country still ranked below the top 10 globally in the health of the population. Medical error was still the third or fourth leading cause of death. When you think about cost and inefficiency, waste, error, even the stock market crash - it all looked pretty grim. That was the crucible for the creation of our college of population health.”

Through the leadership of faculty member and adult learning expert Dr. Juan Leon, JCPH was also an early innovator in online and hybrid learning modalities. Most of JCPH’s students pursue their graduate degree almost entirely online, asynchronously.
Nash describes his typical student as working professionals already equipped with an advanced clinical or management science degree. “While it’s not a requirement, many of our Master and Ph.D. students already have a clinical degree such as PharmD or MD or they come to us with an MHA, MBA, or MPH. They come to advance their careers in pharma or working for payers, health system and even large non-healthcare employers.”

“After Uncle Sam, employers are the number two payers in our country,” points out Nash. “Given that people are the number one cost and healthcare is a big chunk of that, large employers are looking for ways to omit the middleman and deal directly with the provider organizations. We see that with Boeing, General Motors, and others at the national level who are connected to various healthcare delivery systems. Employers are getting on the population health bandwagon and they need leaders trained to move from a world of volume to one of value.”

“We’re headed to a world of ‘no outcome, no income’ from a provider perspective. Employers are saying, ‘That's how I treat my suppliers and my subsidiaries. We want to see providers paid appropriately for good outcomes.’ Our students are helping drive that change,” says Nash.

“Among the first graduates of our doctoral program were some young leaders from Johnson and Johnson. They're in their early 40s, maxed out in a division within J&J and they're looking at the 180+ companies that make up Johnson & Johnson and they're thinking this is the right investment to advance to the next level,” he shared.

Given the breadth of his experience and influence, we asked Nash, “What one policy would most dramatically improve the effectiveness of our health care system?” His answer, while not surprising, brought it all together.

“I've been on this for nearly 30 years along with lots of smart people out there. What I do know is when you change economic incentives, you change clinical decision-making. This is the key issue,” answered Nash.

“Bundled payment, global fee, capitation whatever you want to call it, I'm all in support of aligning economic incentives to use evidence-based ways to achieve better, safer, lower cost outcomes. That’s why we began our programs in health economics outcome research (HEOR) and in population health intelligence.”

HEOR is the science of cost-benefit analysis also called ‘cost-effectiveness analysis’ or ‘comparative effectiveness.’ In this science, drug development and deployment trends are studied to advise on what should be put on a drug formulary and why.

In a global scholarly field, JCPH’s HEOR program is one of the largest and most well-regarded. Nash reports that theirs is a leading online asynchronous HEOR master's degree rivaled only by some overseas programs and their graduates are in virtually every major pharma company worldwide.

Why does this matter? Nash points out, “25 years ago, drug costs were 35 cents of every healthcare dollar spent. Today, that’s become 20 cents of every dollar spent. That’s only going to increase with precision medicine, with genetic therapy. With various medications costing $400,000 per dose, HEOR is more important than ever.”

Recently, JCPH introduced another degree program called ‘population health intelligence’. Describing the
program, Nash shared, “We’ve got all this data but what's the information we're gleaning? Pop health intelligence enables us to show your zip code is more important than your genetic code to predict your lifespan. In fact, using pop health intelligence with your zip code and your credit score, I probably can predict more about your health than by knowing your blood pressure, your cholesterol and your hemoglobin a1c. Pop health intelligence draws on data from different sectors, not all clinical, and makes inferences backed by evidence about the clinical conditions.”

When describing the experience and the students in the program, Nash shares, “We're not teaching people how to code. We're teaching folks how to glean information from the overwhelming amount of data that's available now in the system. You're not going to become a head of information technology with this degree. You'll be a vital key emerging leader making sense out of all of the incoming data and glean information.”

“These graduates make inferences about who might be readmitted, about who might need intensive case management or what are the social factors that are influencing these patients from six zip codes and why do we keep seeing them in the emergency room. That's population health intelligence,” describes Nash.

“We’re a major academic medical center delivery system with bundled payment programs for sepsis and congestive heart failure,” explains Nash. “So, what do I need to know? Well holy mackerel, I'm gonna need to know, ‘What are my true costs? What are the social determinants that are driving people in heart failure? What are the predictors of people who might get sepsis? What's the clinical course all about? Where are they going to go when they're out of the hospital? We need better information hence HEOR, population health intelligence, bundled payment and better aligned incentives. It all fits together beautifully.”

Students coming into these programs often have a doctorate in pharmacy or a master's degree in pharmaceutical science and medicinal chemistry shares Nash. “But they don't get the HEOR piece in pharmacy school. They come to us working in pharma information technology, biotech development and they want to have the skillset to compare and contrast outcomes and to create the evidence to support good decisions.

Jefferson College of Population Health is located in Philadelphia, PA and part of the recently merged Philadelphia and Thomas Jefferson Universities.

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