Prioritizing Predictive Modeling Activities

A survey of health plan and healthcare professionals conducted by MCOL on Prioritizing Predictive Modeling Activities jointly sponsored by *The Predictive Modeling Web Summit* and *Predictive Modeling News*

Items Ranked

The items to rank were as follows, with their abbreviated version, referred to subsequently, indicated in parentheses:

- Identification of High-Risk Patients for Care Management (Identify)
- Plan Design Development (Design)
- Fraud Prevention (Fraud)
- Treatment Guideline Development (Guideline)
- Provider Profiling for Network Development (Profiling)
- Provider Payment Rate and Restructuring (Payment)*
- Premium Rate Development (Premium)
- Medicare / Medicaid Population Financial Modeling (Medicare)
- Target Marketing Based on Customer / Prospect Risk Scores (Marketing)
- Readmission Prediction Initiatives (Readmissions)

Average Priority Ranking of Items by Year

How Organizations Prioritize Spending Their Funds on Predictive Modeling Initiatives Involving Health Benefits
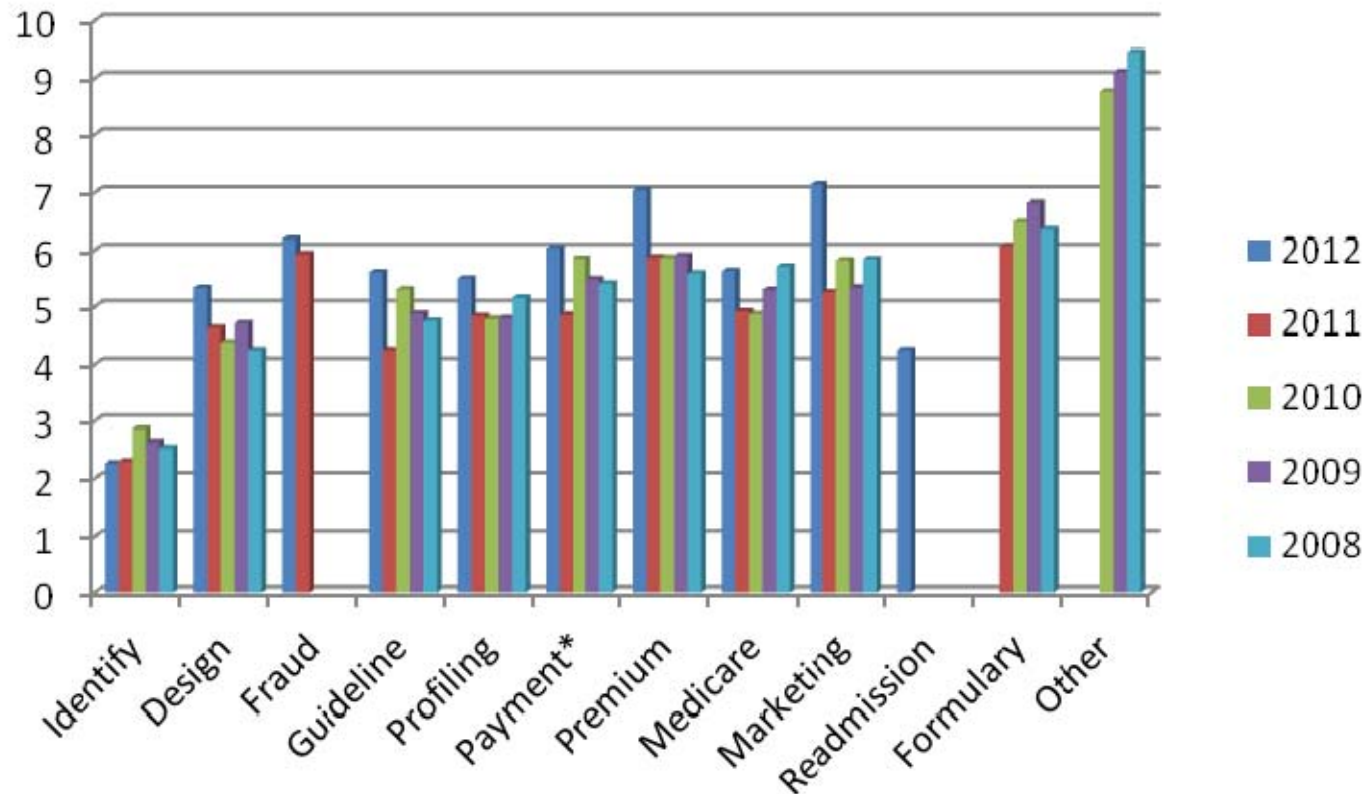
*In previous years this item was worded as: "Provider Reimbursement Rate and Formula Development"
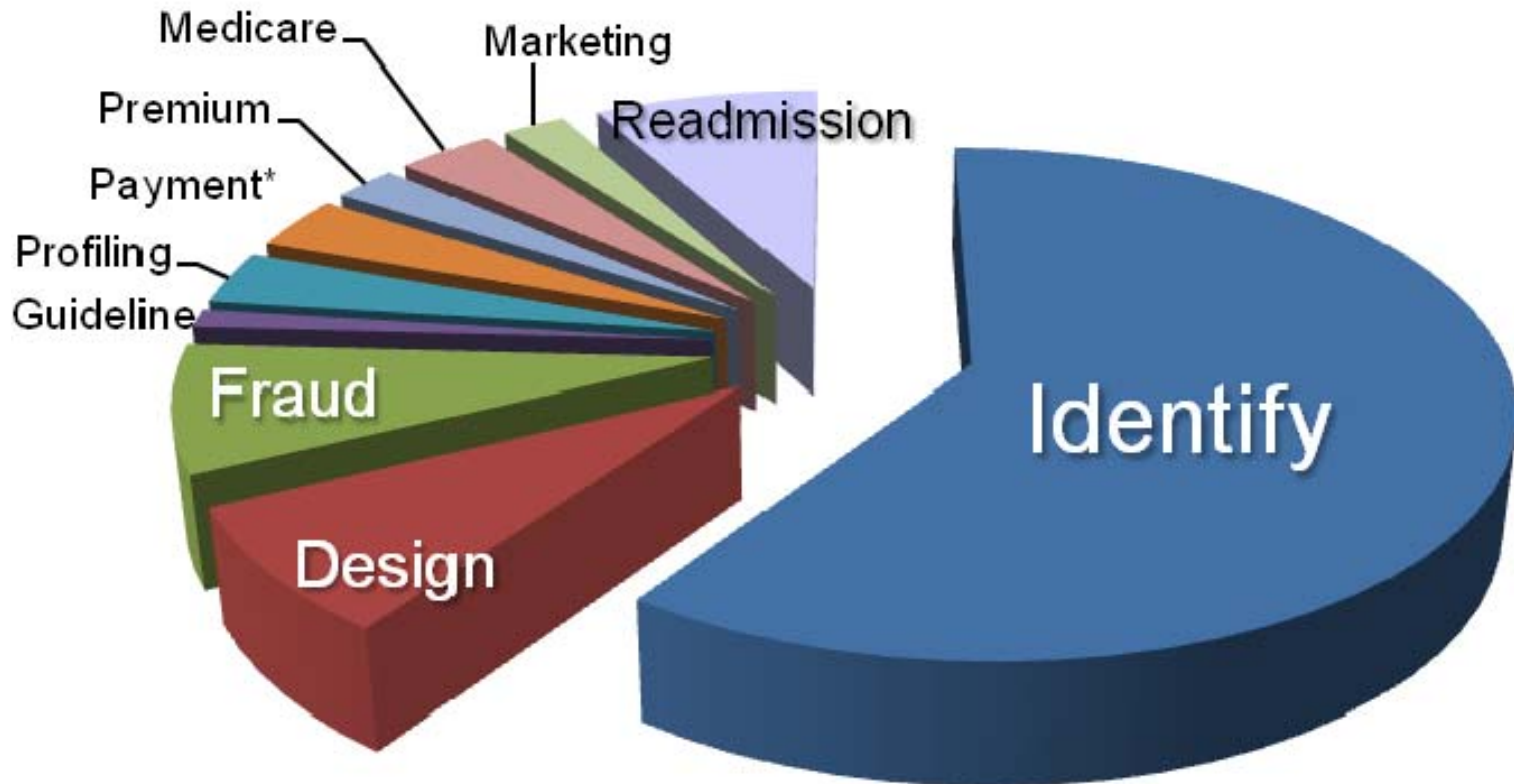
Average Priority Ranking of Items by Year

How Organizations Prioritize Spending Their Funds on Predictive Modeling Initiatives Involving Health Benefits

Item	2012	2011	2010	2009	2008
Identify	2.3	2.3	2.9	2.7	2.5
Design	5.3	4.6	4.4	4.7	4.3
Fraud	6.2	5.9	N/A	N/A	N/A
Guideline	5.6	4.3	5.3	4.9	4.8
Profiling	5.5	4.8	4.8	4.8	5.2
Payment*	6.0	4.9	5.9	5.5	5.4
Premium	7.0	5.9	5.9	5.9	5.6
Medicare	5.6	4.9	4.9	5.3	5.7
Marketing	7.1	5.3	5.8	5.3	5.8
Readmission	4.3	N/A	N/A	N/A	N/A
Formulary	N/A	6.1	6.5	6.8	6.4
Other	N/A	N/A	8.8	9.1	9.5

*In previous years this item was worded as: "Provider Reimbursement Rate and Formula Development"

Percent Listing an Item as their #1 Priority 2012

*In previous years this item was worded as: "Provider Reimbursement Rate and Formula Development"

2012 Responses by Respondent Category

How Organizations Prioritize Spending Their Funds on Predictive Modeling Initiatives Involving Health Benefits

Item	Payor	Provider	Vendor or Other	Total
Identify	2.6	2.2	2.0	2.3
Design	5.1	5.2	5.7	5.3
Fraud	6.4	6.7	5.6	6.2
Guideline	6.1	5.4	5.3	5.6
Profiling	5.2	6.0	5.4	5.5
Payment	5.6	6.1	6.4	6.0
Premium	6.4	7.3	7.5	7.0
Medicare	5.9	5.1	5.9	5.6
Readmission	4.2	4.2	4.4	4.3
Marketing	7.7	6.9	6.9	7.1

Percent of Respondents Ranking Items as Number One Versus Their Average Rank

Item	Average Rank	% Ranking as #1 Priority
Identify	2.3	59.8%
Readmission	4.3	8.0%
Design	5.3	8.0%
Profiling	5.5	3.4%
Guideline	5.6	1.1%
Medicare	5.6	3.4%
Payment	6.0	3.4%
Fraud	6.2	8.0%
Premium	7.0	2.3%
Marketing	7.1	2.3%

Percent of Respondents Ranking Items as Number One Versus Their Average Rank
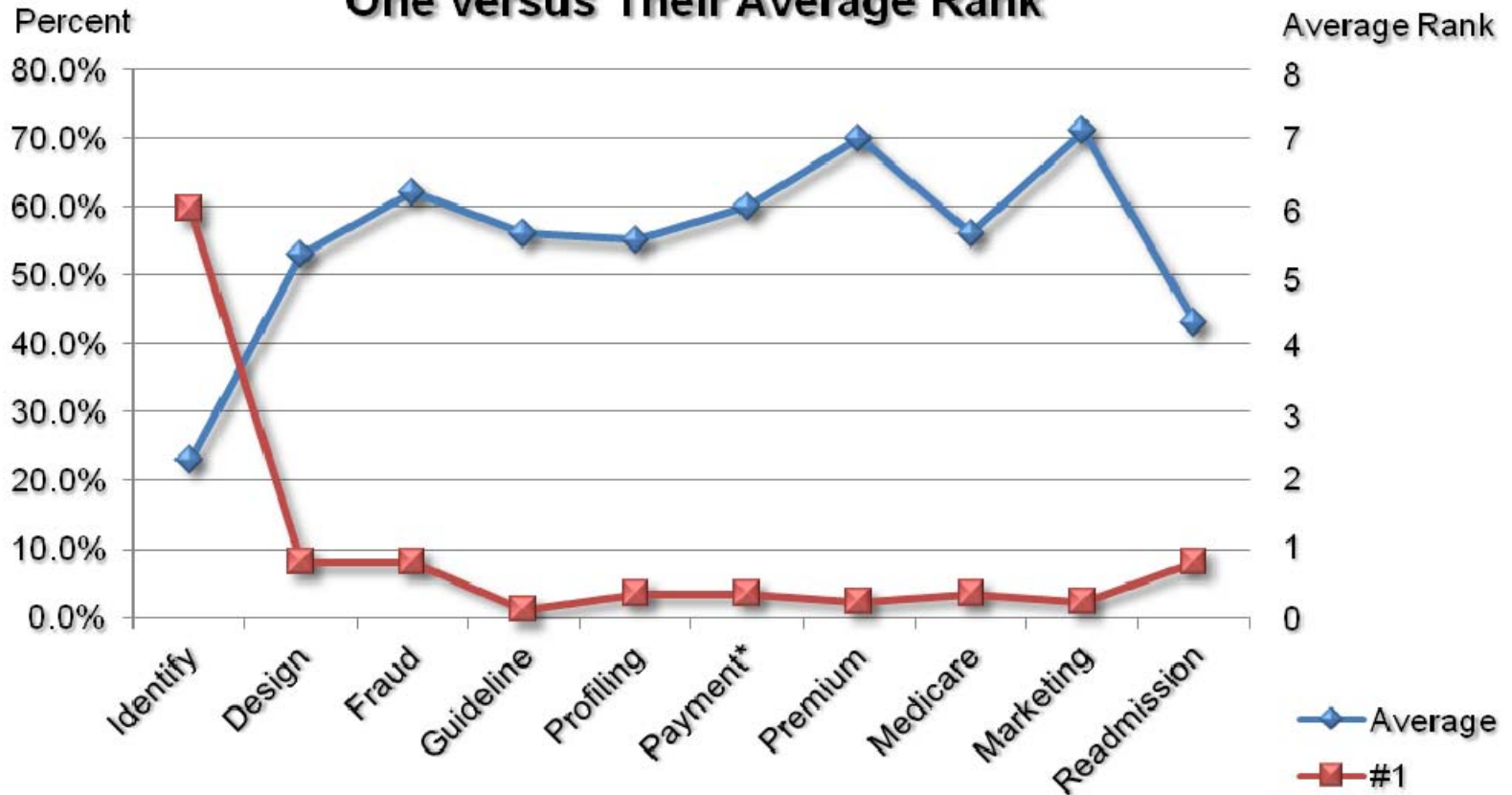
2012		2011		2010		2009		2008	
Payer	34.5%	Payer	27.2%	Payer	40.0%	Payer	32.6%	Payer	39.8%
Provider	32.2%	Provider	37.0%	Provider	21.2%	Provider	34.8%	Provider	35.3%
Vendor/Other	33.3%	Vendor/Other	35.8%	Vendor/Other	38.8%	Vendor/Other	32.6%	Vendor/Other	25.0%
(N = 87)		(N = 81)		(N = 85)		(N = 46)		(N = 68)	