Predicting and Preventing 'Triple Fail' Events in Health Care Systems

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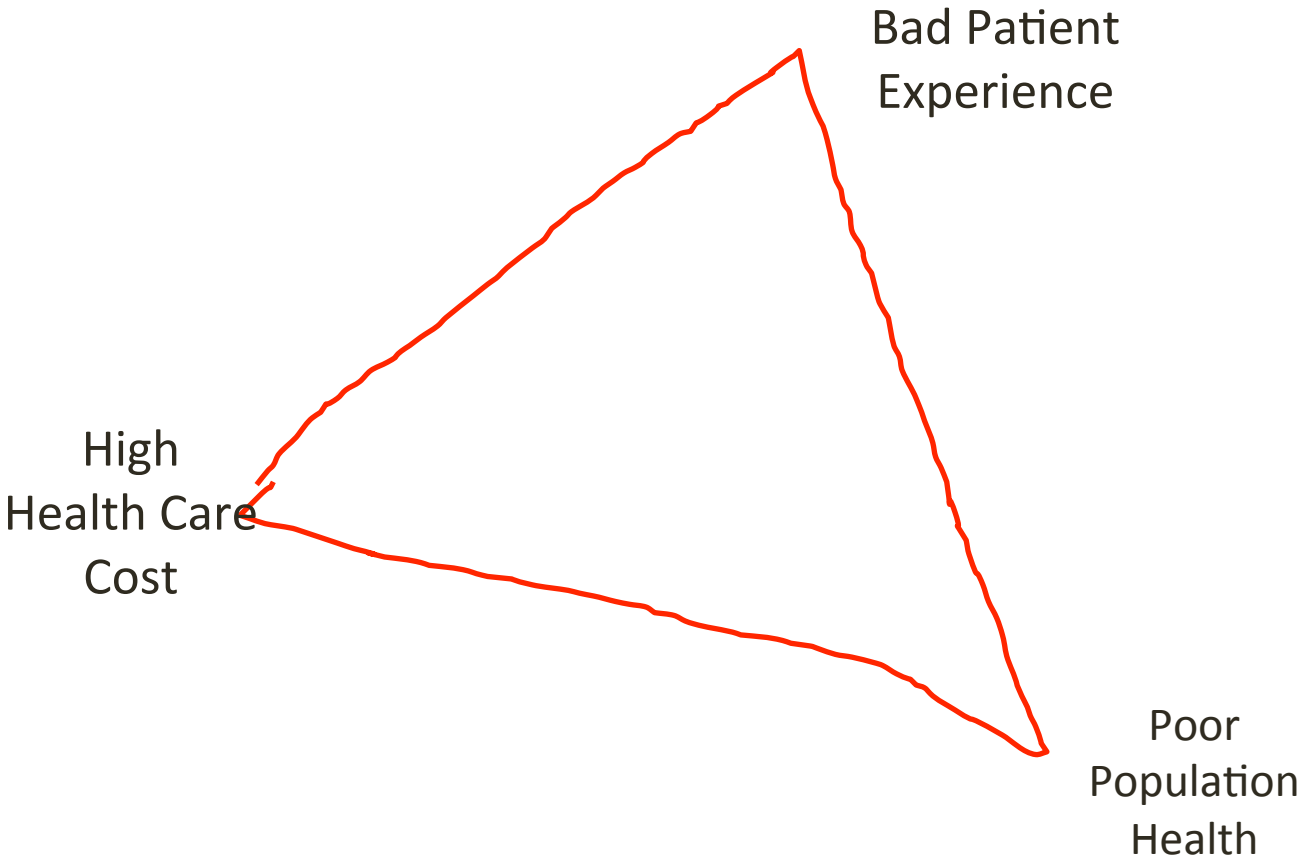
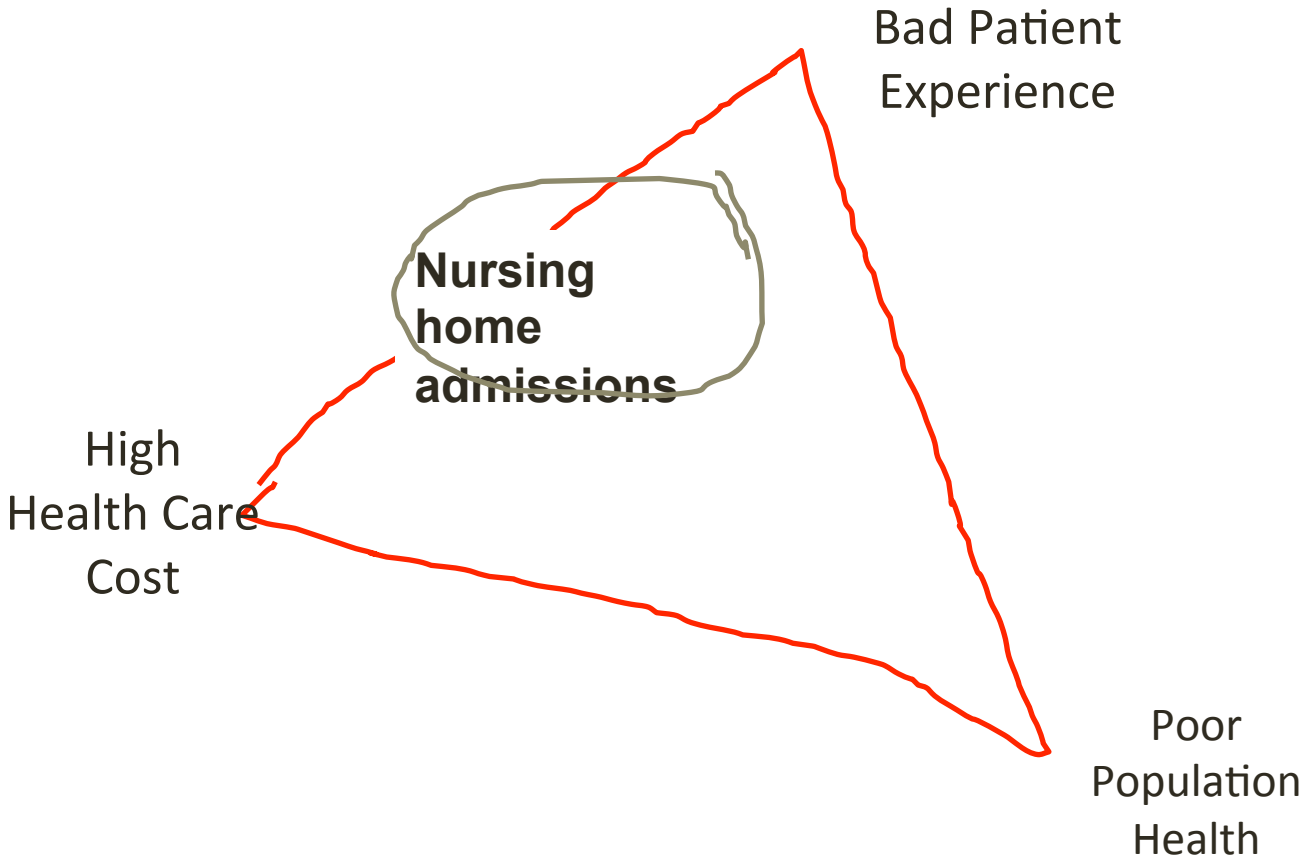
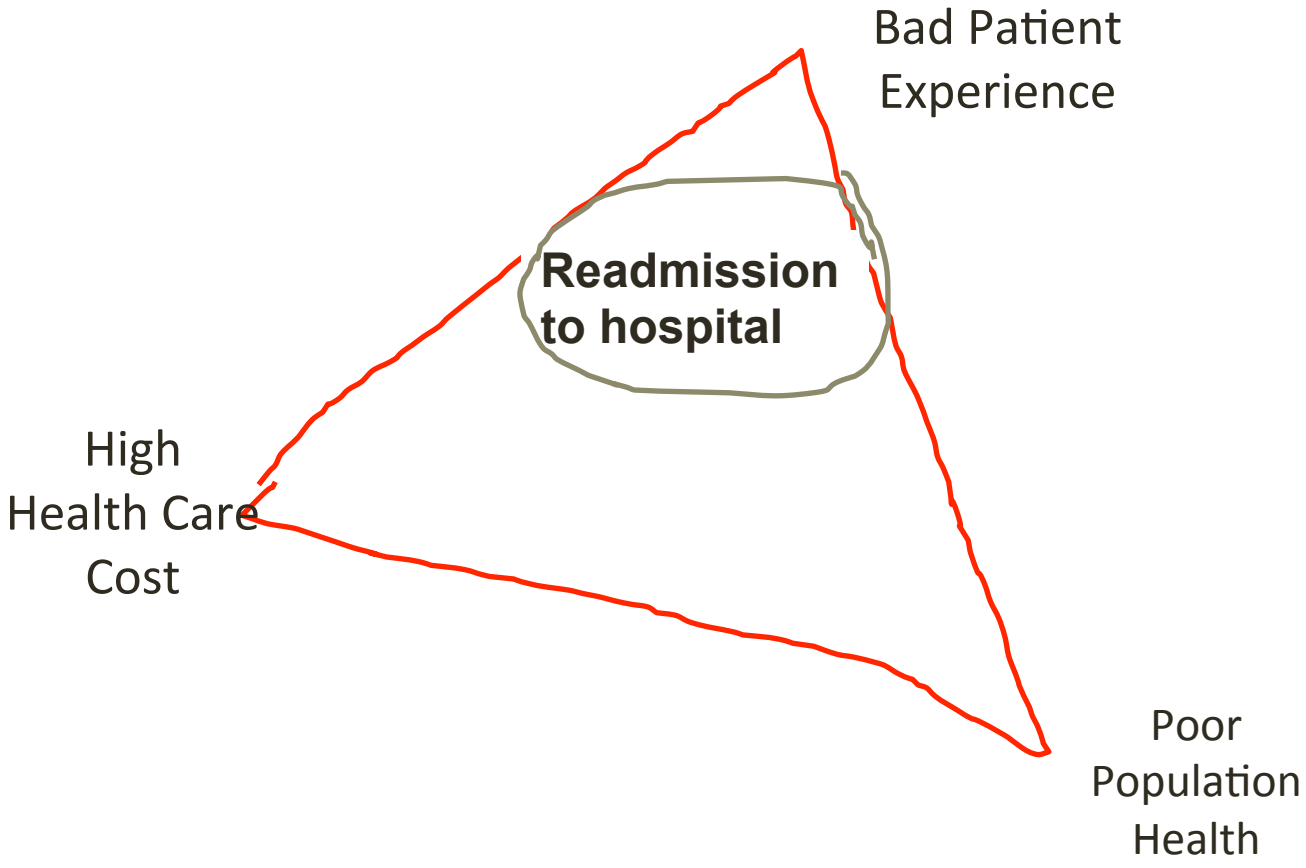
Triple-Fail Events in Health Care



Triple-Fail Events in Health Care



Triple-Fail Events in Health Care



prevents costly events before they occur

Targeting Preventive Care

Chronic disease management to..

prevent hospitalisation

Home health care to..

prevent nursing home admission

Healthy eating programs to …

prevent metabolic syndrome

How well do health care systems

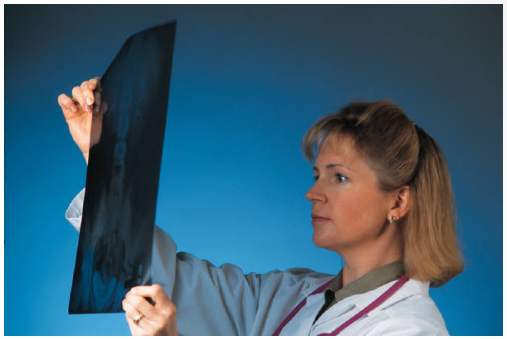
choose people

for preventive services?

Three main methods

1. Clinical judgement
2. Threshold models
3. Predictive Risk Models

Clinical Judgement



- Evidence that physicians are poor at being able to assess re-hospitalisation risk

Source: Allaudeen, N., J. Schnipper, et al., 2011

Clinical Judgement

Hospital clinicians in a US hospital asked to judge:

“ which patients more likely to be readmitted?”

Hospital clinicians in a US hospital asked to judge:

" which patients more likely to be readmitted?"

	Attending Physician	Resident Physician	Intern	Case Manager	Nurse
Area under the ROC curve and 95% c.i	0.58 (0.46–0.69)	0.58 (0.47–0.70)	0.59 (0.47–0.70)	0.50 (0.38–0.63)	0.55 (0.44–0.67)

No better than tossing a coin!

[1] Note that at Area under the ROC curve of 0.5 indicates that the prognostic power is equal to chance.
Source: Allaudeen, N., J. Schnipper, et al., 2011

Clinician Judgement

- Would recruit the wrong patient for preventive services

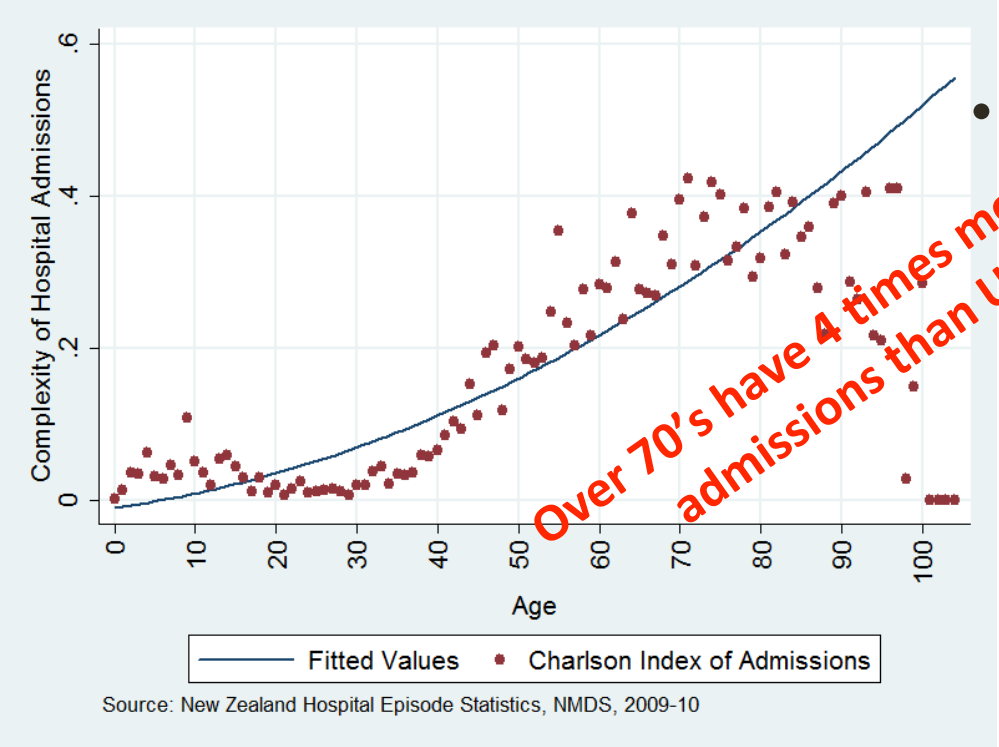
Why are physicians so poor at predicting utilisation risk?

- Single disease orientation

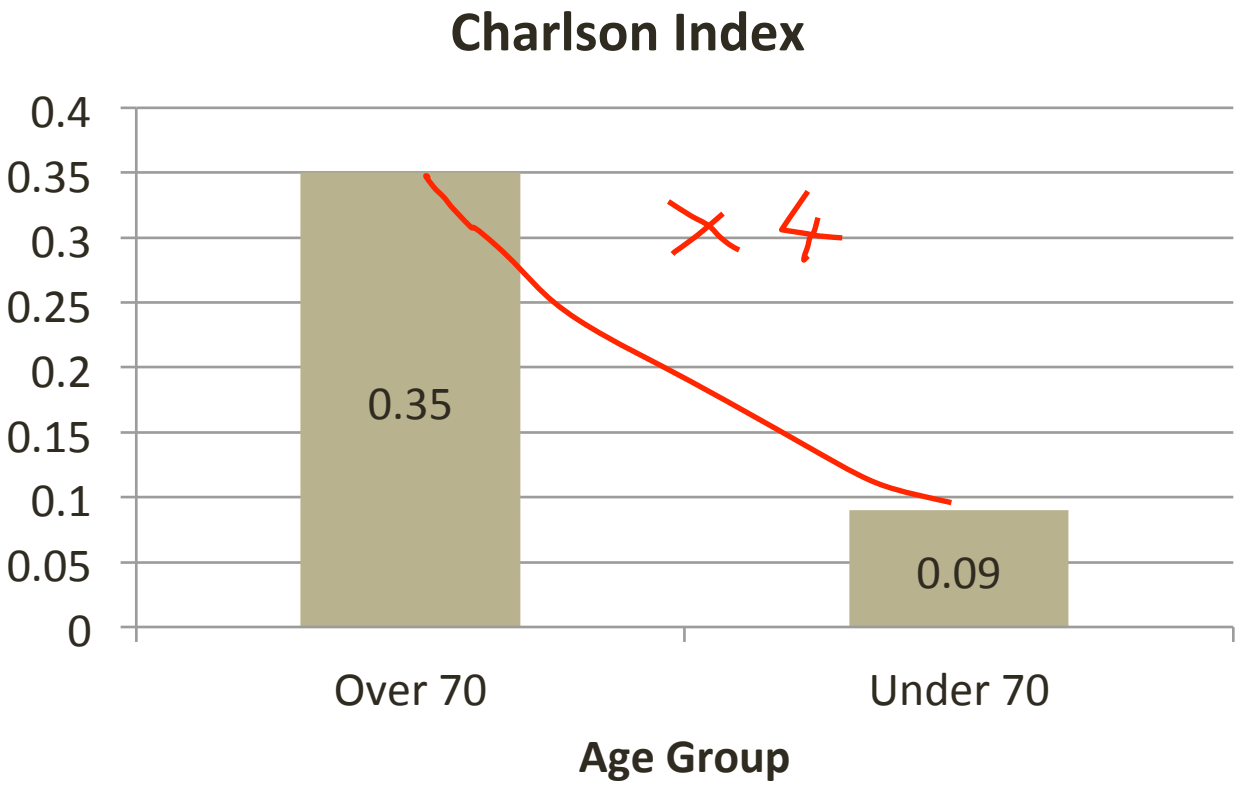
… high cost individuals have multiple diseases

…High cost elderly have multiple complex condition

Age and complexity of Health Needs



- The Charlson Index measures the complexity of conditions


Charlson Index
0.4
0.35
0.3
0.25
0.2
0.15
0.1
0.05
0
0.35
0.09
x 4
Over 70
Under 70
Age Group

Three main methods

1. ~~Clinical judgement~~
2. “Threshold models”
3. Predictive Risk Models

Threshold Models

Recruit patients on the basis of a few characteristics

"Aged over 65 years old and has 2 or more admissions in the past 12 months"

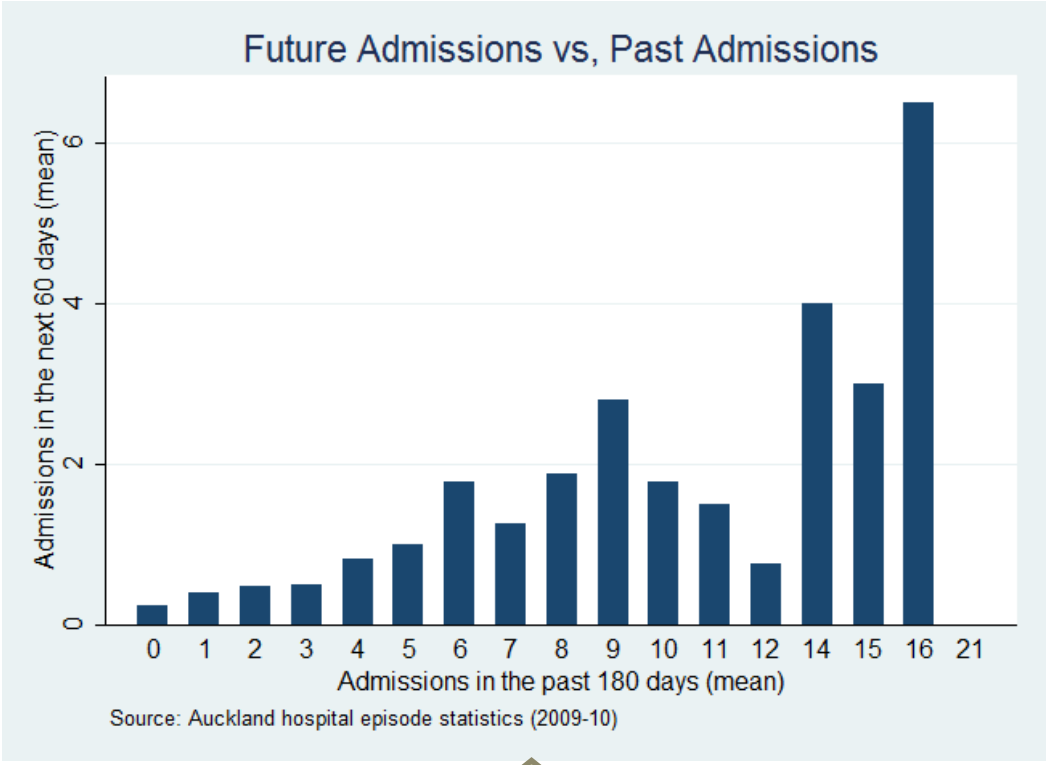
Admissions criteria for a US hospital avoidance program called Evercare

Is Past utilisation

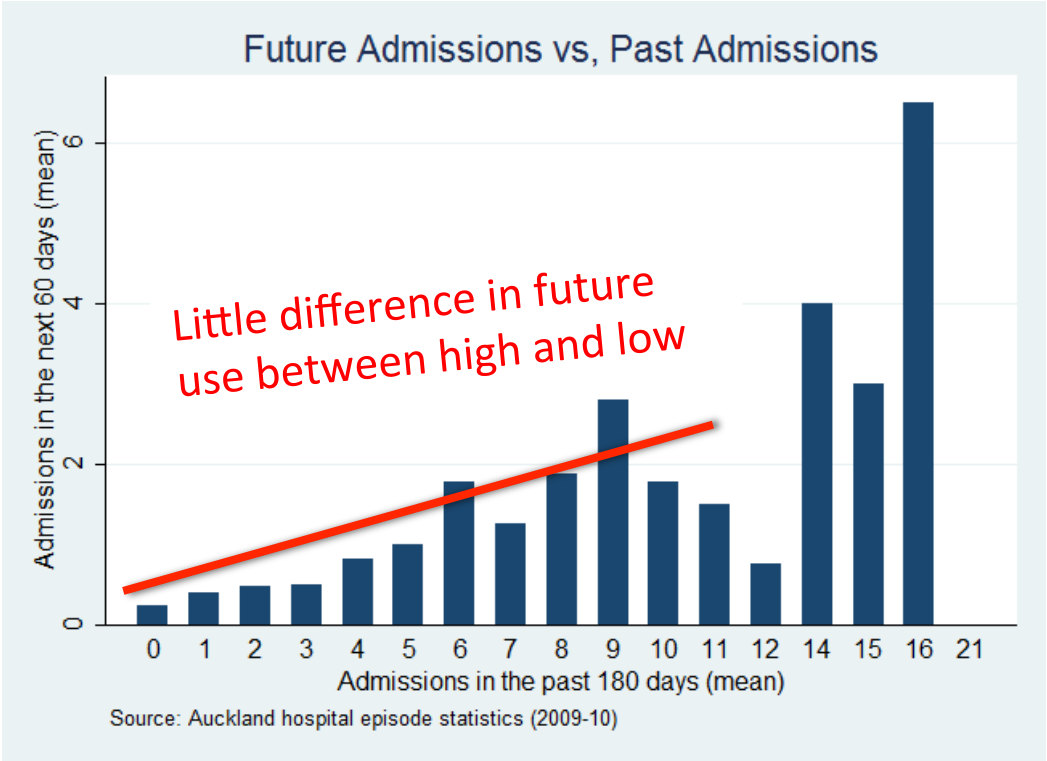
a good measure

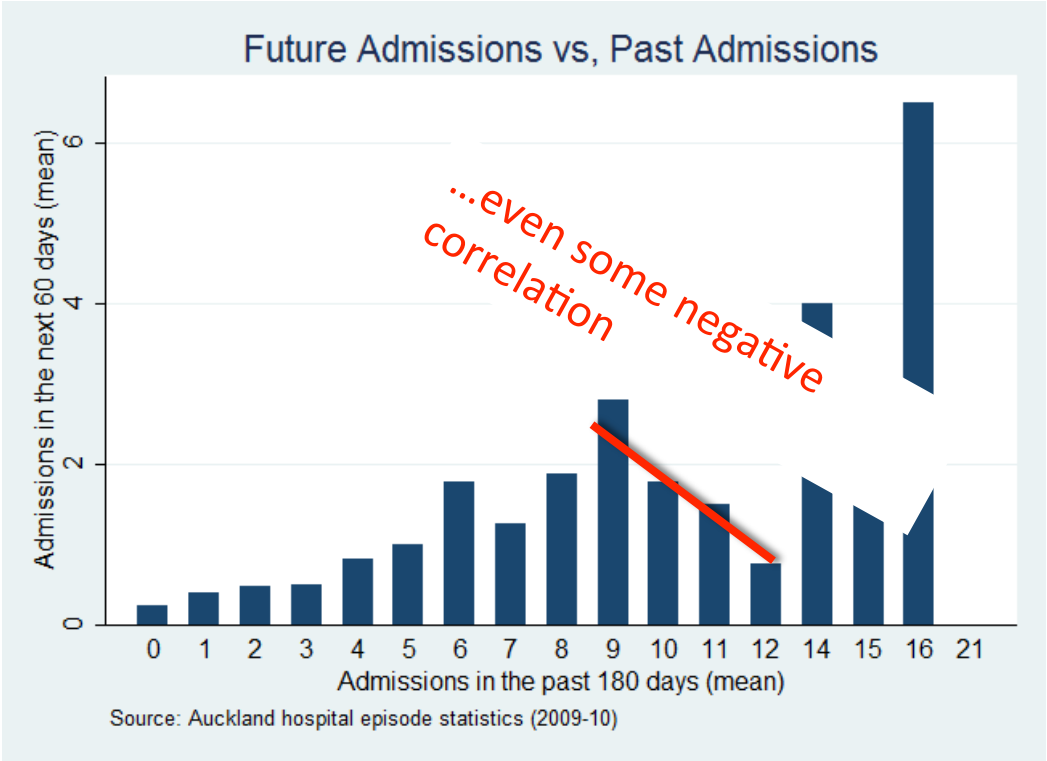
of future utilisation?

future admissions



Past admissions


Future Admissions vs, Past Admissions
Admissions in the next 60 days (mean)
0
2
4
6
Little difference in future use between high and low
0 1 2 3 4 5 6 7 8 9 10 11 12 14 15 16 21
Admissions in the past 180 days (mean)
Source: Auckland hospital episode statistics (2009-10)


Future Admissions vs, Past Admissions
Admissions in the next 60 days (mean)
0
2
4
6
…even some negative correlation
0 1 2 3 4 5 6 7 8 9 10 11 12 14 15 16 21
Admissions in the past 180 days (mean)
Source: Auckland hospital episode statistics (2009-10)

Why?

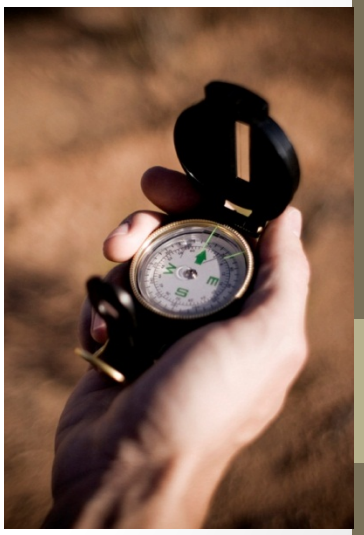
- ✓ Most diseases are self-limiting
- ✓ Intense users are likely to die (or become better)
- ✓ “Regression to the mean”

Three main methods

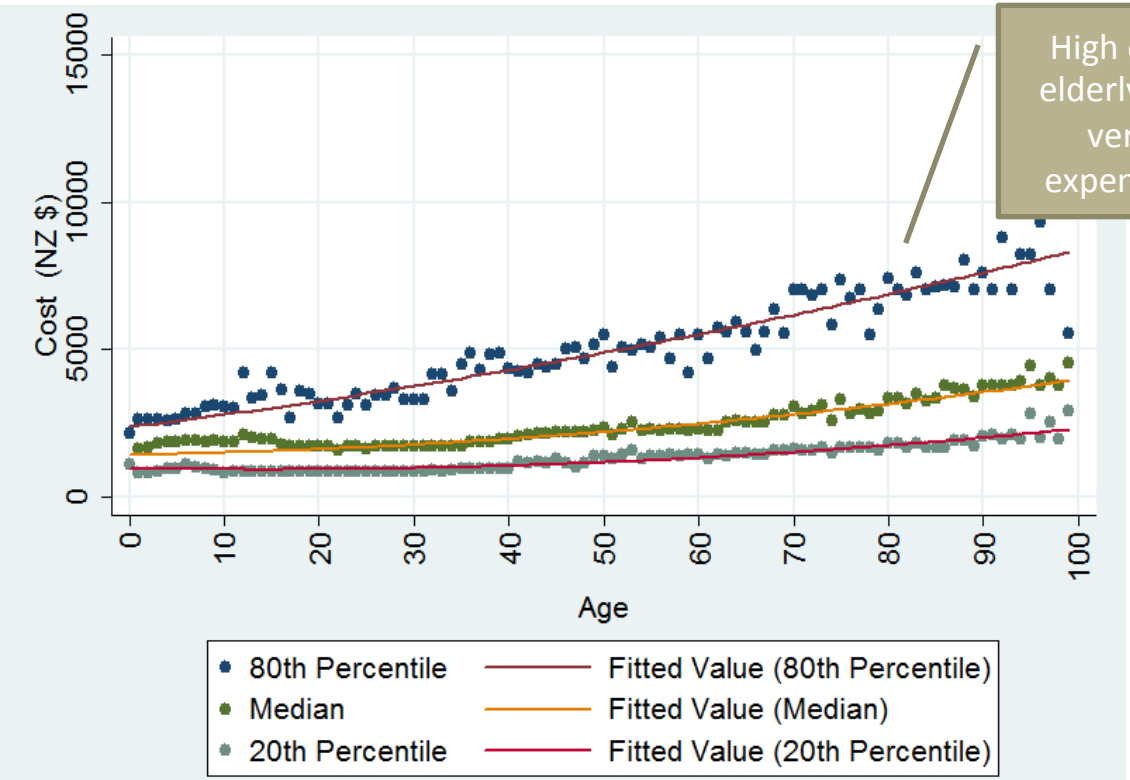
1. ~~Clinical judgement~~
2. ~~“Threshold models”~~
3. Predictive Risk Models

What is Predictive Risk Modeling?

- Using routinely collected episode data
- Algorithm to predict the probability that a person will have an expensive adverse event
- Helps health care systems target preventive care to patients who will be at high risk of becoming expensive

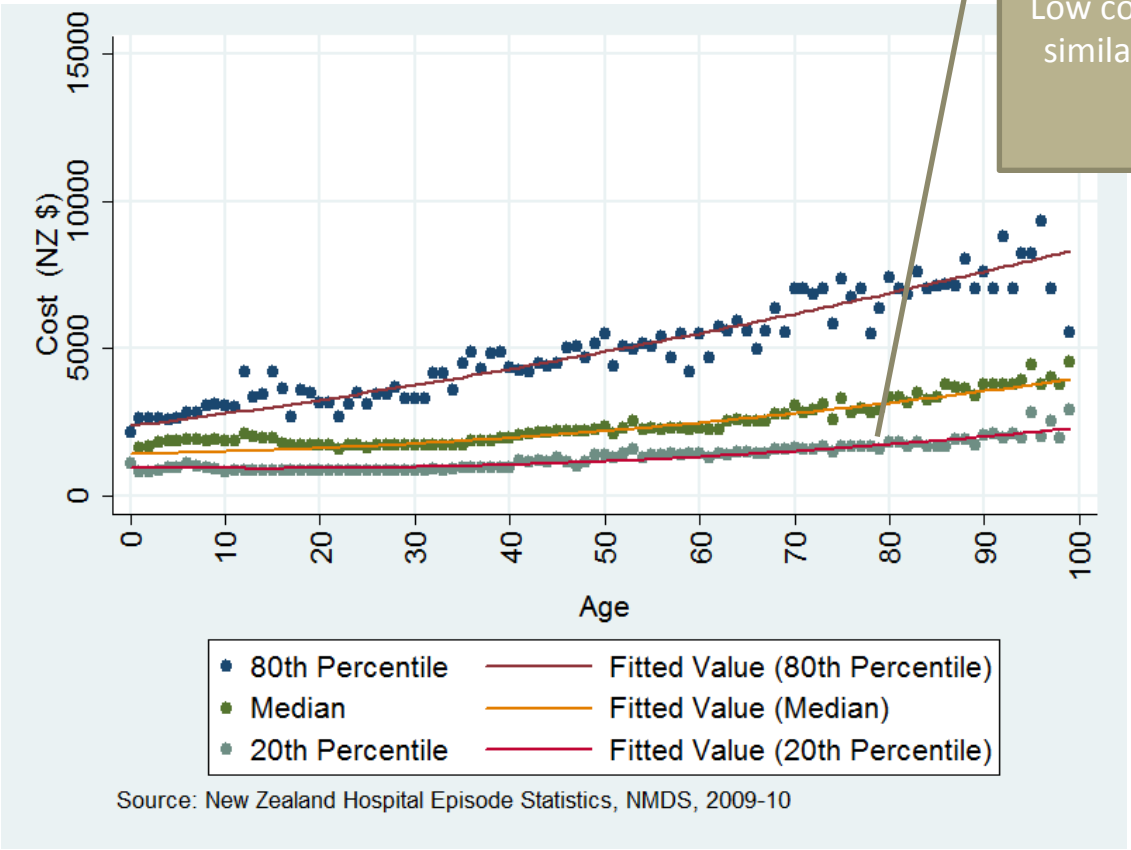


Age and Expenditure on Hospitalisation



Source: New Zealand Hospital Episode Statistics, NMDS, 2009-10

Age and Expenditure on Hospitalisation



Source: New Zealand Hospital Episode Statistics, NMDS, 2009-10

Not all elderly are high cost

→ predict the high cost elderly

→ offer them “preventive programs”

Case Finding

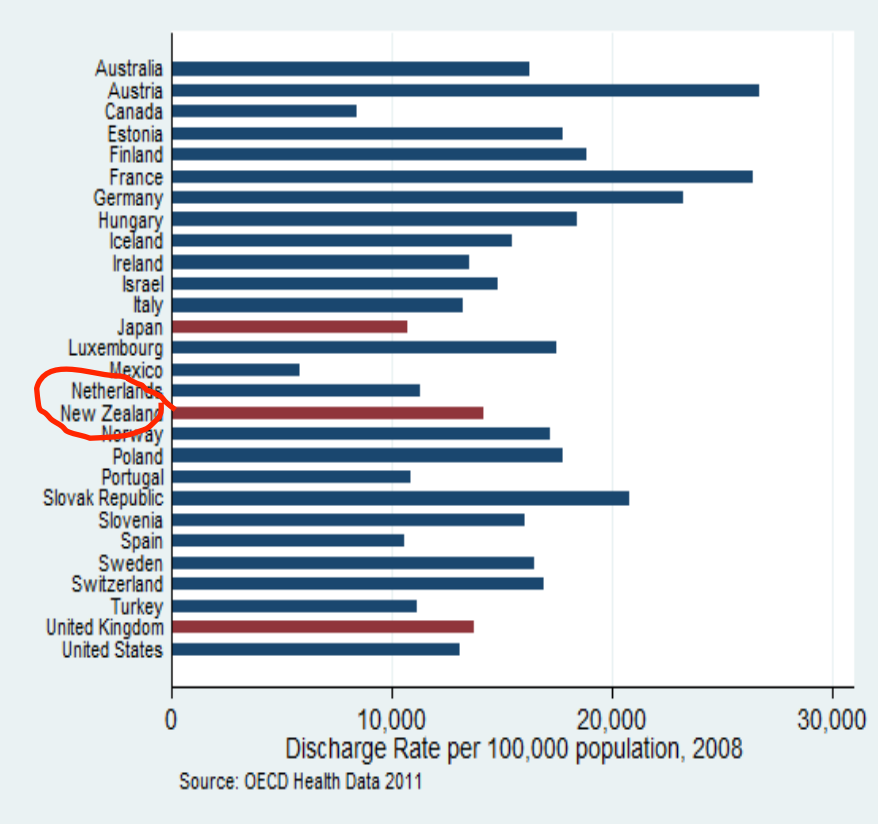
Case Finding...

Identification of patients for programs

NEW ZEALAND'S PREDICTIVE RISK MODEL

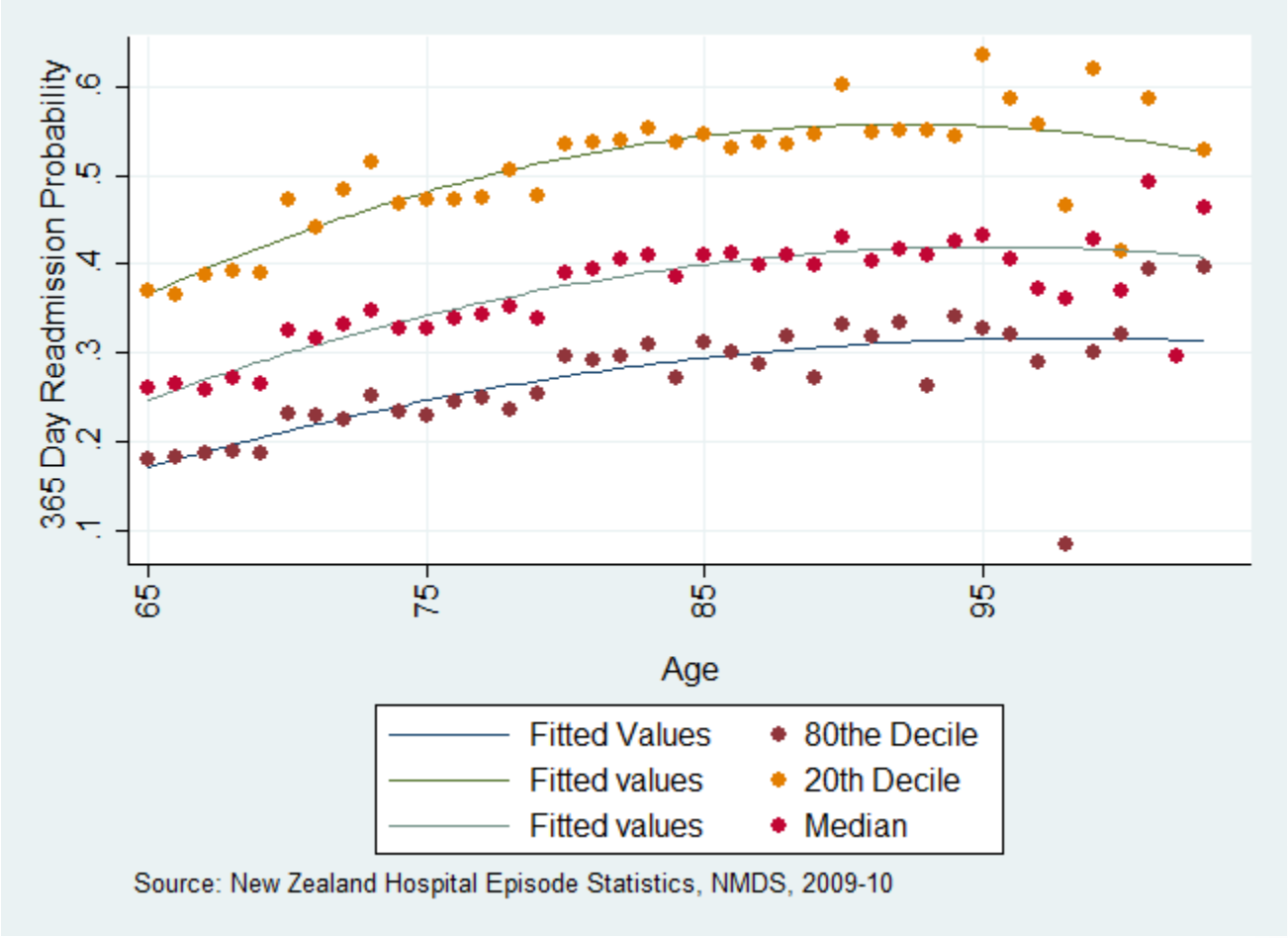
New Zealand

- Has a National Health system
- Hospitals are mainly public
- Taxpayer funded
- Has relatively high discharge rates
- Concerned about re-hospitalisation rates



Auckland PRM model (365 days)

- When patients arrive at hospital they will be risk scored
- The score indicates the risk of re-hospitalisation within 365 days
- Risk score will be sent to the General Practioner (Medical home)
- Case review high risk patients

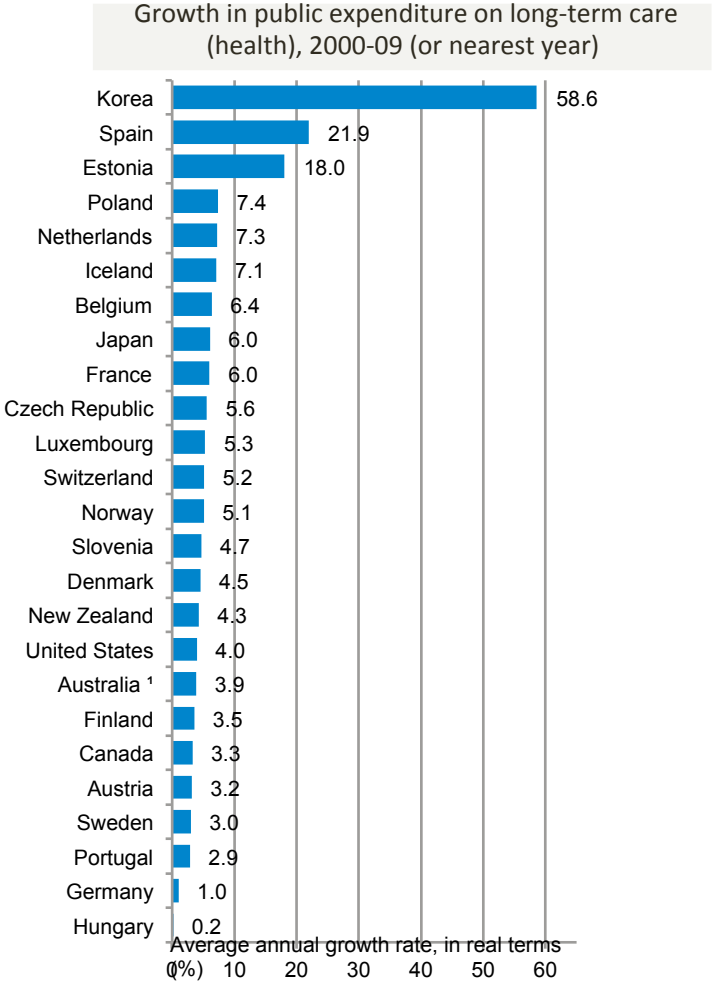

365 Day Readmission Probability
.1
.2
.3
.4
.5
.6
65
75
85
95
Age
Fitted Values
Fitted values
Fitted values
80the Decile
20th Decile
Median
Source: New Zealand Hospital Episode Statistics, NMDS, 2009-10

Advantages

- ✓ Automated
- ✓ Classifies according to future risk
- ✓ Match programs to risk class
- ✓ Can develop a Business Case for avoidance programs

PROSPECTS FOR LONG TERM CARE

The potential LTC crisis…



Predictive Risk Modeling in the Elderly?

Where are there prospects?

- ✓ Reduction in Length of Stay (LOS)
- ✓ Targeting of home care for the elderly

Why long length of stay?

Shortage of nursing home beds

"Social hospitalisation" – long stay due to failure in social care

What to do about long stays?

At admission identify patients at “risk” of long LOSs

→ commence discharge planning immediately

→ arrange “step-down” nursing care

→ reward hospital for shorter than predicted LOS

Targeting Home Health Services

Majority of elderly want to be cared for at home

…Comprehensive home care services is labour intensive

Targeting Home Health Services

OECD countries rely on immigrant nursing and allied professionals

(23% of all New Zealand nurses are foreign born)

With shrinking labour force and low fertility→

need to target home help

Home help, day care, respite care are aimed at

reducing functional decline

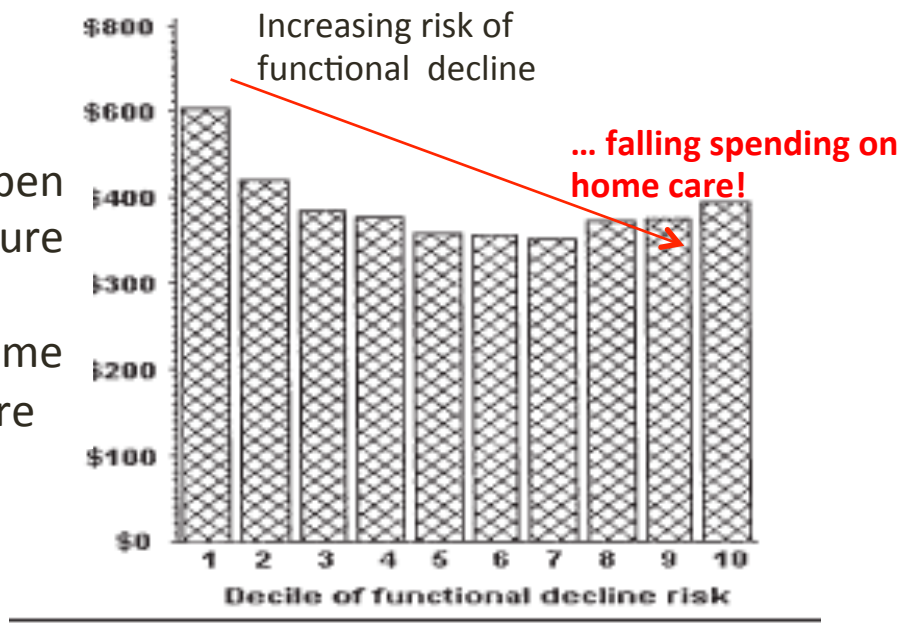
and

keeping people out of nursing homes

…. So should be given to people at risk of functional decline

Is it?

Targeting of home help is typically very poor

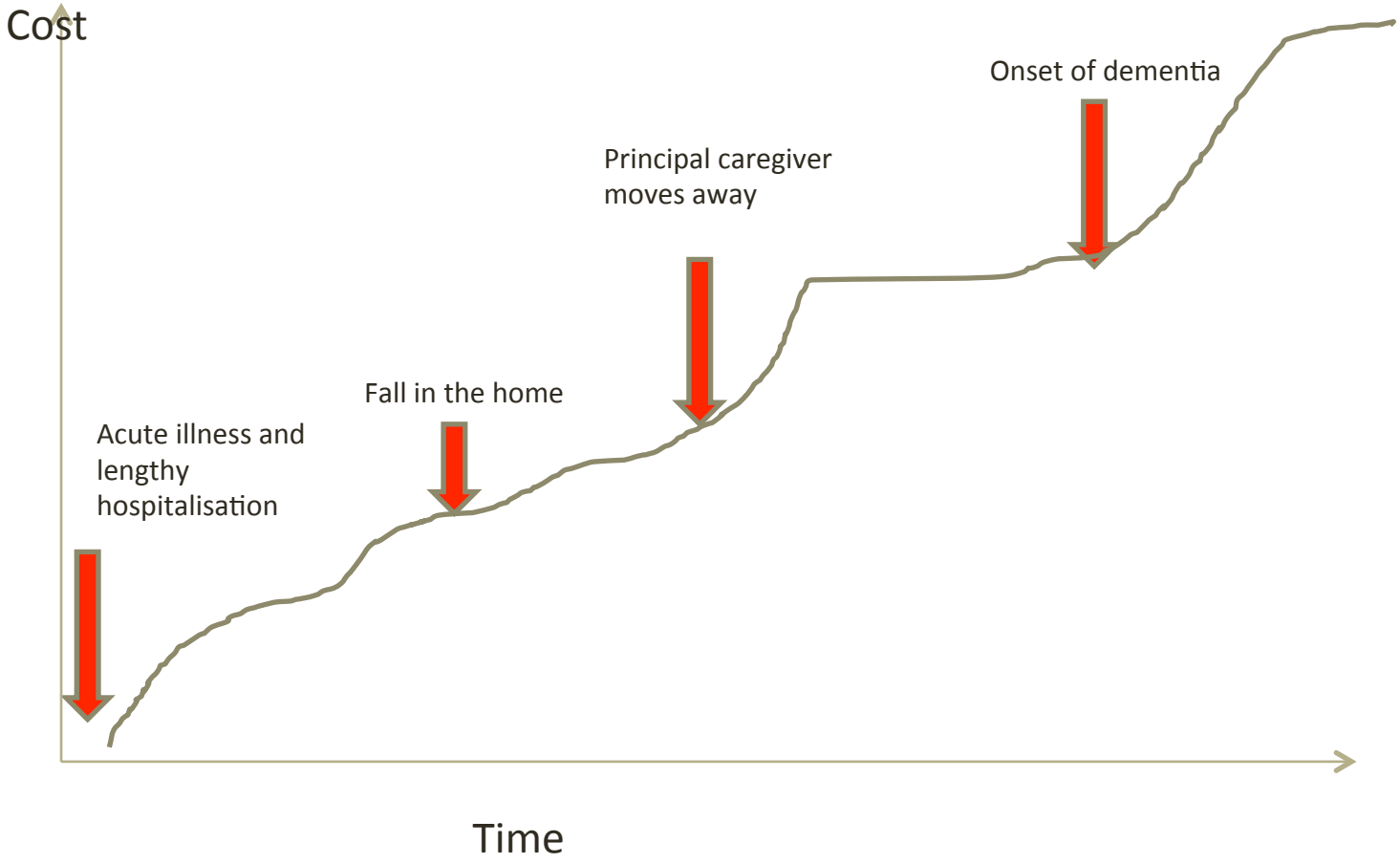


US population

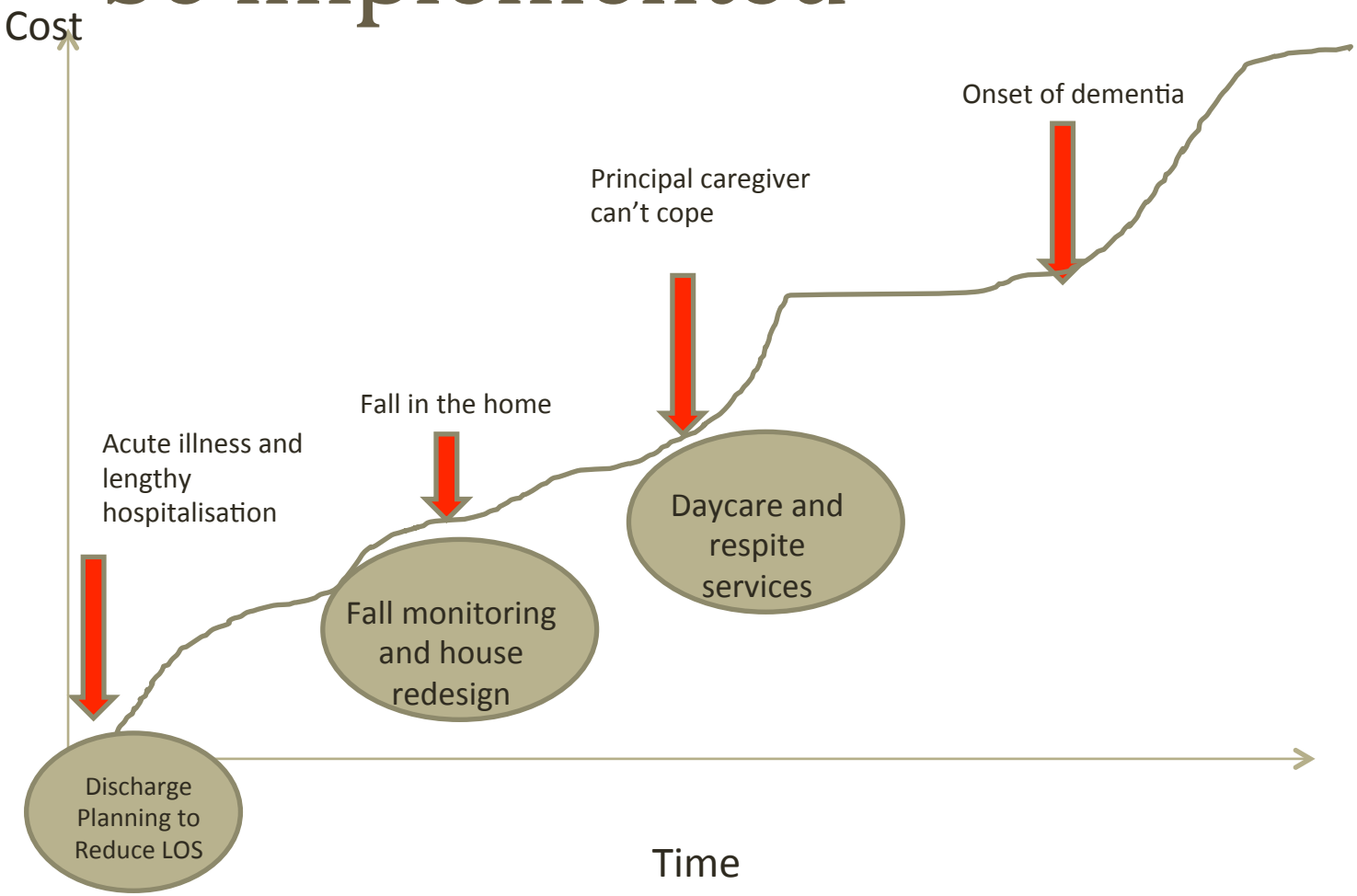
home help expenditure vs. risk of functional decline

Source: Weissert and Chernew (2003)

Predicting “the cascade to dependency” in the elderly



Allows prevention services to be implemented



Predicting Functional Decline

When first enrolled for LTC patient risk rated for functional decline

→ Care package based on risk profile

→ risk rating constantly updated

→Providers monitored on actual decline vs. predicted decline

Can decline be routinely predicted?

- What data sets are available?

Conclusion

- ✓Predictive Risk Models help target patients
- ✓Targeting in long term care is generally very poor
- ✓Benefit from exploring a predictive risk model in targeting long term care

Further Reading

Panattoni, L. E., R. Vaithianathan, et al. (2011). "Predictive risk modelling in health: options for New Zealand and Australia." Australian Health Review 35(1): 45-51.

Curry N, et. al. Predictive Risk Project Literature Review, 2005, Kings Fund: London.