OVERVIEW

Today, 5% of patients account for nearly half of the nation’s spending on health care. The needs of this patient population extend beyond care for their physical ailments to social and behavioral services which are often of central importance to their overall well-being.

Improving care management for this population while balancing quality and associated costs is at the forefront of national health care goals. This will require a unified effort from a variety of stakeholders including health systems, payers, policy makers, providers, researchers, patients, and caregivers.

Improving care for high-need patients is not only possible—it also contributes to a more sustainable health system.

What is the role of health systems?
The seven items listed below are opportunities for action that health systems can take to improve and ensure high-quality care for some of our nation’s most vulnerable patients.

WHAT HEALTH SYSTEMS CAN DO

- Work with payers to develop interoperable electronic health records that can include functional and behavioral status and social needs.
- Identify the threshold for targeting programs to those elderly who are frail, since not all elderly need the intensive, coordinated care these programs provide.
- Engage patients and caregivers in design, implementation, and evaluation of care models.
- Work with payers to better identify and target high-need patients and to test new practices and tools.
- Partner with community organizations, including schools and even prisons, as well as with patients, caregivers, and social and behavioral health service providers outside of the health care system to create patient-centered care plans.
- Use established metrics and quality improvement approaches to create an environment of continuous assessment and improvement for these models.
- Assess established culture and promote changes needed to institute new and successful care models, blending medical, social, and behavioral approaches.

CARE ATTRIBUTES OF SUCCESSFUL CARE MODELS

While the details of any given model will be guided by specific conditions, successful care models share many common care attributes. The following is a list of attributes holding the most potential to improve outcomes and to lower costs.

Assessment
Multidimensional (medical, functional, and social) patient assessment.

Targeting
Targeting patients most likely to benefit.

Planning
Evidence-based care planning.

Alignment
Care match aligns with patient goals and functional needs.

Communication
Coordination of care and communication among and between patient and care team.

Training
Patient and care partner engagement, education, and coaching.

Monitoring
Patient monitoring to provide timely feedback to the care team.

Continuity
Seamless transitions across time and settings.

Explore additional resources at nam.edu/HighNeeds