What about high utilizers?

Reflections on the “Hot Spotters”

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Themes

1. What’s on the horizon?
2. High utilizers, “hot spotters”
3. Seeing and not seeing: the potential in others
   - Accident investigation, social cognition, and a “just world”
   - Microfinance – the Grameen Bank (Bangladesh)
4. Seeing and not seeing: our own potential
5. Applications: Transitions Coaching
6. Who’s on the hook, who’s left holding the bag?
   - What might we do about it?
1. What’s on the horizon?

*Future of hospital readmissions – the spotlight effect?*

Beginning October 2011, *relative* performance on targeted diagnoses will impact overall hospital Medicare reimbursement.

**Hospital Compare - overall performance by hospital: 25th, 50th, 75th and 90th percentile**

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2. High utilizers, “hot spotters”

Highlights from Dr. Gawande’s article …

• The problem – cost
  – Camden, NJ: a single building sent 57 elderly to hospital with falls, almost $3,000,000 in medical bills (2 yrs.)
  – Camden, NJ: Abigail House, Northgate II – 900 people, more than 4,000 hospital visits, $200,000,000 in health care bills (6 yrs); one person had 324 hospital admissions in five years; the most expensive patient cost $3,500,000.
  – 25 year old woman, ten months – 29 ER visits, 51 doctor’s visits, one admission all for “headaches”, apparently not drug seeking; $52,000

• The problem – care delivery and financing
  – “The critical flaw in our health-care system ... is that it was never designed for the kind of patients who incur the highest costs. [Care delivery institutions] ... are vastly inadequate for people with complex problems.”
  – Higher co-pays ‘backfire’ – lower preventive costs, higher outlier incidence and costs

• Demonstrated or, at least, promising solutions are at hand
  – Look for the most expensive patients in the system and direct resources and brainpower toward helping them.
  – “Who are your most difficult patients?” – this is the focus.
  – “... building relationships with people who are in crisis. The ones you build a relationship with, you can change behavior.”
3. Seeing and not seeing: the potential in others

Lessons from:

• Accident investigation, social cognition, and a “just world”

  The 1st Law of Improvement: “Every system is perfectly designed to get the results it achieves”; but …

  the human face of events and challenges, the way we see others may limit our ability to see a system at work.

• Microfinance – the Grameen Bank

  The abilities and capacities of Bangladesh’s poor may have been better understood by those who sought to exploit them than by those who sought to help them.
4. Seeing and not seeing: our own potential

- Capabilities: what are our limitations?
  - “air force pilots” see better
  - eye chart context
- Expectations: how are we “taught” to be
  - alcoholism
  - aging
- Competence: self-induced dependence
- Exercise, work, and weight loss
5. Applications: Transitions Coaching

Redesign that expanding the range of patients/circumstances who have an effective care experience. Consider a range of patients/circumstances at hospital discharge …

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<th>“Tame” – needs anticipated by health care system design</th>
<th>“Tamable” – needs that can be met through enhancements to existing health care processes</th>
<th>Complex – needs incompatible with health care system design</th>
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<td>Activated, engaged, sense of control &amp; possibility, appropriate care plan, required support needs identified, prepared to execute the plan</td>
<td>At risk because gaps in care plan are not identified or care plan is not understood; patient/caregivers not prepared or confident in their abilities to execute care plan; passive, fatalistic, scared, and confused; demoralized</td>
<td>Barriers to effective care: access to care, care coordination failures, living circumstances, basic coping capacities; may be demoralized, fatalistic, little sense of control; conditions may or may not be recognized by care providers</td>
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<td>Resources required are available and can be mobilized</td>
<td>Except for chance and mortality, expected to be high utilizers of expensive care resources</td>
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6. Who’s on the hook?
Who’s left holding the bag?

At risk: the difference between the results we get and the results we could get: preventable complications, avoidable health care costs.

- High utilizers, their families
- On the receiving end of the (preventable) cost shift:
  - 1st degree
  - More remote recipients

What can be done?
- Models highlighted by Dr. Gawande
- Local applications, local innovation
Notes and References


