

Targeting High Cost Patients and their Needs

Ashish K. Jha, MD, MPH
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SCHOOL OF PUBLIC HEALTH

We know why we need to
+ target HC/HN patients

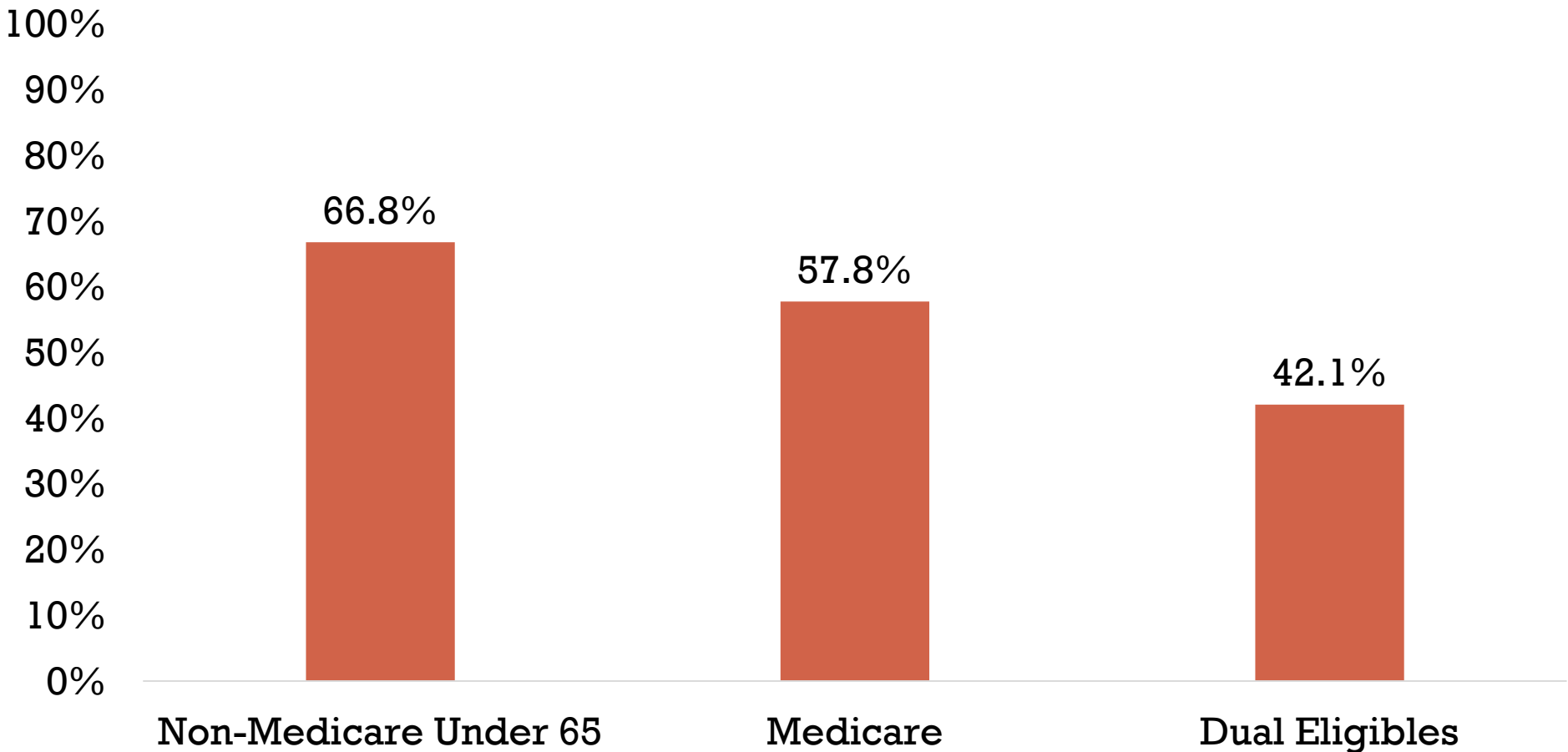


Concentration

The top 10% of patients represent...

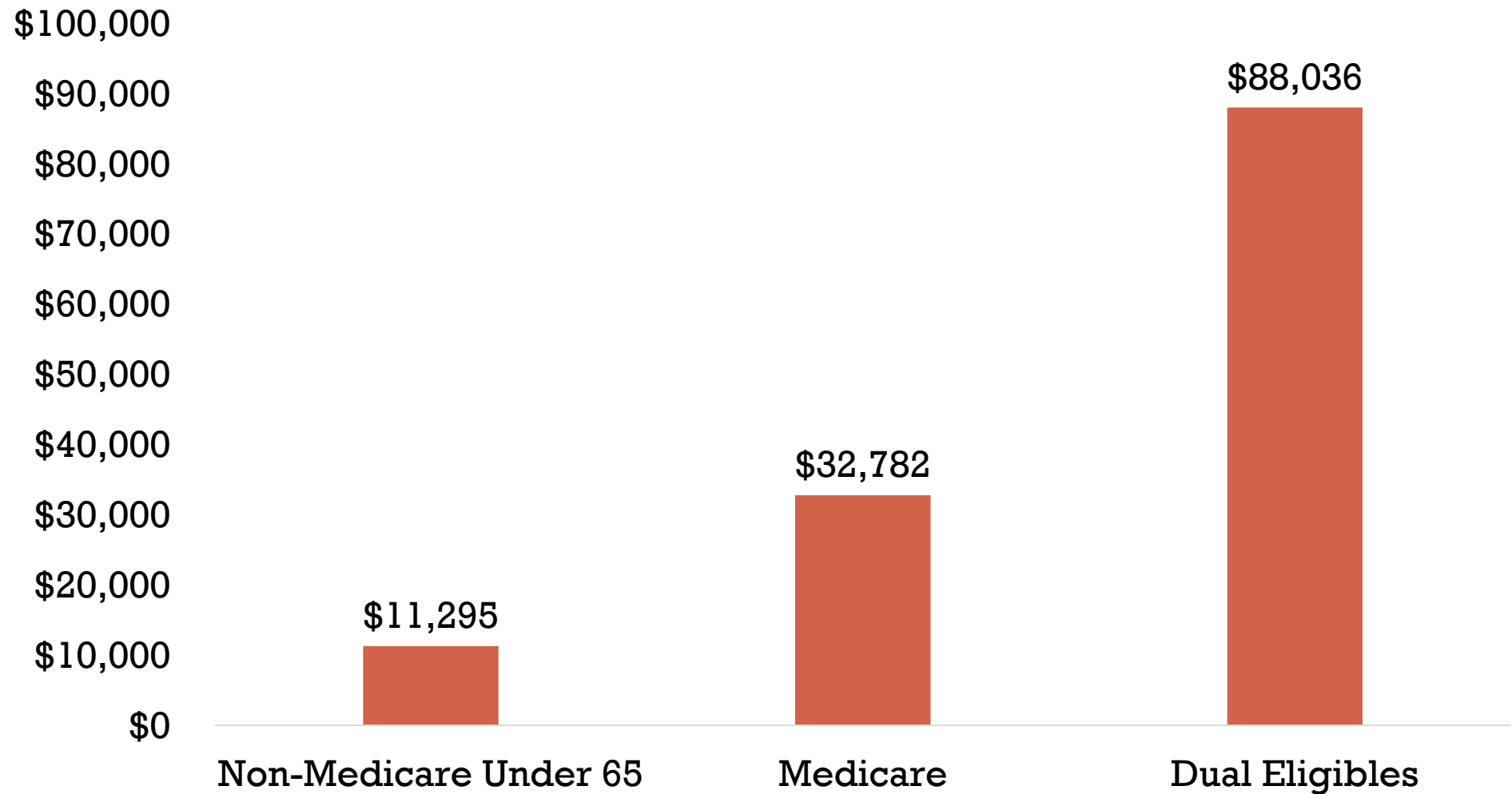


Proportion of Costs



Sicker the population, less
+ concentrated the spending

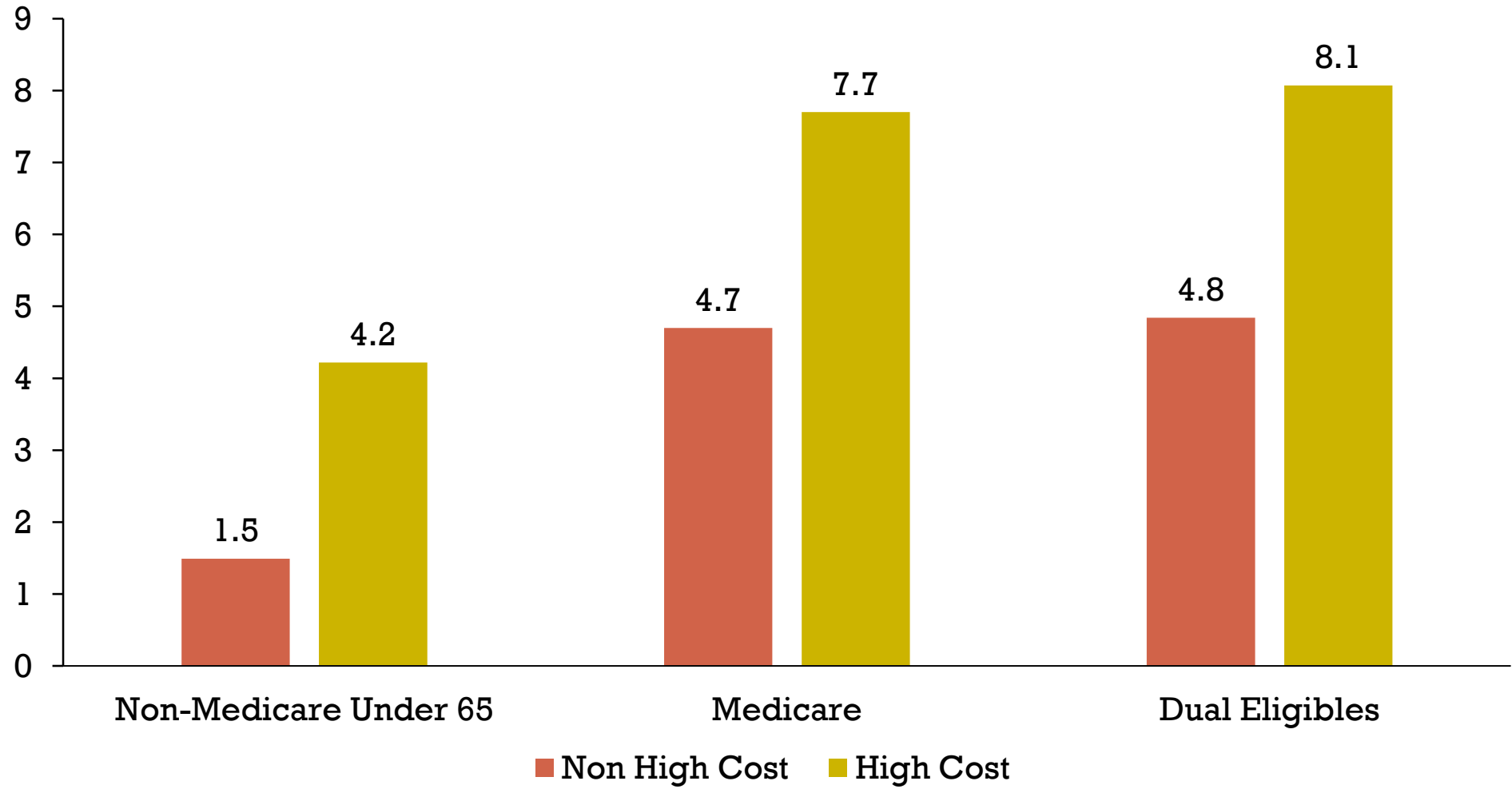
+ Threshold for High-Cost Status



+ Who are the HC/HN?

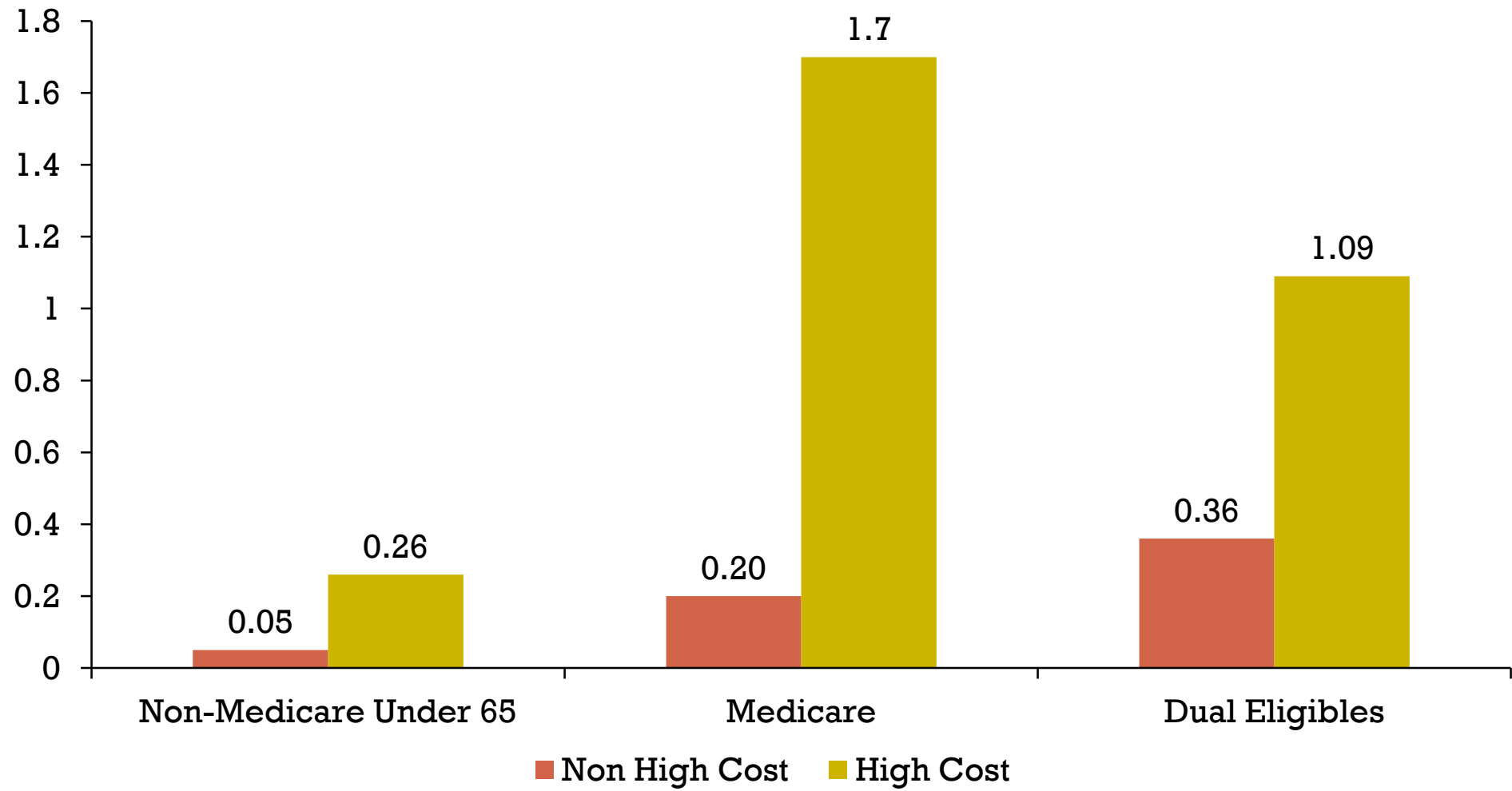


Mean Number of Chronic Conditions

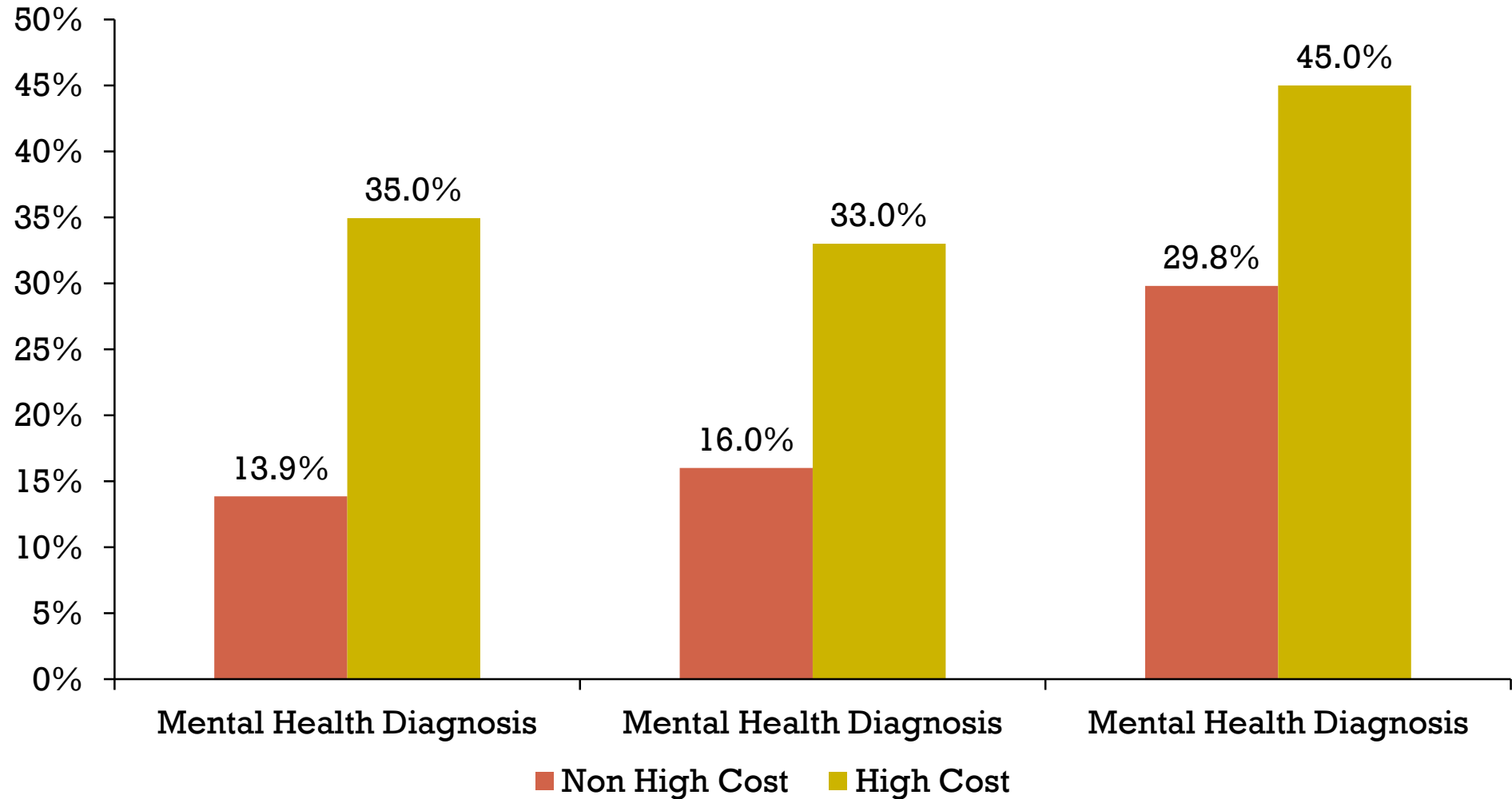




Mean Number of Frailty Indicators



+ Mental Health Diagnosis



+ Problem: HC/HN patients not
a monolithic group

+ Our approach

- Define sub-populations within each population
 - “Segments”
- Characterize their spending by type
 - E.g. inpatient, outpatient, post-acute
- Determine the degree to which costs segregate between these subpopulations and settings
 - And the degree to which costs are preventable



+ Our 6 segments

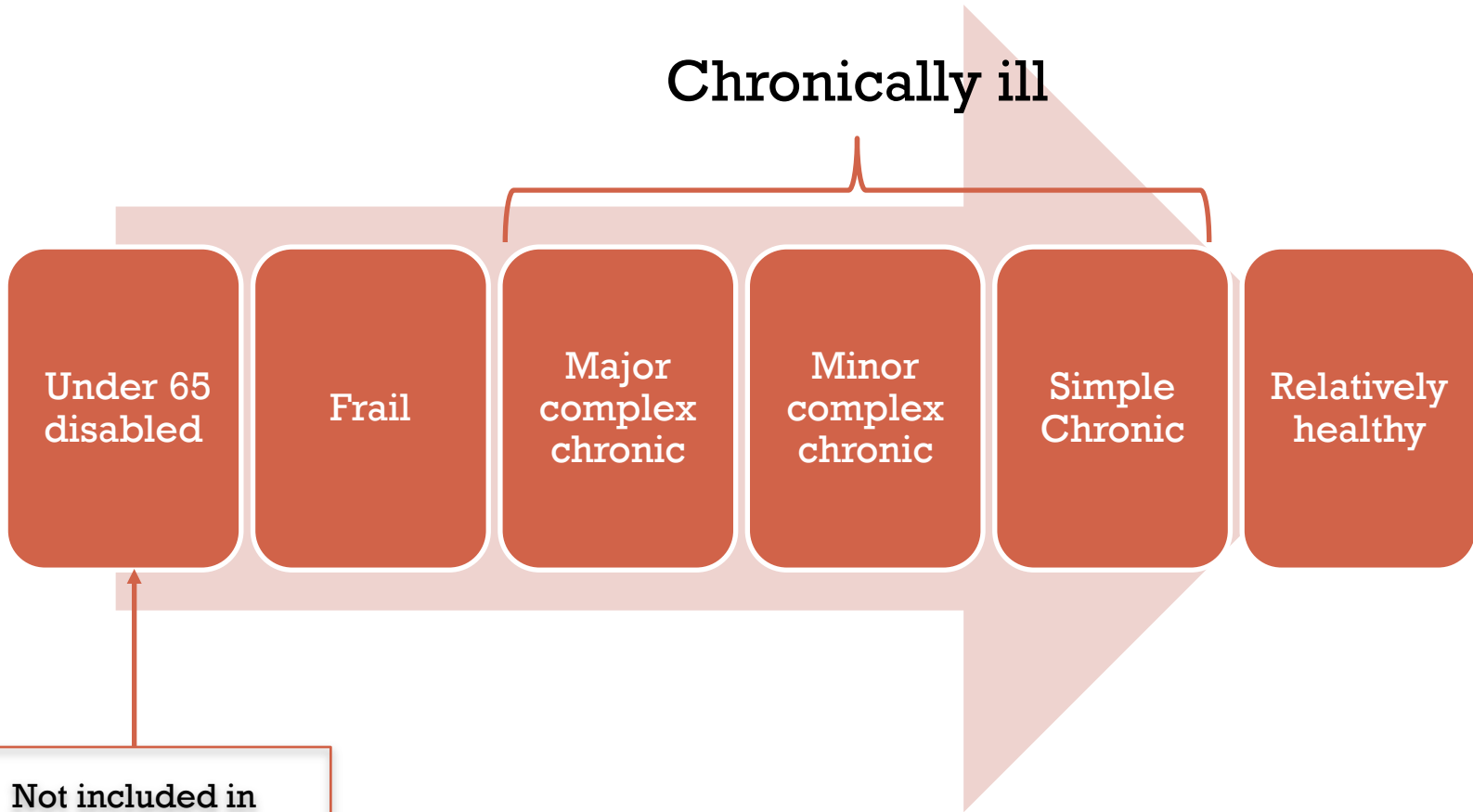
- Mutually exclusive
- Divided in waterfall/hierarchical fashion



+ Our 6 segments

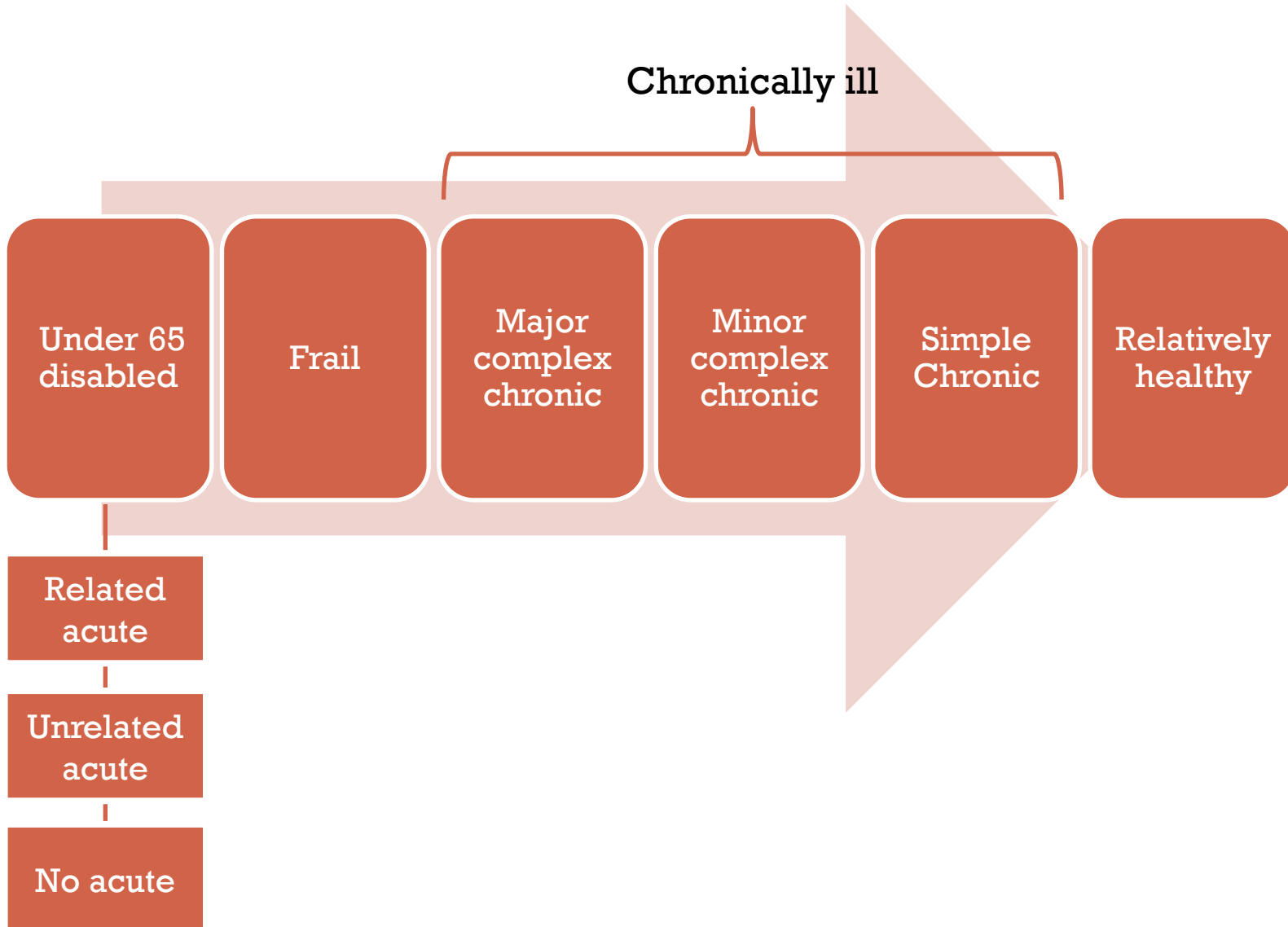


Chronically ill



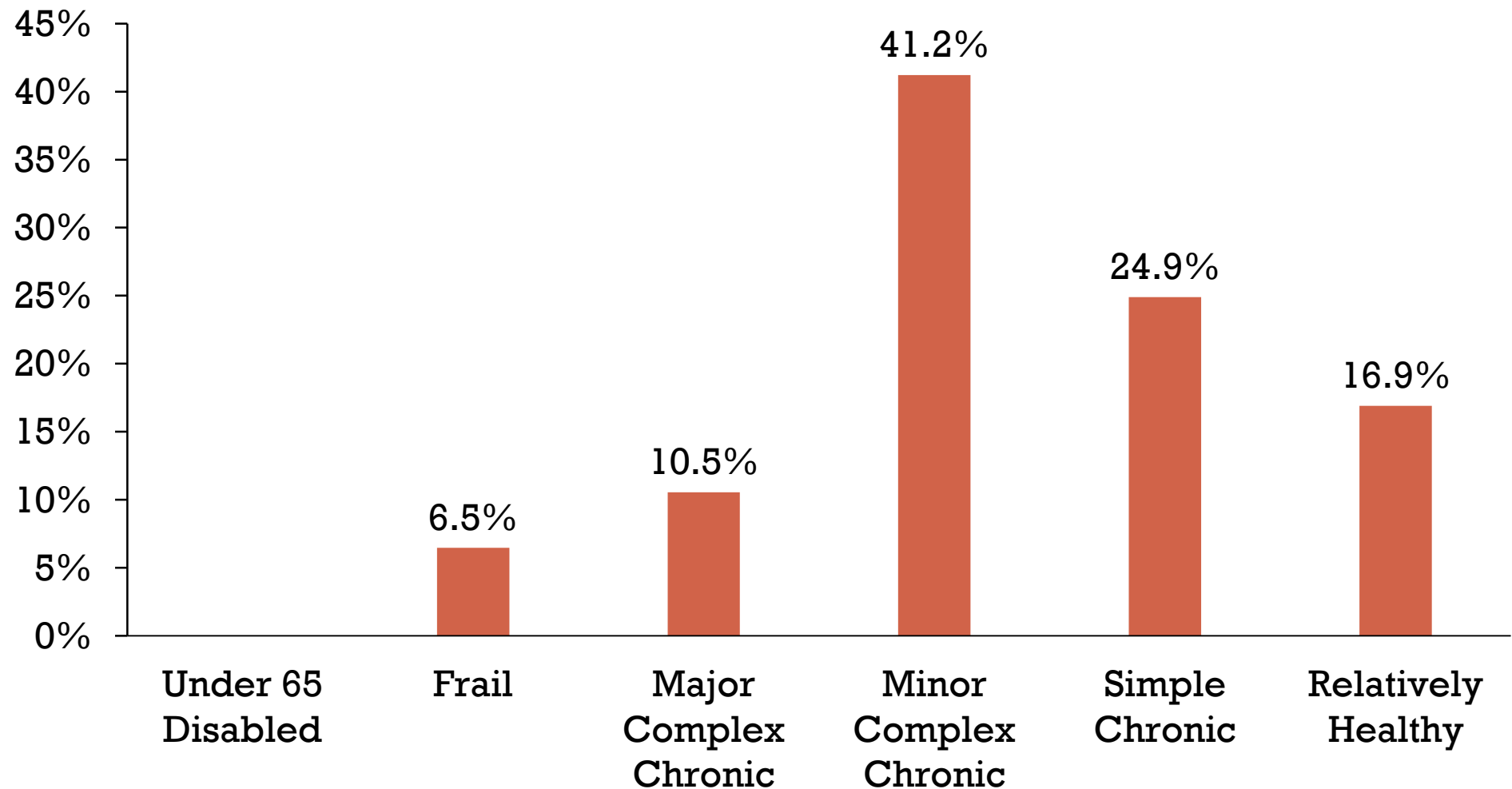
Not included in
Non-Medicare Under
65 population

+ 17 potential sub-segments

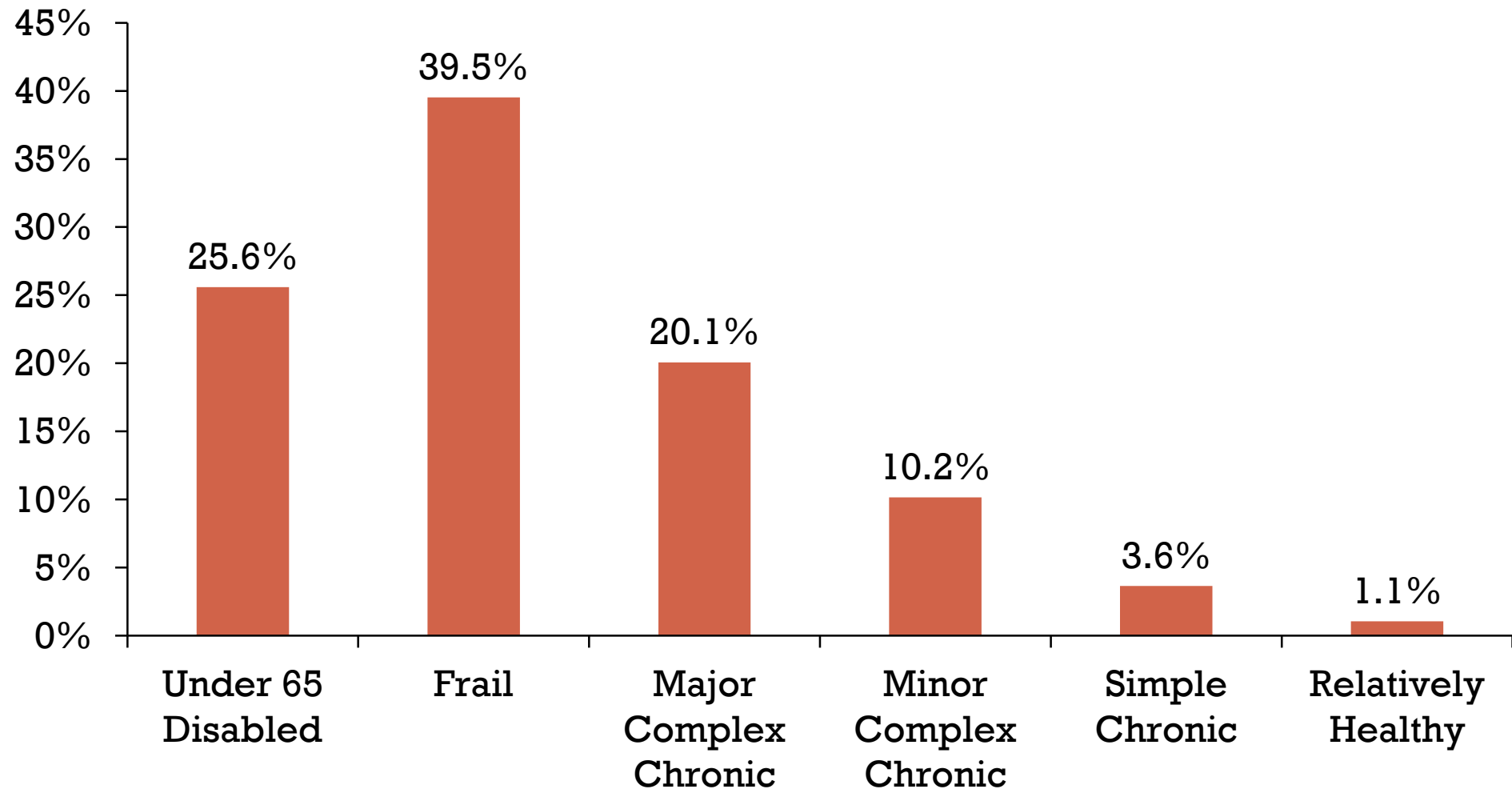


+ Proportion of all high cost patients

Non-Medicare Under 65

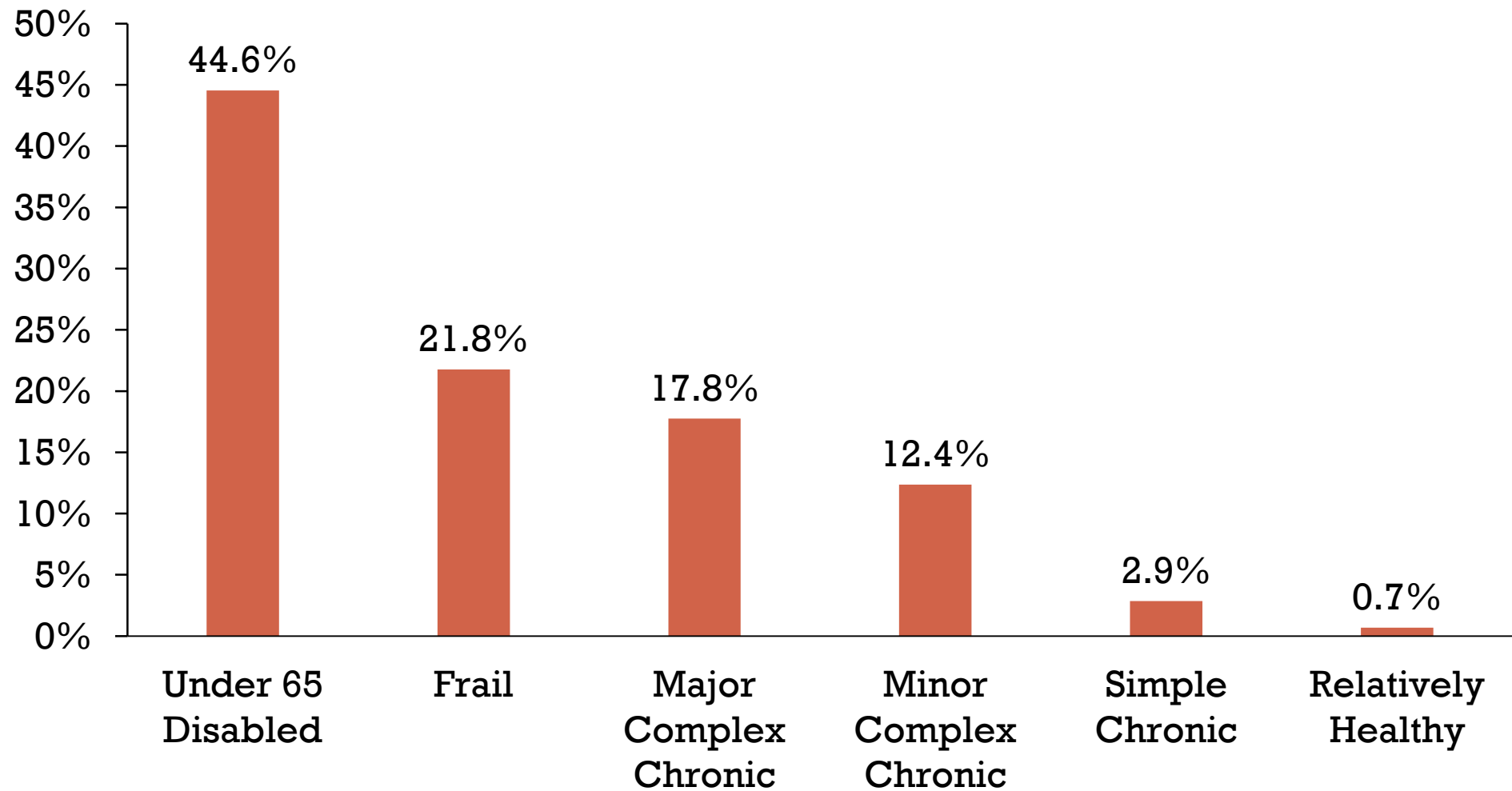


+ Proportion of all high cost patients Medicare



+ Proportion of all high cost patients

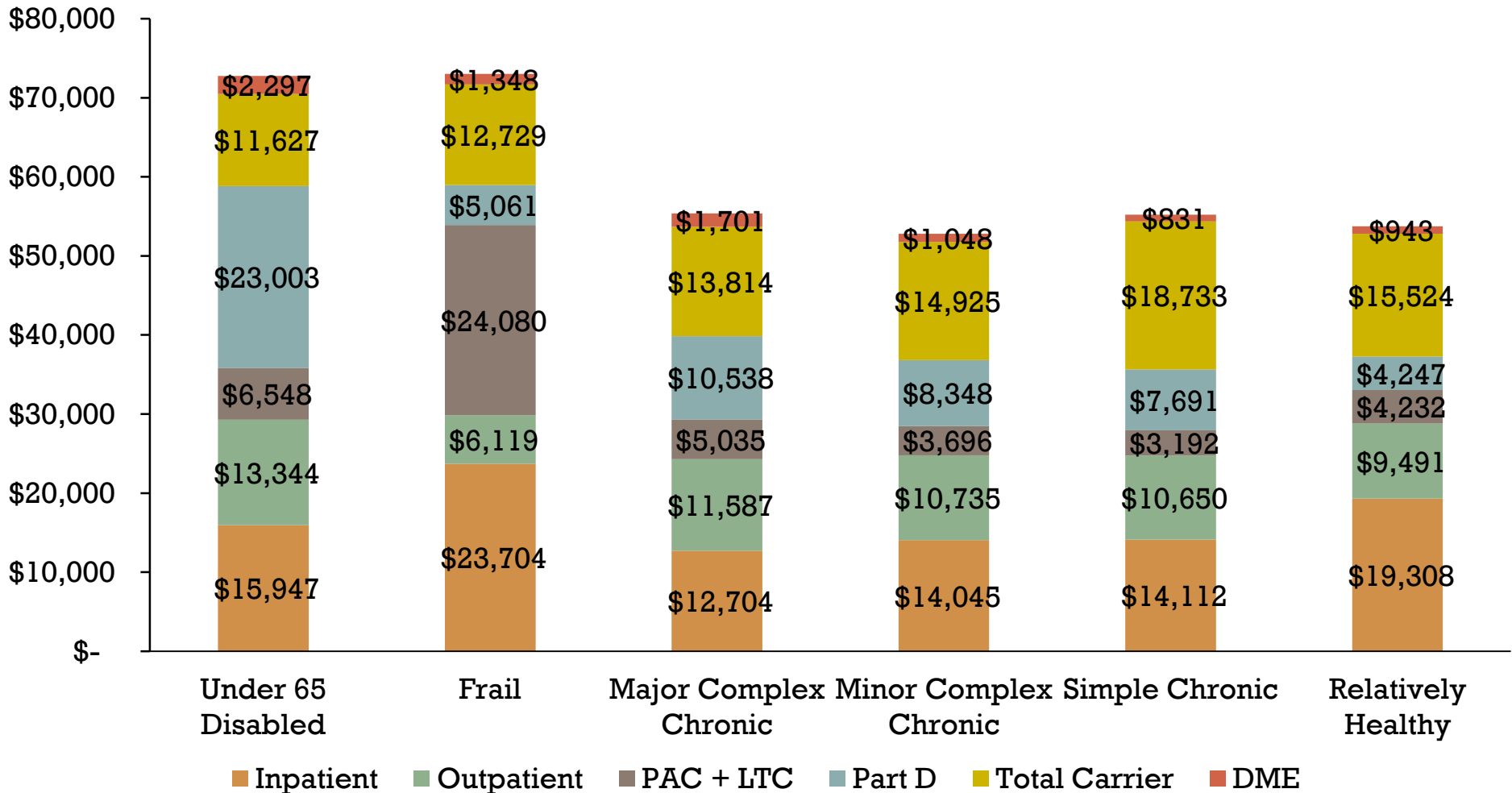
Dual Eligibles





High Cost Patients' Distributional Mean Spending

Medicare Only





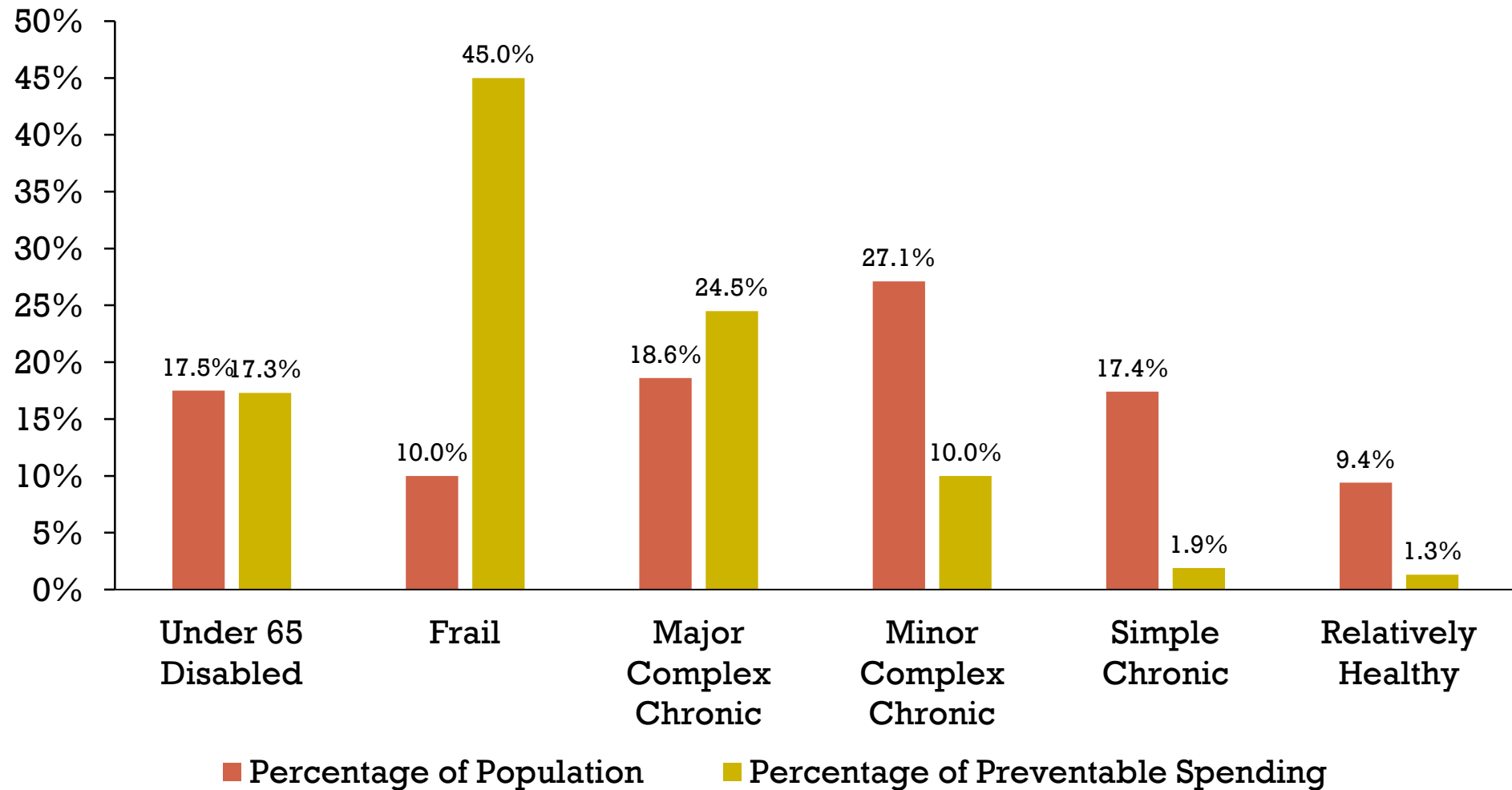
+

Preventable Spending



Preventable spending in our segments

Medicare





+

Key Takeaways

+ Key takeaways



- The 3 populations all quite different
 - The sicker the population, the less concentrated the spending
 - The sicker the population, the higher the threshold for being HC
- Possible to segment patients in each population
- Segments really are very different subpopulations

+ Key takeaways #2



- If populations and subpopulations (segments) different
 - Strategies for improving care different
 - Strategies for lowering costs different
 - e.g. Ambulatory Care Sensitive Conditions
- Lots of things left to do:
 - Other populations (kids, etc.)
 - Provider characteristics
 - Examine why some patients are HC versus others are not
 - Issues of persistence versus transience
 - Understanding what works to change the trajectory



Questions?

ajha@hsph.harvard.edu



@ashishkjha