Risk Factors Among High-Cost Homeless Populations

Data Tool	What it is Used For	How Data Gathered	Risk Areas Identified	Scoring
10th Decile (Los Angeles, Economic Roundtable)	Predict 10% Highest-Cost Homeless People: Eligible for "10th-Decile Project" Services*	Questionnaire Administered in Hospitals (27 data points if incorporates incarceration; 51 points if includes only health care history)	**Mental Illness Combined w/Incarceration** (strongest predictor, particularly **psychosis**, personality disorder) **Hospital Inpatient Admission in Last 3 Years** Over 46 Years Old Chronic Medical Disease: **HTN, Respiratory Disease, Neurological** Override Tool if Homeless Plus: HIV, **Chronic Liver Disease & Cirrhosis, Venous Embolism**, Drug-Induced Mental D/O, **Cardiac Dysrhythmia,** Poisoning by Central Nervous Sys Stimulants, Disease of Pancreas, **Pulmonary TB**	.35 or Higher: Incurring 10% Highest Hospital Costs
Predicting Hospital Readmissions (New York University-Bellevue Hospital Pilot)	Algorithm to Identify Medicaid Patients at High Risk of Hospital Readmission in Next 12 Months	Uses Hospital Administrative Data Based on Diagnoses, Service Utilization History in Prior 3 Years	No Usual Source of Care **ER Visits and Inpatient Admissions in Last 3 Years** **Homelessness** Conditions: **Mental Illness, Substance Use, HTN, COPD/Asthma,** Seizure D/O, **Cirrhosis, Coronary Artery Disease, Deep Vein Thrombosis/Embolus**	50 or Higher Indicates High Risk of Hospital Readmission (with 100 being highest score)
Coordinated Case Management System (San Francisco Dept. of Public Health)	Composite Database of Integrated Medical, Psychological, and Social Info About High-Risk, Complex, Vulnerable Populations Served by San Francisco Dept. of	Integration of Multiple City-County Databases	For Top 1% of Health Care Utilizers, Risk Factors Include: **Homelessness** (17.8% of total cohort, 69.5% of top 1%) Elixhauser Conditions (conditions predicting early mortality) with Highest Frequency Among Top 1%: **Cardiac Arrythmias, COPD,** DM, **Neurological Conditions,** Electrolyte D/O, **HTN, Liver Disease, Alcohol/Drug Abuse,** Depression, **Psychoses.**	Top 1%

	Public Health		Combination of These Conditions	
PRISM (Predictive Risk Intelligence SysteM) Washington State	Chronic Care Management Support Tool: Eligibility for Care Management Interventions for Dual-Eligible Population	Claims Data, CARE (functional) Assessment	Diagnosis by Severity, by Combination Pharmacy Data **High Admission Rates to Hospitals**	1.5 or Higher: Expected to Have Medicaid Costs That Are 50% Higher than Average Over Next 12 Months (on a PMPM basis)

Common Risk Factors for High-Costs:			**Homelessness**
			Admission to Hospitals Over Last 3 Years
			Combination of Conditions
			Common Conditions:
			    • **Mental Illness (esp. psychoses)**
			    • **Substance Use**
			    • **HTN**
			    • **Cardiovascular Conditions (Dysrrythmias)**
			    • **Respiratory Conditions**
			Liver Disease	

*The 10th-Decile Project Tool specifically seeks to exclude people who need nursing home care, since it is intended to determine eligibility for services and housing for people who can live independently. People are screened out if determined risk of need for nursing home care based on these criteria: need assistance in moving in and out of wheelchair, colostomy bag, urinary catheter, tracheotomy, intravenous therapy, serious wounds that require ongoing wound care.