

Patient-Centered Care For High-Need, High-Cost Patients

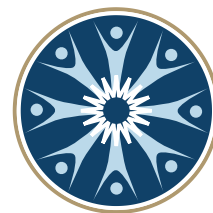
David Blumenthal, MD, MPP

President, The Commonwealth Fund

**OECD Policy Forum on the Future of
Health Care**

Paris, France

January 16, 2017



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Affordable, quality health care. For everyone.

Agenda

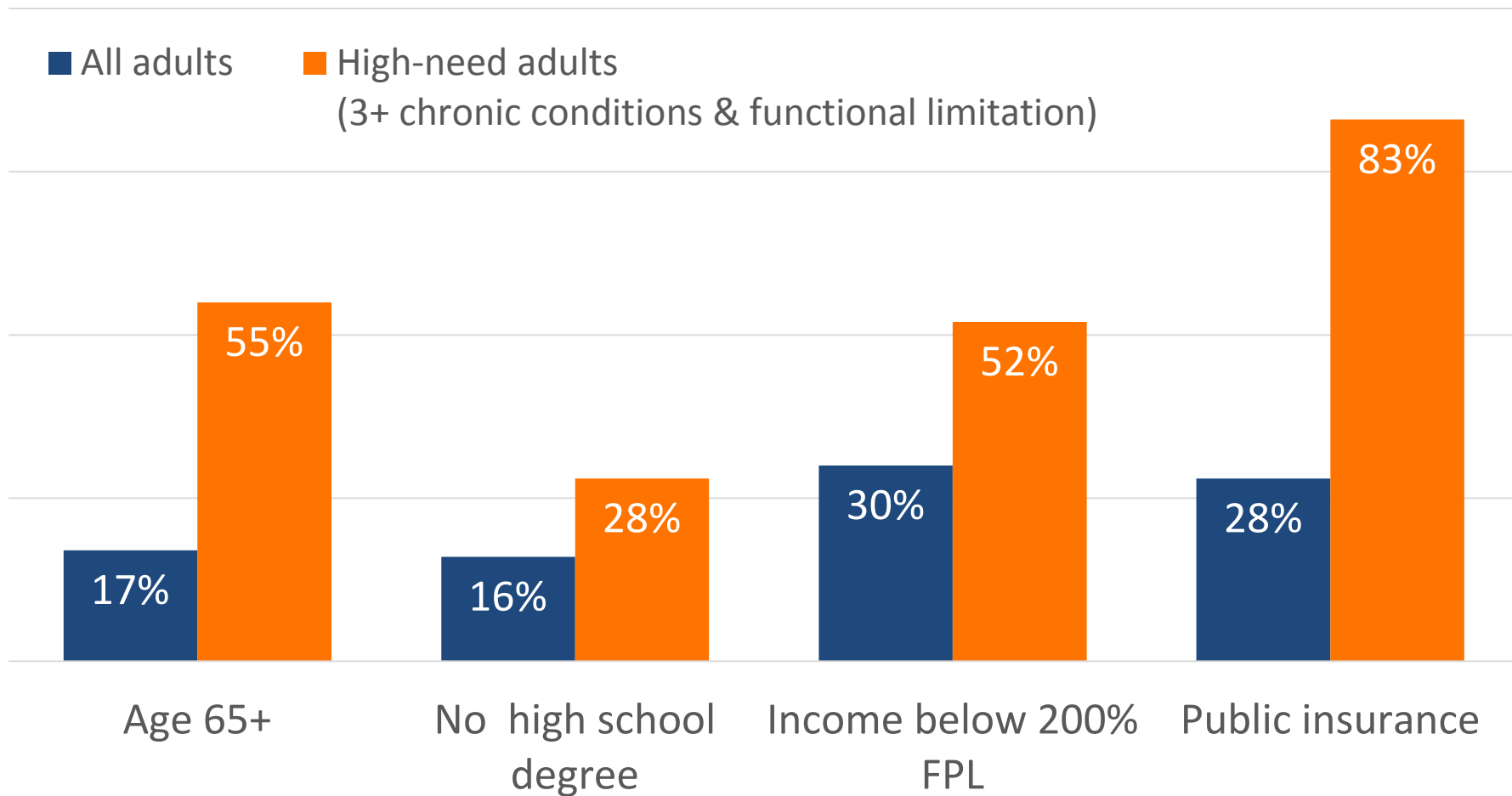
- a) Who is the high-need, high-cost patient?
- b) A patient-centered approach to the high-need, high-cost individual?
- c) The implementation challenge.
- d) Commonwealth Fund agenda.





Who is the high-need, high-cost patient?

U.S. High-Need Adults Tend to be Older, Have Low Socioeconomic Status, and Have Public Insurance



Data: 2009–2011 Medical Expenditure Panel Survey (MEPS).

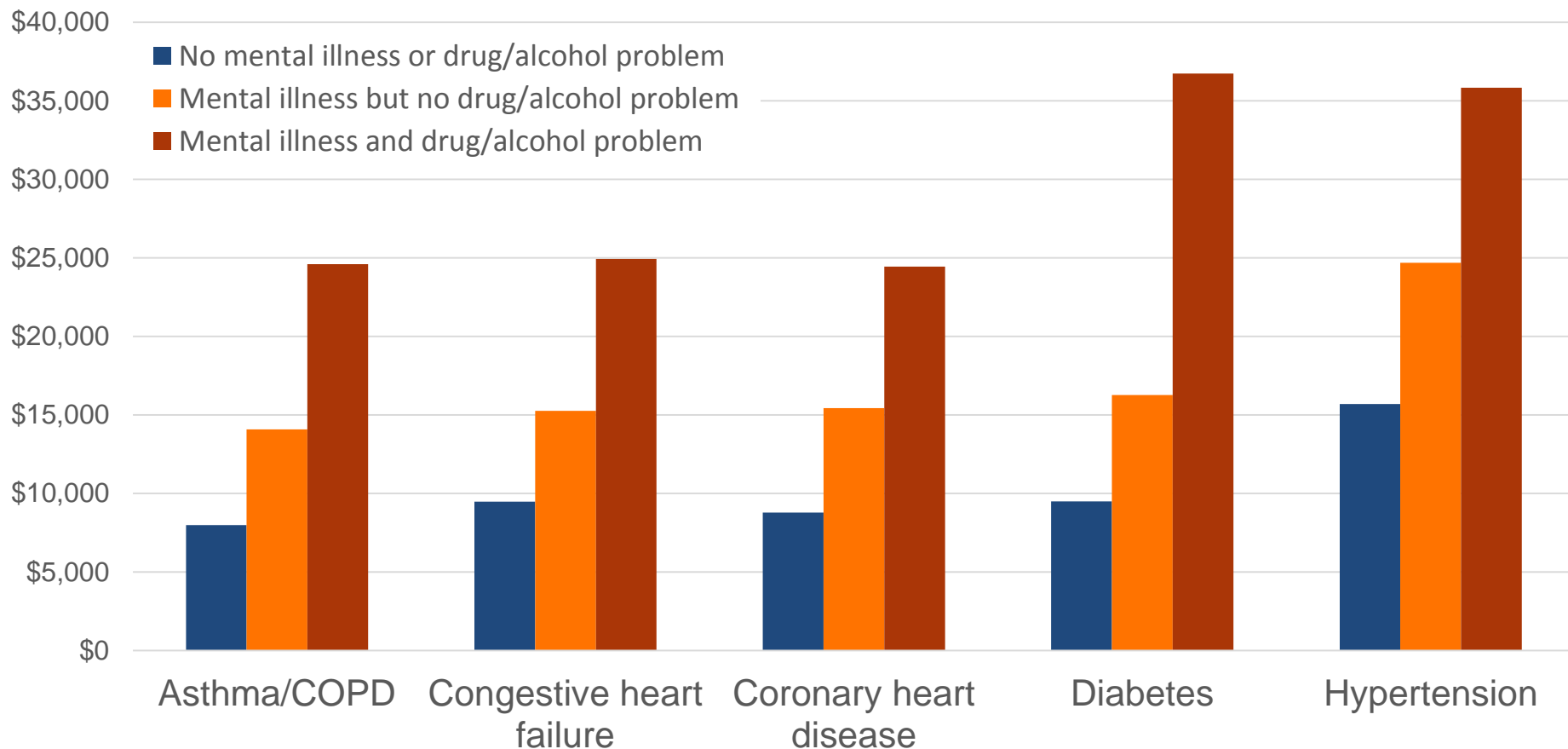
Source: S. L. Hayes, et al., *High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care?*
The Commonwealth Fund, August 2016.



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Behavioral Health Issues are a Key Predictor of High Costs

Average Annual Health Expenditures Among a U.S. Medicaid Population



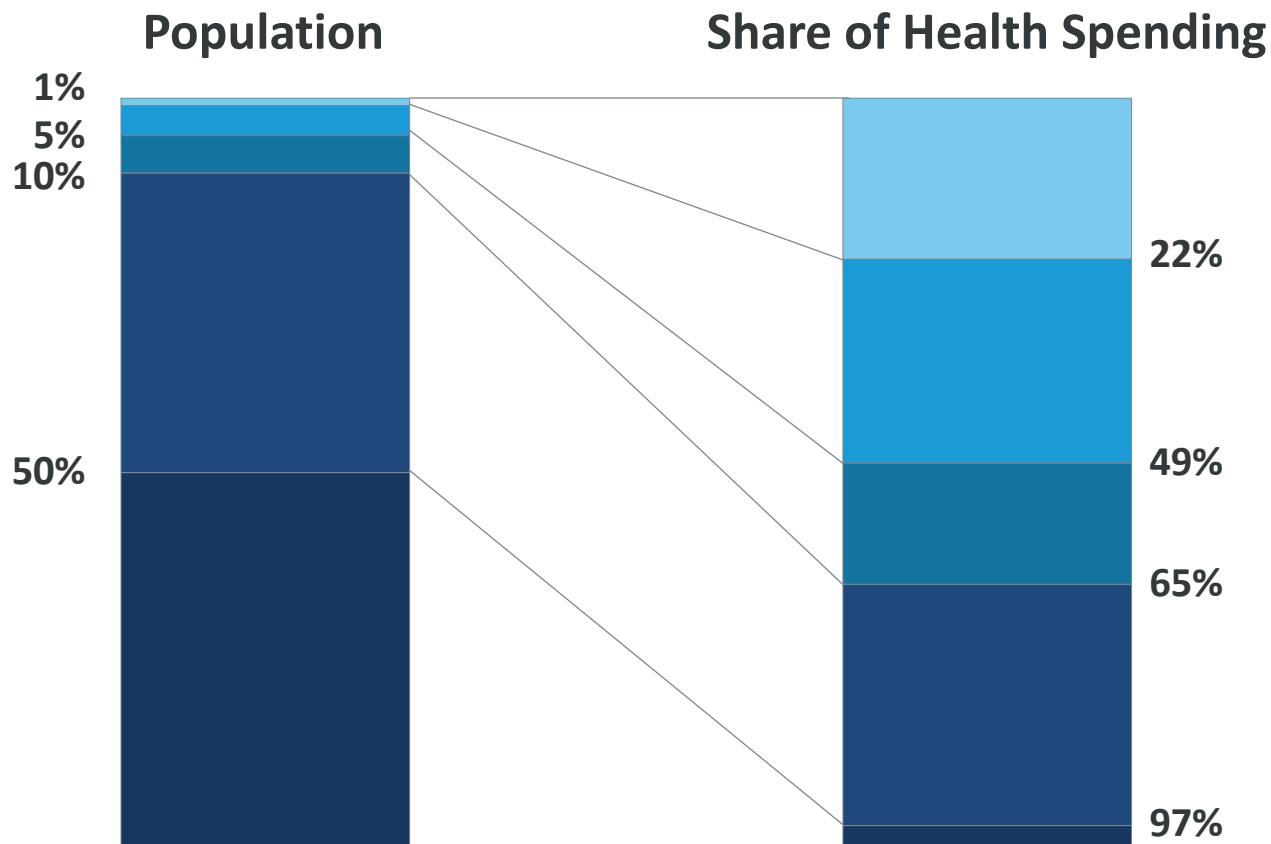
Source: C. Boyd et al. Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations. Center for Healthcare Strategies Data Brief, December 2010.



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In the U.S., Health Care Costs Concentrated in Sick Few—Sickest 5% Account for 49% of Expenses

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2013



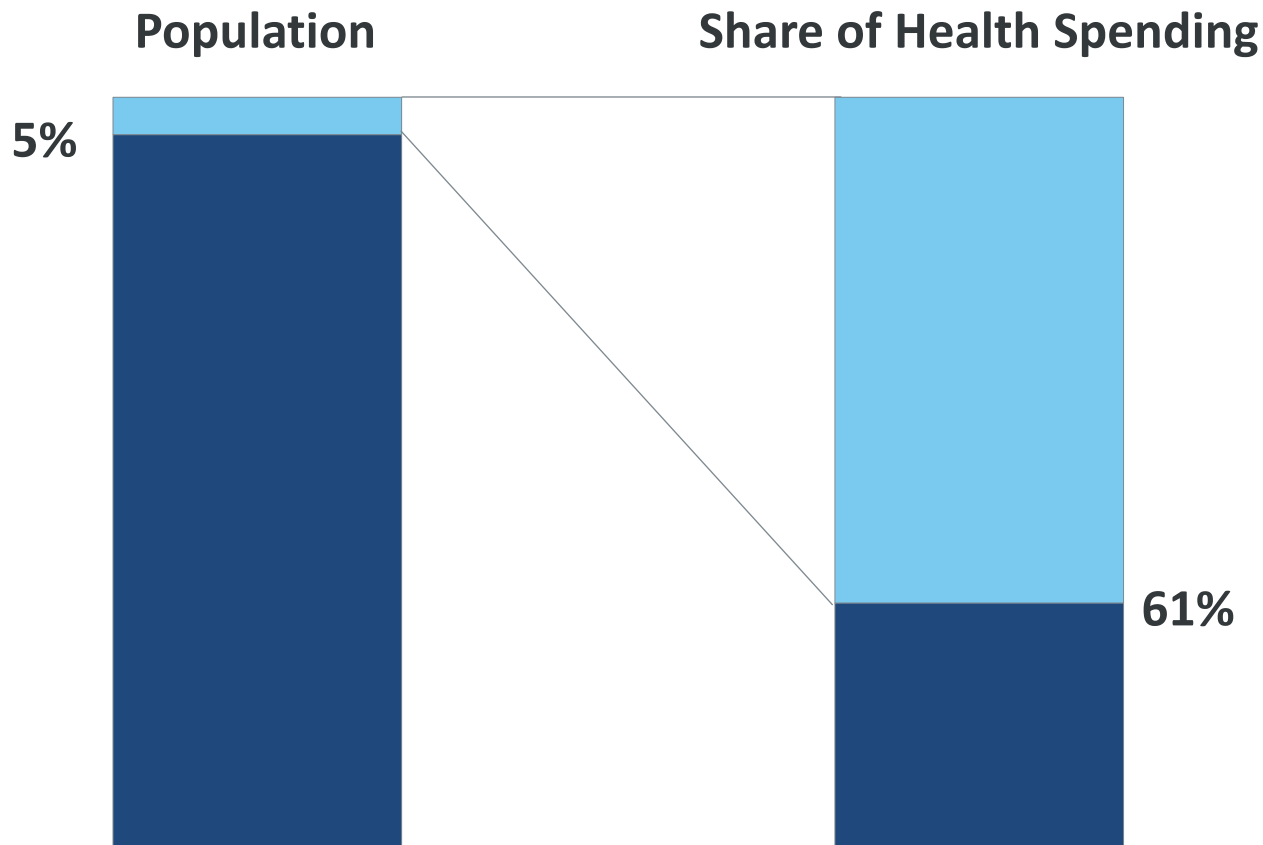
Source: Agency for Healthcare Research and Quality analysis of 2013 Medical Expenditure Panel Survey; MEPS Statistical Brief 480.



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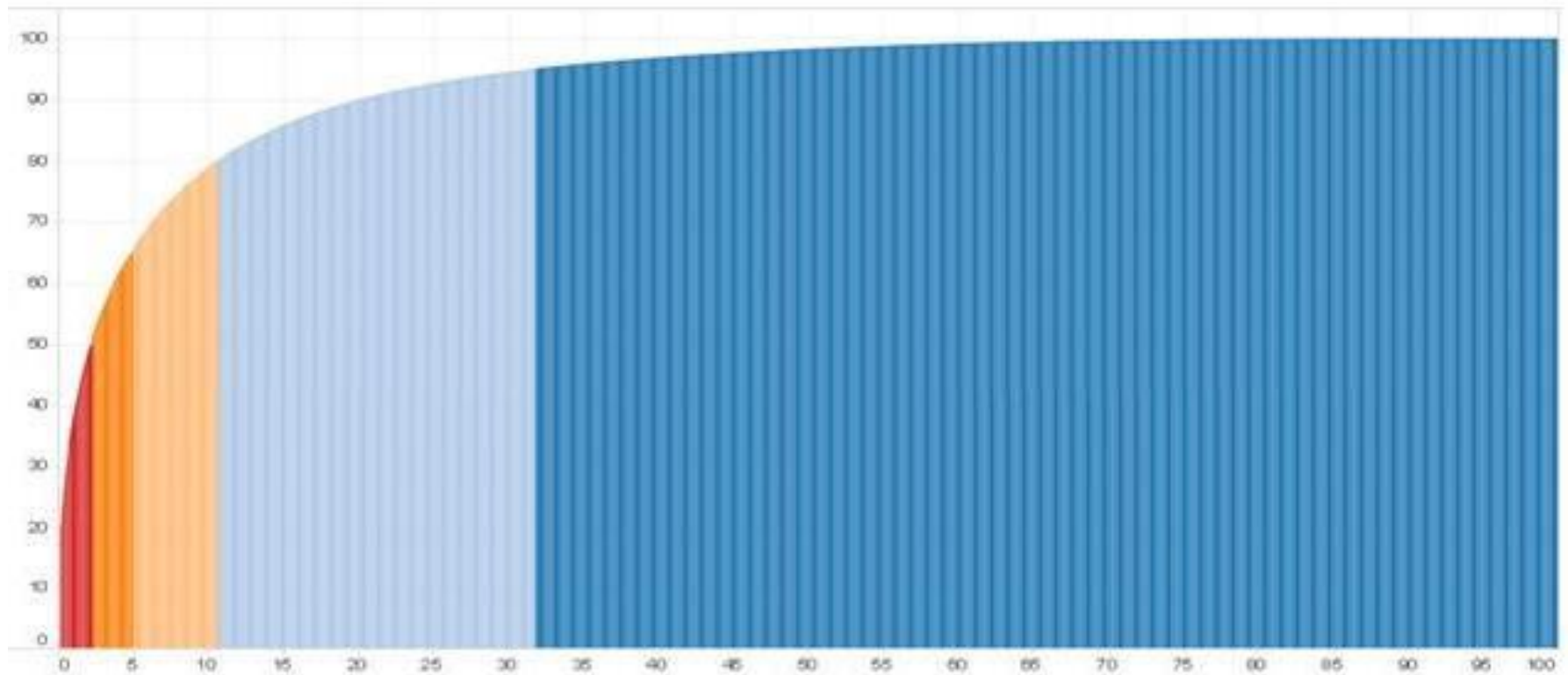
In Ontario, Sickest 5% Account for 61% of Hospital and Home Care Services Expenses

Distribution of hospital and home care expenditures for the Ontario population, by magnitude of expenditure, 2009/10



In Scotland, Sickest 2% Account for 50% of Hospital and Pharmacy Expenses

Share of expenditures (%)



Share of service users (%)

Note: Costs are for hospital and community pharmacy services only.
Source: Correspondence with Health and Social Care Analytical Services.



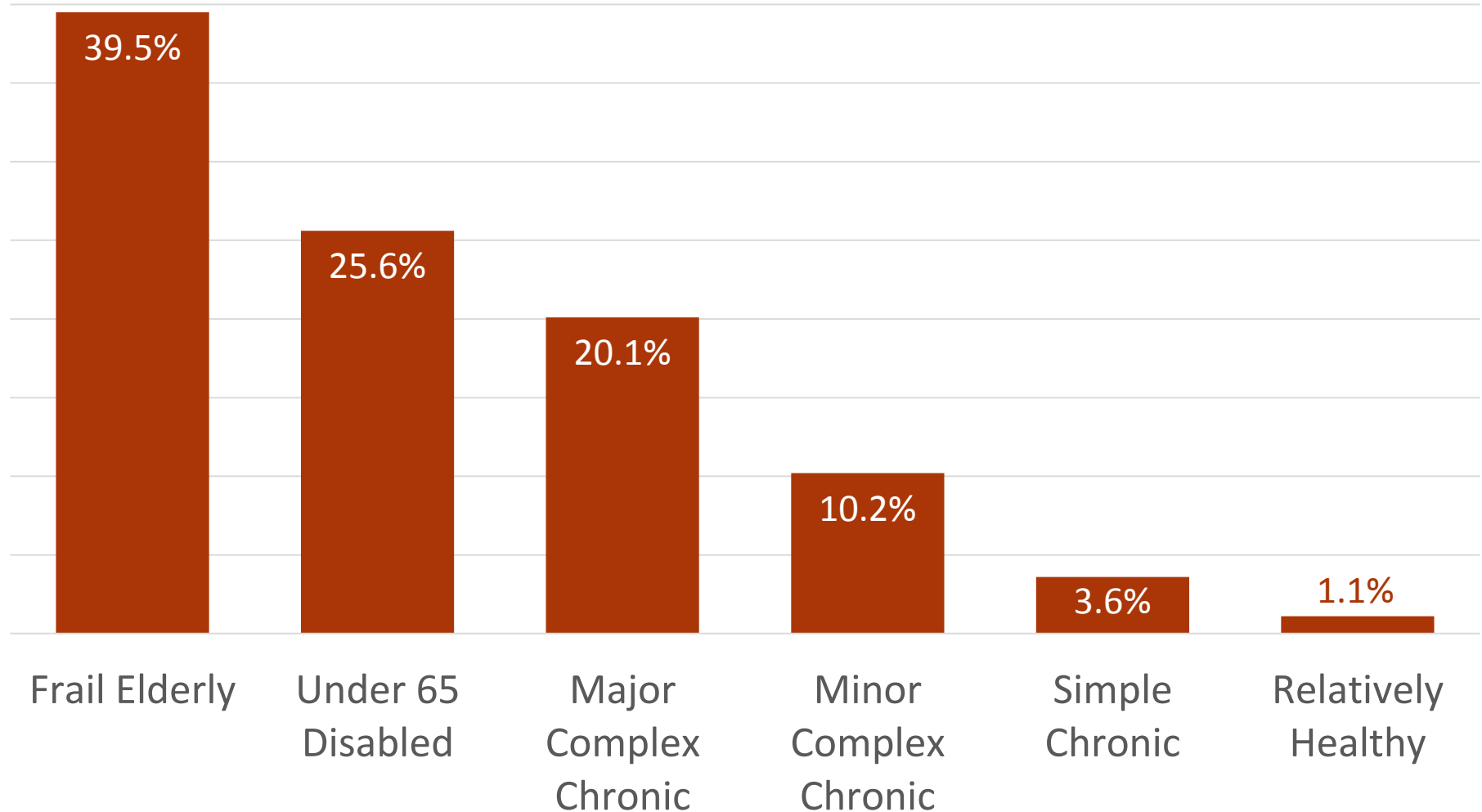
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Getting to Patient-Centeredness

Segmentation Strategies



Segments of High-Cost Patients in U.S. Medicare



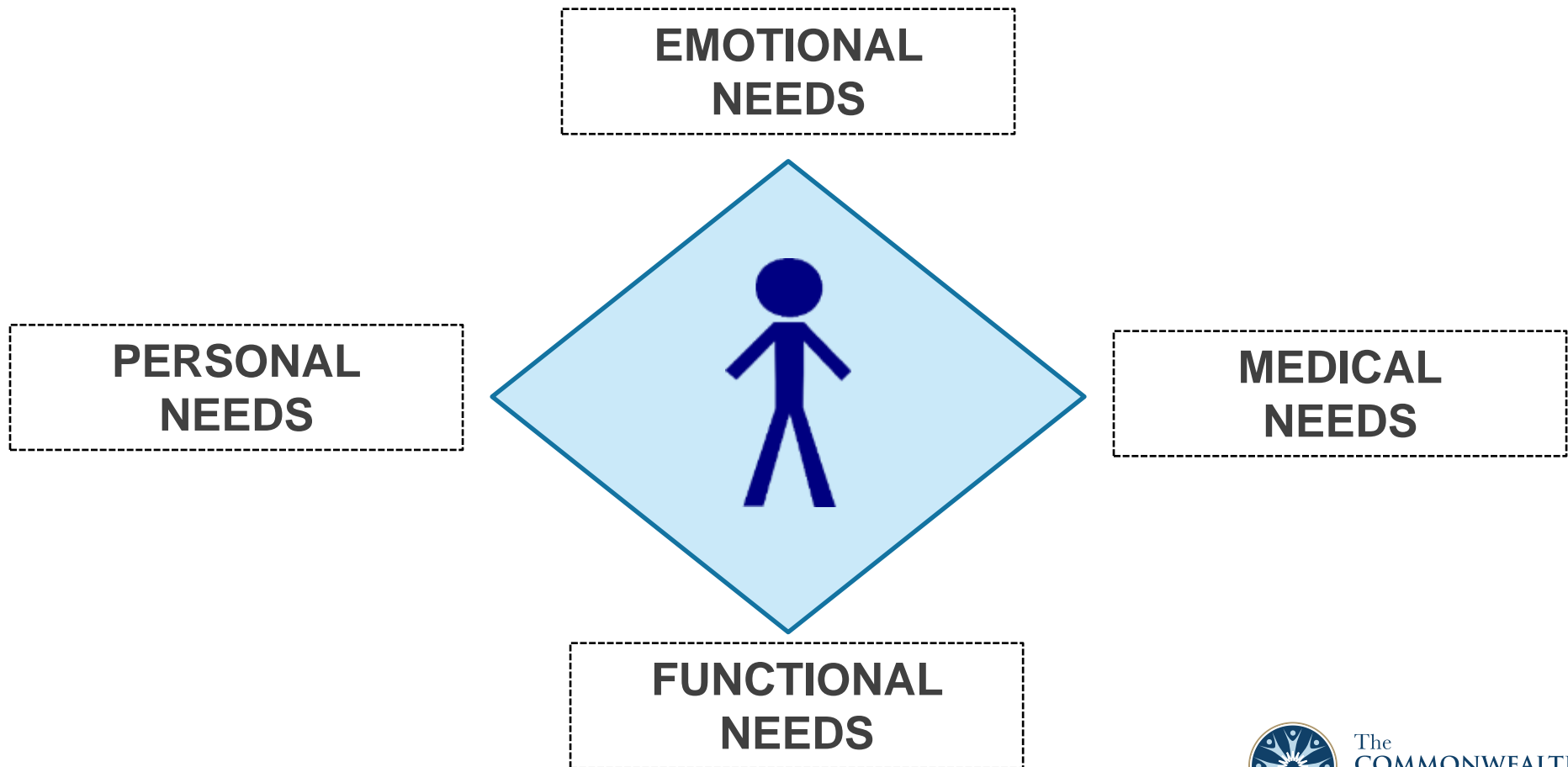
Source: Ashish Jha, analysis of Medicare data.



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Getting to Patient-Centeredness

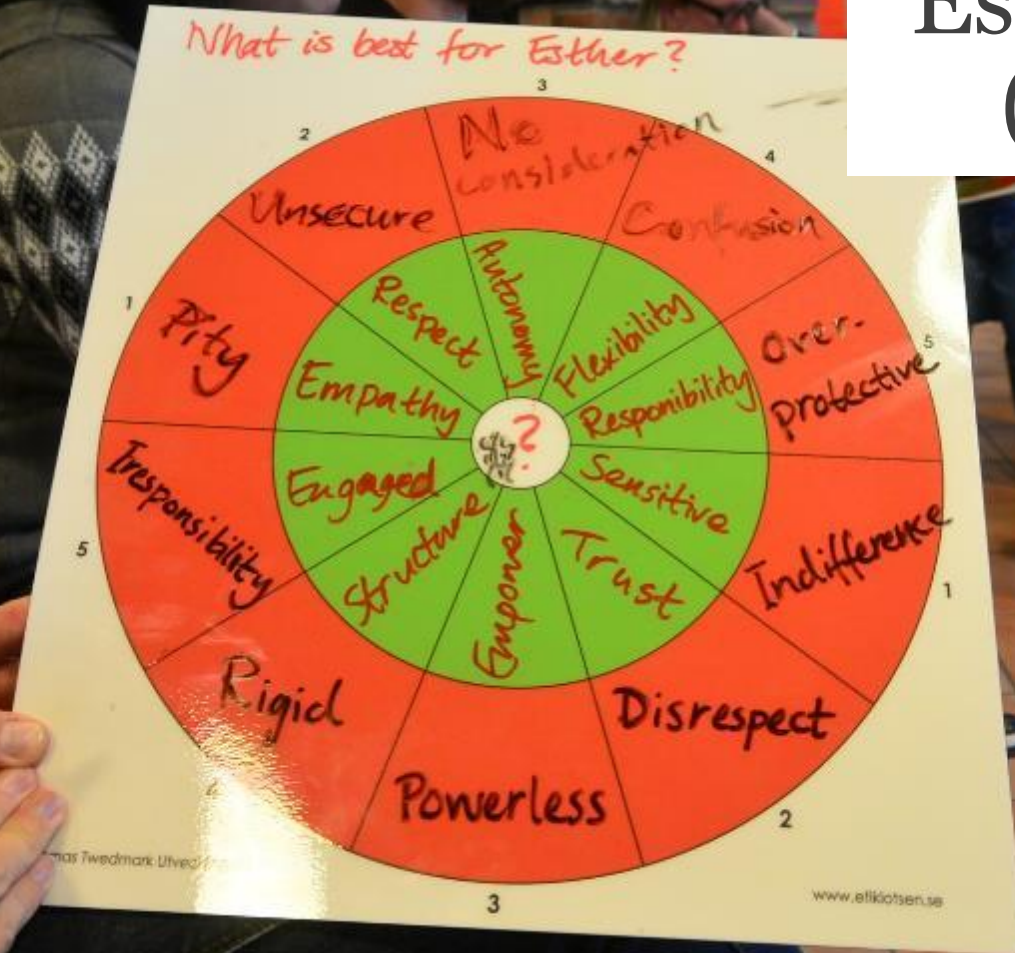
User-Centered Design



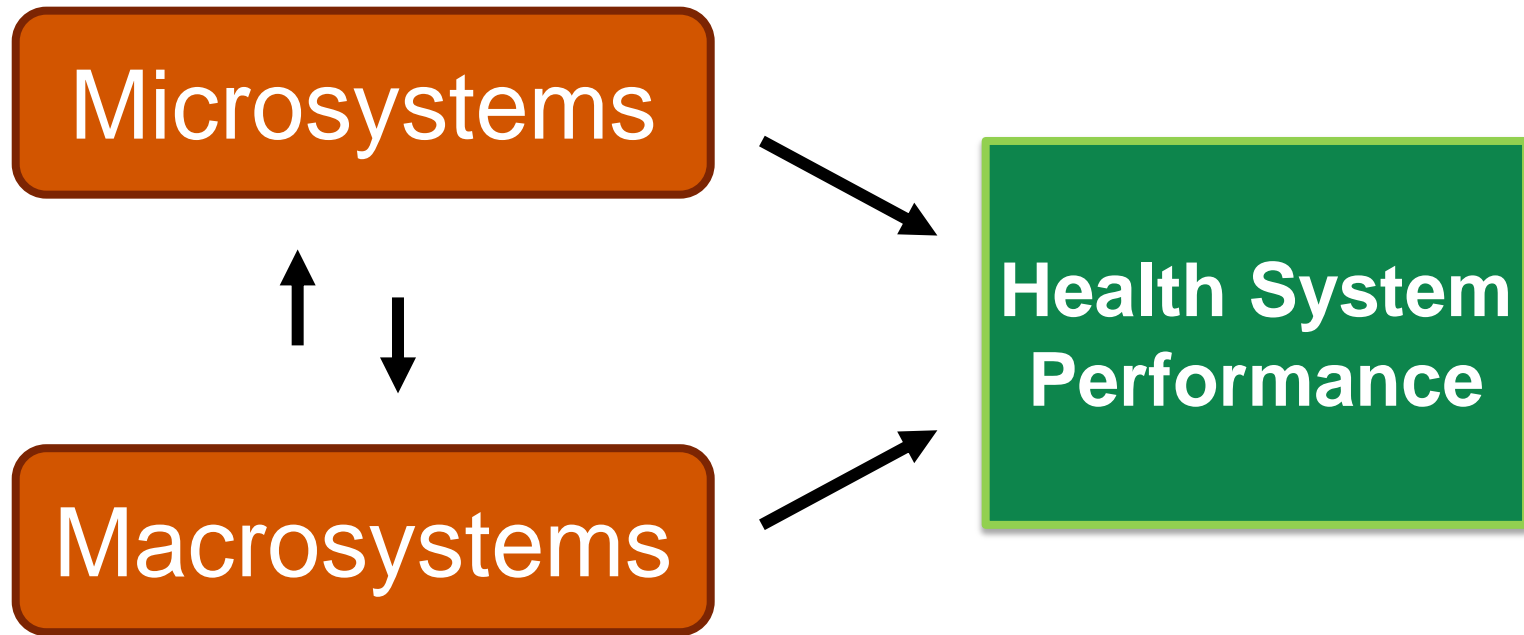


ON LOK
 Lifeways™

Esther Project (Sweden)



Improving Performance



Implementation Challenges

Payment policy

Culture

Macrosystems

Integrating social and
medical services

Workforce



Implementation Challenges

Engage clinical
leaders

Share decision-
making with patients

Microsystems

Support informal
caregivers

Identify at-risk patients



The Commonwealth Fund

- Five Foundation Collaborative.
- Cross-national working group.
- IT-enabled consumer engagement.



The NEW ENGLAND JOURNAL of MEDICINE

Caring for High-Need, High-Cost Patients — An Urgent Priority

David Blumenthal, M.D., M.P.P., Bruce Chernof, M.D., Terry Fulmer, Ph.D., R.N., John Lumpkin, M.D., M.P.H., and Jeffrey Selberg, M.H.A.

Improving the performance of America's health system will require improving care for the patients who use it most: people with multiple chronic conditions that are often complicated by patients'

limited ability to care for themselves independently and by their complex social needs. Focusing on this population makes sense for humanitarian, demographic, and financial reasons.

care system. And financially, the care of HNHC patients is costly. One frequently cited statistic is that they compose the 5% of our population that accounts for 50% of the country's annual health

should avoid stereotypes and oversimplification. For example, some observers mistakenly believe that most HNHC patients are near the end of life. In fact, the population is clinically diverse. Some have multiple chronic conditions that are stable with treatment and will persist for years. Others have extreme functional limitations. Some have mostly severe, persistent behavioral health challenges. Others



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Vision of the Digital Health Advisor



Commonwealth Fund International Experts Working Group on Patients with Complex Needs

- Established in 2014 (with LSE).
- Aims:
 - Learn from international experts.
 - Develop recommendations for policymakers .
 - Identify promising frontline delivery system innovations.
- Product: Ten recommendations for policymakers.

