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

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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

Behavioral Health Issues are a Key Predictor of High Costs

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

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

1% Population

5% Share of Health Spending

10% 22%

50% 49%

97%

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

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

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

<table>
<thead>
<tr>
<th>Segment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frail Elderly</td>
<td>39.5%</td>
</tr>
<tr>
<td>Under 65 Disabled</td>
<td>25.6%</td>
</tr>
<tr>
<td>Major Complex Chronic</td>
<td>20.1%</td>
</tr>
<tr>
<td>Minor Complex Chronic</td>
<td>10.2%</td>
</tr>
<tr>
<td>Simple Chronic</td>
<td>3.6%</td>
</tr>
<tr>
<td>Relatively Healthy</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

Source: Ashish Jha, analysis of Medicare data.
Getting to Patient-Centeredness

User-Centered Design

EMOTIONAL NEEDS

PERSONAL NEEDS

FUNCTIONAL NEEDS

MEDICAL NEEDS

Source: http://www.sagehealthadvisor.com/
Esther Project (Sweden)
Improving Performance

Microsystems

Macrosystems

Health System Performance
Implementation Challenges

- Payment policy
- Culture
- Macrosystems
- Integrating social and medical services
- Workforce
Implementation Challenges

Engage clinical leaders

Share decision-making with patients

Support informal caregivers

Identify at-risk patients
• Five Foundation Collaborative.

• Cross-national working group.

• IT-enabled consumer engagement.
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. 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 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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  o Develop recommendations for policymakers.
  o Identify promising frontline delivery system innovations.

• Product: Ten recommendations for policymakers.