

High-Need, High-Cost Patients: Introduction and Overview

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Affordable, quality health care. For everyone.

Presentation Overview

- Rationale for the focus on high-need patients and the challenges they face
- Issues in defining the population
- The Commonwealth Fund agenda

The Commonwealth Fund's Delivery System Reform Agenda

To create a high performance health system for 2 target populations:

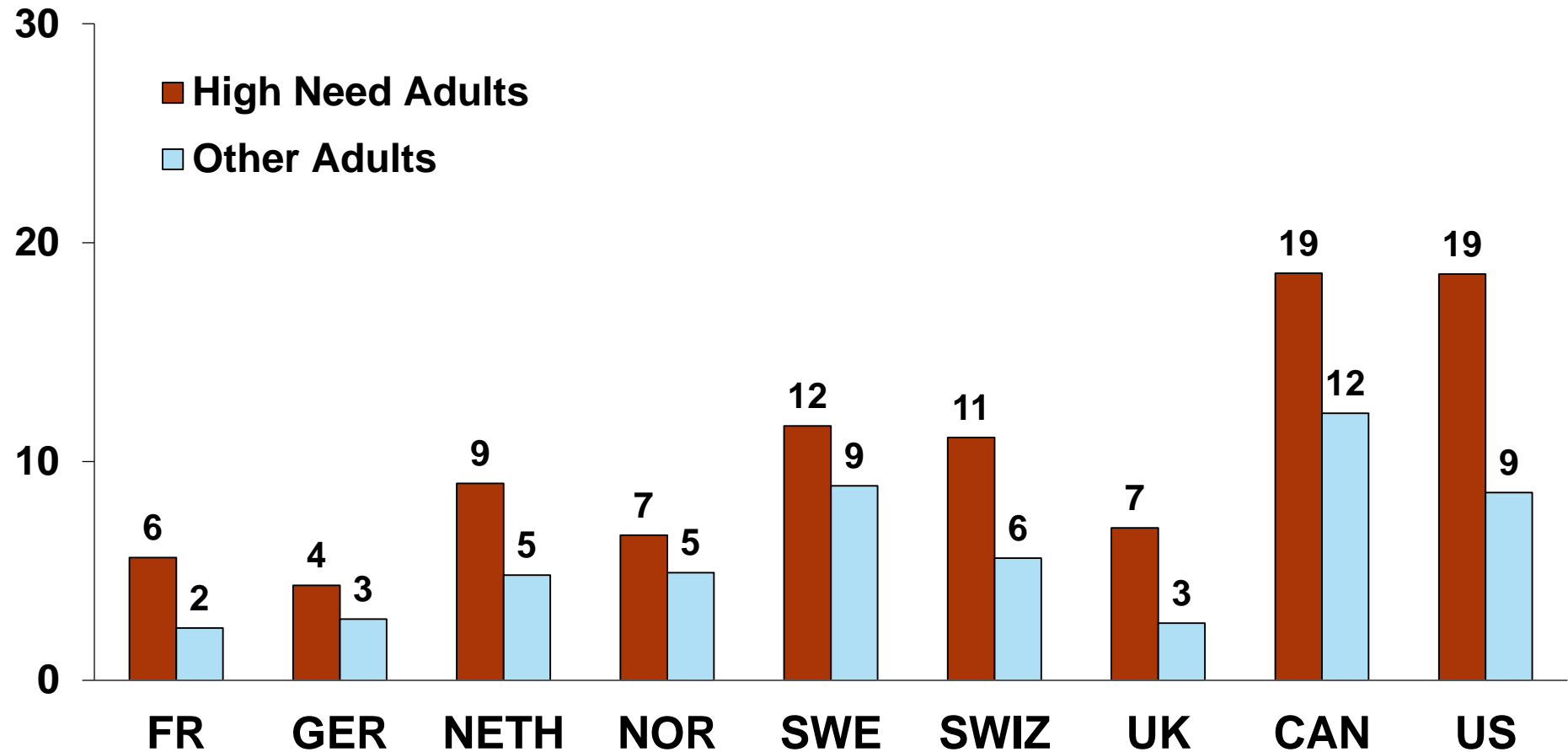
- High-need, high-cost patients
- Vulnerable populations (low income, racial/ethnic minorities)

Why Focus on High-Need Patients?

- High-need patients tend to use more services
- Evidence shows that patients are not well served by medical care delivery system
- Opportunity to improve outcomes and reduce costs
 - Emerging evidence suggests this is possible

2014 Commonwealth Fund International Survey: High-Need Patients Went to the Emergency Department for Conditions that Could Have Been Treated by Regular Doctor in the Past 2 Years

Percent*



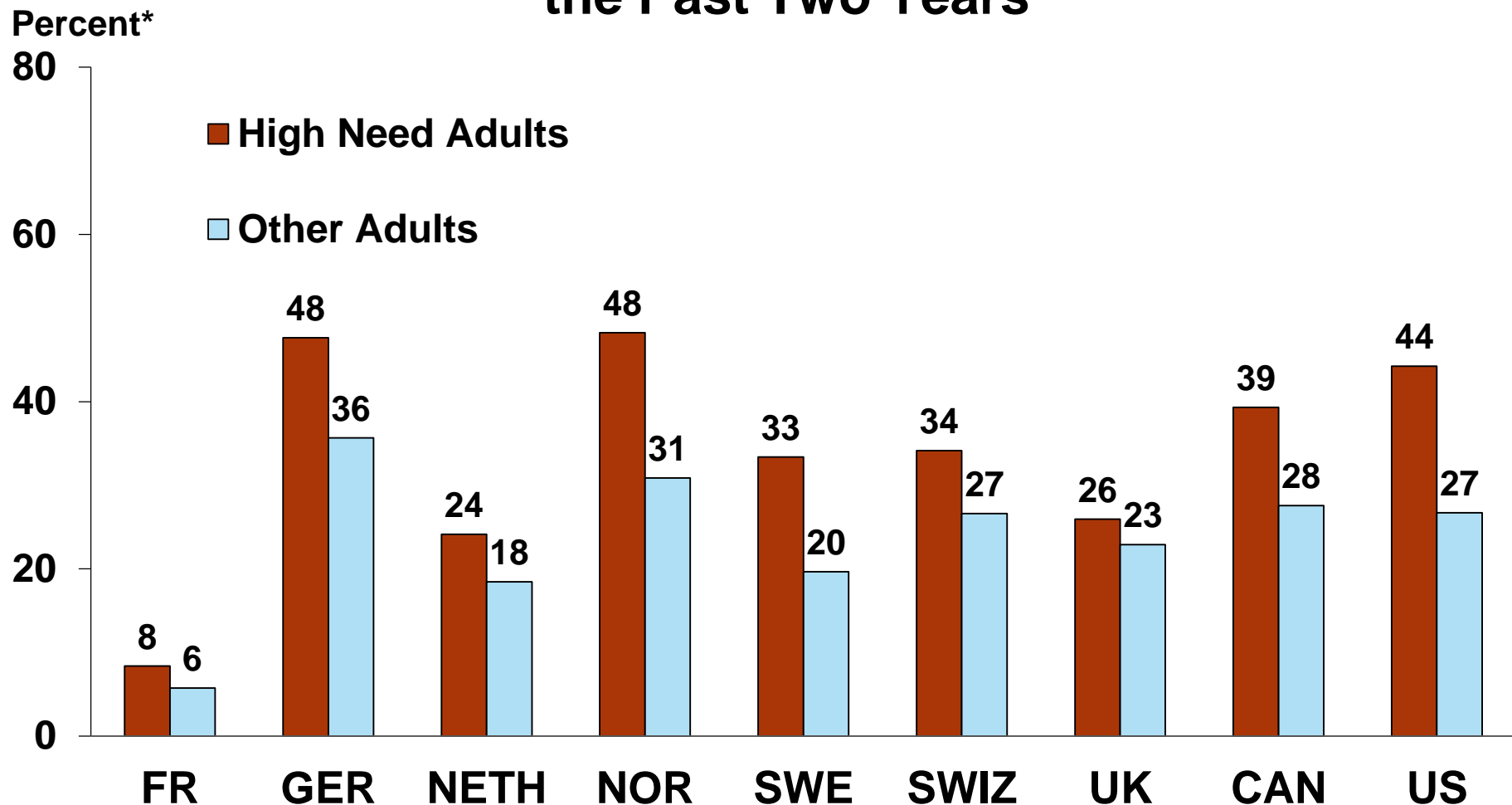
*Base: Had regular doctor/place and used the ER in past 2 years

High Need: Age 65 and Older with 3+ Chronic Conditions or a Functional Limitation

Other: Among all other adults age 65 and older

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults

2014 Commonwealth Fund International Survey: High-Need Patients Experienced a Coordination Problem in the Past Two Years



*Test results/records not available at appointment or duplicate tests ordered; received conflicting information from different doctors; and/or specialist lacked medical history or regular doctor was not informed about specialist care.

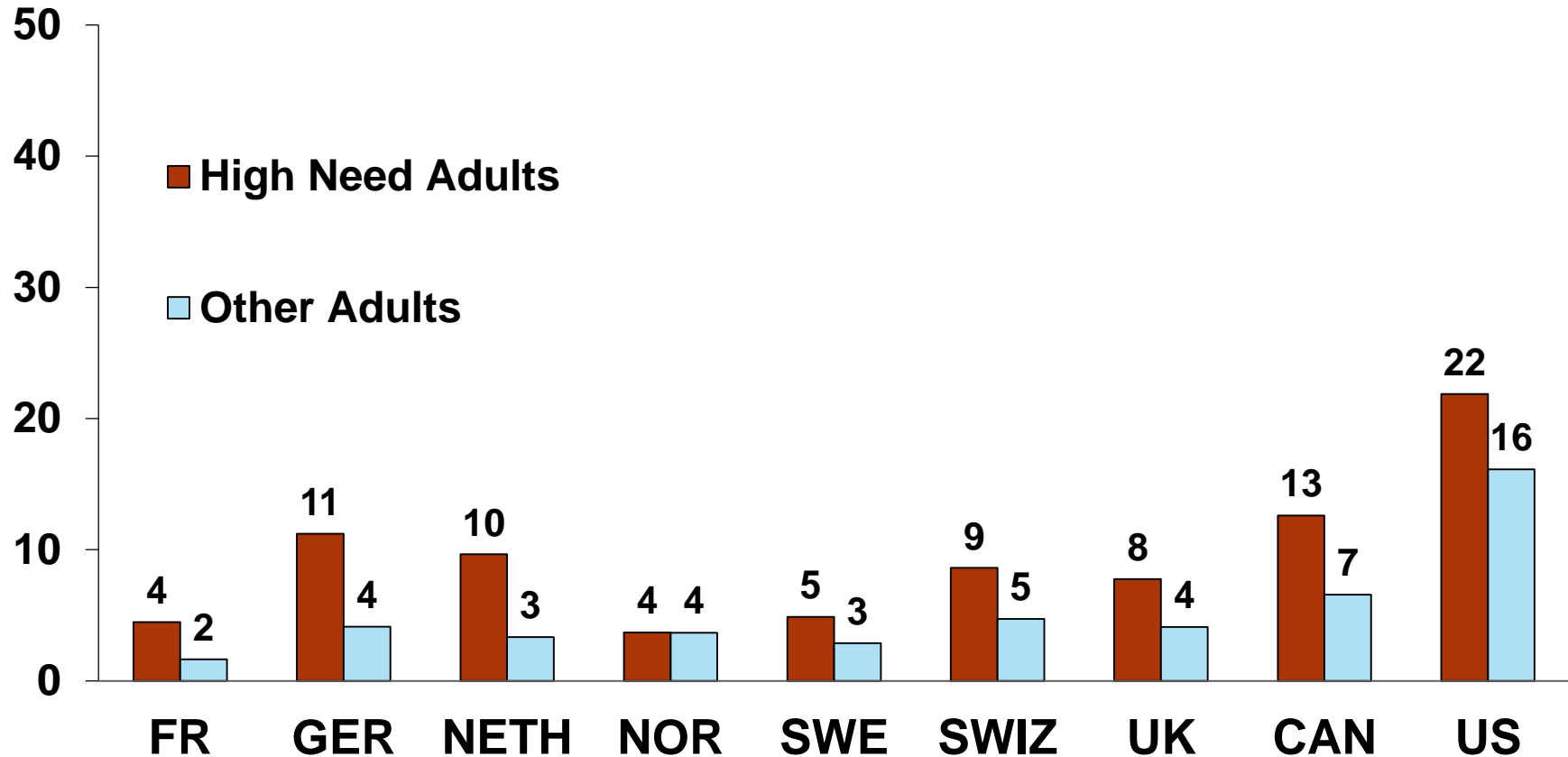
High Need: Age 65 and Older with 3+ Chronic Conditions or a Functional Limitation

Other: Among all other adults age 65 and older

Source: 2014 Commonwealth Fund International Health Policy Survey of Older Adults

2014 Commonwealth Fund International Survey: Cost-Related Access Problems in the Past Year for High-Need Adults

Percent*



*Had a medical problem but did not visit doctor, skipped medical test or treatment recommended by doctor, and/or did not fill prescription or skipped doses because of the cost.

High Need: Age 65 and Older with 3+ Chronic Conditions or a Functional Limitation

Other: Among all other adults age 65 and older

Source: D. Sarnak, J. Ryan, C. Anderson., 2014 Commonwealth Fund International Health Policy Survey of Older Adults

“High Need” Medical Patients

- Little has been written on the characteristics of high-need individuals using empirical data
- There is not a consistent definition of need
- Some studies have focused on people with
 - Specific diseases (e.g., ESRD)
 - Multiple chronic conditions
 - Disabilities
 - Mental illness
- Any approach will be controversial

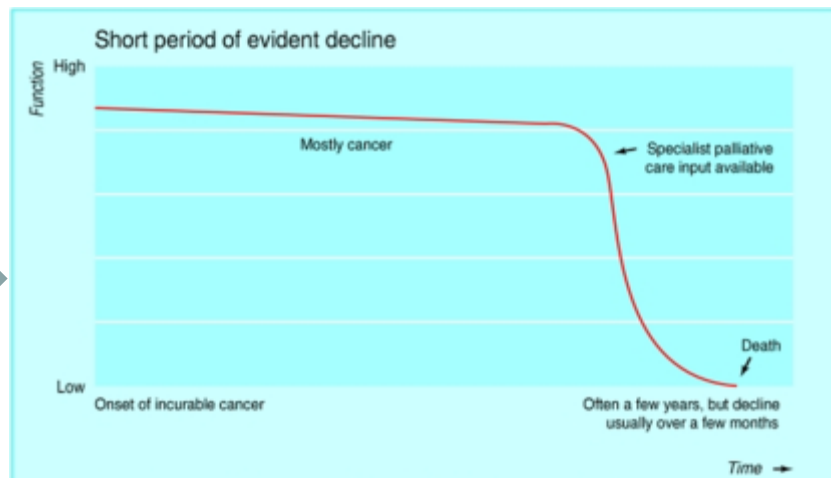
Who Are the High-Need Patients?

J. Lynn, "Bridges to Health " Model, Milbank Quarterly, 2007

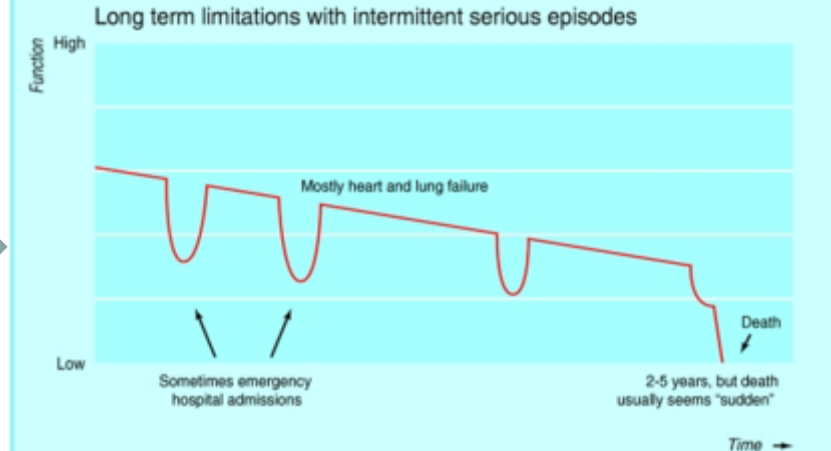
	Population (size; cost/year)	Total Cost per Year	Delivery System Needs
5	Significant disability but stable (~7m people)	\$290 billion	Home-based services (primary care, specialty); LTSS; adaptation; caregiver support, rehab
6	"Dying" with short decline (~1m people)	\$50 billion	Home-based services and personal care services; Palliative care/hospice; caregiver training and support
7	Multiple chronic conditions w/ serious exacerbations, (~2m people)	\$100 billion	Self-care support; at-home services; 24/7 on-call access to medical guidance; caregiver support
8	Long course of decline from dementia or frailty (~6m people)	\$270 billion	Home-based services; LTSS; palliative care; caregiver training and support;

Trajectory of Illness for Select High-Need Subgroups

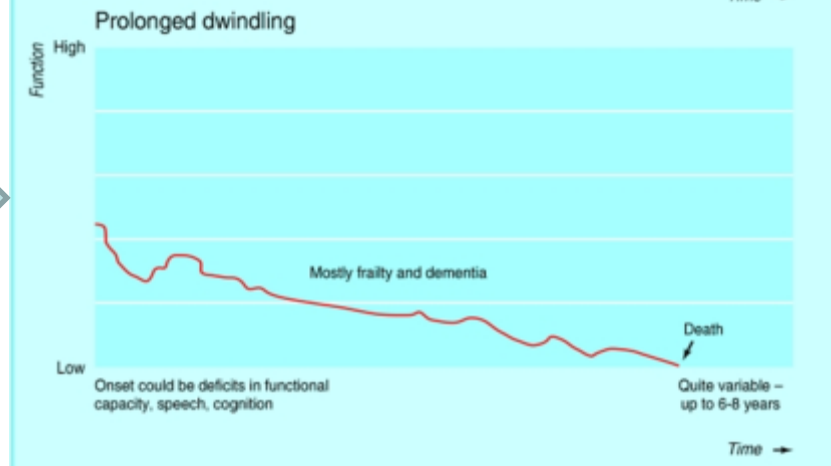
“Dying” with short period of decline



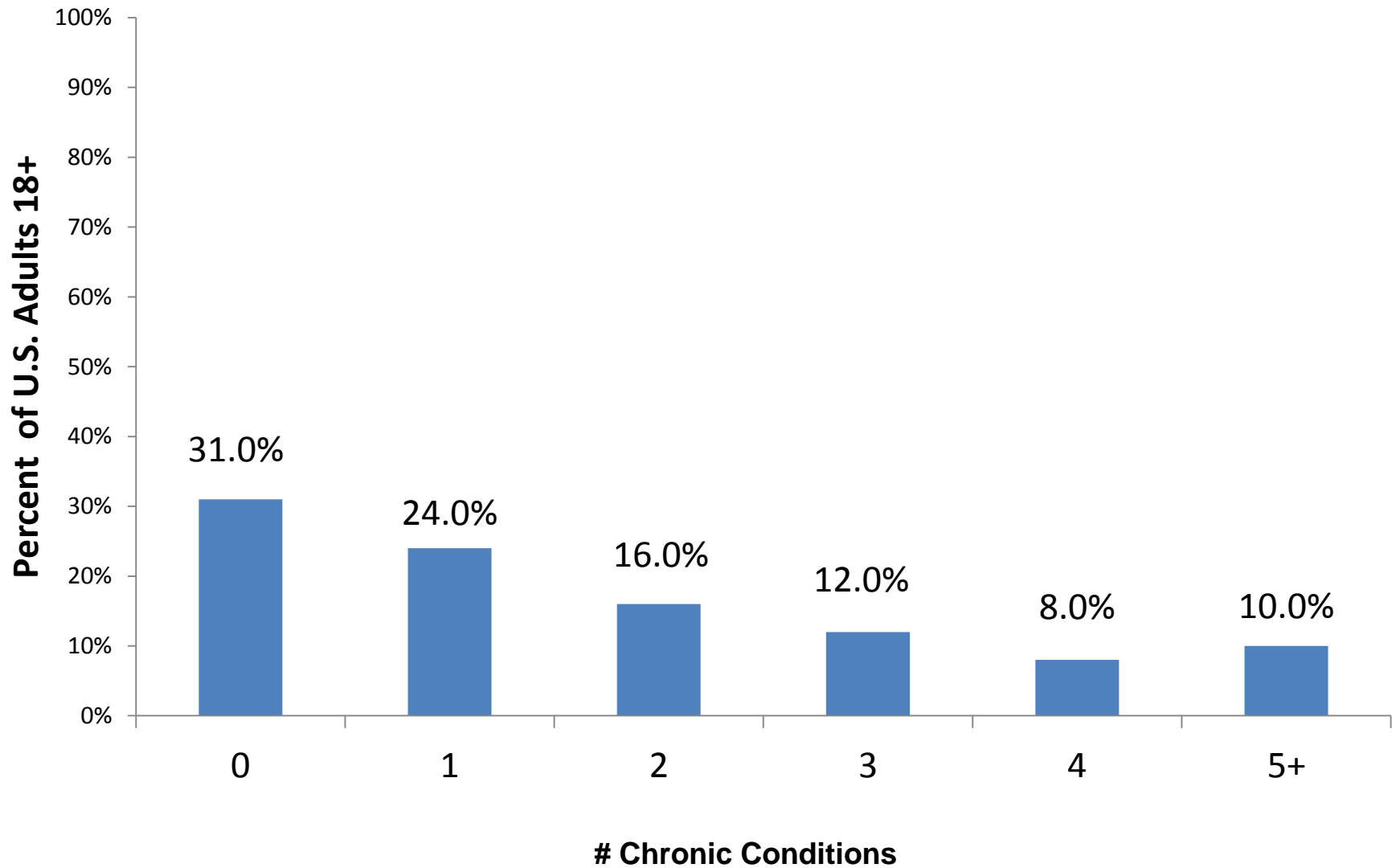
Multiple chronic with serious exacerbation, organ failure, “advanced illness”



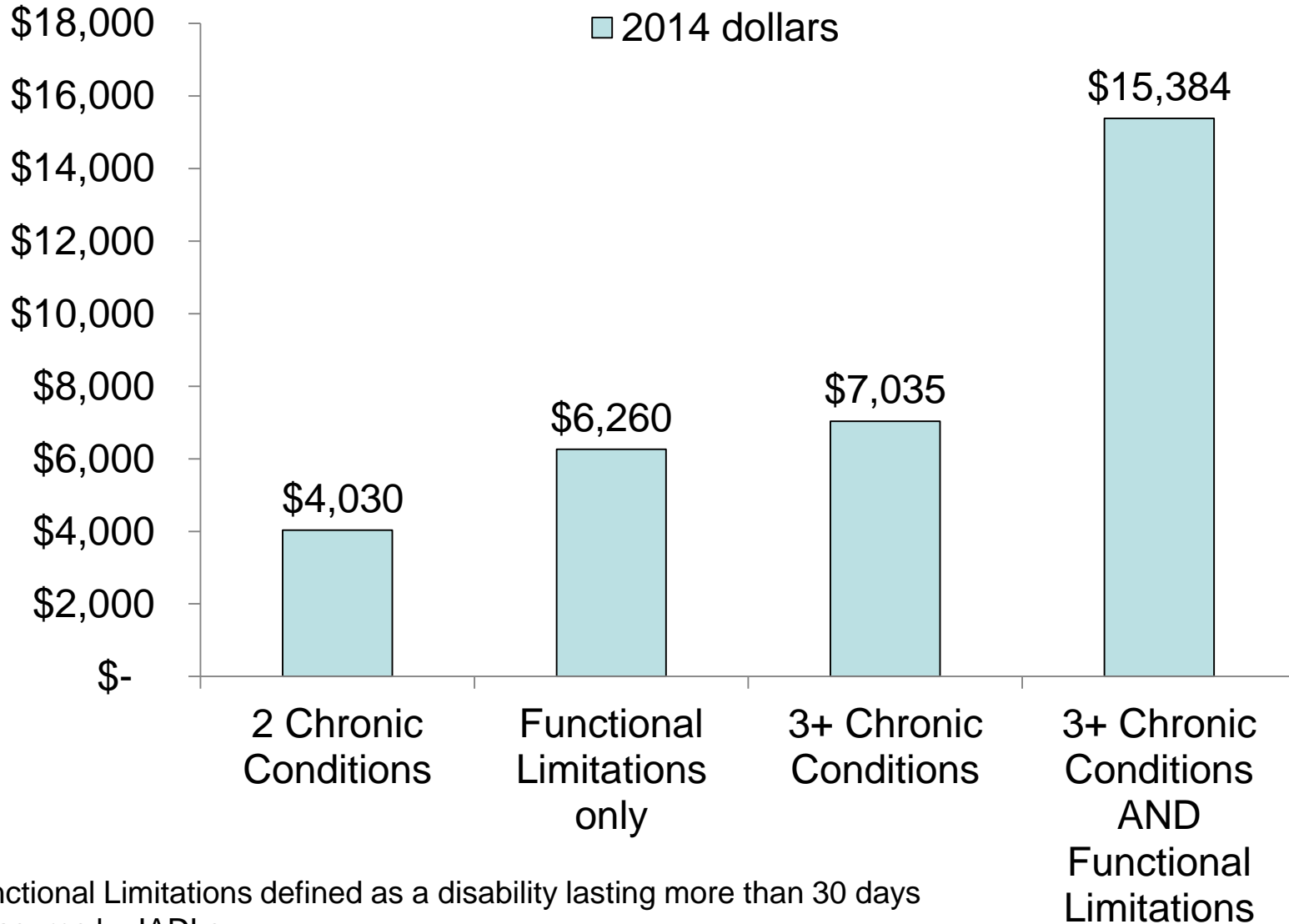
Long course of decline from dementia and frailty



Counting Chronic Conditions Is An Incomplete Approach



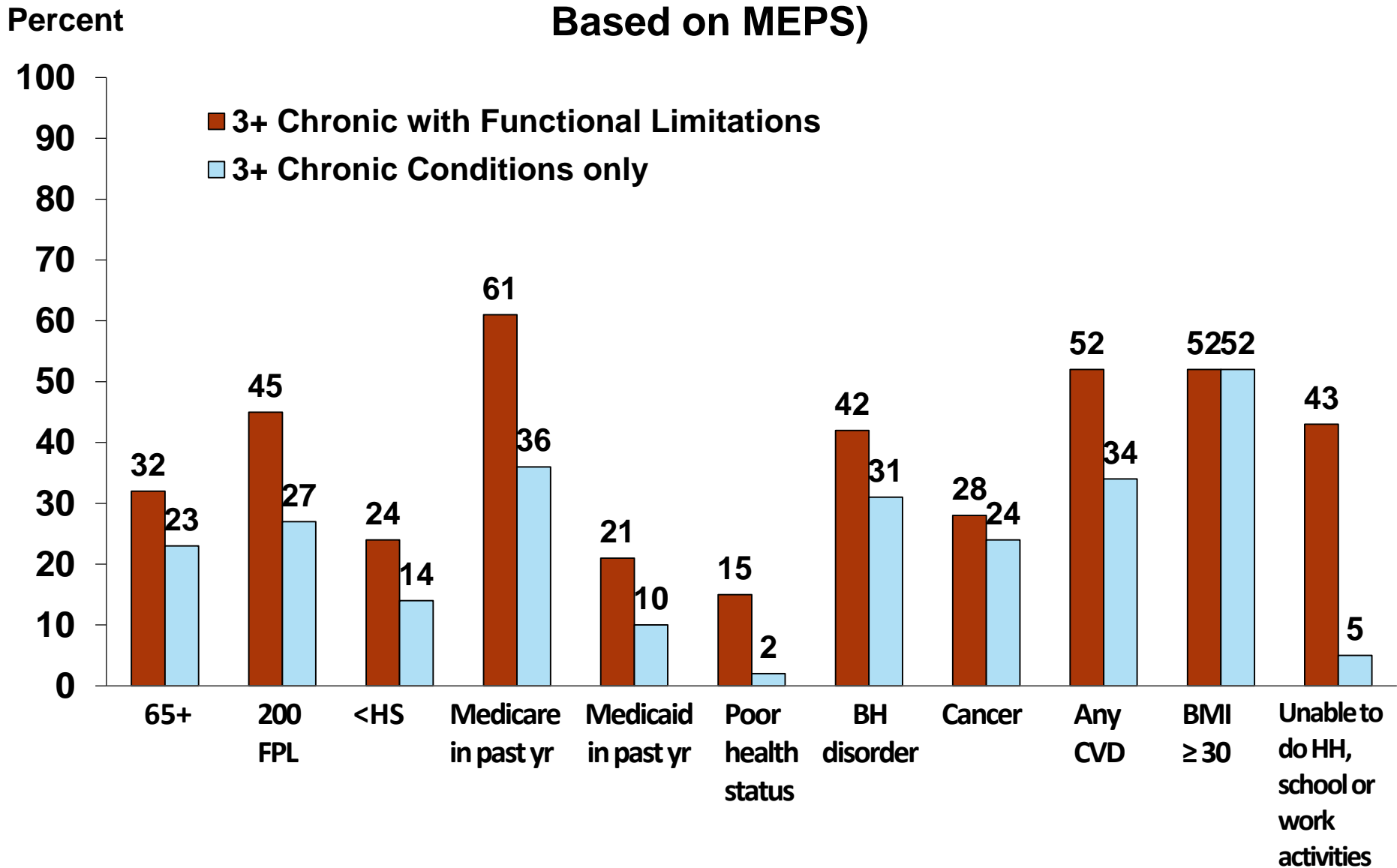
Functional Limitations Are An Important Consideration



Functional Limitations defined as a disability lasting more than 30 days measures by IADLs.

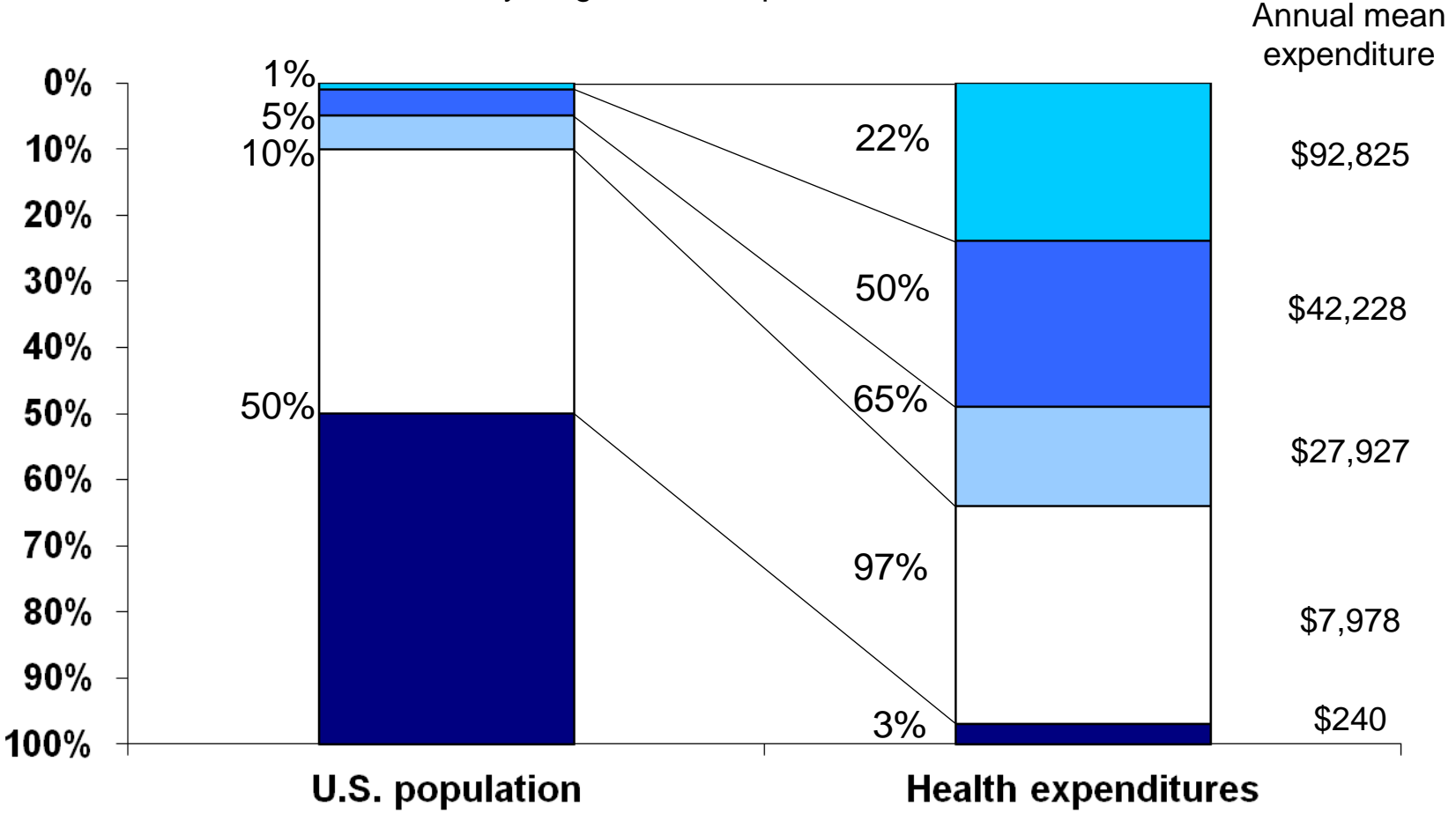
Characteristics of High-Need Patients

(Example: 3+ Chronic Conditions with Functional Limitations,
Based on MEPS)



Health Care Costs Concentrated in Sick Few— Sickest 10 Percent Account for 65 Percent of Expenses

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2011

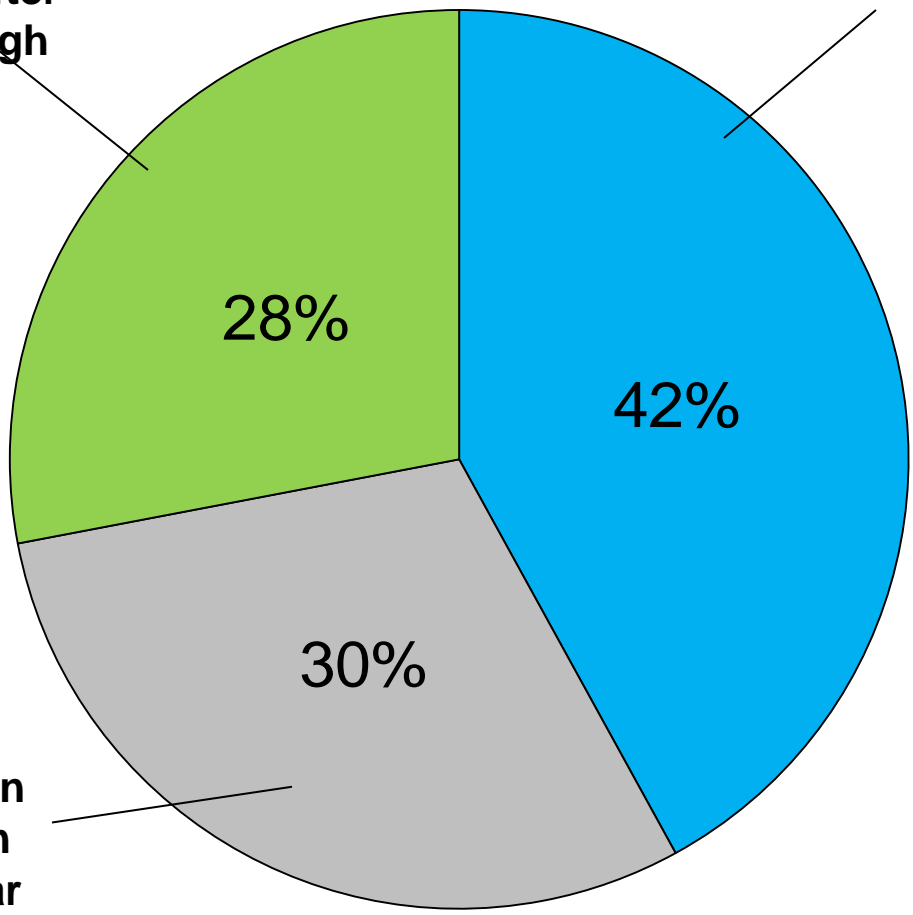


Source: Agency for Healthcare Research and Quality analysis of 2011 Medical Expenditure Panel Survey, September 2014

“High-Cost” Individuals Not a Static Group: 42 Percent Remained High-Cost One Year Later

Episodic High Spending: Lower Spending After Period of High Spending

Persistent High Spending Over Two Years



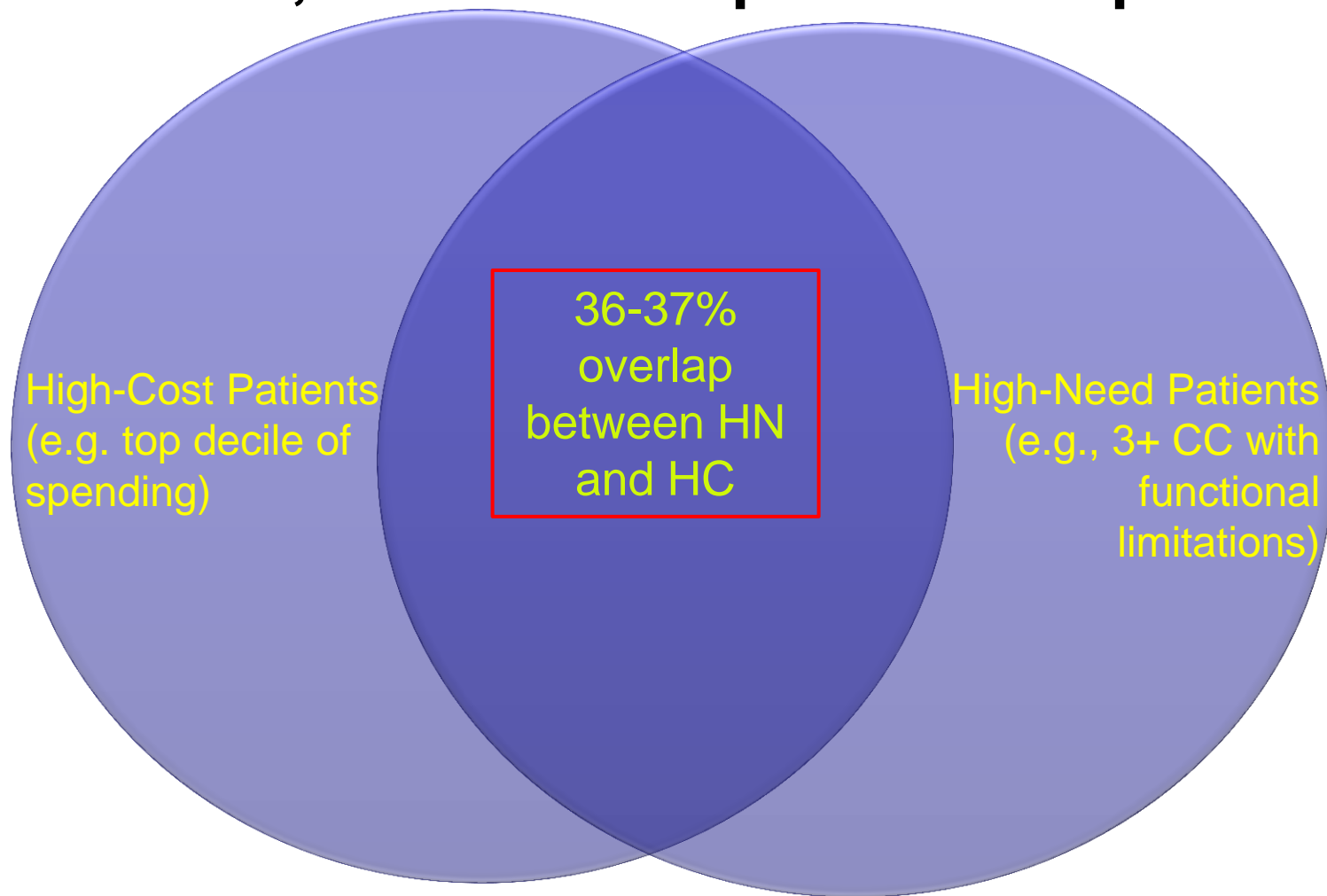
2012 Spending Among Top 10 Decile in 2011

- Stayed in Top 10%
- Fell to 76-90 Percentile
- Fell to Bottom 75%

Some Reduction in Spending in Second Year

Source: Cohen SB. “The Concentration and Persistence in the Level of Health Expenditures over Time: Estimates for the U.S. Population, 2011-2012.” Agency for Healthcare Research and Quality, Statistical Brief #449. September 2014.

Some Correlation Between High-Need and High-Cost, But Not Complete Overlap

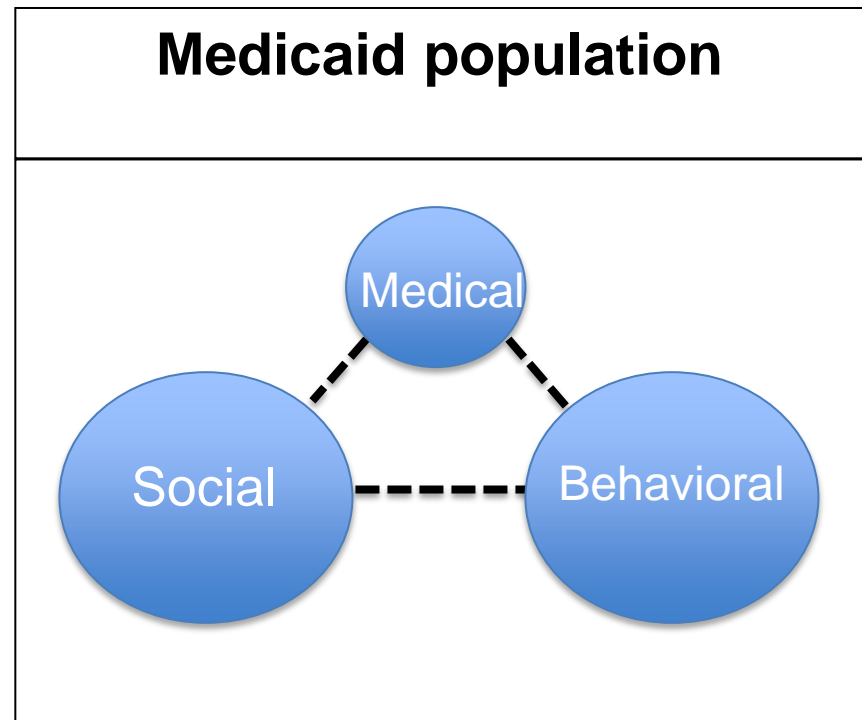
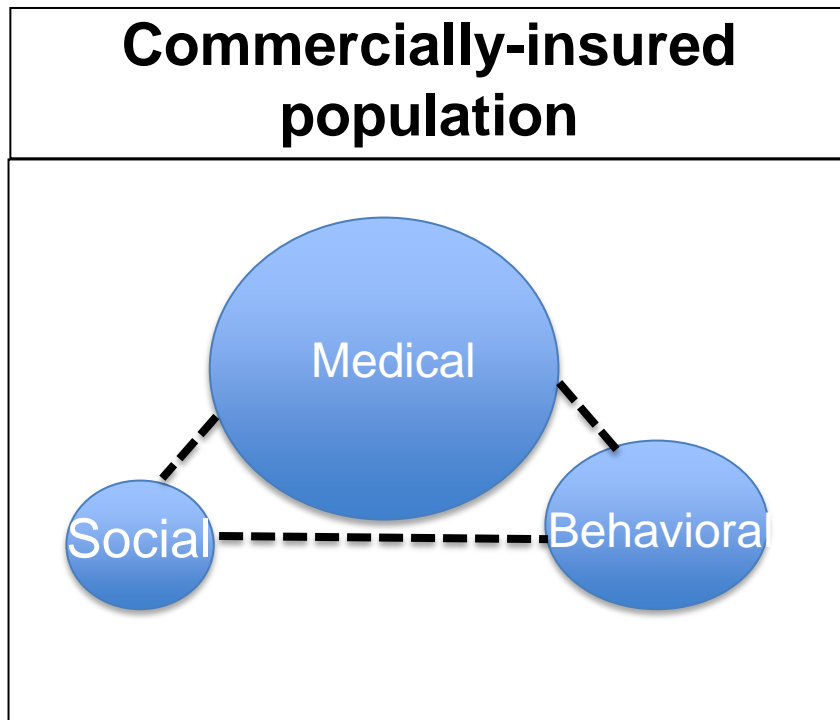


**Opportunity to improve outcomes, lower costs
What's missing? Amenability to change**

Common Attributes of Successful Care Models

Content/Features	Execution/Methods
Targeting individuals	Interdisciplinary teamwork
Comprehensive patient assessment	Care managers
Care planning and patient monitoring	Behavior-change techniques
Patient and caregiver engagement	Standardized processes
Care coordination	Effective use of HIT
Facilitating transitions and referring to community resources	Outcomes measurement
Care according to patients' goals	

Need Holistic Approach



Medical determinants = access, quality, safety, patient-centeredness, integration

Individual behavioral determinants = health risk behaviors, cognitive/coping skills, health literacy

Social environmental determinants = basic needs (housing, food), social support

Commonwealth Fund Work Planned or in Pipeline

- Understanding subgroups/segments of HNHC patients
 - Define and publish core or key segments
- Comprehensive review of promising programs, identifying common strategies that seem to work
- Case studies of promising programs for HNHC patients
- Analysis of Medicare ACOs, Medicaid ACOs, medical homes, Duals plans and demos on HNHC patients
- Case studies of community-level strategies to integrate non-medical services
- Analysis/development of payment models to encourage integration of medical and non-medical services for HNHC patients

Summary and Implications

- High-need population is heterogeneous
- Best opportunity for intervening to improve care for high-need patients lies at the intersection of need, cost and amenability to change
- Many choices/questions about definitions
- Social support and behavioral health services are probably critical
- Many promising programs exist, but substantial challenges to spread and scale

Thank You!



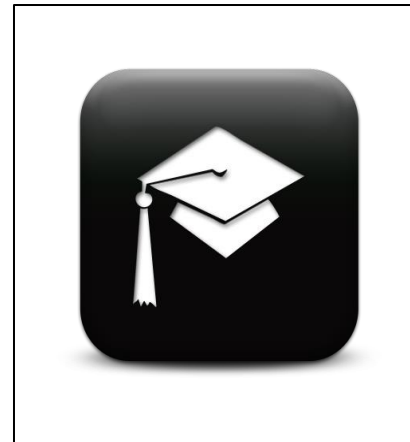
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