Accelerating Hot-Spotting in Pediatrics

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Intro to speakers

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Objectives

- Use utilization data to identify patients with high needs
- Develop a strategy to partner with payers to address disparities that impact quality
- Define process and outcome measures of quality improvement for a hotspotting project

Who are you?

- Geography?
- Role?
Your poll will show here

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What is hotspotting?

- Triple aim
- Social determinants/disparities

**Health Care Costs Concentrated in Sick Few**

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2009

- U.S. population: 50% (1% 5% 10%)
- Health expenditures:
  - Annual mean expenditure:
    - 22%: $0.0.061
    - 50%: $40.682
    - 65%: $28.767
    - 97%: $7.978

Source: Agency for Healthcare Research and Quality analysis of 2009 Medical Expenditure Panel Survey.

**Determinants of Health and Their Contribution to Premature Death**

Proportional Contribution to Premature Death

- Social circumstances: 15%
- Environmental exposure: 5%
- Health care: 10%
- Behavioral patterns: 40%
- Genetic predisposition: 30%

Adapted from: McGinnis JM, Williams-Russo P, Koplan JP. The need for more active policy attention to health promotion. Health Aff (Millwood) 2002; 21(2): 76-83.
What is Hot-spotting?

Why do we need Hot-spotting?
How do we do Hot-spotting?

We need:

- Data on sickest patients
- Aligned incentives

Our sickest patients: Pediatric asthma

- Burden of disease
- Cost of care to families
- Cost of care to hospitals
- Cost of care to plans
What is the problem?

- Social determinants/disparities
- Poor control of chronic disease
- Excess/inappropriate utilization
- Look at reimbursement model
What can we do about it?

- Find high utilizers (hot-spotting)
- Red carpet treatment to address needs of sicker population

Data sources

Payer  EHR  patient
First step: Find high utilizers

- **Frequent ED visits**
  - Crimson
  - Payer data
- **Readmissions**

Crimson-frequent ED users

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Patient Name Hidden
Crimson-readmits, asthma

Case Overview for All Physicians-St. Christopher's

Your data

Hot spotting

Cold spotting

St. Christopher's Hospital for Children
Analyze your data

- Understand (you can look things up)
- What do the measures mean?
- What measure would you work on?
- Choose one intervention

What did you find?

Share Your Stories!
Now what? What we did

Belinda video-part 1
Your poll will show here

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Belinda video part 2
Problems CHWs solve

- Insurance coverage/gaps
- Link to other resources (SW, insurance, medical-legal partnership)
- School issues
- Navigating health care system

So much happens outside of the clinic

![Chart: Determinants of Health and Their Contribution to Premature Death]

- Proportional Contribution to Premature Death
  - Genetic predisposition: 30%
  - Environmental exposure: 5%
  - Health care: 15%
  - Behavioral patterns: 48%
  - Social circumstances: 15%

Collaborating with payers

- Relationships with KF/HP
- how did projects come about?
- different priorities of payers vs. providers
What did we learn today?

- Showed you how to look at utilization data to identify patients at high risk
- Helped you develop a strategy to partner with payers to address disparities that impact quality
- Defined process and outcome measures of quality improvement for a hotspotting project
• Lee Pachter, DO
• Gayle Higgins, CRNP
• Rudy Lauletta
• KF/Amerihealth Caritas team
• St. Christopher’s Hospital for Children