QI Connect:
Standardisation is Innovation...Discuss

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Addressing the Social Determinants of Health

New York State Medicaid investments

• Water fluoridation: $1 → $14 saved
• Nurse family partnership programs: $1 → $5.70 saved
• Housing: $388M → $1B saved
In 2015, Kaiser Permanente (Southern California) launched the predicted high utilizers program. The bottom 99% of members spend $2,500 per year, while the top 1% spend almost 40x as much, driving 29% of our total costs.

The predicted high utilizers program uses an algorithm that estimates future spending risk for all adult members

- The predictive model has significant advantages and some drawbacks
  - Continuous ranking
  - Customizable sample sizes in any subgroup of interest
  - Less focus on catastrophic events & trauma
  - Prediction is not perfect
  - Some high-cost patients are not a good target for intervention (e.g. transplant recipients)
- A regular MRN-level report is disseminated to care teams
  - Helps focus case finding for intensive interventions

https://catalyst.nejm.org/predictive-analytics-determine-next-years-highest-cost-patients/
Social Needs Prevalence
What are members screening positive for?

High Prevalence
- Caregiver Support (30%)
- Financial (31%)
- Affording healthy meals (27%)
- Food didn’t last (26%)

Medium Prevalence
- Health literacy/ numeracy (24%)
- Social Isolation (22%)
- Transportation (18%)
- Utilities (19%)
- Medical Care Costs (17%)

Lower Prevalence
- Homelessness (8%)
- Applying for public benefits (7%)
- Financial Counseling (6%)
- Child-related (4%)
- Employment (3%)

http://catalyst.nejm.org/health-care-that-targets-unmet-social-needs/
Community Organizations aren’t always helpful

- Help: 10%
- Hurt: 27%
- Other: 63%
Pilot designs must support rigorous evaluation, because of significant regression to the mean.

**Change in Total Cost, All Settings**

- Baseline: $78,846
- Follow-Up: $24,683
- Avg. Reduction: $54,163

**Change in Emergency Department Utilization**

- AV Bridges Intent-to-Treat
  - Baseline: 2.4
  - Follow-Up: 1.2

- Control
  - Baseline: 2.3
  - Follow-Up: 1.2

**Change in Inpatient Admissions**

- Baseline: 1.4
- Follow-Up: 0.6

- Baseline: 1.2
- Follow-Up: 0.5
Care Across the Continuum: A scaled approach matching resource intensity to patient need

Our diverse member population has varying levels of need. Highest risk patients spend almost 50x as much as the lowest risk. Each square below represents 1% of all patients.

Patients with greater and more complex needs should be proactively matched to more intense resources. Lower-need patients can be best served by standardized, low-touch, and self-service resources. The length of each bar below represents the amount of resources needed per person.

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Thank you!

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