Gia. by scienza

Gia Depression Analytics

Gia Depression Analytics is a hosted annual subscription. You subscribe on AWS Marketplace and Scienza runs the two frozen models in its private US Google Cloud environment. Nothing is deployed in your AWS account. One completed analysis delivers two cohort reports in a downloadable PDF for one historical reference date:

• Report 1, persistent elevated score. Among members whose last self-reported PHQ-9 was 10 or more, the model-estimated probability that the first self-reported PHQ-9 taken 60 to 180 days after the reference date is still 10 or more, with under a 50% reduction.

• Report 2, documented symptom rise. Among members whose last self-reported PHQ-9 was 0 to 9, the model-estimated probability of a documented rise: a self-reported PHQ-9 of 10 or more, at least 6 points above the last score, within 90 days.

Cohort-level predictions for organizational planning. Not for individual diagnosis or treatment decisions.

What your cohort needs

Your historical export must include members' self-reported PHQ-9 history. The input specification for this product names the fields.

• Each member is in at most one report. The most recent self-reported PHQ-9 total in the 120 days before the reference date decides which: 10 or more for Report 1, 0 to 9 for Report 2.

• A member without a self-reported PHQ-9 in those 120 days is in neither report. A cohort without self-reported PHQ-9 history qualifies for neither report.

• Report 2 also needs at least 365 days since the member's first stay or census record, and no observer-only depression assessment more recent than the last self-reported PHQ-9.

What the report shows

• For each report: how many members were eligible, how many were not, and why.

• For each report, in plain numbers: the model-estimated number of members with the outcome, for example "of your 38 members whose last self-reported PHQ-9 was 10 or more, about 23 are expected to meet Report 1's outcome (model estimate)".

• Where the expected cases concentrate: the share of the model-estimated cases held by the highest-ranked tenth of scored members, and how many times its share of the cohort that is (a predicted concentration, for reports with 100 or more scored members).

• How many members are in neither report because they had no recent self-reported PHQ-9.

• How well the ranking worked when tested once on 2023 records of people held out from development, with the AUROC for each report.

• Report 2 estimates are available for reference dates from January 1, 2024 onward, including your latest eligible cohort. For an earlier reference date, Report 2 is delivered with its counts and reasons and no estimate.

• Counts from 1 to 10 are not shown, to protect privacy. Other counts are also withheld when subtracting them would reveal a protected count. No named member list or individual scores are provided.

What you can do with it

• Plan care-management or follow-up capacity using cohort-level predictions: how many members are expected to meet Report 1's outcome or show a documented rise after the reference date.

• See how far ranking concentrates the expected cases: the share of model-estimated cases held by the highest-ranked tenth of members, against that tenth's share of the cohort.

• See how many members lack a recent self-reported PHQ-9, and so are in neither report.

For payers, ACOs, risk-bearing provider groups and other value-based care organizations, these reports support planning care-management capacity across a network. The figures are cohort-level model estimates.

Annual plans

Plan	Annual USD	Included analyses
Pilot Cohort	$36,000	One cohort, 12 successful analyses; monthly cadence permitted
Plan Pack	$120,000	Up to four cohorts, one successful analysis per cohort per contract-relative quarter

Each cohort supports 11 to 500 submitted members. Choose one plan at quantity one. Hosted compute is included. No trial or add-ons are offered.

How analyses are counted

One completed analysis delivers both reports. Each report needs at least 20 scored members to show a cohort mean; small-number protection can also withhold an estimate. Report 2's estimate additionally requires a reference date within the period above. A completed analysis uses one unit when either report has an estimate, and none when neither does. Failed or cancelled processing and retrieving a saved report consume no additional unit. A duplicate request for the same job consumes nothing more; a new authorized analysis is counted under your plan.

Getting access

After subscribing, choose Set up your account in AWS Marketplace and request operator onboarding. Scienza's onboarding operator responds within one business day and verifies your organization and subscription. When access is ready, return through Marketplace setup, claim your credential once, and link your subscription to the approved analytics account.

Input preparation and onboarding are operator-assisted. Customer self-service uploads are disabled for this launch. After Scienza approves the input source and historical cohort, your authorized contact requests an analysis through the agreed operator-assisted process. Scienza runs it against your purchased allowance. When it is ready, open the subscription account page, enter your analytics credential and report ID, and choose Download PDF. You do not need a Google Cloud account to download your report. Reports are available for export for seven days after publication, or until authorized service access ends if earlier. Use the credential only for your approved organization. Observe the expiry supplied at issuance, separately from the annual term. Contact support for renewal, replacement or immediate revocation if exposed.

Onboarding, account help and refunds: support@scienzahealth.com. Keep member records and credentials out of email.