

Geographic Targeting for Consumer Engagement Draft for Discussion: April 10, 2015

PURPOSE

HSCRC currently has helpful data which can be used to direct and focus consumer engagement efforts in terms of geography and messaging. The purpose of engagement efforts is to reduce hospital encounters and costs by informing and empowering consumers. This does not *necessarily* mean reducing health care encounters—individuals may need to be connected to community based care, home health, assisted living, or other health care and social services.

These preliminary suggestions are based on two data sets one looking at patients with 25+ encounters per year (within a defined age range) and another looking at patients with 3+ encounters per year. *Note: This analysis is based on reports that were run for other purposes, not specifically for the work of this group.*

RECOMMENDATIONS FOR DISCUSSION

- Phase consumer engagement efforts throughout the state starting in those areas with the greatest numbers of high cost patients.
- Initially target engagement efforts in regions with *both* high numbers of patients with 3+ hospital encounters per year and high average charges for high utilizers (Anne Arundel, Baltimore City, and Baltimore County.)
- In a second phase target regions with either high numbers of patients with 3+ hospital encounters per year or high average charges for high utilizers (Harford, Howard, Montgomery, Prince Georges, Queen Annes, and Worcester.)
- Leverage communications channels and distribution networks already established by organizations addressing the most common chronic conditions leading to hospitalizations in the identified areas.
- Provide these organizations with NAPM information to enhance their existing communications materials, rather than forging new communications channels to the target audiences.
- These recommendations are not meant to suggest that consumer engagement activities should not happen in other areas. Efforts still need to be made *throughout the state* including in areas with fewer high cost patients. However, we can start with the low hanging fruit to begin to move the needle.

BACKGROUND INFORMATION

Geographic Targeting:

Among patients with 25+ hospital encounters per year, the greatest instances of hospital use occur in, Anne Arundel, Baltimore City, Baltimore County, and Prince George's County. Together these account for 75% of inpatient encounters, 80% of observation encounters, and 74% of ER encounters.

Harford and Montgomery Counties are in the next tier, representing 6.4% of inpatient encounters, 8.5% of observation encounters, and 6% of ER visits.

A separate data set from 2012, looking at High Utilizer (3+) chronic condition data by number of unique patients shows a similar Geographic distribution, with 74% of patients residing in the counties listed above.

| Geographic Area | High Utilizer (3+) Chronic Conditions | Patients w/ 5 or More Chronic Conditions | All Patients Chronic Conditions |
|------------------------|--|---|--|
| Anne Arundel | 3,601 | 6,939 | 118,103 |
| Baltimore City | 9,947 | 16,577 | 246,046 |
| Baltimore County | 7,742 | 15,984 | 199,677 |
| Harford | 1,875 | 4,200 | 55,888 |
| Montgomery | 3,697 | 7,870 | 163,457 |
| Prince Georges | 4,086 | 7,696 | 171,172 |
| Statewide Total | 41,957 | 85,529 | 1,384,313 |

Source: <http://hscrc.maryland.gov/documents/md-maphs/rp/Regional-partnerships-Chronic-Conditions-High-Utilizers-Reports-03-17-2015.xlsx>

The highest average charges for high utilizers (3+ visits) show a different geographic mix. This variation could be caused by a number of factors including variation in the types of chronic conditions prevalent in each area.

| Geographic Area | Average Charges for High Utilizers w/ (3+) Chronic Conditions |
|------------------------|--|
| Anne Arundel | \$70,252 |
| Baltimore City | \$78,782 |
| Baltimore | \$70,820 |
| Howard | \$74,473 |
| Queen Annes | \$72,136 |
| Worcester | \$72,841 |
| State Wide Average | \$70,196 |

Source: <http://hscrc.maryland.gov/documents/md-maphs/rp/Regional-partnerships-Chronic-Conditions-High-Utilizers-Reports-03-17-2015.xlsx>

Age Range:

Among individuals with 25+ encounters per year, the > 40 to <= 50 age group had the highest rate of encounters. (Note: This may not be an accurate reflection because the dataset was originally pulled for a different reason)

Data for individuals with 3+ encounters per year was not broken out by age.

Chronic condition targeting:

An effective way of reaching our target audiences is by leveraging the distribution channels of groups and organizations already working with these audiences.

Among individuals with 25+ encounters per year, serious behavioral health diagnoses, chest pain, and sickle cell disease were the most common reasons for hospital encounters.

Among individuals with 3+ encounters per year Hypertension, Cardiac Arrhythmia, and Lipid Disorders were the most common chronic conditions leading to hospital encounters.

Other resources:

HSCRC has county by county data with volumes of information. Some of the information discussed in this document was pulled from this data source:

<http://hscrc.maryland.gov/regional-partnerships.cfm>

HSCRC is forming a workgroup to develop a socio-economic and demographic measure. We should work closely with this group and can use that measure in targeting consumer engagement activities.