



KEEPING AN EYE ON HEALTHCARE COSTS

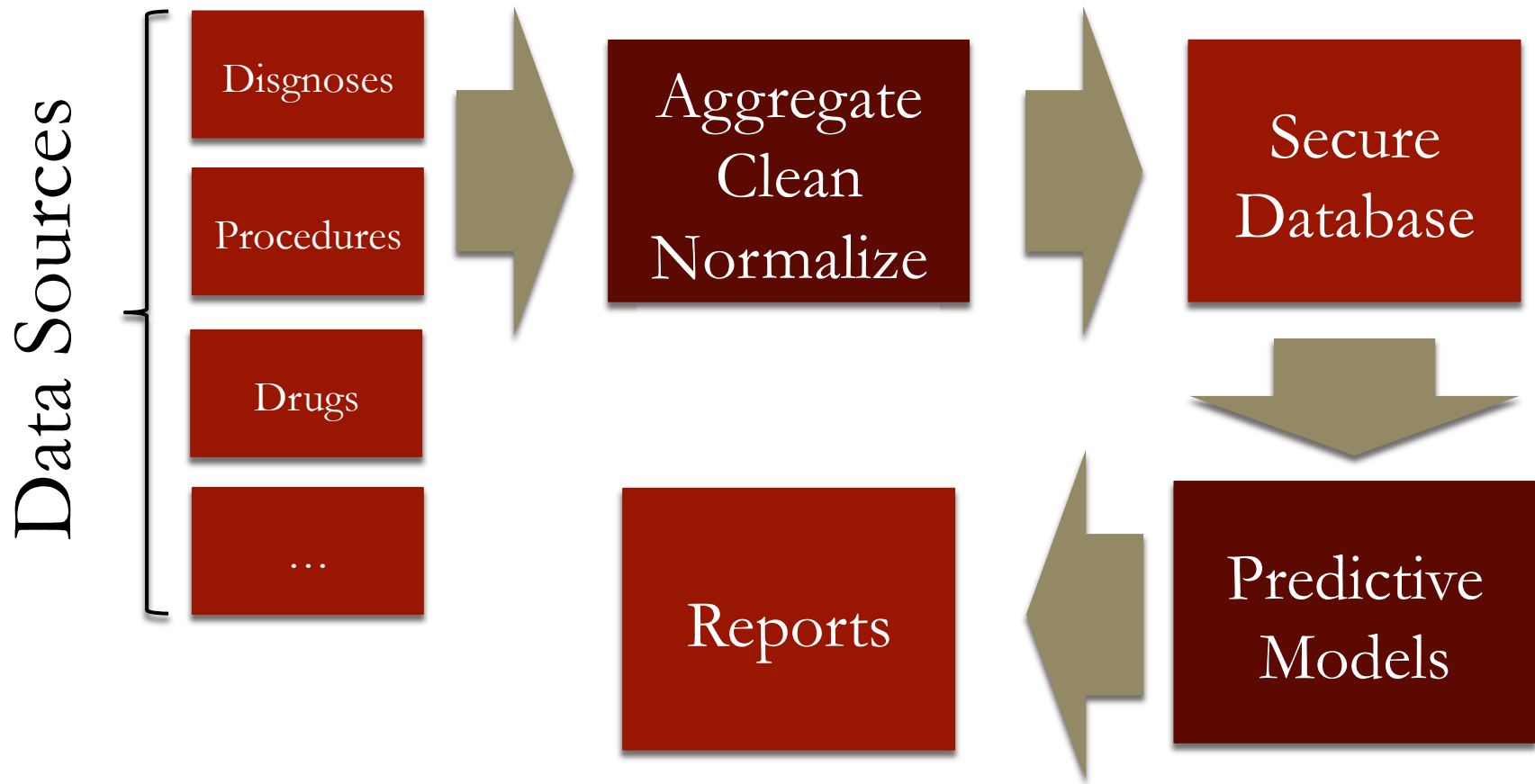
The D2Hawkeye Story

D2Hawkeye



- Founded by Chris Kryder, MD, MBA in 2001
- Combine expert knowledge and databases with analytics to improve quality and cost management in healthcare
- Located in Massachusetts USA, grew very fast and was sold to Verisk Analytics in 2009

D2Hawkeye



Healthcare Case Management



- D2Hawkeye tries to improve healthcare case management
 - Identify high-risk patients
 - Work with patients to manage treatment and associated costs
 - Arrange specialist care
- Medical costs often relate to severity of health problems, and are an issue for both patient and provider
- Goal: improve the quality of cost predictions

Impact



- Many different types of clients
 - Third party administrators of medical claims
 - Case management companies
 - Benefit consultants
 - Health plans
- **Millions of people** analyzed monthly through analytic platform in 2009
- **Thousands of employers** processed monthly

Pre-Analytcs Approach



- Human judgment – MDs manually analyzed patient histories and developed
- Limited data sets
- Costly and inefficient
- Can we use analytics instead?

Data Sources



- Healthcare industry is data-rich, but data may be hard to access
 - Unstructured – doctor’s notes
 - Unavailable – hard to get due to differences in technology
 - Inaccessible – strong privacy laws around healthcare data sharing
- What is available?

Data Sources



- Claims data
 - Requests for reimbursement submitted to insurance companies or state-provided insurance from doctors, hospitals and pharmacies.
- Eligibility information
- Demographic information

Claims Data

ClaimType	ProviderName	DiagCode	DiagDesc	Source DiagCode	SourceDiagDesc	ProcNDC Code	ProcNDCDesc	ServiceDate	PaidAmount
DEN	SOUTHEASTERN MINNESOTA ORAL & MAX	DD0238	Dental Diseases	5206	Unspecified Anomaly of Tooth Position	DD007	Anesthesia - General	4/22/2005	\$ -
DEN	ASSOCIATED ORAL & MAXILLOFACIAL SURGEONS PA	DD0238	Dental Diseases	5206	Disturbances in ToOther Eruption	DD025	Dental	7/8/2005	\$ 272.68
DEN	CENTRAL FLORIDA ORAL SURGERY	DD0238	Dental Diseases	5206	Disturbances in ToOther Eruption	DD025	Dental	11/11/2005	\$ 568.13
Med	ALPHARETTA INTERNA	DD0004	ENT and Upper Resp Disorders	4610	Acute Maxillary Sinusitis	DD147	Office Visit - Established Patient	5/26/2005	\$ 125.85
Med	CUMMING FAMILY MEDICINE	DD0170	Neurotic and Personality Disorders	30000	Neurotic Disorders- 30000	DD149	Office Visit - New Patient	6/20/2005	\$ -
Med	ATLANTA WOMENS HEALTH GROUP- 582483738.20	DD0102	Screening	V776	Special Screening for Cystic Fibrosis	DD077	Lab - Blood Tests	7/29/2005	\$ 1.52

Claims Data



- Rich, structured data source
- Very high dimension
- Doesn't capture all aspects of a persons treatment or health – many things must be inferred
- Unlike electronic medical records, we do not know the results of a test, only that a test was administered

D2Hawkeye's Claims Data

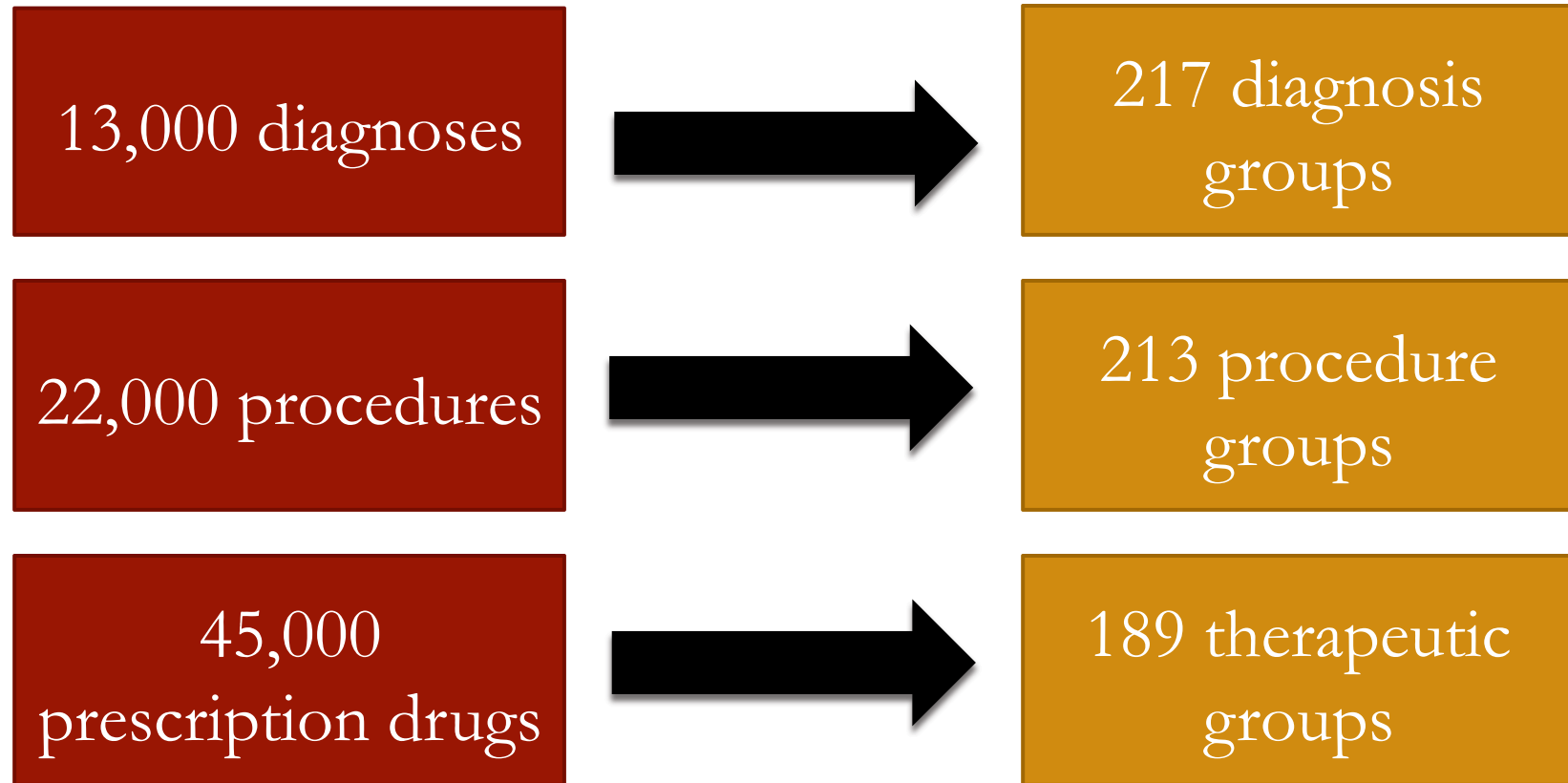
- Available: claims data for **2.4 million people** over a span of **3 years**

“Observation”
Period
2001-2003

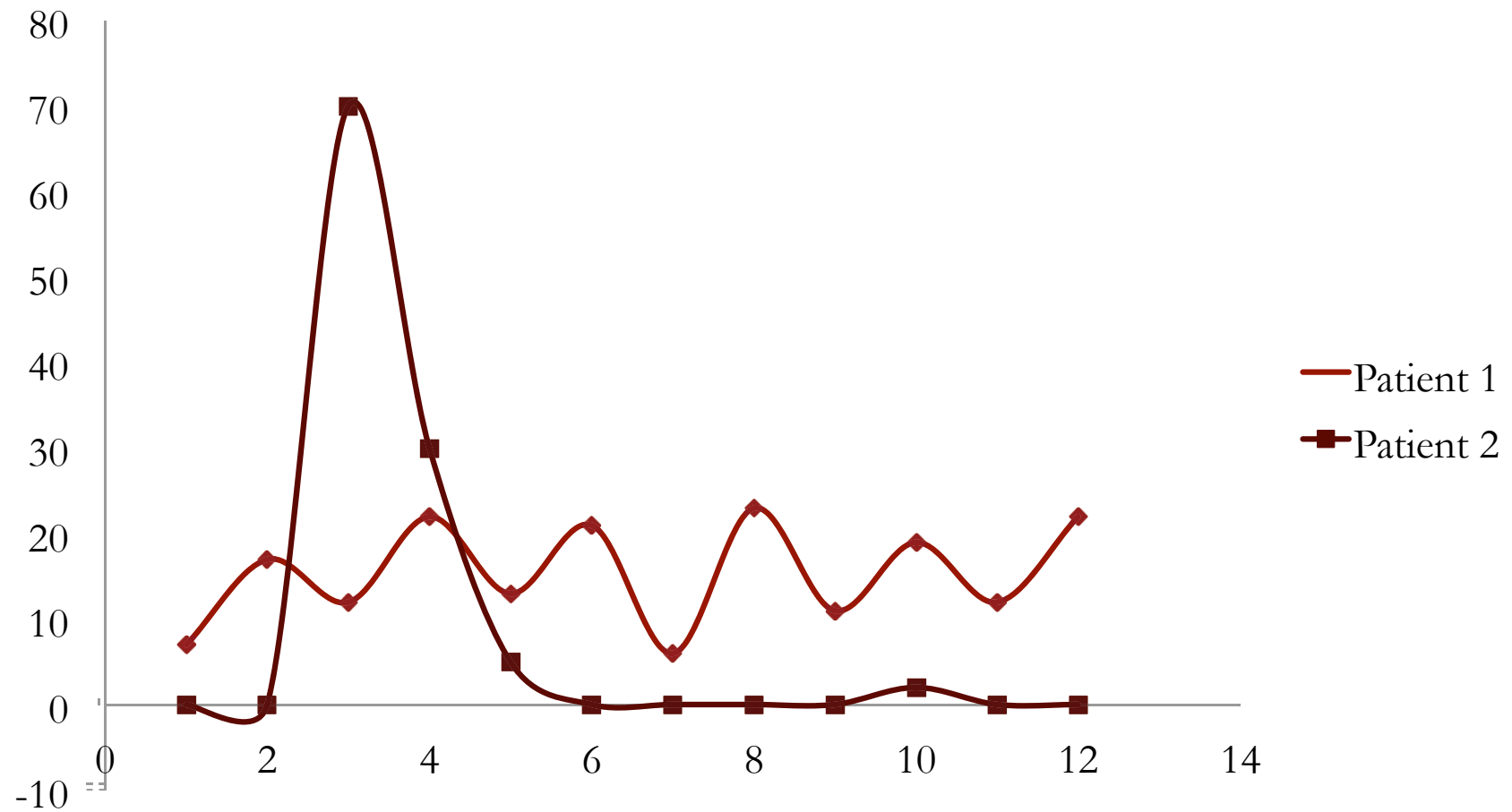
“Results”
Period
2003-2004

- Include only people with data for at least 10 months in both periods – **400,000 people**

Variables



Variables – Cost Profiles

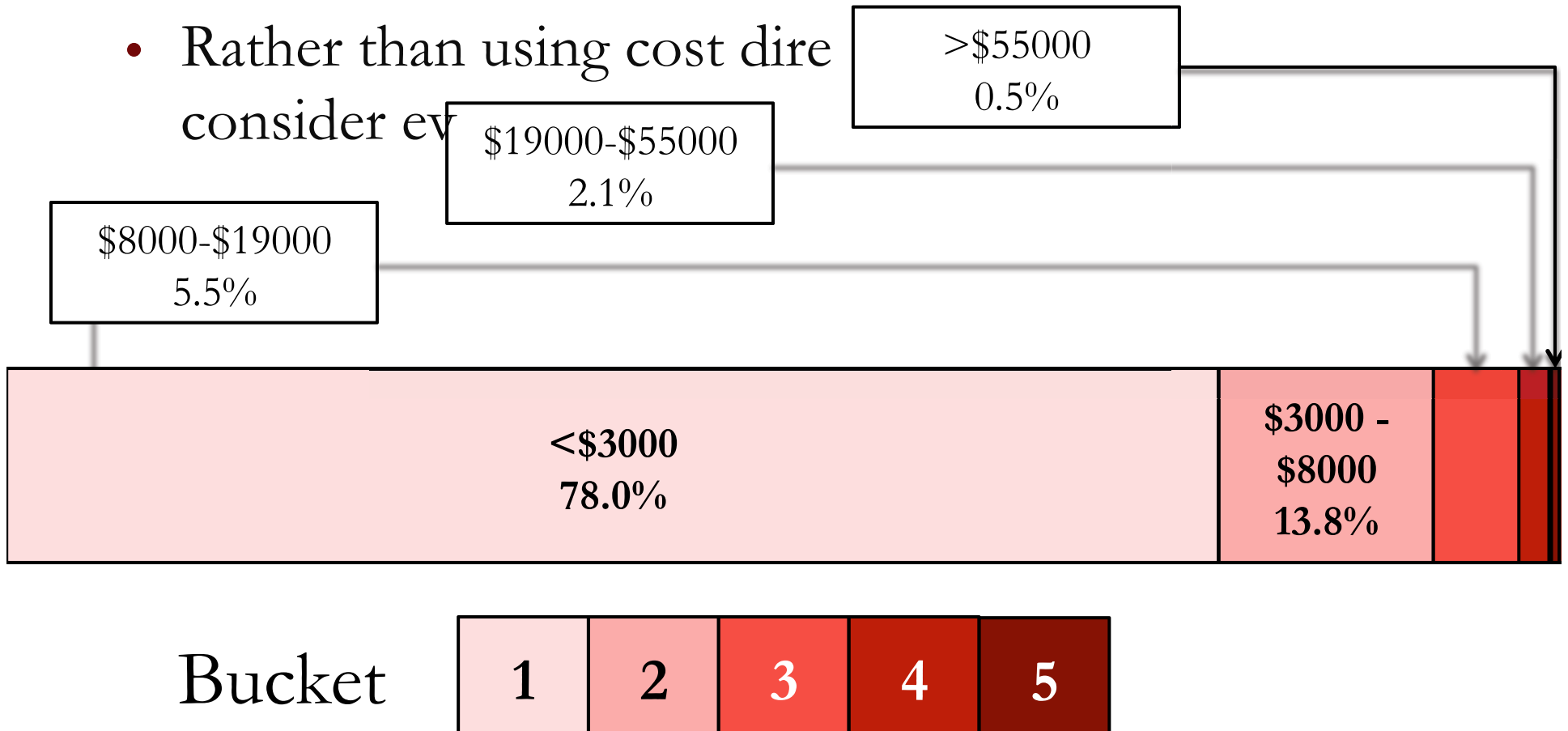


Additional Variables

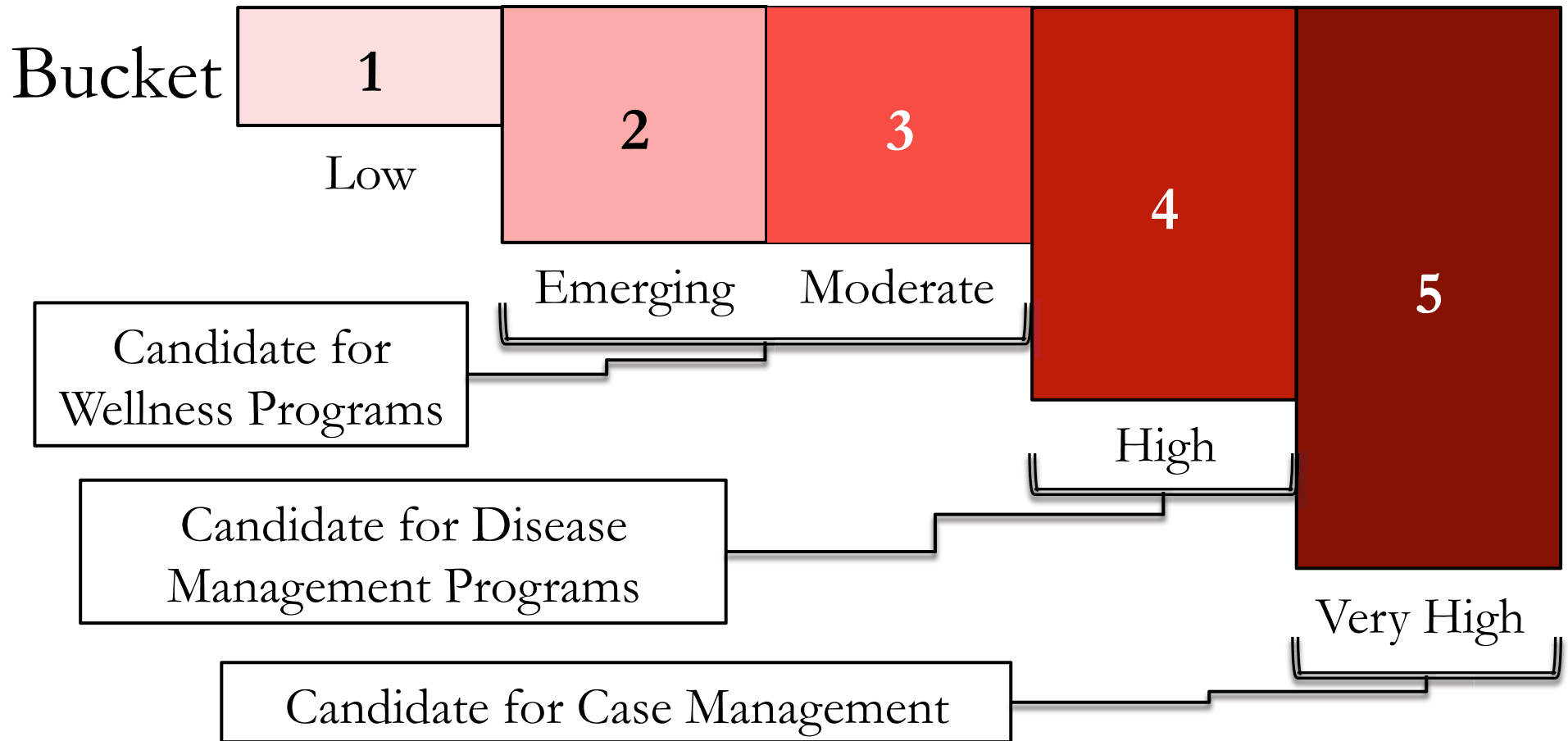
- Chronic condition cost indicators
- 269 medically defined risk rules
 - Interactions between illnesses *obesity – depression*
 - Interactions between diagnosis and age
 - Noncompliance to treatment
 - Illness severity
- Gender and age

Cost Variables

- Rather than using cost direct
- consider every



Medical Interpretation of Buckets



Error Measures



- Typically we use R^2 or accuracy, but others can be used
- In case of D2Hawkeye, failing to classify a **high-cost patient** correctly is **worse** than failing to classify a **low-cost patient** correctly
- Use a “penalty error” to capture this asymmetry

Penalty Error

- Key idea: use asymmetric penalties
- Define a “penalty matrix” as the cost of being wrong

		Outcome				
		1	2	3	4	5
Forecast	1	0	2	4	6	8
	2	1	0	2	4	6
	3	2	1	0	2	4
	4	3	2	1	0	2
	5	4	3	2	1	0

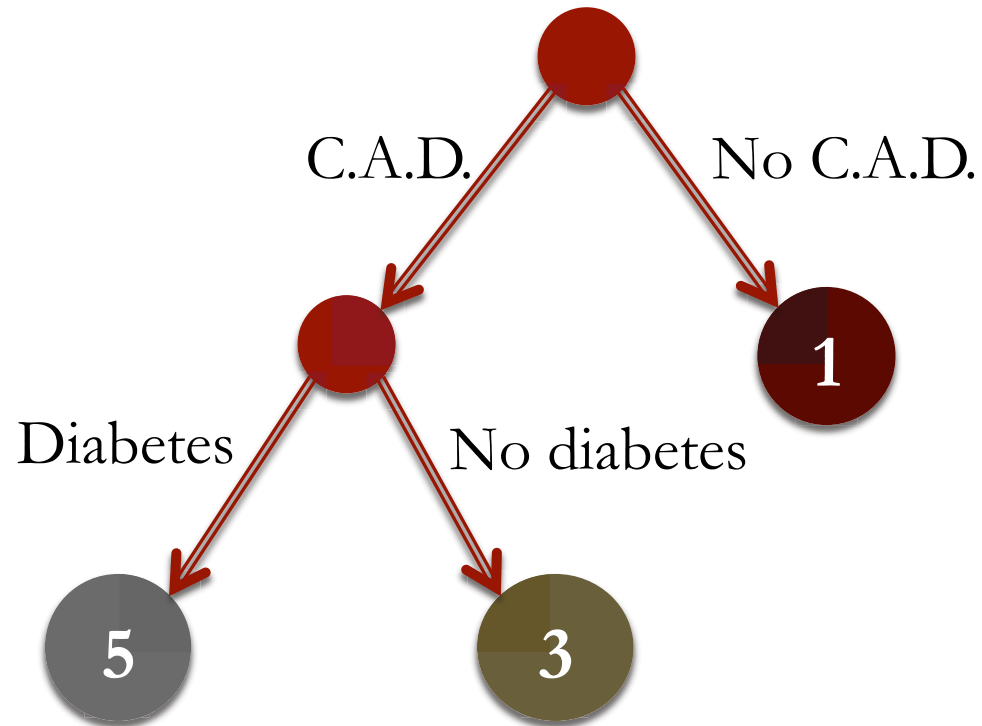
Baseline



- Baseline is to simply predict that the cost in the next “period” will be the cost in the current period
- Accuracy of 75%
- Penalty Error of 0.56

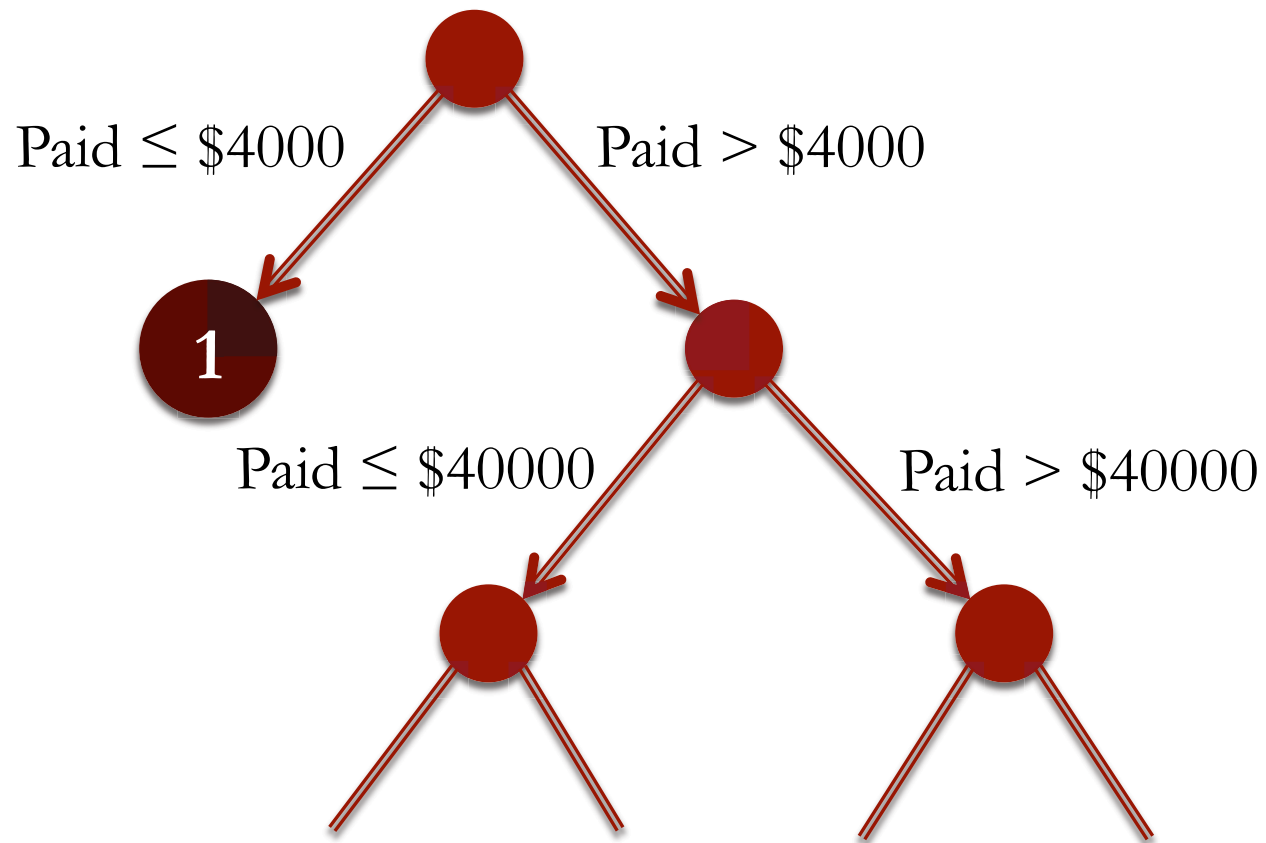
Multi-class Classification

- We are predicting a bucket number
- Example



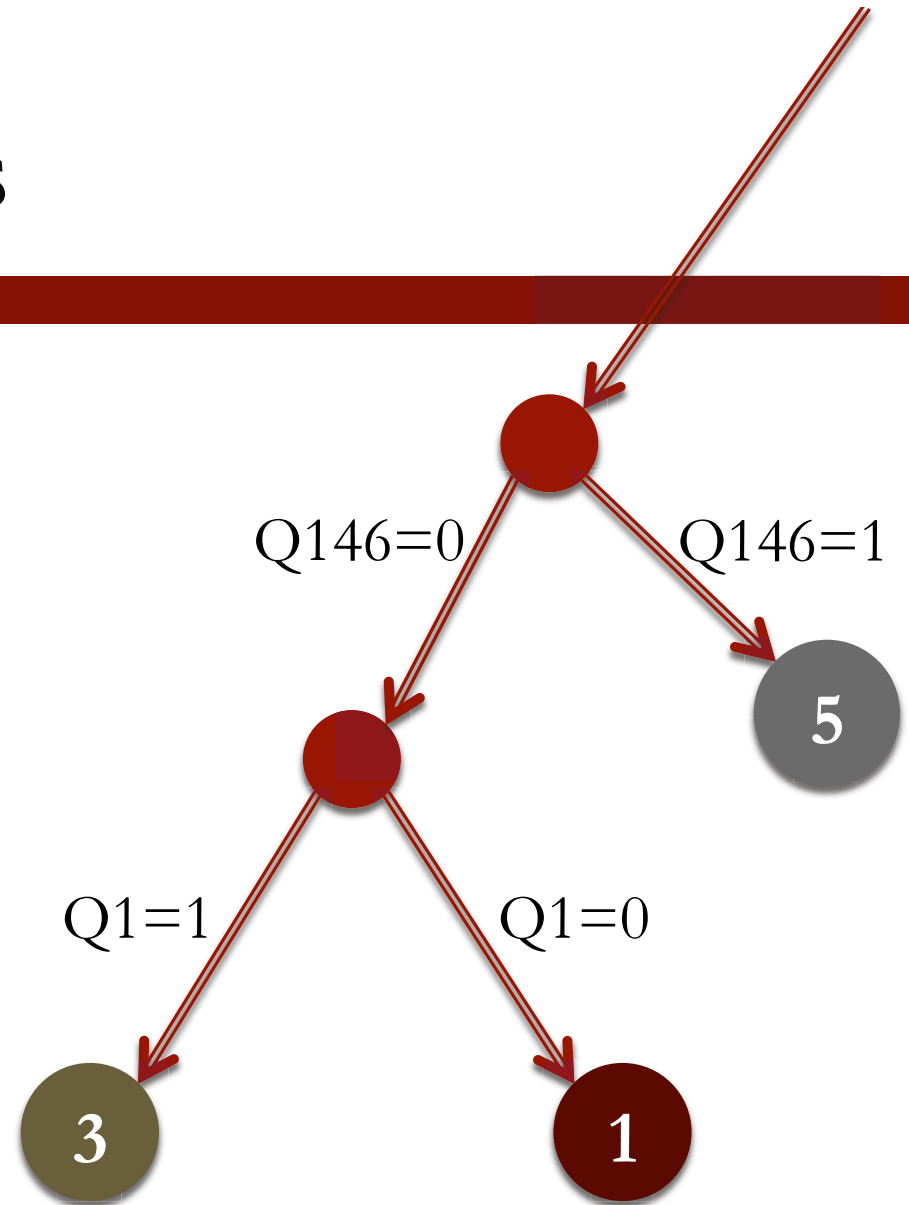
Most Important Factors

- First splits are related to cost



Secondary Factors

- Risk factors
- Chronic Illness
- “Q146”
 - Asthma + depression
- “Q1”
 - Risk factor indicating hylan injection
 - Possible knee replacement or arthroscopy



Example Groups for Bucket 5



- Under 35 years old, between \$3300 and \$3900 in claims, C.A.D., but no office visits in last year
- Claims between \$3900 and \$43000 with at least \$8000 paid in last 12 months, \$4300 in pharmacy claims, acute cost profile and cancer diagnosis
- More than \$58000 in claims, at least \$55000 paid in last 12 months, and not an acute profile

Results

Bucket	Accuracy		Penalty Error	
	Trees	Baseline	Trees	Baseline
All	80%	75%	0.52	0.56
1	85%	85%	0.42	0.44
2	60%	31%	0.89	0.96
3	53%	21%	1.01	1.37
4	39%	19%	1.01	1.72
5	30%	23%	1.01	1.88

Insights



- **Substantial improvement** over the baseline
- **Doubled accuracy** over baseline in some cases
- Smaller accuracy improvement on **bucket 5**, but **much lower penalty**

Analytics Provide an Edge



- Substantial improvement in D2Hawkeye's ability to identify patients who need more attention
- Because the model was interpretable, physicians were able to improve the model by identifying new variables and refining existing variables
- Analytics gave D2Hawkeye an edge over competition using “last-century” methods

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