Data is the “oxygen for our program” said a Super-Utilizer Summit leader in the October report [2] Super-Utilizer Summit: Common Themes from Innovative Complex Care Management Programs. Data can help policymakers identify and target super-utilizers. However, the correct type of data is important to accurately measure and target patient populations.

Claims data is one source to paint a broad picture of patient populations. Analysts use past claims data to identify the magnitude of super-utilization. Claims data can act as the first broad step to find target populations. Claims data typically finds high cost patients, high utilization patients, and those with a lot of diagnoses. After using historical claims data to develop a broad picture of the population, analysts can use other data sources to get more detail.

Other data sources include real-time information about emergency department visits or inpatient admissions, information on patient demographics, results from patient assessments, and electronic health records.

An important take away for states considering which data to collect is it often takes more than one data source to really understand a target population or to get at the cause of the problem. “Size means something but you also want variety, observations collected under a wide variety of conditions” said Nate Silver [3] at the Council of State Governments National Conference in September 2013.

Summit participant R. Corey Waller, MD agrees. He is the program director for a super-utilizer program at Spectrum Health Medical Group’s Center for Integrated Medicine in West Michigan. In the report he states “relying only on one type of data makes you more vulnerable to inaccuracies.”

The report is from a Super-Utilizer Summit hosted by the Center for Health Care Strategies and the National Governors Association. In addition to information about data the report includes analysis strategies, interventions, and integration of a sustainable super-utilizer system.