



POPULATION GROUPER DECISION SUPPORT FOR HEALTH CARE AND POLICY DECISIONS

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CIHI's Population Grouping Methodology (POP Grouper) analyses patient data from acute, primary and specialized-care settings to create a disease profile of each individual in a population. Based on the individual's disease profile, the POP Grouper assigns healthcare resource weights, which reflect their burden of illness relative to the rest of the population. These weights provide an indication of the current and future health needs of any population of interest – whether it is a province, health region or a doctor's office.

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PURPOSE/OBJECTIVES

The POP Grouper provides health care planners and researchers with the ability to understand all the health care needs of each individual, across many health care sectors. At this time, the POP Grouper contains data from acute, community and some specialized care settings. Over time, as data becomes available, it is CIHI's goal to include more data, such as emergency department, home care and drug data to further round out information on health care utilization and spending. Using the POP Grouper, health care planners and researchers can better understand and manage population health needs, allocate resources, identify efficiencies, share best practices and monitor diseases.

FINDINGS/IMPACT/OUTCOMES

The population groups and generated indicators have a wide range of potential uses that can enhance analysis, policy development and strategic planning. The person-level data created by the CIHI methodology can be aggregated to generate profiles that provide insight into the differences in morbidity of patients between providers, disease surveillance, and risk adjustment to take into account differences in morbidity across populations.

The CIHI grouper creates opportunities for policy makers to develop/enhance person-based funding models based on estimates of each person's predicted cost across multiple health sectors over the next year.

CONCLUSIONS

CIHI's population grouping methodology is designed specifically for the Canadian health care system. Its applications include disease monitoring, population segmentation, risk adjustment, and funding.

Health system policy makers can make more informed decisions by using the new CIHI methodology. Its clinical profiles and resource indicators can be studied in different ways to target specific questions: How do these populations compare after adjusting for morbidity? Who are likely to become high users? Is the burden of disease worsening over time? Do regions have the resources available to best serve their populations? These and other policy topics and research questions can be better understood by using CIHI's population grouping methodology.