

January 29, 2015



ON AIR **WIHI** *Connecting you to the cutting edge of healthcare improvement*

When Everyone Knows Your Name: Identifying Patients with Complex Needs



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Madge Kaplan, IHI's Director of Communications, is responsible for developing new and innovative means for IHI to communicate the stories, leading examples of change, and policy implications emerging from the world of quality improvement — both in the U.S. and internationally. Prior to joining IHI in July 2004, Ms. Kaplan spent 20 years as a broadcast journalist for public radio – most recently working as a health correspondent for National Public Radio. Ms. Kaplan was the creator and Senior Editor of Marketplace Radio's Health Desk at WGBH in Boston, and was a 1989/99 Kaiser Media Fellow in Health. She has produced numerous documentaries, and her reporting has been recognized by American Women in Radio and Television, Pew Charitable Trusts, American Academy of Nursing and Massachusetts Broadcasters Association.

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Catherine Craig



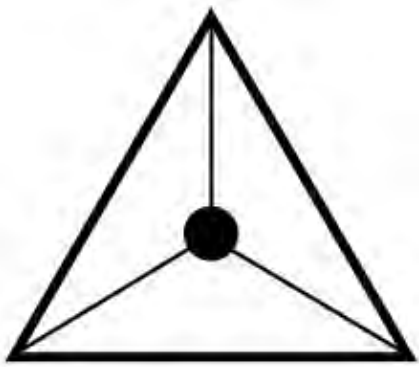
Catherine Craig, MPA, MSW, has over 13 years of experience in systems change and bridging research and practice. She has expertise in fostering collaboration and navigating the intersections between policy areas and organizations by identifying and translating common priorities. Ms. Craig is adept at designing and implementing interactive processes with multiple stakeholders to set strategic directions, and she excels in sensitively fostering involvement by disenfranchised groups. She was a founding senior manager of Community Solutions, a national nonprofit where she served as the director of healthy communities. She was also a research scientist at the New York City Department of Health and Mental Hygiene, where she designed and led learning collaboratives to boost mental health outcomes, and a consultant to the Fire Department of New York in its effort to boost minority applicants to the firefighting academy. She has deployed her clinical skills with diverse populations in inpatient and community settings in the United States and Latin America. She is currently an independent consultant based in France.

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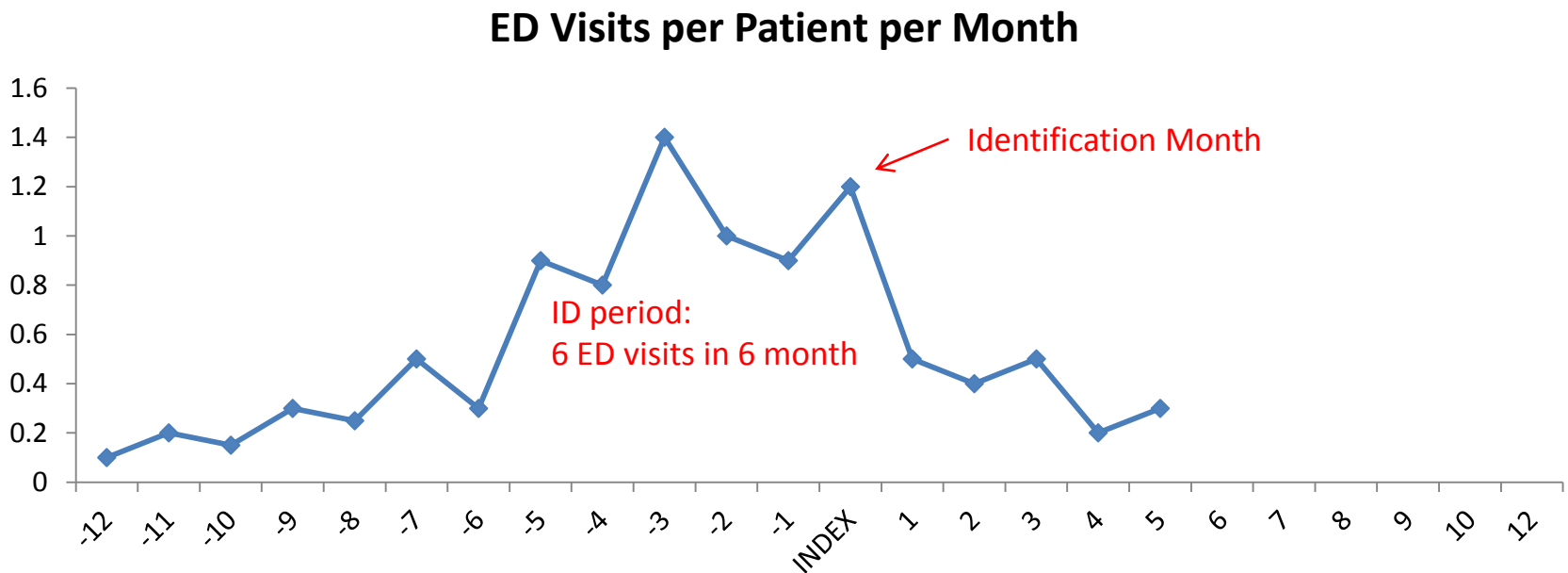
IHI *Triple Aim*

Definition

System designs that simultaneously improve three dimensions:

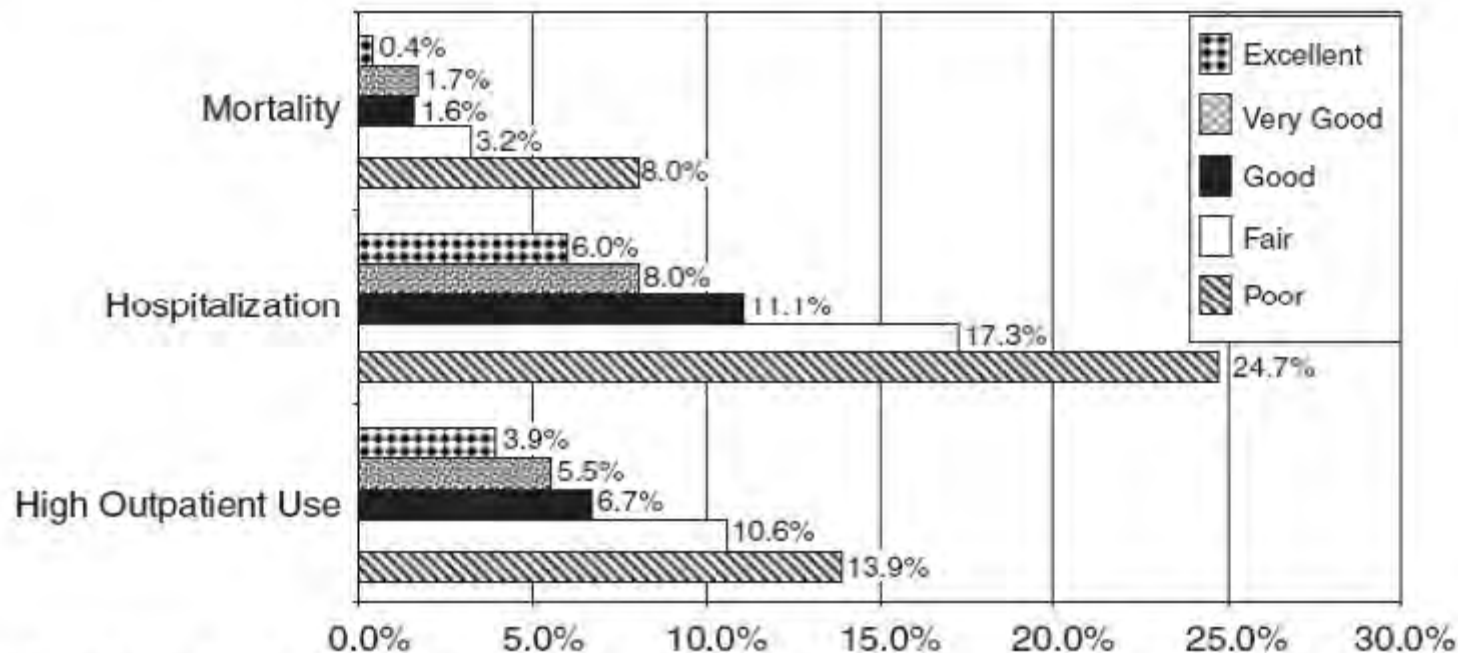
- Improving the health of the populations;
- Improving the patient experience of care (including quality and satisfaction); and
- Reducing the per capita cost of health care.

Good Identification Method?



Relationship between single question and mortality, cost

Figure 1: One-Year Event Rates for Outcomes According to Response Category on a Single-Item General Self-Rated Health Measure



"Predicting Mortality and Healthcare Utilization with a Single Question", DeSalvo *et. al.* Health Services Research 40:4 (August 2005)



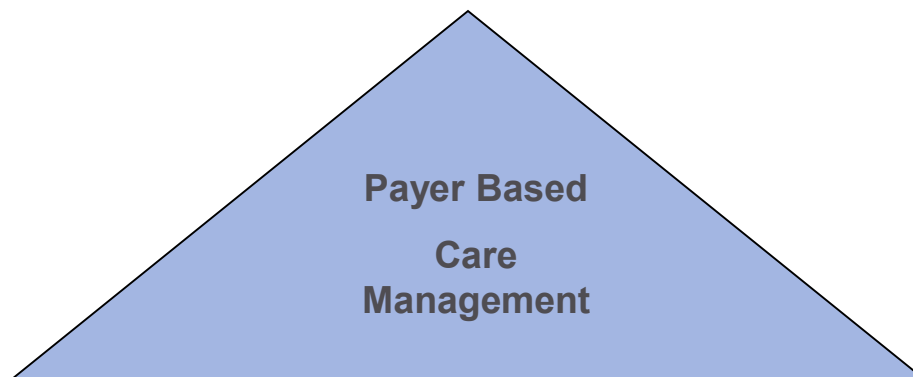
Eleni Carr, MBA, MSW, joined Cambridge Health Alliance four years ago as Chief of Medical Social Work and transitioned to the role of Senior Director of CHA's Accountable Care Organization. In this role, Eleni oversees care management programs across the inpatient and community continuum of care. She brings 20 years of experience leading human service organizations in the mental health field and has developed programs grounded in patient-centered wraparound approaches to care. Her interests include organizational development with an emphasis on organizational effectiveness and efficiency. She is an adjunct consultant at the Center for Case Management in Wellesley, Massachusetts. Eleni is committed to issues of health equity and social justice especially as it relates to race, gender and socio-economic class difference. A former teacher and athletics coach, Eleni has lived and worked in Italy, Australia and England.

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2010 – 2011
Payer Driven



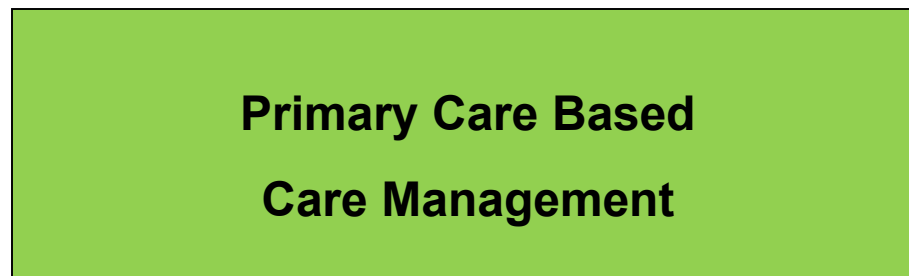
Multi-organizational partnership
Off-site; no integration

2012-2014
Payer focused



Organization focused
Data driven; Off-site;
Limited integration

2012- Current
Payer informed



Embedded in team-
based practice model

Runs the risk of losing
high risk focus

1) Would you be surprised if the patient is hospitalized in next 6 months?

2) What unmet needs must be addressed?

3) Is the patient engageable?





Matthew C. Stiefel, MPA, MS, directs the Center for Population Health in Kaiser Permanente's Care Management Institute. He was a 2008-09 fellow with the Institute for Healthcare Improvement, and continues as a faculty member for the IHI Triple Aim. Matt joined KP in 1981 as a medical economist, and later held management positions in KP Northwest, directing planning, marketing, and medical economics. He joined the Care Management Institute as the director of measurement in 1998 and became the associate director of CMI in 2000. Prior to KP, Matt served as a policy analyst on the Carter Administration Domestic Policy Staff and in the US Department of Health, Education and Welfare, and as a local health planner in the San Francisco bay area.

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SEGMENTATION

Aligning Care to Member Needs



Uses of Segmentation

Care Groups 1 and 2:

- Targeted outreach to members for Annual Wellness Visit (Hawaii)
- Annual Wellness Visit conducted by mid-level clinician instead of Primary Care Physician (Colorado)

Care Groups 3 and 4:

- Referrals made to Home Health and Advanced Illness Care Coordination for members recently discharged from hospital and deemed at high risk by interdisciplinary team (Hawaii)

Care Group 4:

- Developed a complex care medical home bundle, which includes assessment, care plan, multidisciplinary team to coordinate care, end of life care planning, and excellent transitions (Northwest)
- Interdisciplinary team rounds for all hospitalized members, to intensify focus on inpatient palliative care and transition care to ensure adequate home support (Hawaii)

Validation of Segmentation Model

Table 3. Utilization and mortality by care group				
Care group	1	2	3	4
Hospital discharges among seniors, % ^a	1	2	6	12
Thirty-day, all-cause readmissions among seniors with hospitalizations, % ^a	7	8	10	17
Annualized total costs of care, % of costs in Care Group 1	NA	220	440	840
Mortality, %				
6 months	0.4	0.5	2.6	15.2
12 months	0.6	1.2	5.5	28.0

^a During the quarter after segmentation.

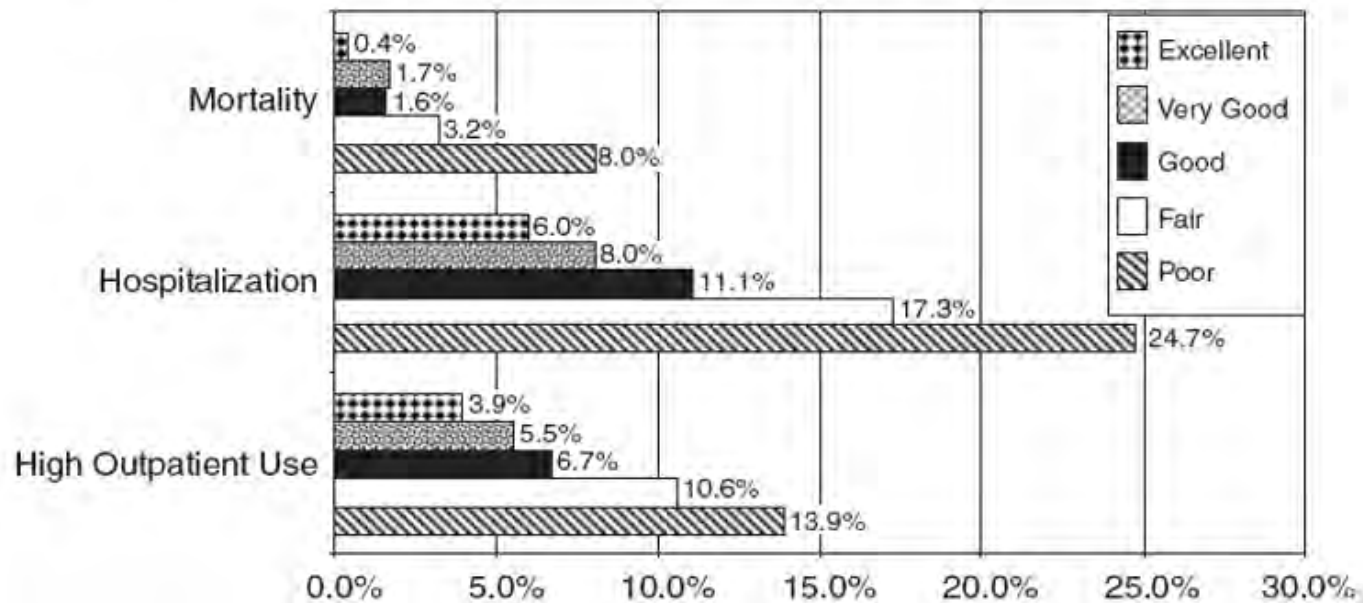
NA = not applicable.

Zhou et al, The Permanente Journal/ Summer 2014/ Volume 18 No. 3

“If you want to know how Mrs. Smith is doing...”

Predictive Validity of Single-Q Health Status

Figure 1: One-Year Event Rates for Outcomes According to Response Category on a Single-Item General Self-Rated Health Measure ★



“Predicting Mortality and Healthcare Utilization with a Single Question”,
DeSalvo *et. al.*, *Health Services Research* 40:4 (August 2005)

★ “In general, would you say your health is...?”

55

KAISER PERMANENTE. thrive

What Segmentation Is and Is Not

Segmentation Is:

- Conceptual model for strategic planning
- Starting point to individualize care
- Basis for comparing effectiveness of different approaches

Segmentation Is Not:

- Predictive modeling tool for cost or utilization
- Complete inclusion or exclusion criteria for specific services



Kathy Weiner

Kaiser Permanente



Kathy Weiner, MHA, is currently Kaiser Permanente Northern California Regional Executive Director for Medicare with a primary focus on care transformation initiatives. Prior to joining Kaiser Permanente's Northern California region, she worked in KP's Southern California region for 12 years. During that time she led numerous region wide initiatives as well as leading the Management Consulting team. Prior to joining KP, Kathy worked in hospitals in both California and Nevada in a variety of support functions including Planning, Finance, Managed Care Contracting, Communications and Business Development.

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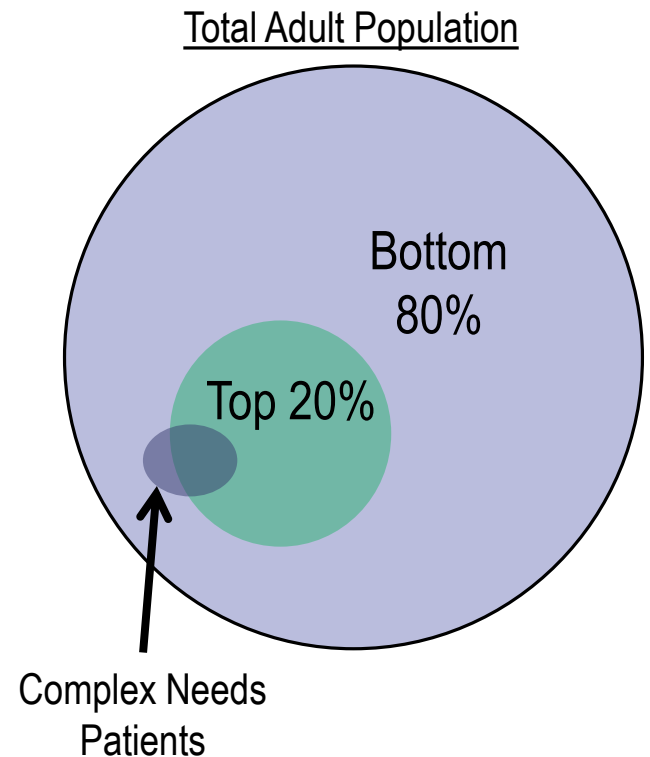
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Our Aim

- The Complex Needs population includes patients who are currently unexpectedly high utilizers and those who will become one
- Our Aim:
 - Improve health
 - Improve care experience
 - Reduce overall cost (or prevent it from escalating)
- **But we first need to be able to systematically identify this population**



Who is our target population?

Currently we may be targeting patients who might not benefit from interventions and missing others who could benefit from an intervention

Current State

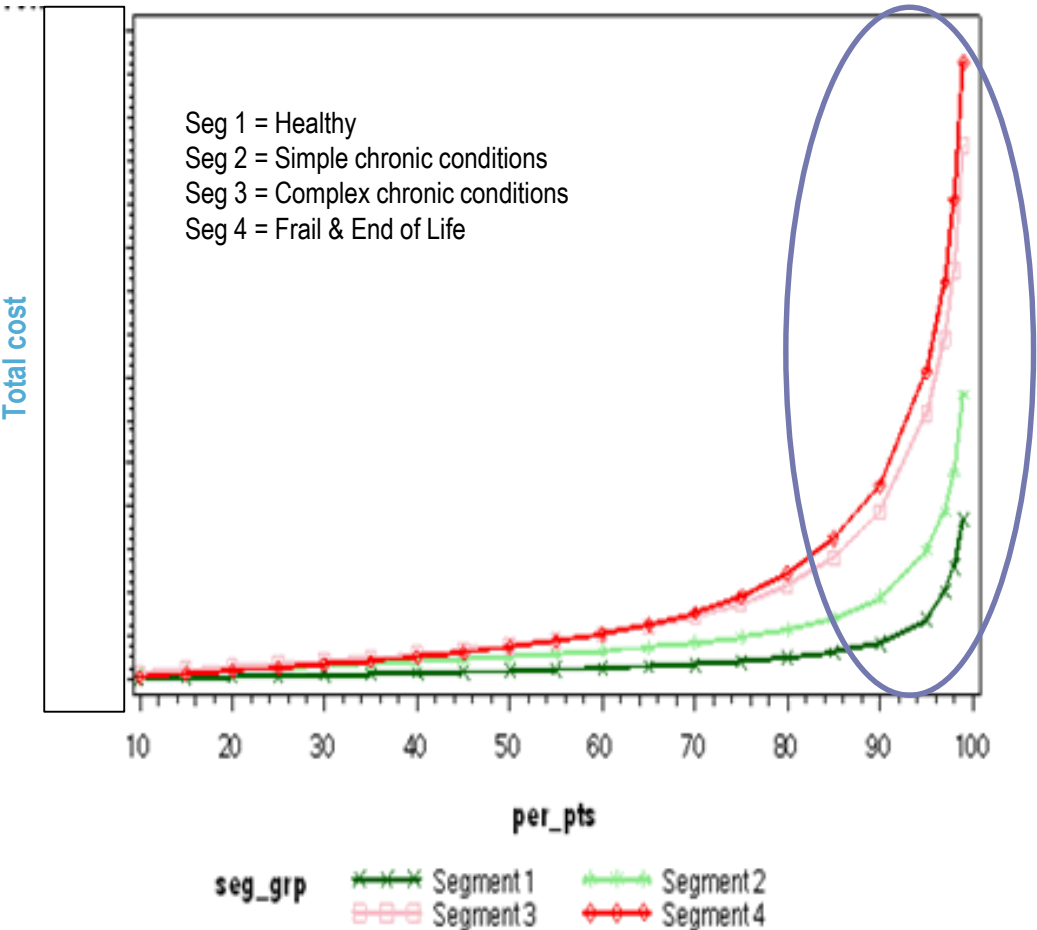
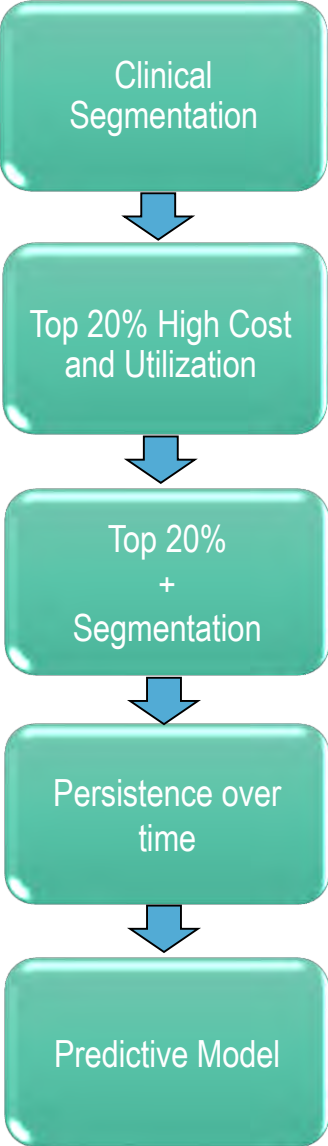
x	x	x	x	o	o
x	x	x	o	o	o
x	x	x	x	o	o
x	x	o	x	x	o
x	x	x	x	x	x
x	o	x	o	x	o
x	x	x	x	o	x
x	o	x	x	x	o
o	x	x	x	o	o
x	x	o	x	o	o
x	x	x	x	x	o
x	x	o	x	x	o
x	x	x	o	o	x
x	x	x	x	o	x

Future State

Seg						
1	x	x	x	x	x	o
	x	x	x	x	x	o
	x	x	x	x	x	o
	x	x	x	x	x	o
	x	x	x	x	x	o
	x	x	x	x	x	x
2	x	x	x	o	o	o
	x	x	x	o	o	o
	x	x	x	o	o	o
	x	x	x	o	x	x
3	x	x	o	o	o	o
	x	x	o	o	x	o
	x	x	o	o	o	o
4	x	o	o	o	o	o

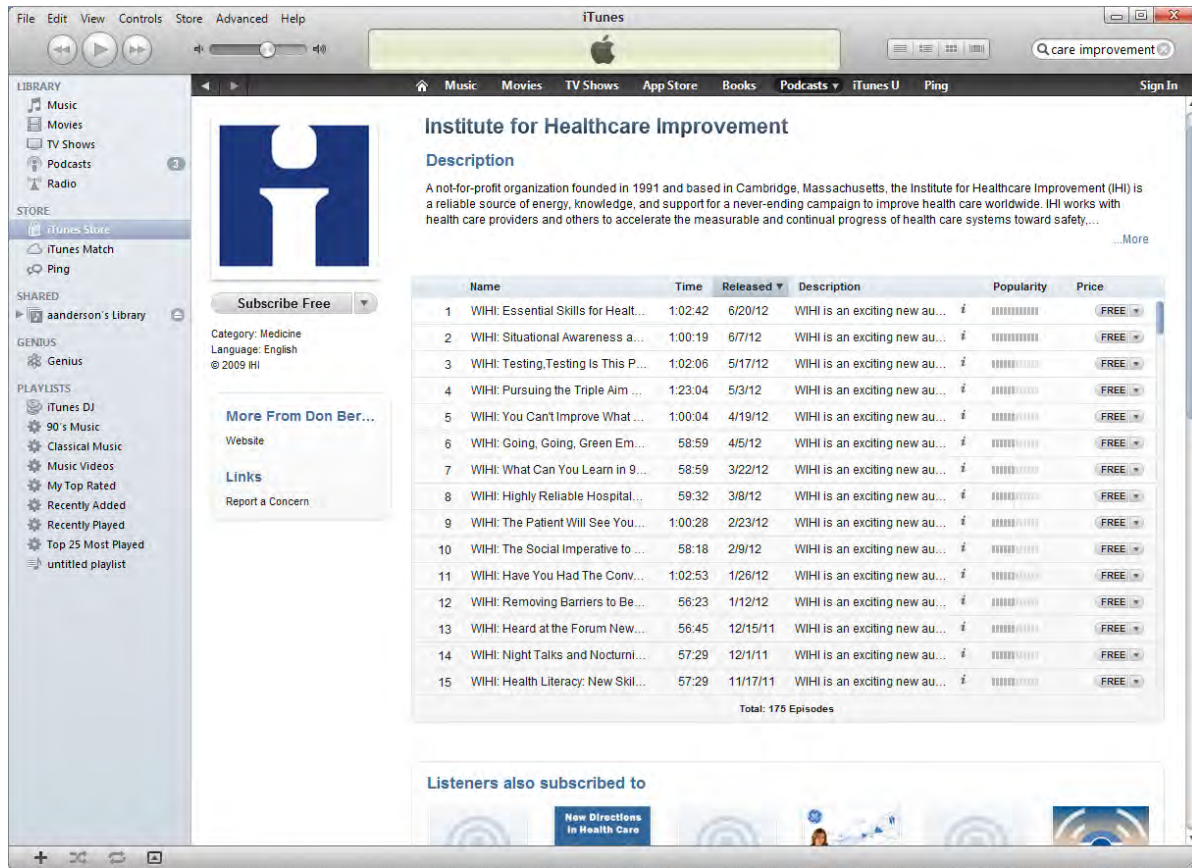
- o needs and will responds to intervention
- x no need for intervention
- intervention is being provided

From Segmentation to Top 20% to Complex Needs



Source: Decision Support implementation of CMI segmentation model

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Description

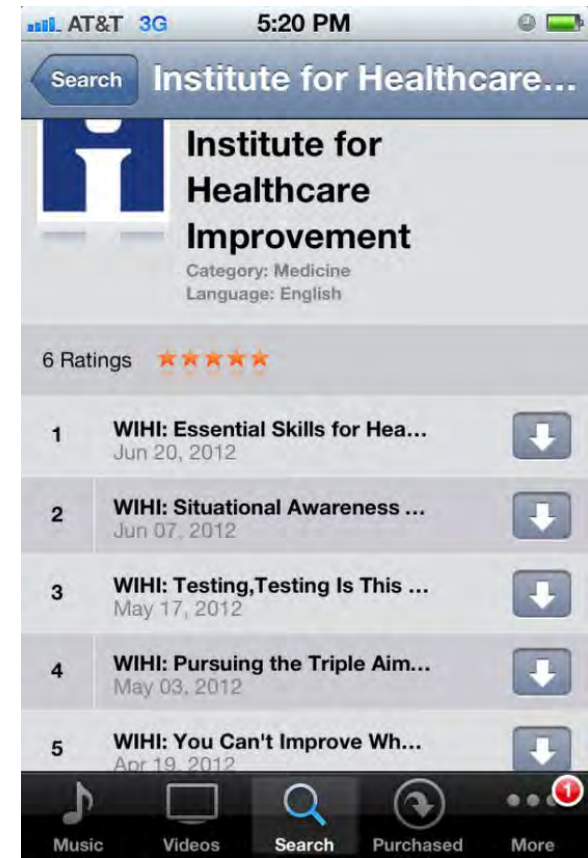
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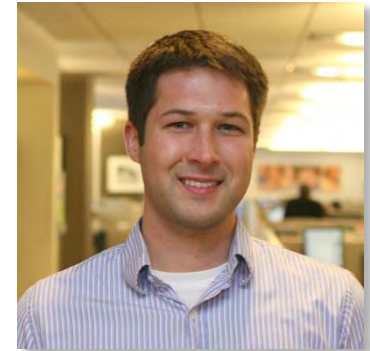


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