Reg Warren PhD, Rick Glanz and Amy Leibensberger

The National Predictive Modeling Summit September 13, 2007



The dilemma for post hospital care?

- MCO's spent \$7.9B on SNF and Home Health in 2005 (MedPac 2007)
- 1/3 of hospitalized seniors will receive post acute care
- 1/3 of those will not go to the most appropriate setting
- Misalignment of incentives: per diem
- High degree of practice variation
- Over-utilization unnecessarily exposes members to institutional risks



- Diagnosis vs Function
- The Predictive Model
 - Regression
 - Severity adjustment
- Application
 - Real-time decision support
 - Retrospective comparison
- Influence on cost and outcome



Key Predictor





Functional Measurement

Functional Independence Measure - FIM (18-126)

- Eating
- Grooming
- Bathing
- Dressing Upper Body
- Dressing Lower Body
- Toileting
- Bladder Management
- Bowel Management
- Bed, Chair, WC Transfer
- Toilet Transfer
- Tub/Shower Transfer
- Walk/WC
- Stairs

- Expression
- Comprehension
- Social Interaction
- Problem Solving
- Memory

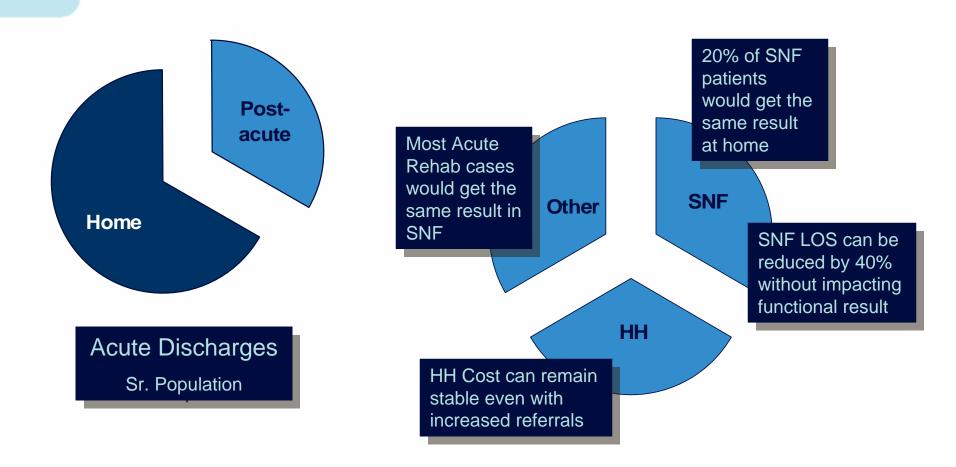


Function - Burden of Care

- Functional needs
 - Drives >90% of skilled utilization
 - Admit function- predict outcome
 - Discharge setting : 5 points FIM equate to one hour caregiver burden/day



Calibrate the Continuum





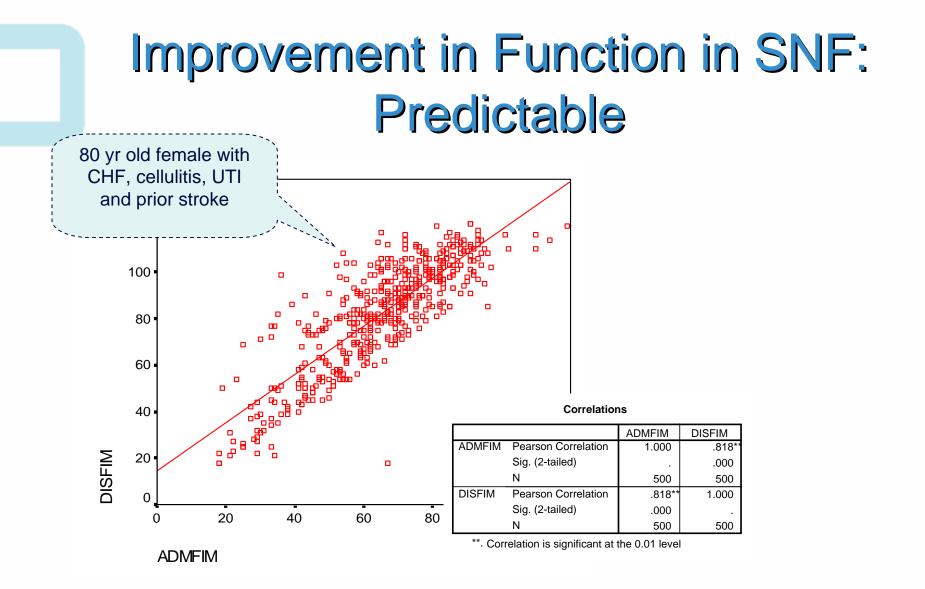
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- Leader in post-acute outcome measurement since 1995
- Manage over 900,000 Senior lives in SNF, Acute Discharge, Acute Rehab, Home Health
- Database of 250,000+ post-acute cases
 - Over 30,000 new records added each year
- California, Colorado, Washington, Maryland, District of Columbia, Virginia, Arizona, Pennsylvania and Tennessee
- Kaiser Permanente, PacifiCare, Health Net, Group Health Coop, and AmeriGroup
- MHS Participant







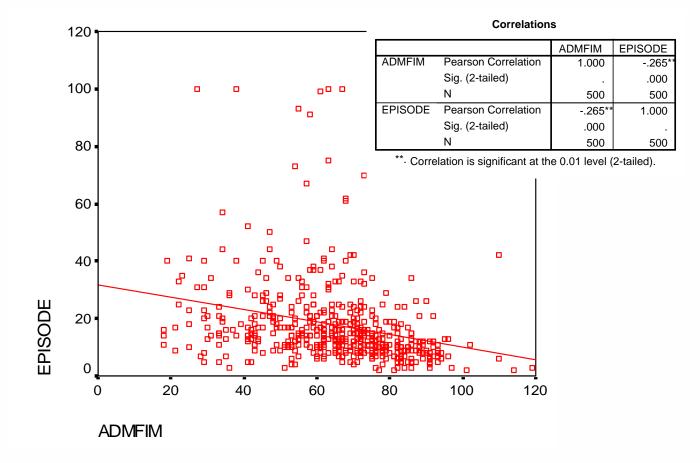
Discharge Site and Functional Level (FIM 18-126)

Discharge Site Considerations	FIM Score
Home Alone OP Therapy/Home Safety	>108
Home with Assist OP (Outpatient) Therapy	>90
Home w/Assist or ALF Home Health Services	>80
Home, SNF, Custodial, B&C w/ 24-hour Assistance	<79

Diagnosis, medical complexity or other social, caregiver or medical issues may influence the functional level at which the patient is discharged.



Length of SNF Stay: Less Predictable





Medical Complexity Scale

- Level 0: No systemic disease other than primary diagnosis
- Level 1: Pre-morbid, inactive and/or irrelevant
- Level 2: Active, relevant. Not limiting function
- Level 3: Active, relevant. Limiting function
- Level 4: Active, relevant. Severely limiting function
- Level 5: Moribund/Terminal



Relevant Conditions

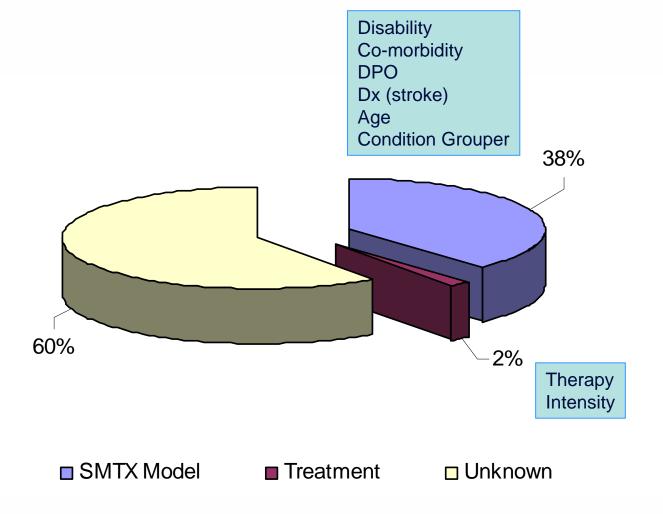
- Restricted Weight Bearing
- Pressure Wound: II, III or IV
- Vascular (non-pressure) wound
- IV
- Vent
 - Hospital: not currently dependent
 - Currently Dependent
- Severe Obesity
- Hemodialysis



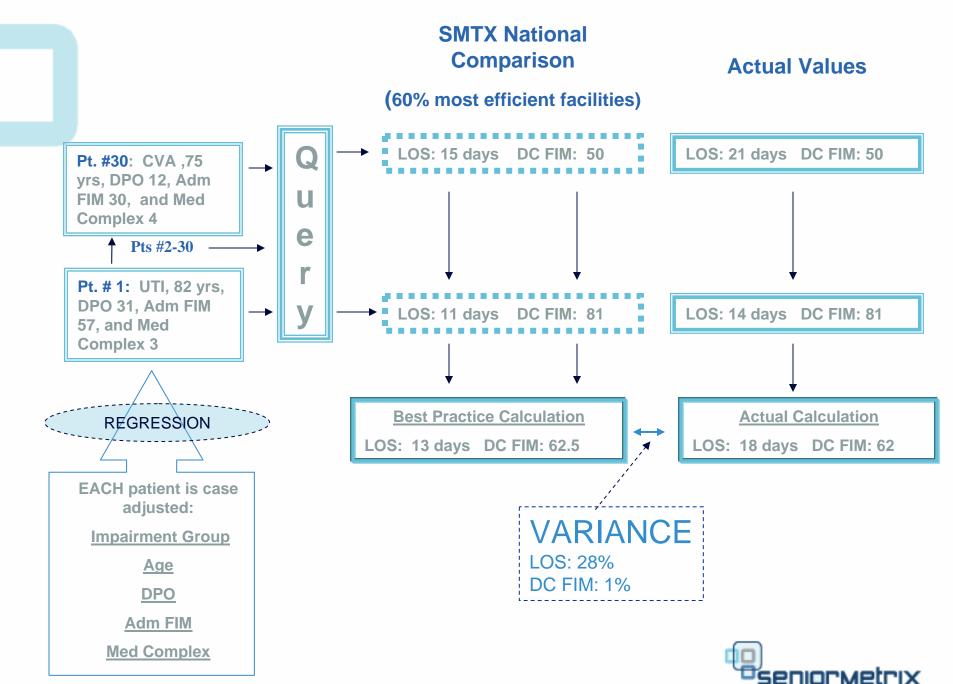
Regression: Length of Skilled Stay

				82 y/o female
Independent Variable	Coefficient	Patient's Actual Value	Result	UTI Acute: 6 days
Random Error			<u>−</u> 24.45	
(constant)			+	
Admission FIM	234	65	15.21	
			+ (9.2	24)
Age	.034 >	K 82	<u> </u>	
			+ (12.0	02)
Days Post	.565 X	4	= 2.26	
Onset			+ (14.2	28)
Condition			<u> </u>	
(IV/Obese)			↓ ↓	
		Predicted Episode LOS =	27.38	seniormetrix

How powerful is the model?

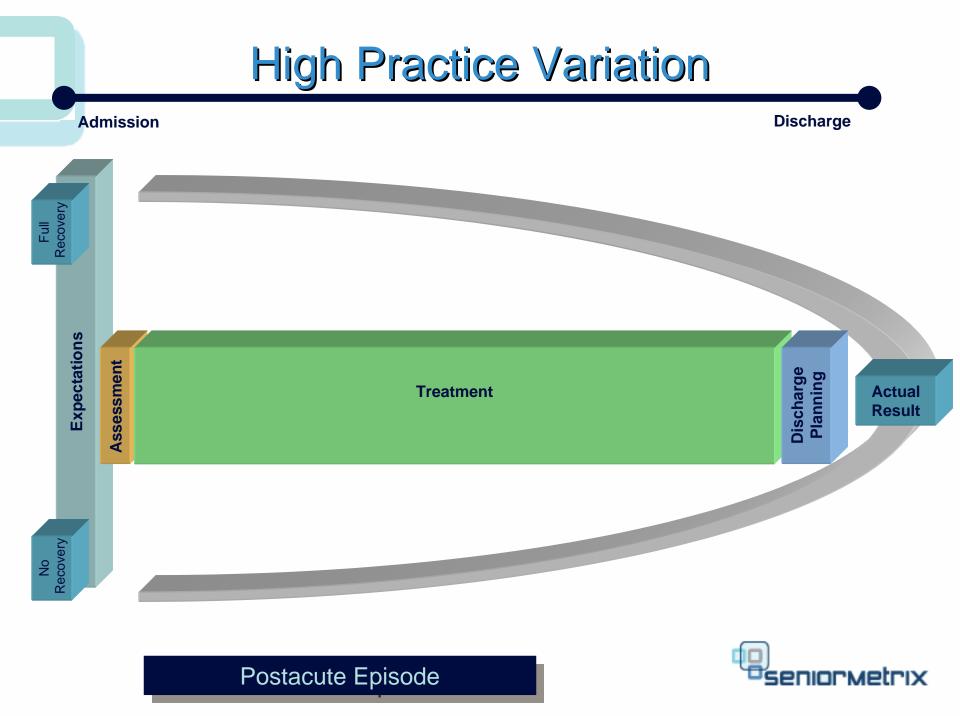






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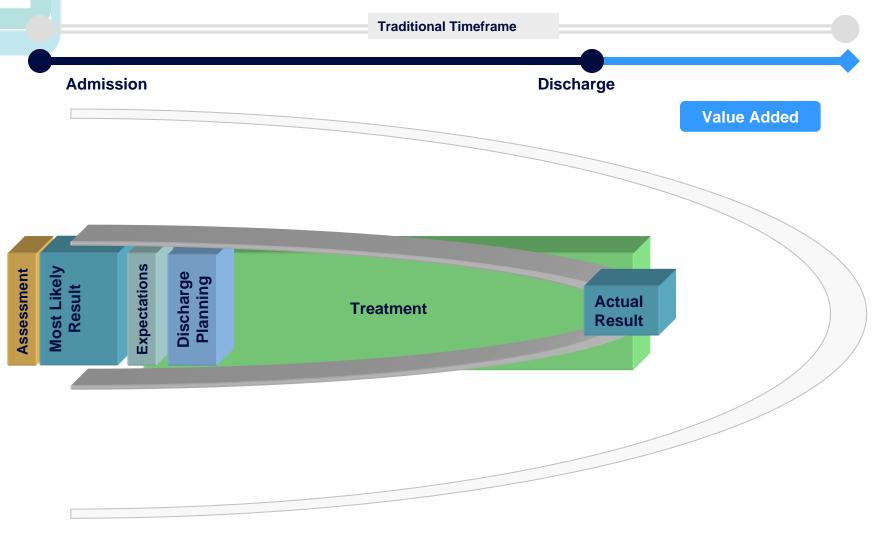
W	elcome rwarren, <u>Loqoff</u>	
Patient First Name:	Peyton	?
Patient Last Name:	Manning	?
Impairment Group:	Orthopedic Conditio 🖌	?
Diagnosis Category:	Hip Fracture	?
Admission FIM:	65	?
Medical Complexity:	3	?
Skilled Admit Date:	12/13/2007	?
	Submit	

	Results	
	of Records: 1,1 Therapy Cycle	
Low:	11.9	days*
Avg:	12.1	days
High:	12.3	days*
A	erapy Hours/D vg FIM Gain: 2	21
7 Days/\	1.38	
6 Days/\		1.62
5 Days/\	1.94	
	wg D/C FIM: <mark>8</mark> ischarge Settir	
Commu	nity:	75%
Home A	lone:	8%
Home v	v/ Caregiver:	60%
Assiste	1%	
Board a	and Care:	5%
projected Last	Paid/Covered Date	e: 12/25/2007
*0500 0	onfidence Interval	(p<.05)

Real-Time Decision Support



Reduced Practice Variation



Postacute Episode



Retrospective Comparison

Severity-Adjusted Comparison

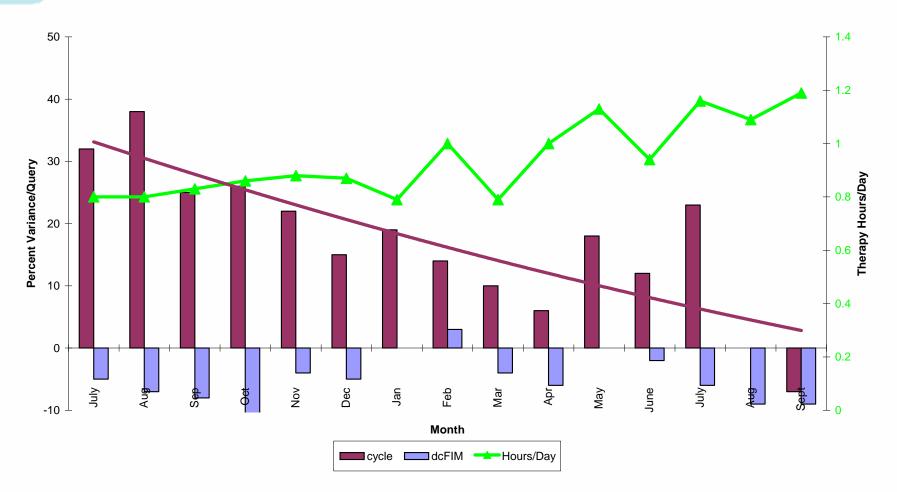
	Efficiency						Quality					
Jan Mar 2006	Cases in SMTX	Rehab Start Lag	Optimal Rehab Cycle	Acutal Rehab Cycle	Rehab Cycle Variance	Discharge Lag	Rehab ALOS	Expected Discharge FIM	Actual Discharge FIM	FIM Discharge Variance	% Discharged to Community	Therapy Hrs per Day
Jefferson Av	45	1.4	7.9	10.2	28%	1.1	12.7	101.2	96.0	-5%	0.83	0.97
Mercy Court St Allens	67	1.3	11.7	12.1	3%	0.8	14.2	77.0	76.1	-1%	0.83	1.43
Garden Ridge San Angelo												
Pacific Crest												
CareBrook												
Total/Average										- F	2	

^Bseniormetrix

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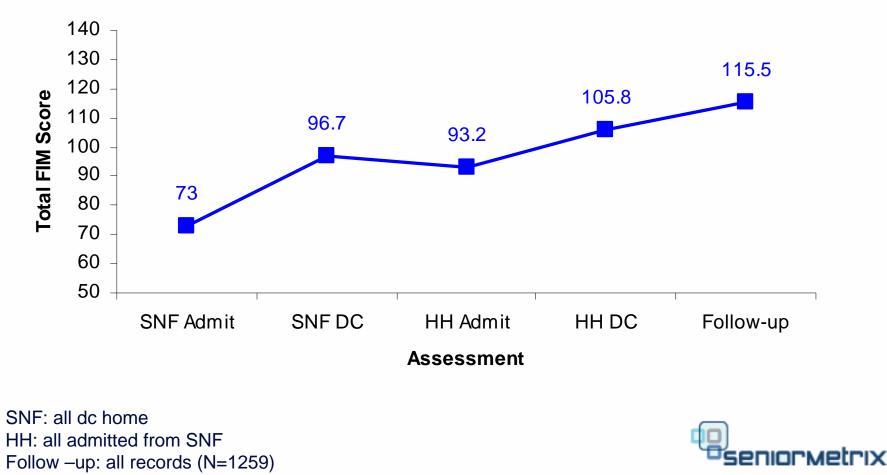
SNF LOS Variance Trend





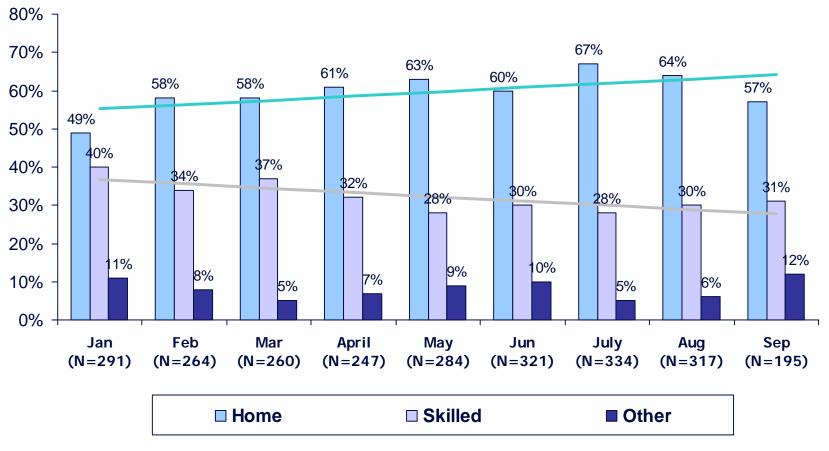
Client Q3, 2006 Source: SMTX

Functional recovery Across Settings: SNF thru HH to Follow-up* 11-01 to 9-05



Source: SMTX

Improving Acute DC Placement





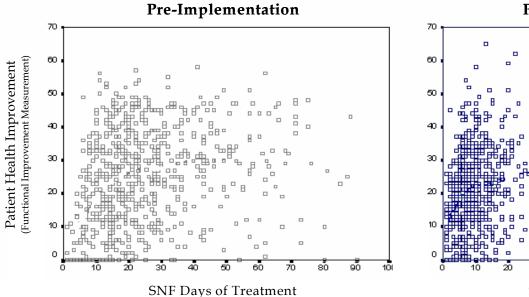
Influence on Utilization

Average Medicare Plan
LOS: 22 days
SNF Admits/k: 50-65
SNF Days/k: 900-1100
PMPM: \$33

Predictive Model Results
LOS: 16 days
SNF admits/k: 40-50
SNF days/k: 600- 800
PMPM: \$22.50



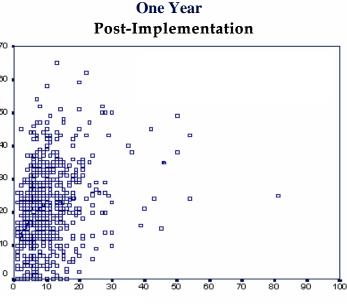
Reducing Practice Variation Using Predictive Models





\$5,655 average cost per case

23 point average gain in Functional Improvement Measurement ("FIM"), an internationally recognized scale of disability



SNF Days of Treatment

\$4,485 average cost per case (20.7% decrease)

23 point average gain in FIM (unchanged)

