

2016 Healthcare Benchmarks

Stratifying High-Risk Patients

Note: This is an authorized excerpt from *2016 Healthcare Benchmarks: Stratifying High-Risk Patients*.
To download the entire report, go to <http://store.hin.com/product.asp?itemid=5152> or call 888-446-3530.

2016 Healthcare Benchmarks: Stratifying High-Risk Patients

In this comprehensive analysis on **Stratifying High-Risk Patients**, 112 healthcare organizations weigh in on risk stratification tools and work flows, program components, metrics on indexing individuals by health severity, risk measurement indices and interventions, and much more in response to a July 2016 survey by the Healthcare Intelligence Network.

“Business intelligence dashboards that provide longitudinal views of patient data and help stratify the risk and put the patients in the right care coordination programs [are our most successful risk stratification tools].”

> **Physician Practice**

“Utilization of EPIC® risk stratification tool to identify patients admitted, then having transitional care nurses contact patients for hospital follow-up and hand-over to primary care practice for further management [is our most effective risk stratification workflow].”

> **Hospital/Health System**

“Getting patients access to care providers within 24-36 hours post-discharge [is our most successful intervention for high-risk patients].”

> **Physician Practice**

“Care management teams and being included in the patient’s care plan by the primary care physician [are our most successful interventions for high-risk patients].”

> **Health Plan**



2016 Healthcare Benchmarks: Stratifying High-Risk Patients

This special report, based on results from the Healthcare Intelligence Network industry survey on Stratifying High-Risk Patients conducted in July 2016, is the latest installment in HIN'S Healthcare Benchmarks series.

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About the Healthcare Intelligence Network

The Healthcare Intelligence Network (HIN) is an electronic publishing company providing high-quality information on the business of healthcare. In one place, healthcare executives can receive exclusive, customized up-to-the-minute information in five key areas: the healthcare and managed care industry, hospital and health system management, health law and regulation, behavioral healthcare and long-term care.

Executive Summary

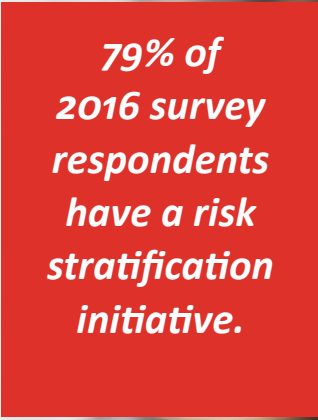
When success in a fee-for-value framework calls for a care coordination vision focused on the highest-risk, highest-cost patients, organizations must possess the tools to capture this critical population. Healthcare has amplified risk stratification efforts in the last two years, with the number of risk prediction programs rising from 66 percent in 2014 to 79 percent in 2016, according to the latest Stratifying High-Risk Patients survey by the Healthcare Intelligence Network.

This year's survey dove more deeply into risk prediction. And while clinical data prevails in risk assessment for 80 percent of 2016 respondents, healthcare organizations increasingly factor in socioeconomic determinants—income, age, mobility, etc.—when predicting risk. In fact, close to half of 2016 respondents (45 percent) evaluate this socioeconomic data, placing this input on par with hospital discharge data in terms of its value to risk stratification.


The 2016 survey also explored the emergence of 'rising risk' identification. Seventy-two percent identify rising risk populations for closer care management, with the goal of preventing migration to high-risk groups, where complex and costly health episodes occur. Frequent utilization is the key hallmark of a high-risk patient, say 37 percent.

A robust risk stratification intervention requires access to reliable and actionable data. However, for more than a quarter of 2016 respondents, assuring data integrity remains a key challenge of risk prediction. "Stratifying high-risk patients is very difficult at this point due to multiple data sources to monitor health disparities and quality improvement opportunities," said one respondent.

The 2016 survey also examined the prevalence of risk predictor tools and interventions. The reigning risk calculator continues to be the LACE tool (Length of stay, Acute admission, Charleston Comorbidity score, ED visits), used by 45 percent in 2016, versus 33 percent two years ago. One-fourth apply the Patient Activation Measure® (PAM®) to gauge population risk, while 10 percent prefer BOOST (Better Outcomes for Older adults through Safer Transitions).



**79% of
2016 survey
respondents
have a risk
stratification
initiative.**



***"Care
management
teams and
being included
in the patient's
care plan by
the primary
care physician
[are our most
successful
interventions
for high-risk
patients]."***

Respondent Demographics

Responses to the July 2016 Stratifying High-Risk Patients Survey survey were submitted by 112 organizations. Of 73 identifying their organization type, 27 percent were hospitals or health systems; 21 percent were physician practices; 15 percent were service providers; 12 percent were health plans; and 21 percent categorized their organization as 'Other.'

Using This Report

This benchmarking report is intended as a resource for healthcare organizations searching for comparable data and means to measure implementation and progress. It is also a helpful planning tool for organizations readying initiatives in this area.

The initial charts and graphs presented here represent results from all respondents; images in subsequent sections depict data from high-responding sectors. (Figure titles begin with the segment they represent: for example, All, Health Plans, Hospitals, etc.)

Often, one of the largest responding sectors is composed of respondents identifying their organization type as "Other." In general, we do not depict results from this segment because it represents a wide range of organization types, including consultants and product vendors. However, you will always find a graph indicating the demographics of respondents.

Here are some additional tips for using this report:

- ✓ See how you measure up: Scan this report for your sector, and see how your program compares to others. Note where you lead and where you lag.
- ✓ Evaluate your efforts: Think about where you have been focusing your efforts in this area. Look for trends in the data in this report. Look for benchmarks set by your sector and others.
- ✓ Set new goals: Use the data in this report to set new goals for your organization, or to raise the bar on existing efforts.
- ✓ Use it as a reference book: Keep this report accessible so you can refer to it in your work. Use these data to support your efforts in this area.

If you have questions about the data in this report, or have feedback for our team, don't hesitate to contact us at info@hin.com or 732-449-4468.

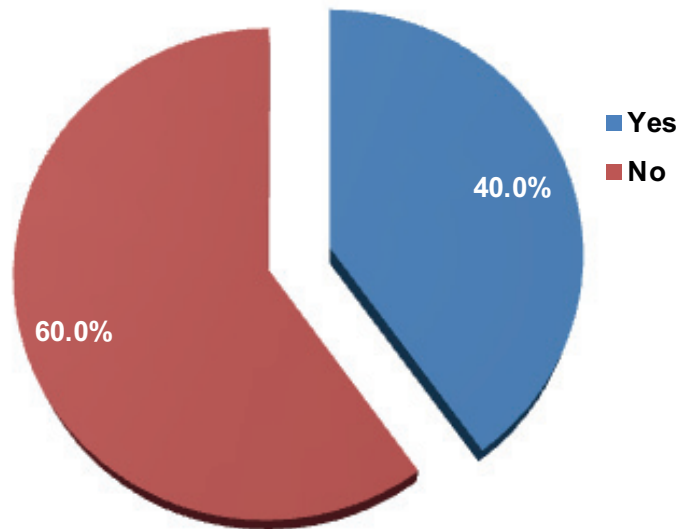


27% of respondents belong to an accountable care organization (ACO).



Figure 3: All - Future Risk Stratification Program

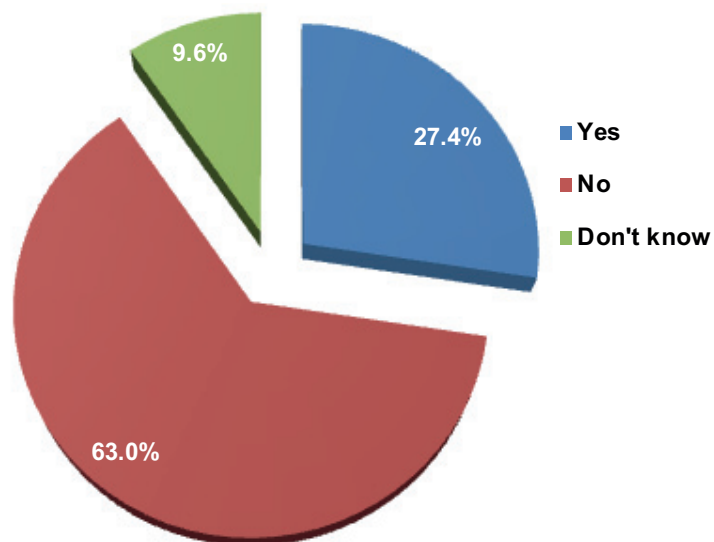
Will you launch a program to stratify high-risk patients in the coming year?



*HIN Stratifying High-Risk Patients Survey
July, 2016*

Figure 4: All - ACO Membership

Do you belong to an accountable care organization (ACO)?



*HIN Stratifying High-Risk Patients Survey
July, 2016*