OACHC has assembled a Risk Stratification Work Group comprised of Health Center staff to review and edit the risk stratification algorithm to meet the needs of the Health Centers in Ohio. The Risk Stratification module will go live on August 20th 2020. Between August 20th and September 21st the algorithm will be in testing to allow for feedback. We encourage all health centers to test the functionality, with the understanding that the algorithm is still under review. OACHC will announce when the algorithm is officially out of the testing phase and final.

FEEDBACK

OACHC is open to feedback on the risk stratification algorithm during the testing phase (August 20th – September 21st). Please email Jessica Schaner (jschaner@ohiochc.org) with your comments. We will take all feedback received back to the Risk Stratification Work Group.

PROJECT TIMELINE

<table>
<thead>
<tr>
<th>Phases</th>
<th>Projected Date</th>
<th>Project Milestone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1</td>
<td>July 17th, 2020</td>
<td>Project kickoff with Risk Stratification Workgroup and initial review of risk algorithm data elements and edits</td>
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<tr>
<td></td>
<td>July 31st, 2020</td>
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<tr>
<td></td>
<td>August 3rd - 19th, 2020</td>
<td>Azara updates risk algorithm based on workgroup recommendations and prepares to launch with risk module statewide</td>
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<tr>
<td>Phase 2</td>
<td>August 20th, 2020</td>
<td>Azara Training on module and statewide Go Live (flyer to be sent out)</td>
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<tr>
<td></td>
<td>August 20th - September 21st 2020</td>
<td>Risk Stratification Workgroup tests the risk module</td>
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<tr>
<td></td>
<td>Week of September 21st 2020</td>
<td>Risk Stratification Workgroup meeting to provide feedback and consider any adjustments</td>
</tr>
<tr>
<td>Phase 3</td>
<td>September 21st - October 5th 2020</td>
<td>Azara makes updates and Risk Stratification Workgroup continues to utilize module and provide feedback</td>
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<tr>
<td></td>
<td>End of January 2021</td>
<td>Risk Stratification Workgroup 4-6 month check in on Risk Module to review feedback and consider any final adjustments</td>
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</tbody>
</table>
**WHAT IS THE RISK STRATIFICATION MODULE?**

The risk stratification module assists with stratifying patients as high, moderate, or low risk based off of a numeric risk score. The algorithm uses diagnostic and clinical data to identify patients that could benefit from care management monitoring and intervention by center and staff programs. These factors include age, chronic conditions, behavioral health, substance use conditions, social determinants, medications, and utilization. Thresholds are set to distribute patients by age and so that the top 5% are high risk. To get a numeric score for a patient the risk factors are added together to receive the weighted score. For example, if a patient has hypertension, weighted 2 points, ALL patients with hypertension will have 2 points added to their risk score. The patient’s score will be added up across all other factors in the algorithm to then be stratified into a final risk group. The algorithm factors and weighting can be found in the Patient Risk Stratification Dashboard.

**VALUE OF RISK STRATIFICATION TO HEALTH CENTERS**

- Support NCQA PCMH requirements for population health management.
- Identification of patients that could benefit from care coordination.
- Better understanding of provider panels.
- Compare the risk distribution across Health Centers in Ohio.
- Build programs and resources specific to population needs.
- Monitor program performance and success of the high-risk populations.
RISK STRATIFICATION FUNCTIONALITY IN ODIP

Risk categories of high, moderate, and low can be used across the platform in dashboards, reports, registries, Patient Visit Planning, and quality measures. Risk will also show up in The Numbers section of the Care Management Passport. Here is a 12 minute video from Azara going onto more detail of the functionality.

The Patient Risk Stratification Dashboard includes patients with a primary care appointment in the last 12 months and assigns both a numeric score and category of high/moderate/low to every patient. The dashboard widgets are based on measures that are generally processed each weekend.

The Risk Registry includes a list of specific patients, their risk level and score, and the criteria that make up the risk of the patient. Risk scores are available as a filter for use on the Patient Visit Planning, registries, reports, and measures. The registry is reprocessed nightly.

RISK STRATIFICATION USES

- Analysis of risk for entire Health Center population.
- Display the risk of a specific provider, care manager, service line or location.
- Display risk by specific filters, including but not limited to age, ethnicity, race, social determinants, diagnosis, etc.
- Use as part of a provider dashboard.
- Identify specific interventions or care management programs based on risk.
- Create a cohort to track a group of patients risk scores overtime.
Image of the Patient Risk Stratification Dashboard

Image of Risk Stratification on the Patient Visit Planning Report

*Demo data*