The Johns Hopkins ACG System is a leading population health analytics toolkit that was developed and continues to be validated and improved by experts at the Johns Hopkins Bloomberg School of Public Health to support its overall mission to promote equitable, effective and efficient health care around the globe.

The ACG System is built to handle the complexities of health care information flows, disparate data sources and diverse coding standards. It uses data from individual patients’ primary and secondary care records, which makes it suitable for use in a wide range of settings. Additionally, it can incorporate non-clinical data sources, such as socio-economic or functional living status to help you customize the data output in a meaningful and actionable way.

The ACG System has clinical, administrative and public health surveillance applications, which fall into four broad categories. The following list summarizes these categories and uses.

### Population Profiling
- Measure the morbidity distribution, disease prevalence and medication adherence of a patient population
- Identify population risk factors that may contribute to hospitalization, psychosocial conditions, frailty, high costs or care coordination risk
- Forecast health care utilization for the population by cost and type of hospitalization
- Stratify the population based on their patterns of disease and resource use

### Performance Analysis
- Set equitable performance benchmarks among providers using casemix and measures of cost and utilization
- Calculate care density ratio to measure the degree of physician patient sharing which can increase efficiency of care
- Use propensity score matching to compare two subgroups of the population as part of an intervention program evaluation
- Evaluate appropriate use of the emergency department and proportion of visits that were avoidable to engage in patient care based on their needs

### Patient Case Management
- Identify complex and multimorbid patients, patients who may need targeted care management programs and patients who need preventive care, wellness and education services
- Predict patients at risk for future hospitalization, readmission, high cost and high pharmacy use
- Identify patients at risk for opioid misuse, poor medication adherence and gaps in care
- Identify patients with newly diagnosed chronic conditions for proactive care

### Finance, Budgeting and Resource Allocation
- Estimate patients’ predicted resource use by condition category
- Calculate equitable payment rates to providers or health plans based on population casemix
- Anticipate staffing and resource needs based on population risk factors and casemix distribution
- Identify opportunities to reduce waste, inefficiencies and redundancies contributing to high operational costs

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More Information
For additional information including case studies, global applications of the ACG System, bibliography and customer training resources, visit [www.HopkinsACG.org](http://www.HopkinsACG.org).

To speak to a member of the team about acquiring the ACG System, contact: info@HopkinsACG.org.