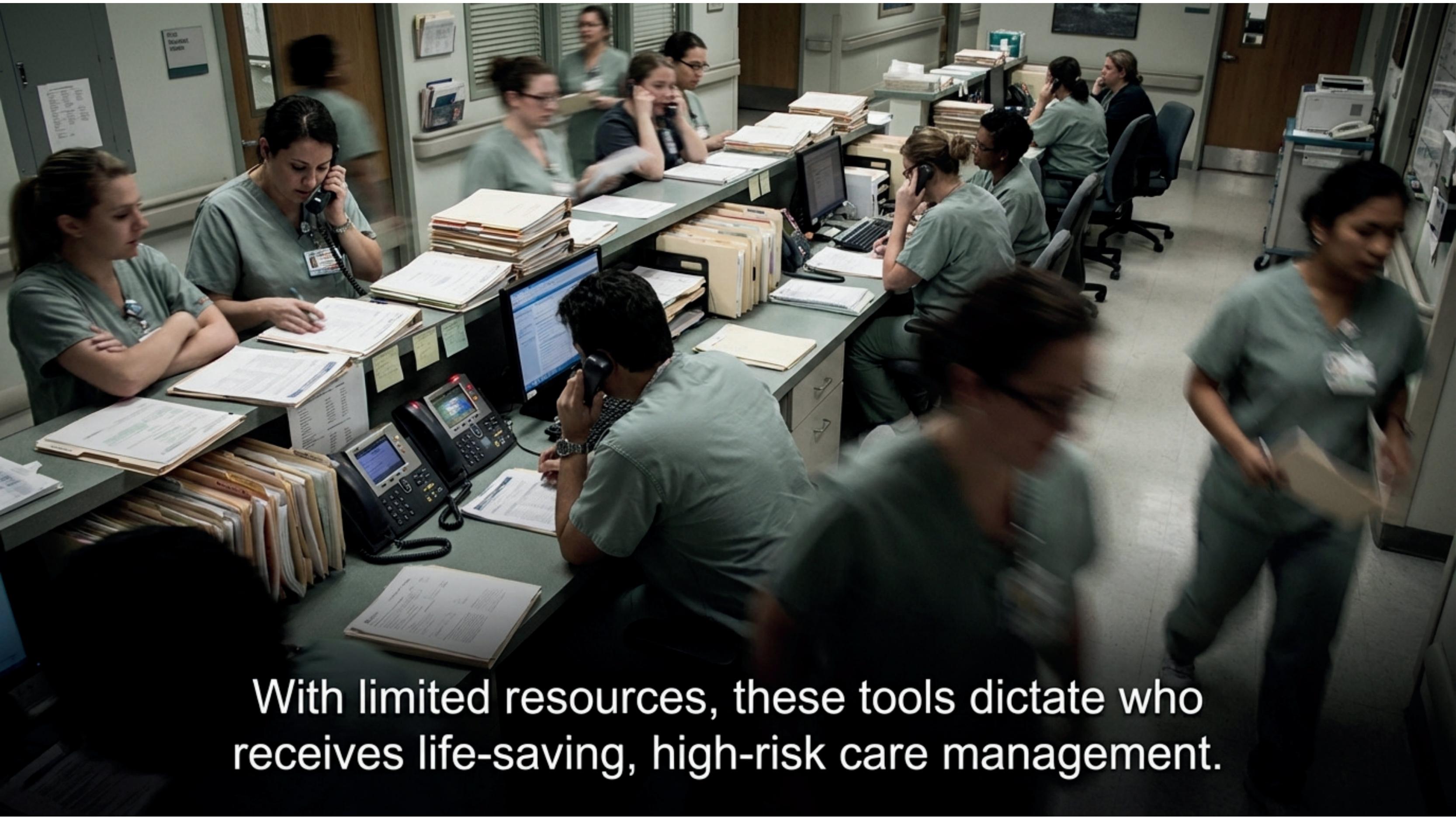




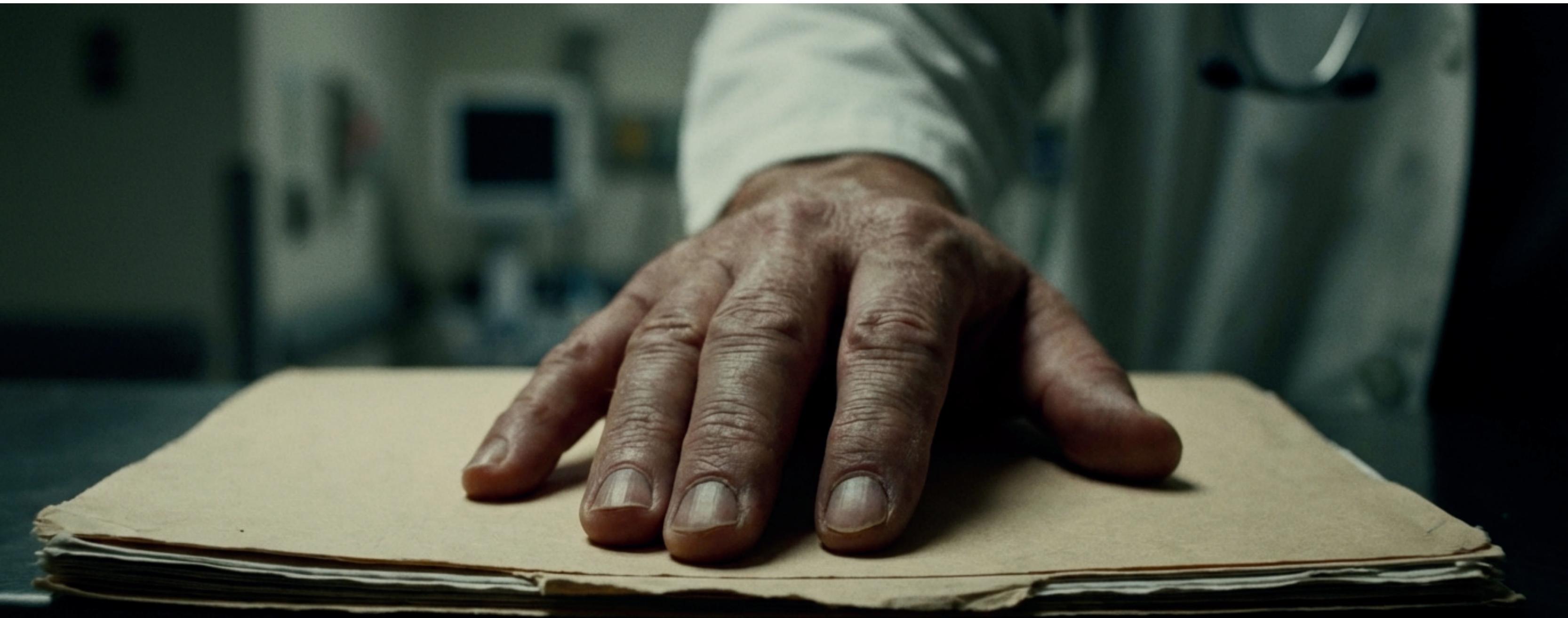
When algorithms decide care.

A healthcare professional, likely a nurse or doctor, is shown from the side, wearing blue scrubs. They are holding a clipboard with papers and a pen, looking down at the documents. The background is a brightly lit hospital hallway with a series of doors and overhead lights, creating a sense of depth and movement. The lighting is soft and clinical.

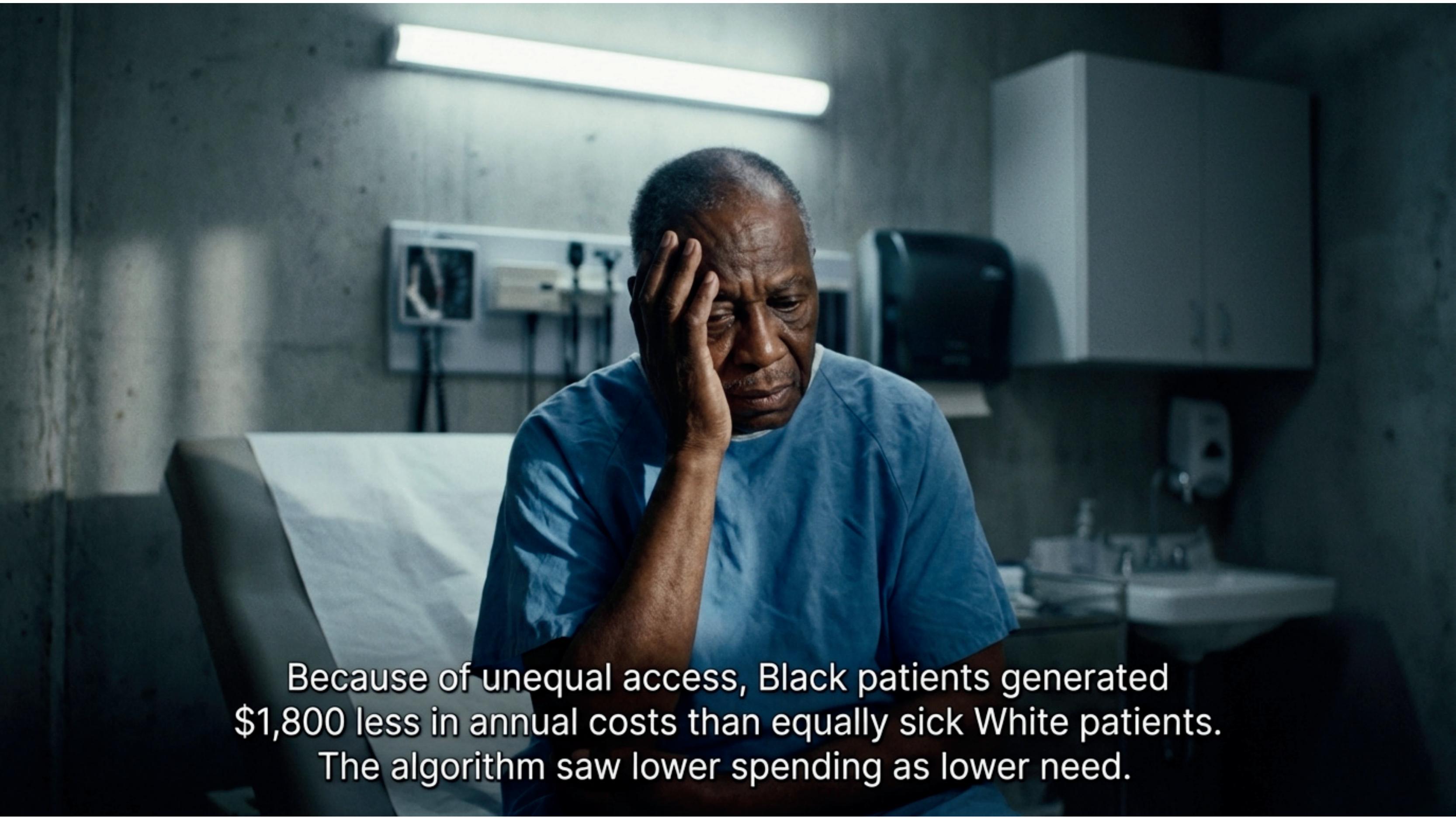
Across the US, health systems use algorithms to identify the most vulnerable patients among 200 million people.



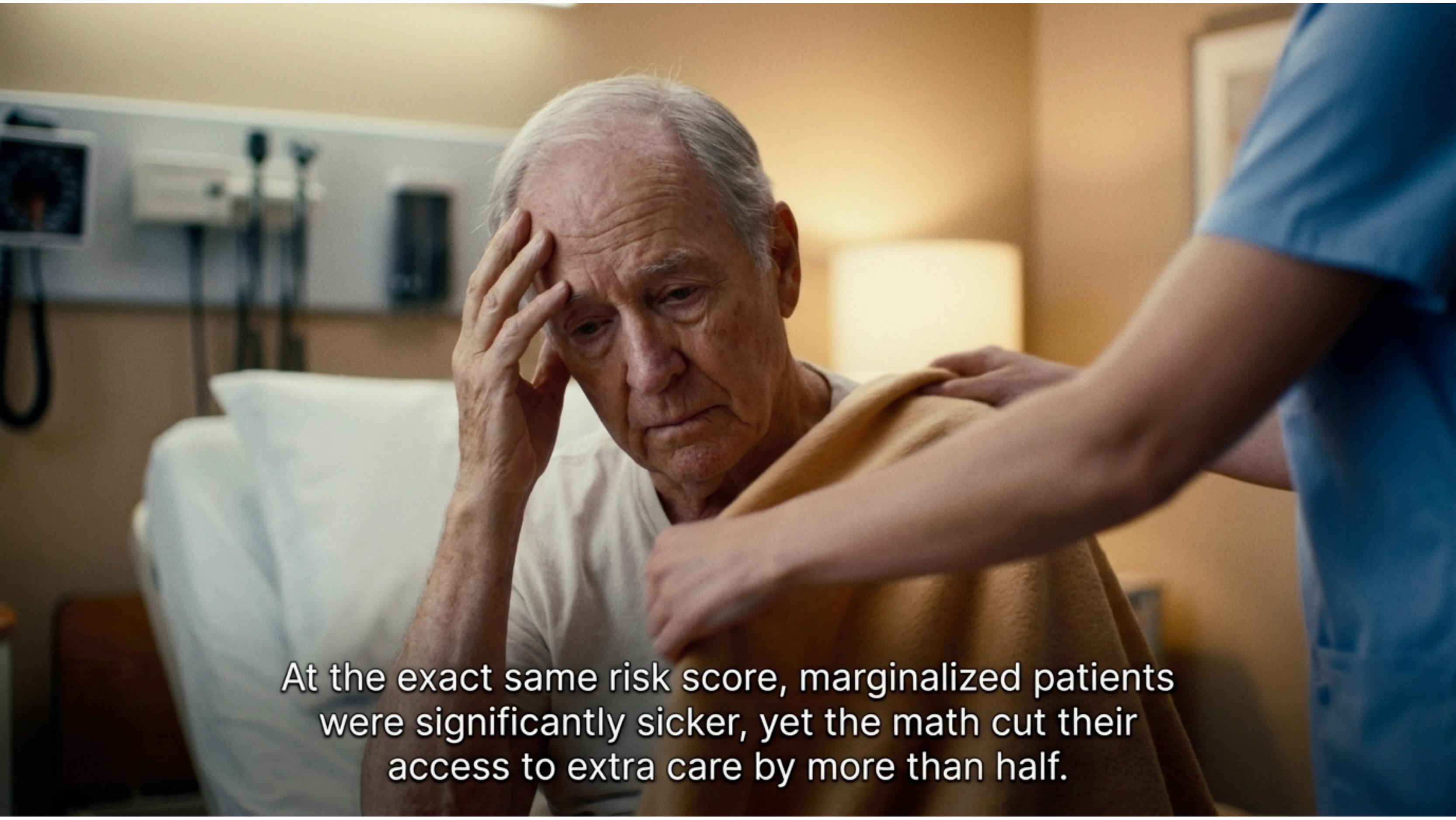
With limited resources, these tools dictate who receives life-saving, high-risk care management.



**But a flagship industry model didn't measure illness.
It measured future healthcare spending.**

A man in blue scrubs is shown in a hospital room, covering his face with his hand in a gesture of distress or despair. The room is dimly lit, with a fluorescent light fixture visible on the wall behind him. Medical equipment and a sink are also visible in the background.

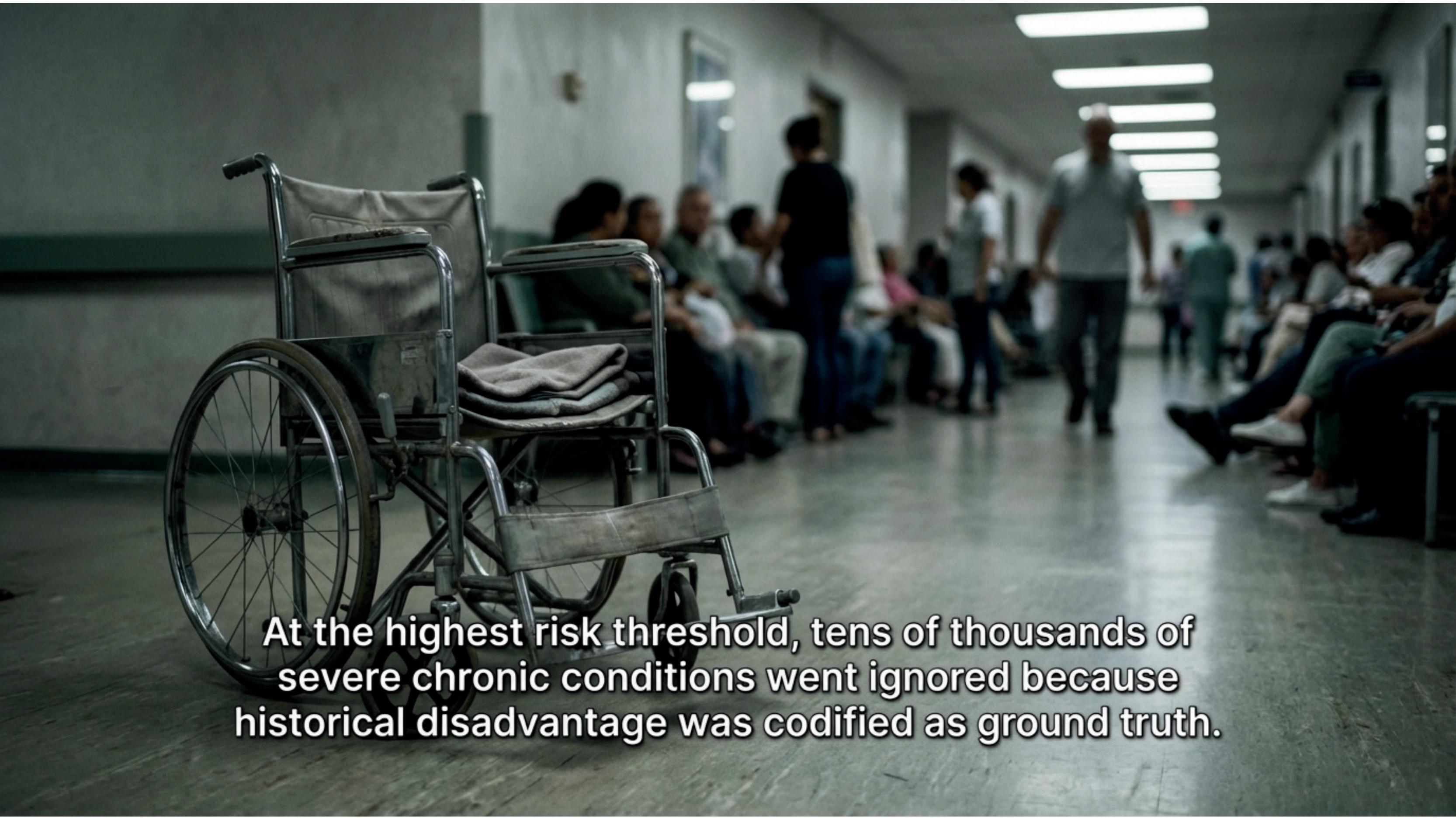
Because of unequal access, Black patients generated \$1,800 less in annual costs than equally sick White patients. The algorithm saw lower spending as lower need.



At the exact same risk score, marginalized patients were significantly sicker, yet the math cut their access to extra care by more than half.

A woman in medical scrubs is shown in a hospital hallway. In the background, a person is sitting on a table. The scene is dimly lit with overhead fluorescent lights.

Cost → Risk Score → Care Allocation

A photograph of a hospital hallway. In the foreground, a metal wheelchair is parked on the left side, facing right. The wheelchair has a light-colored cloth draped over the backrest and a folded blanket on the seat. In the background, a group of people is sitting on the floor, some leaning against a wall. A man in a white shirt is walking away from the camera in the center of the hallway. The hallway is lit by fluorescent lights on the ceiling. The overall atmosphere is somber and clinical.

At the highest risk threshold, tens of thousands of severe chronic conditions went ignored because historical disadvantage was codified as ground truth.



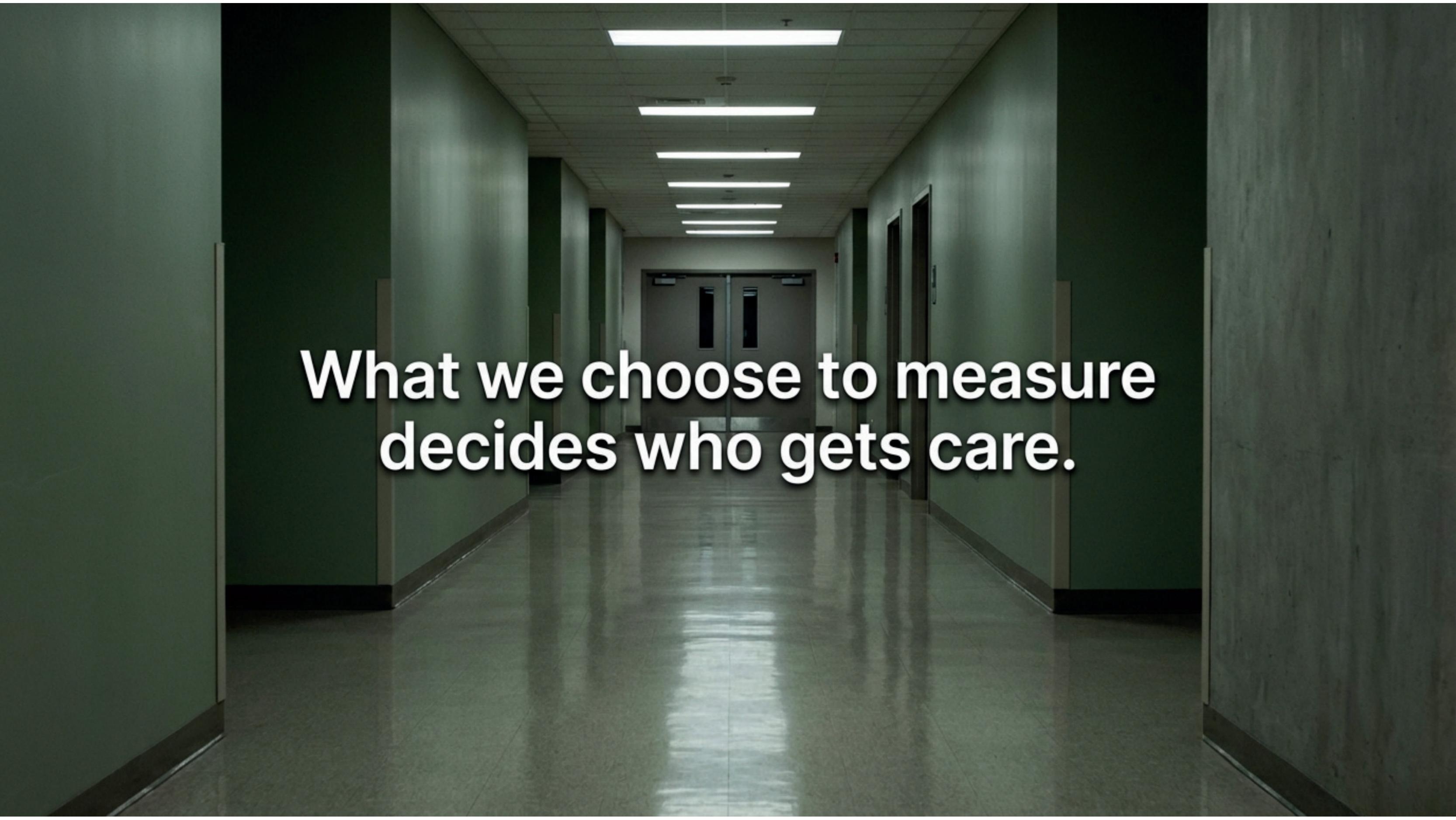
In 2019, independent researchers exposed the fatal flaw, prompting regulators to declare the algorithm's disparate impact "unacceptable and unlawful."



When the label was rewritten to target actual disease burden instead of cost, the system's racial bias dropped by 84 percent.



Globally, from out-of-pocket spending to national claims data, any system that uses money as a proxy for health will invisibly punish the marginalized.



**What we choose to measure
decides who gets care.**

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