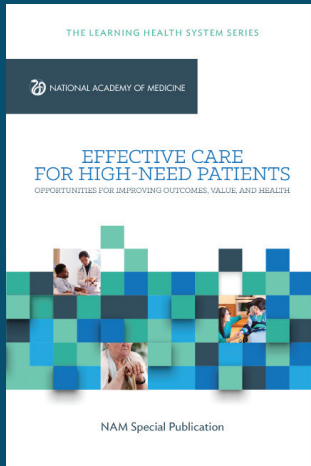


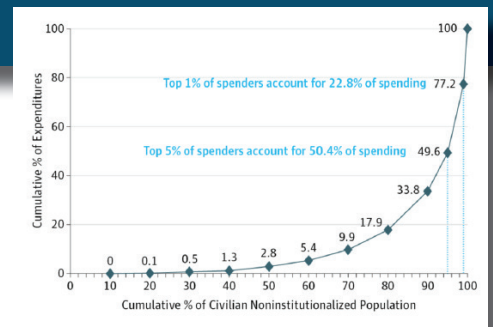
Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health

A Special Publication from the National Academy of Medicine

Key Points



Today, 5% of patients account for nearly half of the nation's spending on health care. To advance insights and perspectives on how to better manage the care of these high-need patients, the National Academy of Medicine, with guidance from an expert planning committee, was tasked with convening three workshops held between July 2015 and October 2016 and summarizing the presentations, discussions, and the relevant literature. What follows is an overview of the key points discussed in the resulting Special Publication, *Effective Care for High-Need Patients: Opportunities for Improving Outcomes, Value, and Health*.

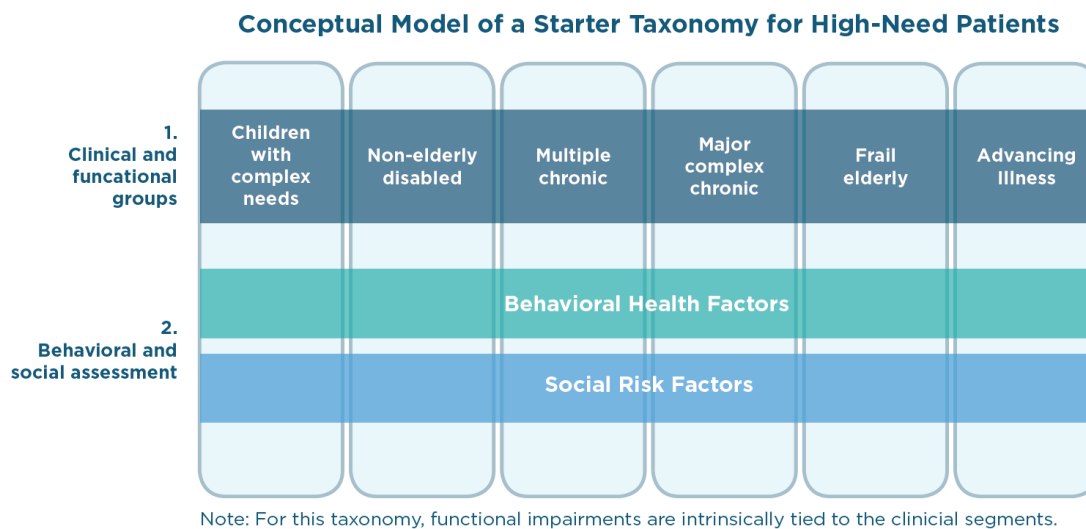


Key Characteristics of High-Need Patients

- To date, there is no consensus on the defining characteristics of high-need patients
- Three criteria that could form a basis for defining and identifying high-need patients include:
 - (1) total accrued health care costs,
 - (2) intensity of care utilized for a given period of time, and
 - (3) functional limitations, such as limitations in activities of daily living (e.g. dressing) or limitations in instrumental activities of daily living that support an independent lifestyle (e.g. housework).
- High-need individuals tend to be disproportionately older, female, white, less educated, publicly insured, have fair to poor self-reported health, and be susceptible to lack of coordination within the healthcare system.
- The needs of this patient population often extend beyond care for their physical ailments to social and behavioral services, which are often of central importance to their overall well-being. Therefore, to improve outcomes for this population, it will be necessary to address functional, social, and behavioral needs, largely through the provision of social and community services.

The Patient Taxonomy and Implications for Care Delivery

- A taxonomy that segments high-need individuals in a health system's population based on the care they need and how often they might need it can help determine how to serve that population more effectively.
- Building on recent scholarly work and the workshop series, an expert taxonomy working group developed a new conceptual starter taxonomy that incorporates functional, social, and behavioral factors into a medically oriented taxonomy.



- To operationalize this taxonomy, patients would first be assigned to a clinical segment, with follow-on assessment of behavioral health issues and social services needs to determine the specific type of services required.
- Additional work is needed to refine the taxonomy and develop an ideal framework that presents holistic guidance on how care and finite resources should be targeted and delivered to improve outcomes and reduce costs for high-need patients. Achieving this requires health information technology systems that support integrated and streamlined data collection.

Care Models that Deliver

- While the success of even the best care model will depend on the particular needs and goals of the patient group a model intends to serve, which varies for different segments of high-need patients, all successful care models should foster effectiveness across three domains: health and well-being, care utilization, and costs.
- Care models that have been shown to be successful share a number of common attributes, which can be organized in an analytic framework with the following four dimensions: focus on service setting, care attributes, delivery features, and organizational culture. Attributes related to each of these dimensions are described in chapter 3 of the Special Publication.
- Using this analytic framework, the planning committee identified fourteen successful care models for high-need patients and cross-referenced those to the segment(s) of the proposed taxonomy that could be served if health systems leaders match the needs of their patients to appropriate models within this “menu” of evidence-based approaches.

Policy to Support the Spread and Scale of Care Models

- A number of barriers currently prevent the spread or sustainability of successful care models including the misalignment between financial incentives and the services necessary to care for high-need patients, health system fragmentation, workforce training issues, and disparate data systems that cannot easily share data.
- While many insurers are starting to embrace value-based purchasing, additional progress in aligning financial incentives and the services necessary to care for high-need patients could be made by combining Medicare and Medicaid funding streams for dual-eligible patients into an integrated benefit and care delivery structure and further supporting and rewarding the seamless integration of medical, social, and behavioral services.
- To improve the organization of care, federal and state governments, working with their local partners, will need to engage in a strategy coordinated to incentivize the provision of evidence-based social support services in conjunction with the delivery of medical services.
- To prepare the workforce, academic health centers and professional societies should develop training and certification opportunities focused on caring for high-need patients, including training on team-based care and care coordination across health and social sectors.
- To ensure that high-quality data and analytics are available to match high-need individuals with specific interventions, coordinated federal, state, and local government initiatives must identify barriers that currently inhibit data flow among the clinicians and organizations treating high-need populations and work to minimize those barriers while respecting patient privacy and data security.

Common Themes and Opportunities for Action

- Improving the care management of high-need patients will require bold policy action and system and payment reform efforts by a broad range of stakeholders at multiple levels.
- Overarching opportunities for action and reform include:
 - Refining the starter taxonomy based on real-world use and experience to facilitate the matching of individual need and functional capacity to specific care programs;
 - Integrating and coordinating the delivery of medical, social, and behavioral services in a way that reduces the burdens on patients and caregivers;
 - Developing approaches for spreading and scaling successful programs and for training the workforce capable of making these models successful;
 - Promoting payment reform efforts that further incentivize the adoption of successful care models and the integration of medical and social services;
 - Establishing a small set of proven quality measures appropriate for assessing outcomes, including return on investment, and continuously improving programs for high-need individuals; and
 - Creating road maps and tools to help organizations adopt models of care suitable for their particular patient populations.

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