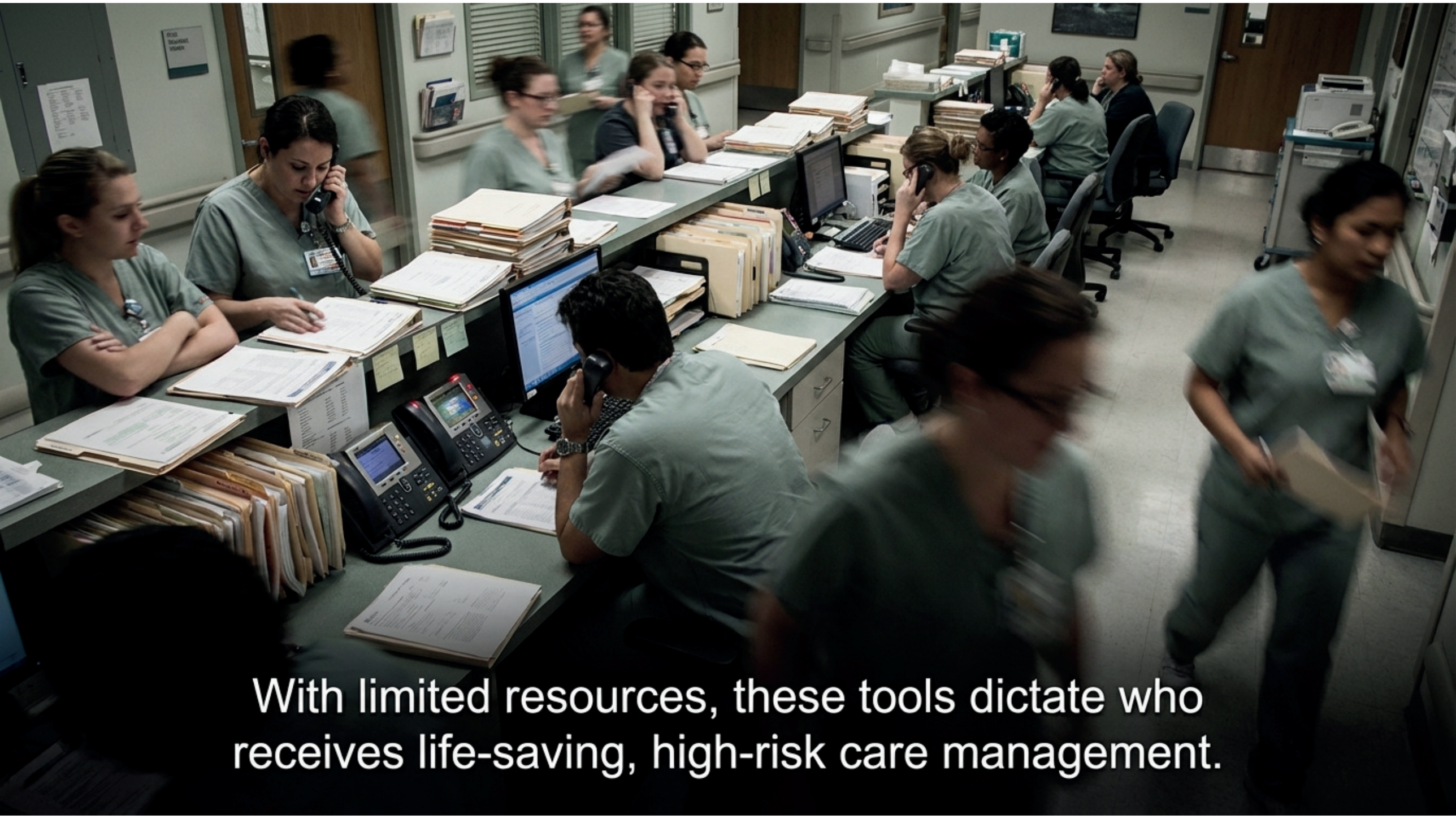
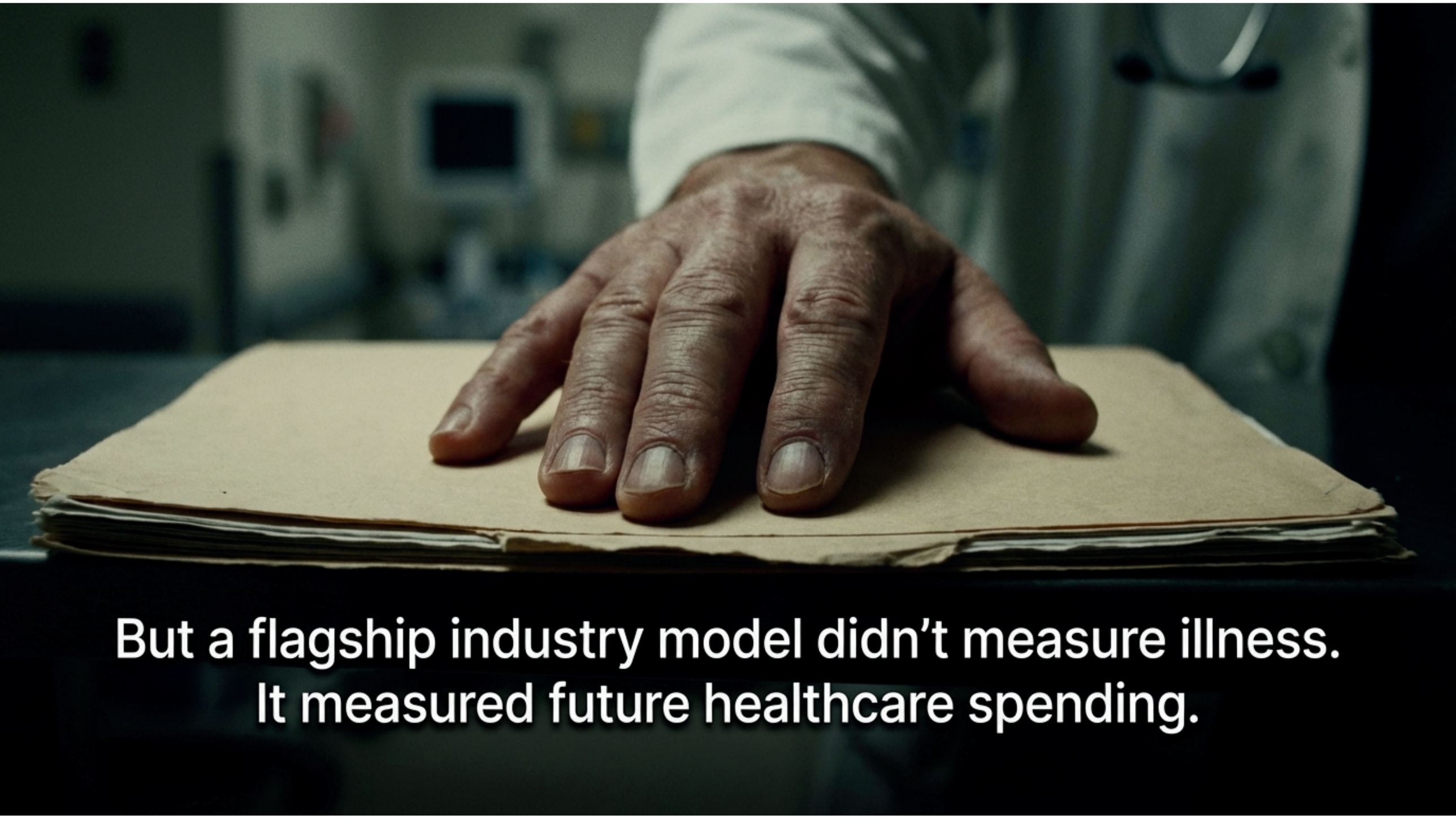
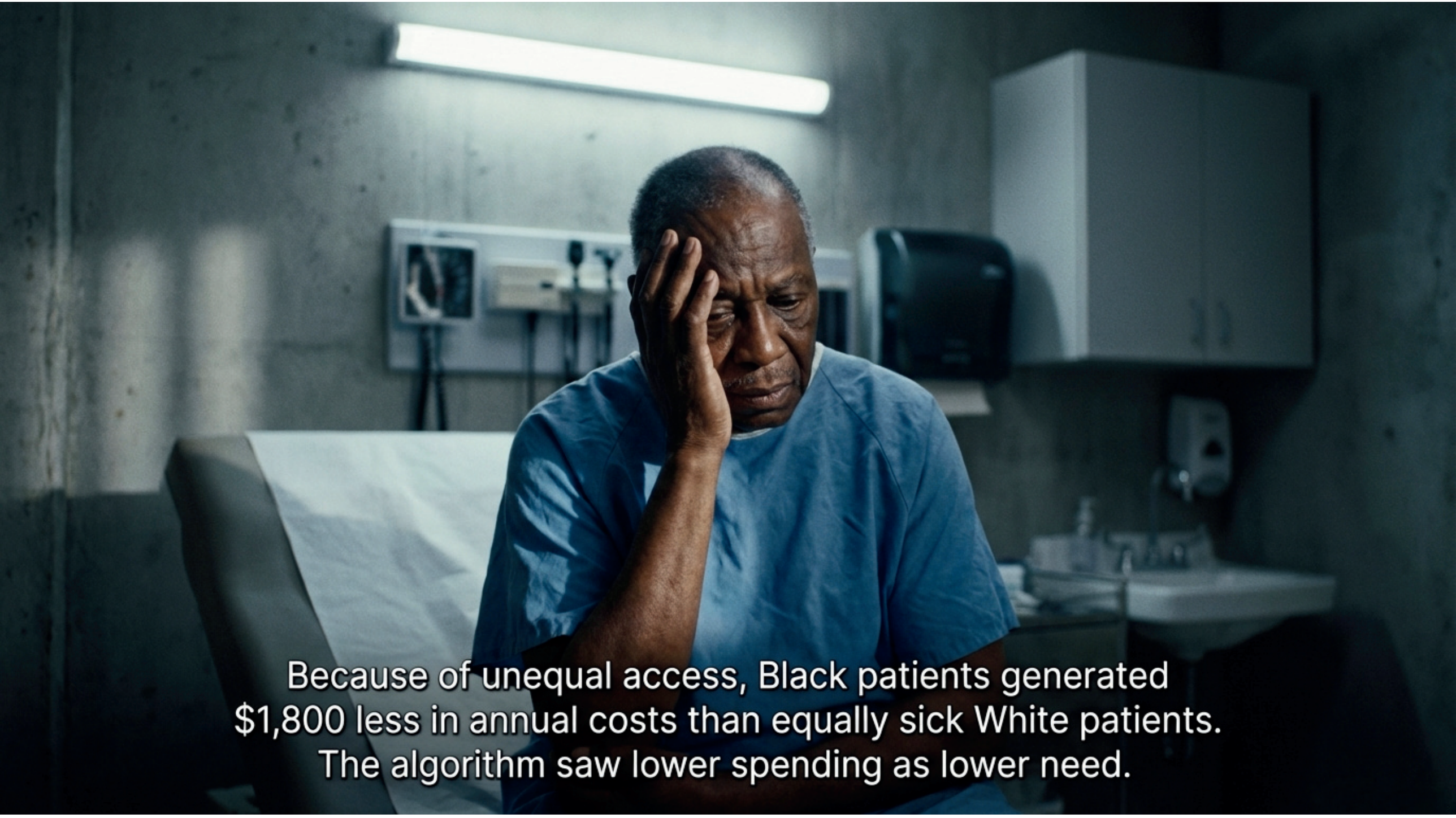
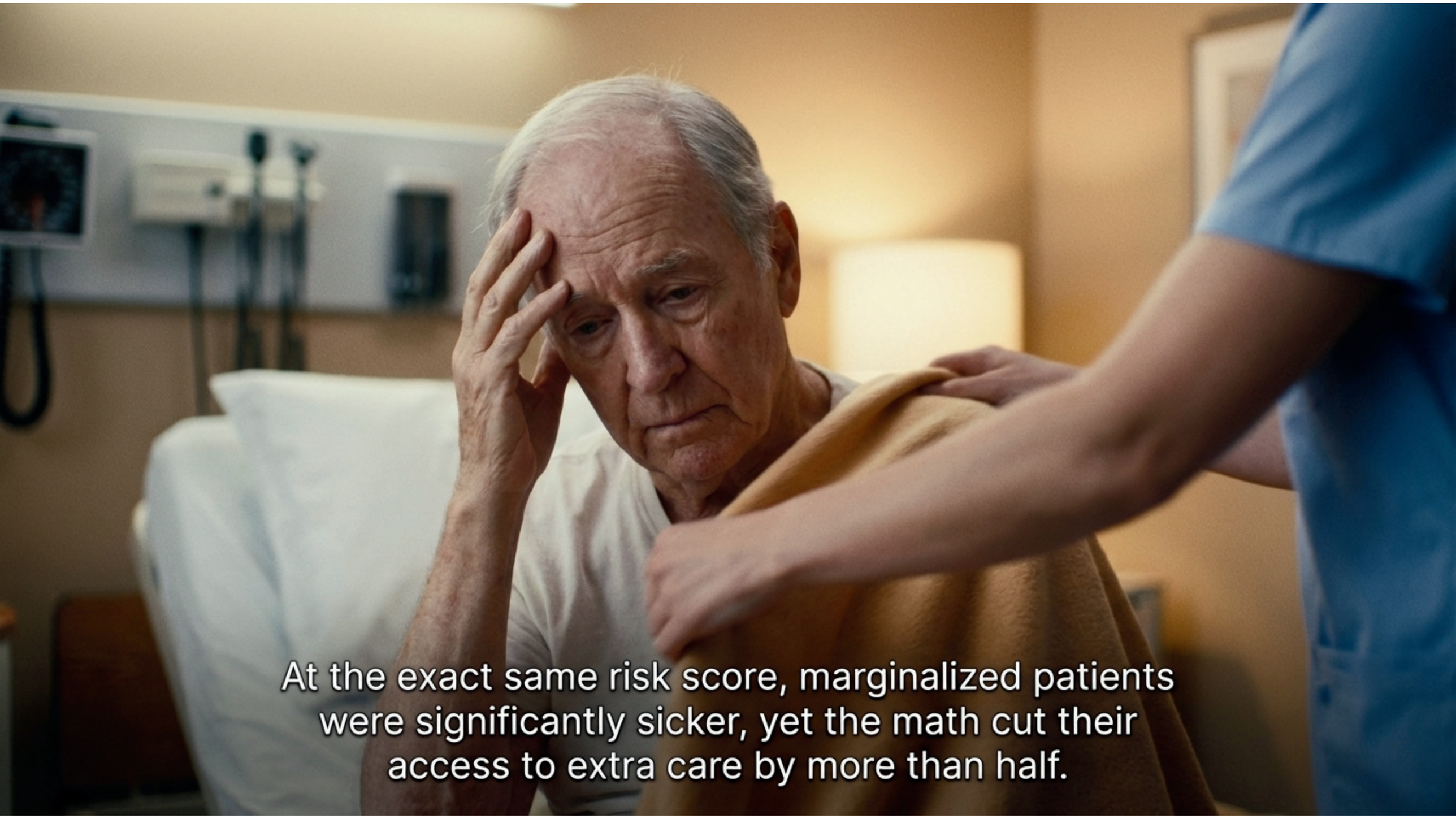

When algorithms decide care.


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

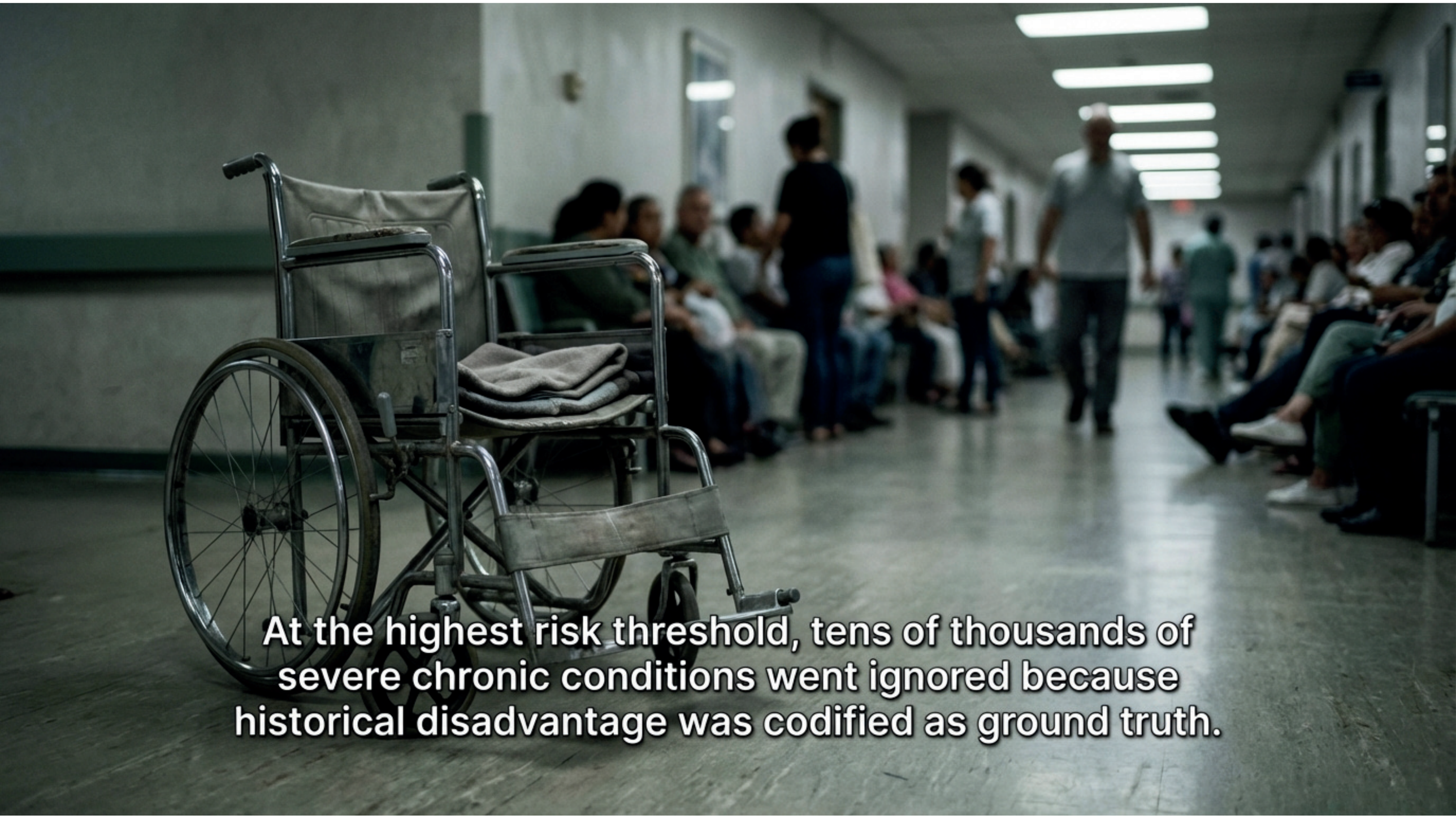

With limited resources, these tools dictate who
receives life-saving, high-risk care management.

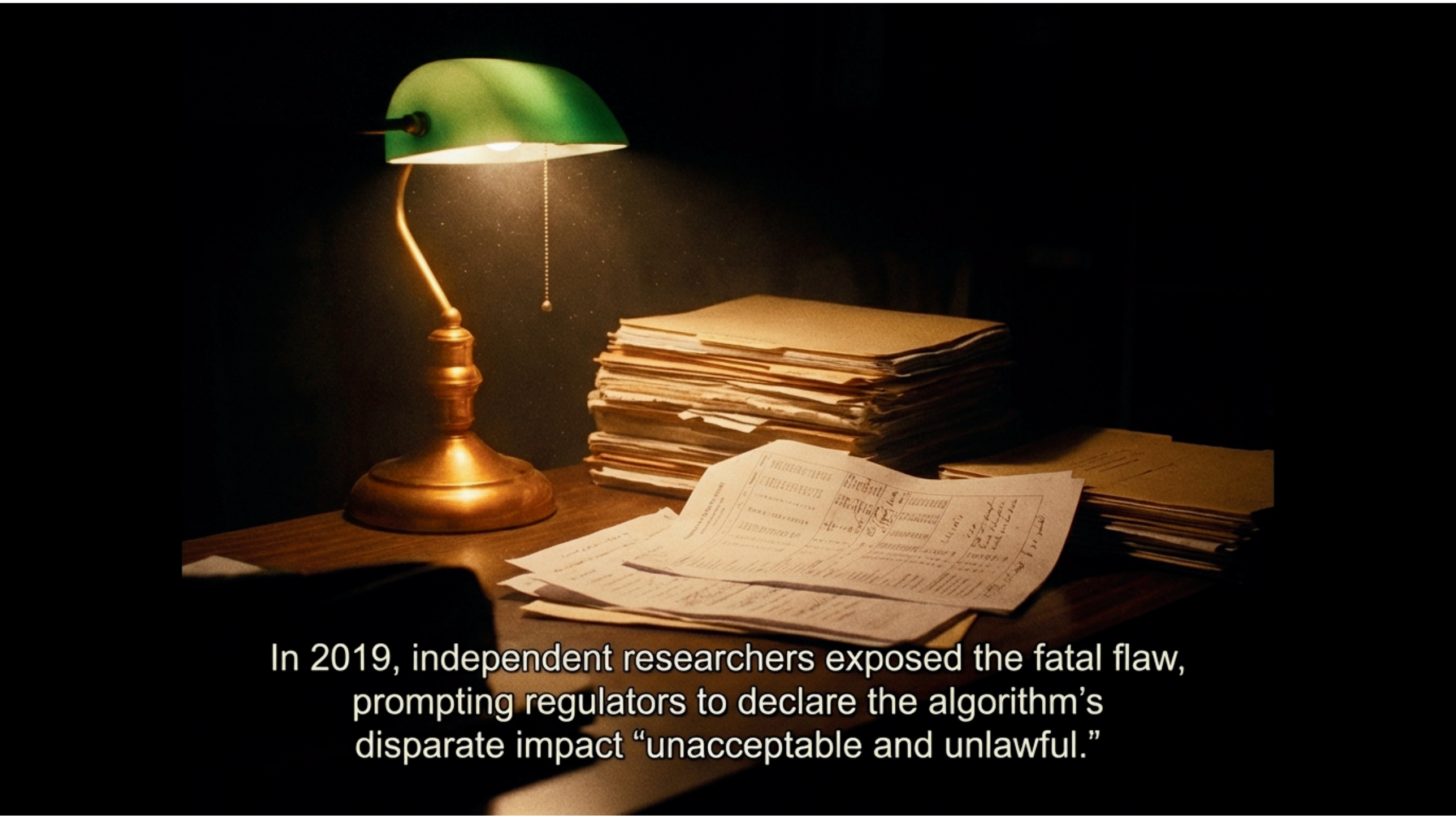

But a flagship industry model didn’t measure illness.
It measured future healthcare spending.


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.

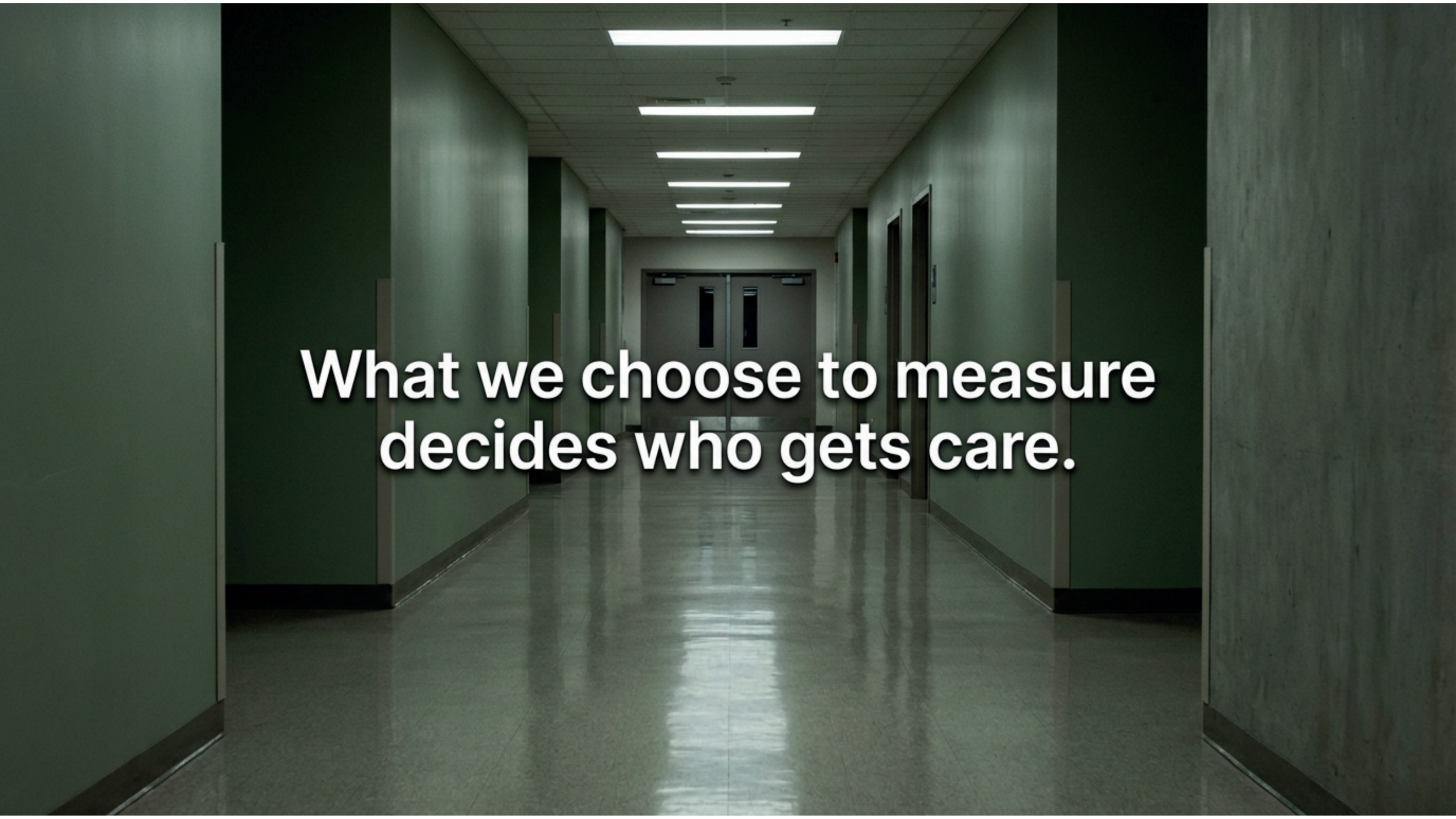

Cost → Risk Score → Care Allocation


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.

Follow our work on GlobalSouth.ai