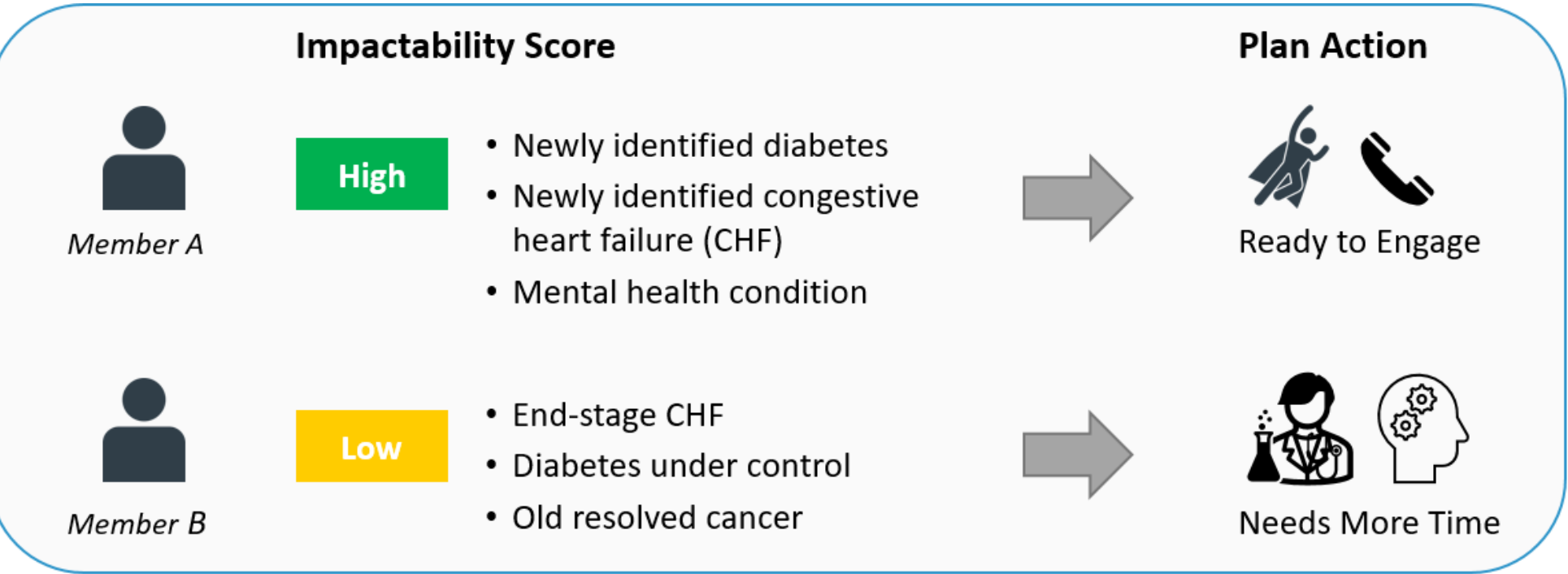


RIGHT MEMBER, RIGHT TIME, RIGHT CARE: EVALUATING BLUE CROSS AND BLUE SHIELD OF LOUISIANA’S IMPACTABILITY SCORE

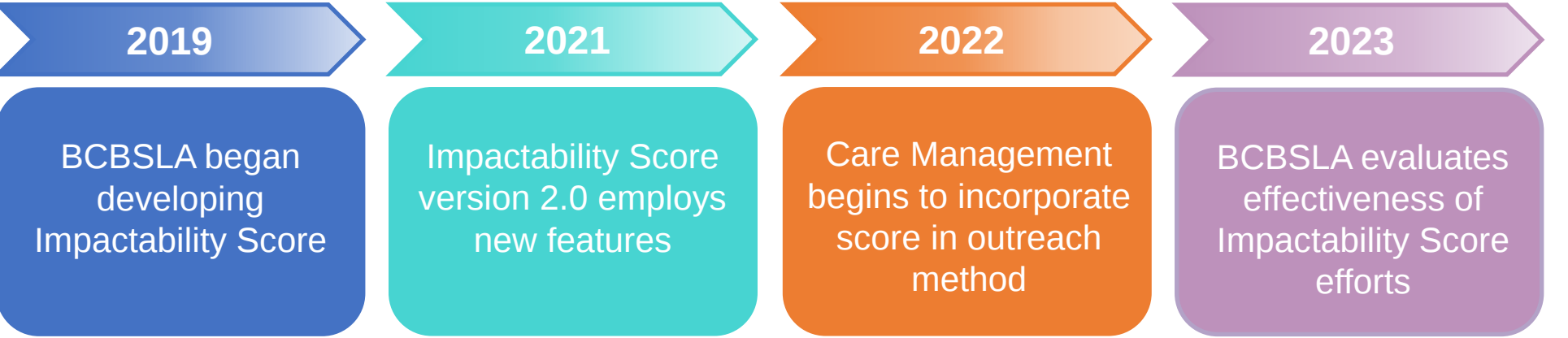
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BACKGROUND

Blue Cross and Blue Shield of Louisiana (BCBSLA) developed the Impactability Score in 2019 to identify members with the greatest opportunity for improved health outcomes through BCBSLA programs.



BCBSLA’s Care Management team began using an outreach method in January 2022 that incorporated the Impactability Score, prioritizing members who are likely to benefit from engagement. At the time, a retrospective analysis showed that members with higher Impactability who engaged in a Care Management program had a decreasing trend in medical costs and hospitalizations. BCBSLA began to assess in 2023 the effectiveness of using the Impactability Score in Care Management interventions, which this poster discloses.

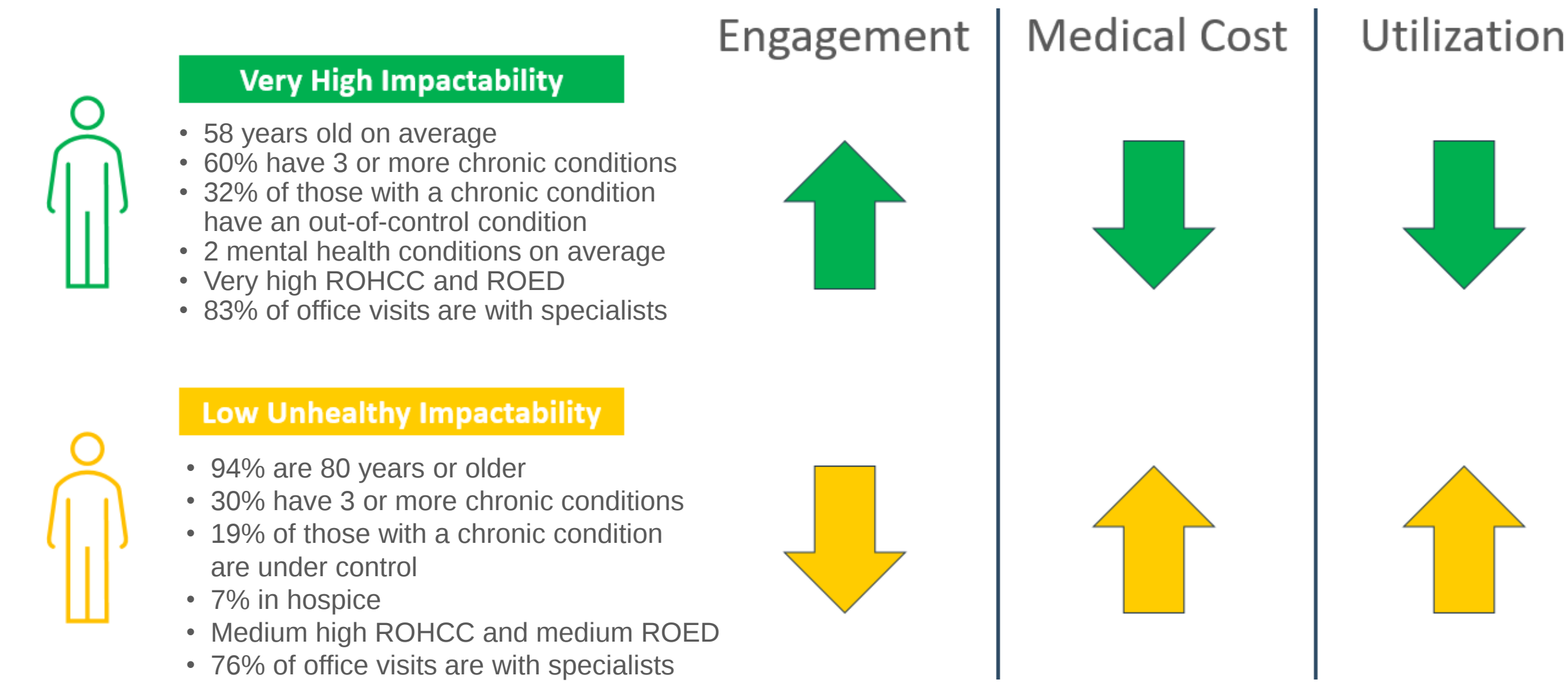


METHODS

- Members engaged in a Care Management program in the first quarter of 2022 were identified as either treatment or control cohorts.
- Actively engaged members made up the treatment cohort, while passively engaged members were the control. Cohorts were stratified across five levels, ranging from very high to low Impactability potential.
- Pre- and post-analysis measured the effect of the intervention (e.g., active engagement in a Care Management program) over a relative timeline of 21 months.
- Propensity score matching (PSM) addressed key differences using a 1:1 greedy method. A difference-in-difference analysis conducted after PSM determined if there was a significant difference in outcomes between the treatment and control cohorts.
- Member exclusions addressed outliers for cost and utilization.

RESULTS

Figure 1. Characteristics of Engaged Members by Impactability



- Members with very high Impactability make up only 2.5% of the total engaged population, but they account for 14% of the total medical cost for all engaged members.
- Members with higher Impactability:
 - Are more likely to have a very high risk of an emergency department visit (ROED) and a very high risk of being a high-cost claimant (ROHCC).
 - Have more chronic conditions that are out-of-control or newly identified, while those with lower Impactability have more chronic conditions that are under control.
 - Have a larger anticipated risk growth, meaning they have a greater rising risk compared to members with lower Impactability.

Figure 2. Average Care Management Engagement Rate in 2022 by Impactability Category

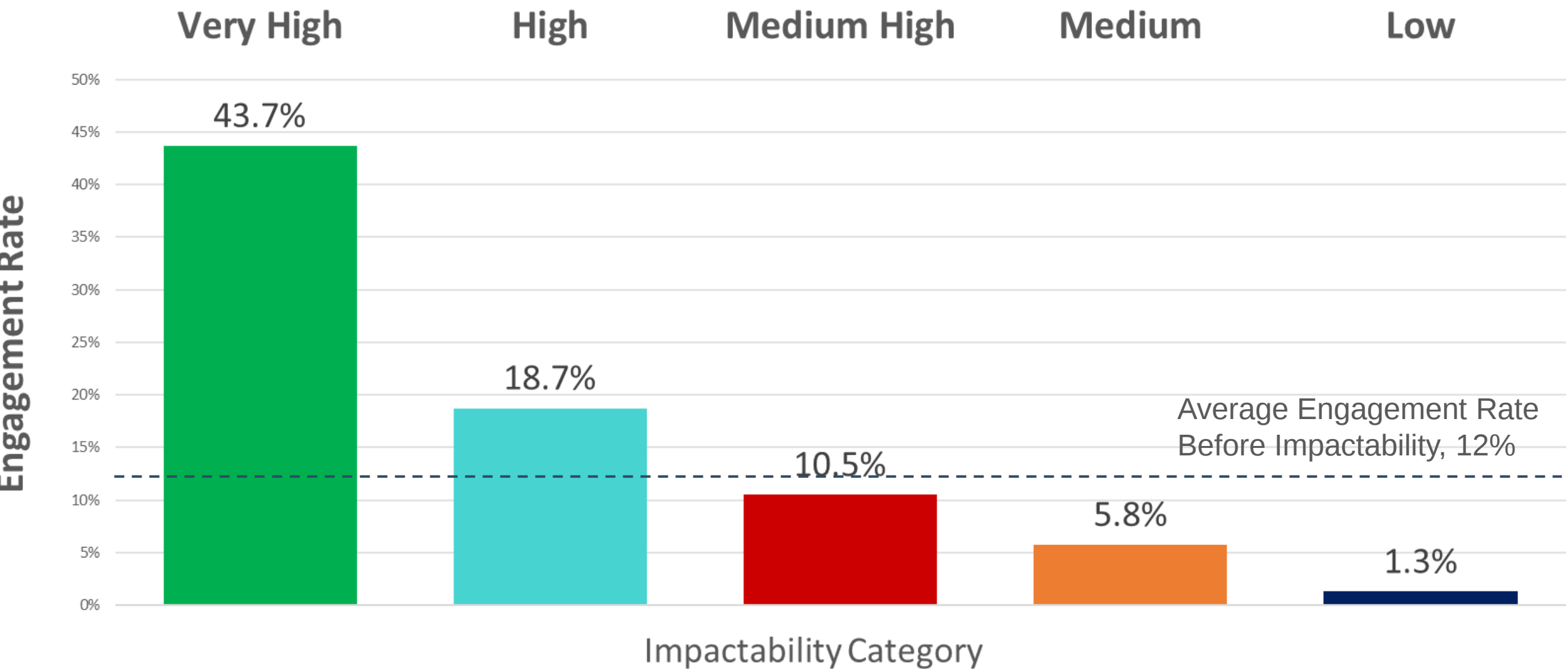
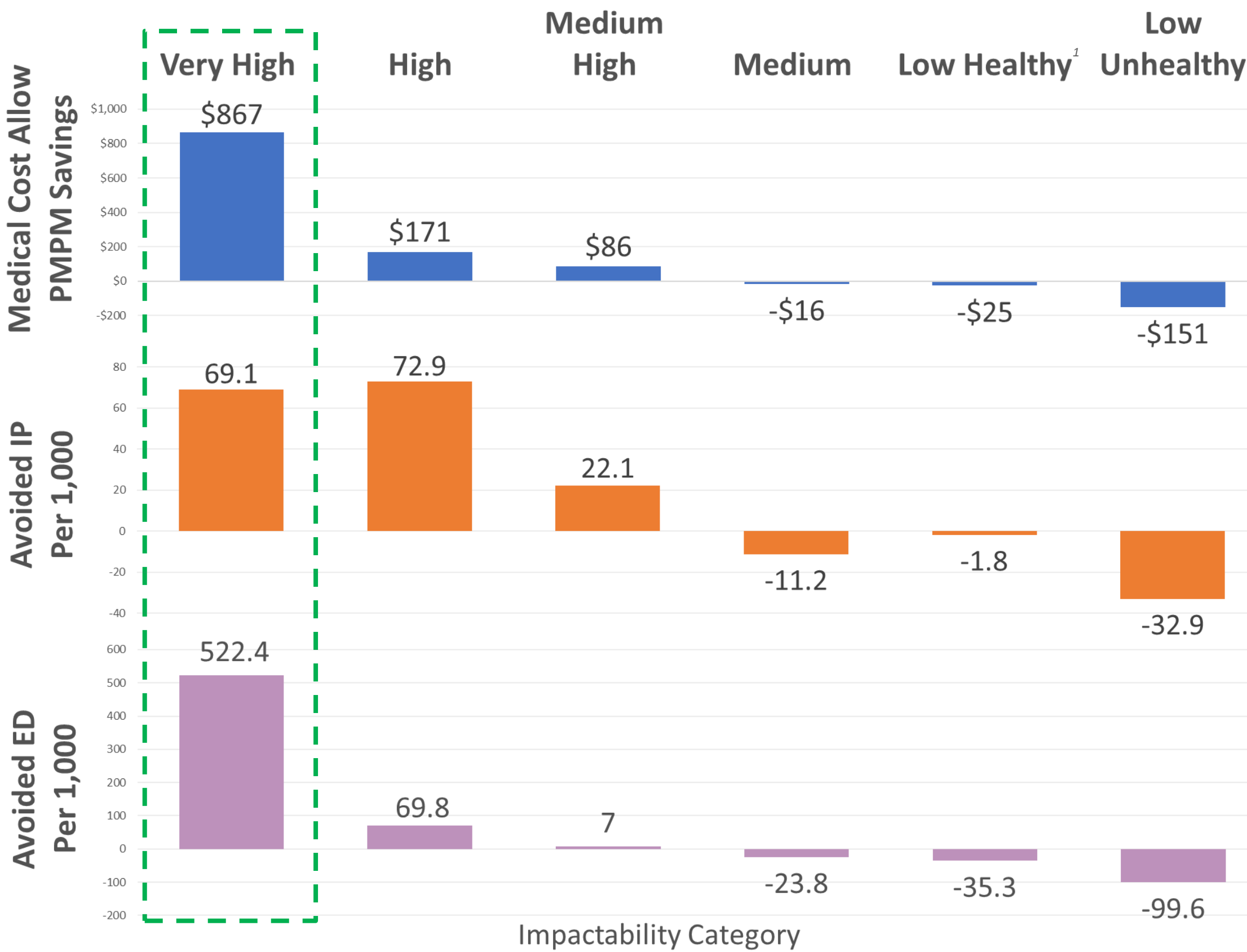


Figure 3. Medical Cost Savings and Avoided Utilization

- After PSM, members see more benefits from Care Management interventions as Impactability increases. Cost savings, avoided hospitalizations (IP), and avoided emergency department (ED) visits increase as members’ Impactability rises.
- Members with very high Impactability who were engaged with Care Management performed better than the control. They had greater medical cost savings and more avoided IP (\$982 per member per month, or PMPM; 551 per 1,000) in the post-period compared to the control (\$115 PMPM; 482 per 1,000).



¹Low Healthy defined as members who do not have many chronic conditions and have low utilization
²Low Unhealthy defined as members who have multiple chronic conditions or high utilization, and are assigned to low Impactability based on algorithm

CONCLUSIONS

Prioritizing members based on Impactability leads to greater opportunities to improve health outcomes. This means that focusing BCBSLA resources on those with high Impactability ensures that the efforts are targeted for members more likely to benefit from engagement. Engaged members who have high Impactability had greater cost savings and avoided utilization compared to those with low Impactability. Therefore, using the Impactability Score to tailor outreach helps direct BCBSLA resources to the right member, at the right time, which not only reduces costs and unnecessary use but also increases engagement.

