

# Moving from patient to population and community- based management

*Ways and Means: Health Links 2015*

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# 3 Suggestions

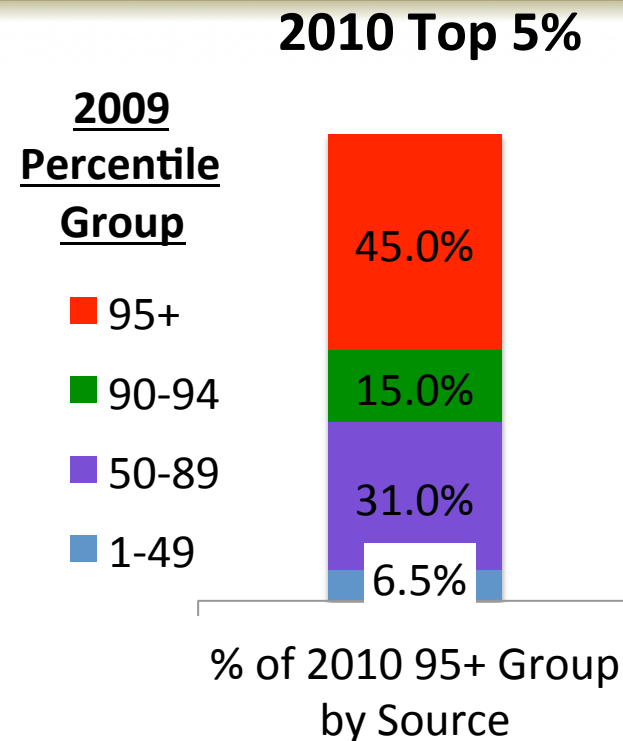
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1. Continue to focus on the top 5%
2. Specifically focus on populations who commonly constitute high cost users and for whom you can implement improvements in care.
3. Start shifting from individual care interventions to community-oriented interventions.

# 1. Continue focus on top 5%

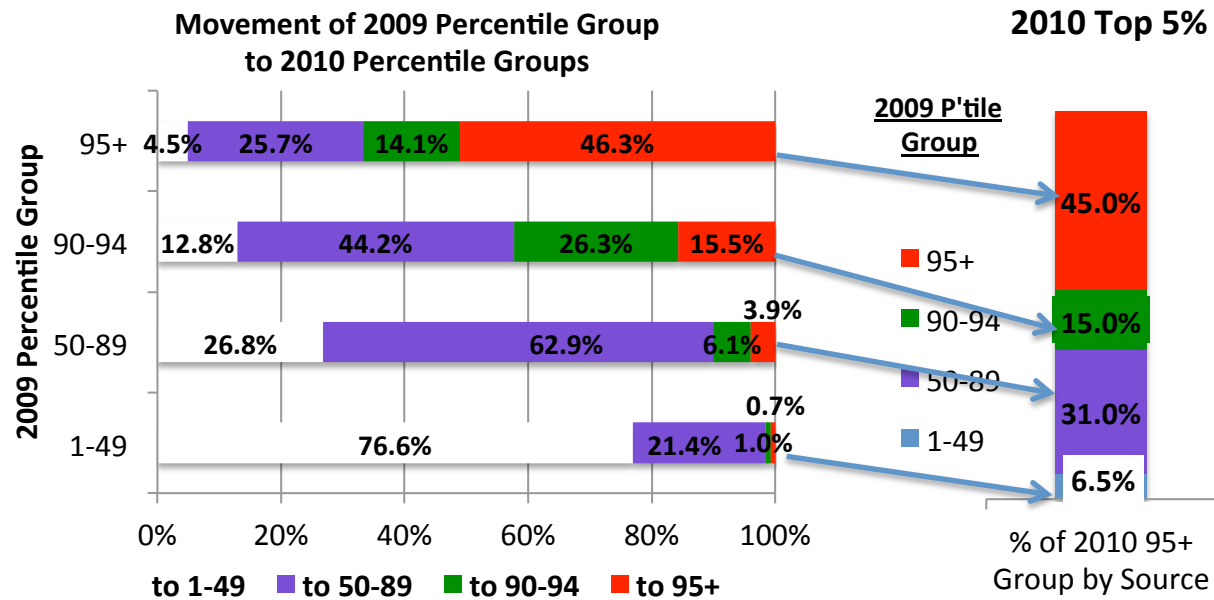
## Why (part 1)?

- 45% of top 5% were in top 5% in prior year
- 15% came from 90-94<sup>th</sup> percentile
- 31% came from next 40 percent of population
- 6.5% came from lowest 50%



- So yes, many people who are high cost users in a given year were lower-cost users in prior years.  
... but most were already high cost users .

# 1. Continue focus on top 5%



## Why (part 2)?

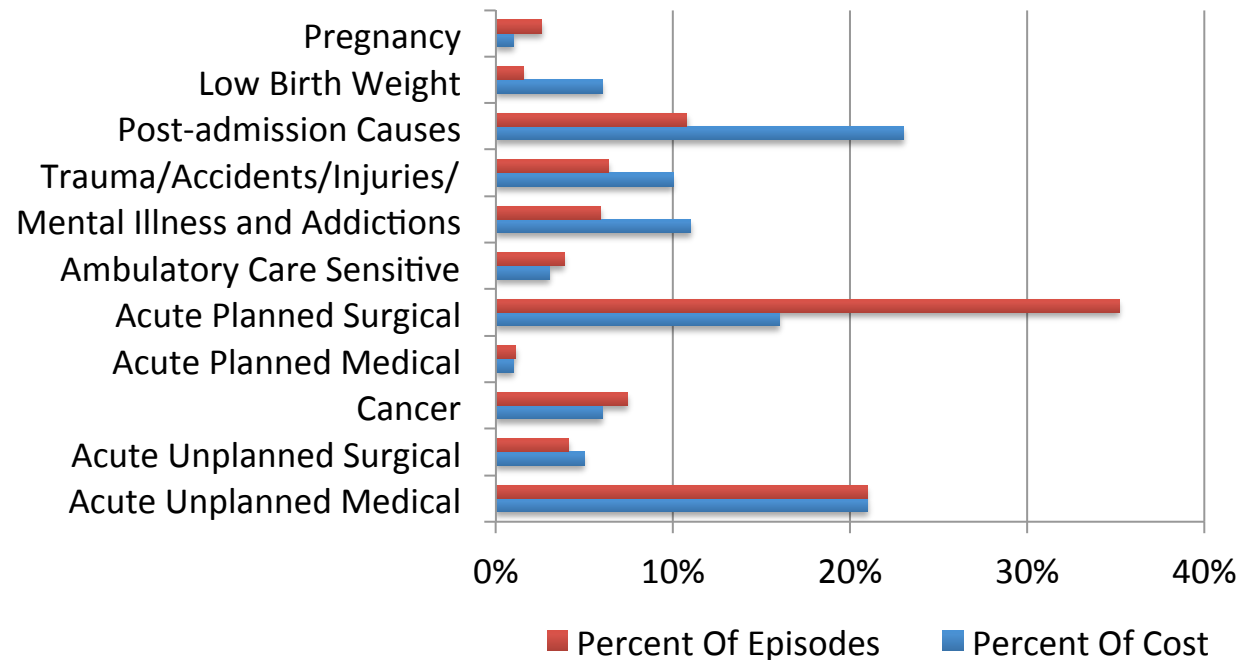
- Only 0.7% of bottom 50% make it to the top 5% in the subsequent year
- Only 3.9% of those in 50<sup>th</sup> to 89<sup>th</sup> percentile transition to top 5% in subsequent year

## 2. Types of high users

### Types

1. Planned are most common but low cost.
2. Post-admission events are surprisingly common and expensive.
3. Trauma & Mental Illness/Addictions are similar in magnitude.
4. Unplanned medical captures most older seniors with chronic diseases.

**Categorizing all high cost (top 5%) users 2011/12**



- *Such different populations require different forms of patient-centred interventions...Address remediable gaps.*

# 3. HL performance is tied to community

Findings: Baseline performance; early HLs; total population by SES Quintile



- Health Link performance is highly related to community SES

# Summary comments

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- Health Links performance is linked by community more than providers.
- Improvements in care outcomes should be tailored to specific target populations.
- The top 5% is an important focus as an identifiable group of individuals with sustained high use and potentially remediable gaps in care.