

High Need Patients

An NAM Discussion Series

NIHCM Foundation Webinar

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NATIONAL ACADEMY OF MEDICINE

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- **Peterson Center on Healthcare** (*series sponsor*)
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Who are high need patients?

High cost?

e.g...

- Top 1% accounting for 20% of costs
- Top 5% accounting for 50% of costs

but...

...among highest 10% of spenders in a year, 60% didn't have persistently high spending over a 2 year period.

Long term?

e.g...

...those with serious chronic conditions or multiple co-occurring conditions

but...

...a significant number of patients are only transiently high need—the nature and level of needs change over time

Functional status?

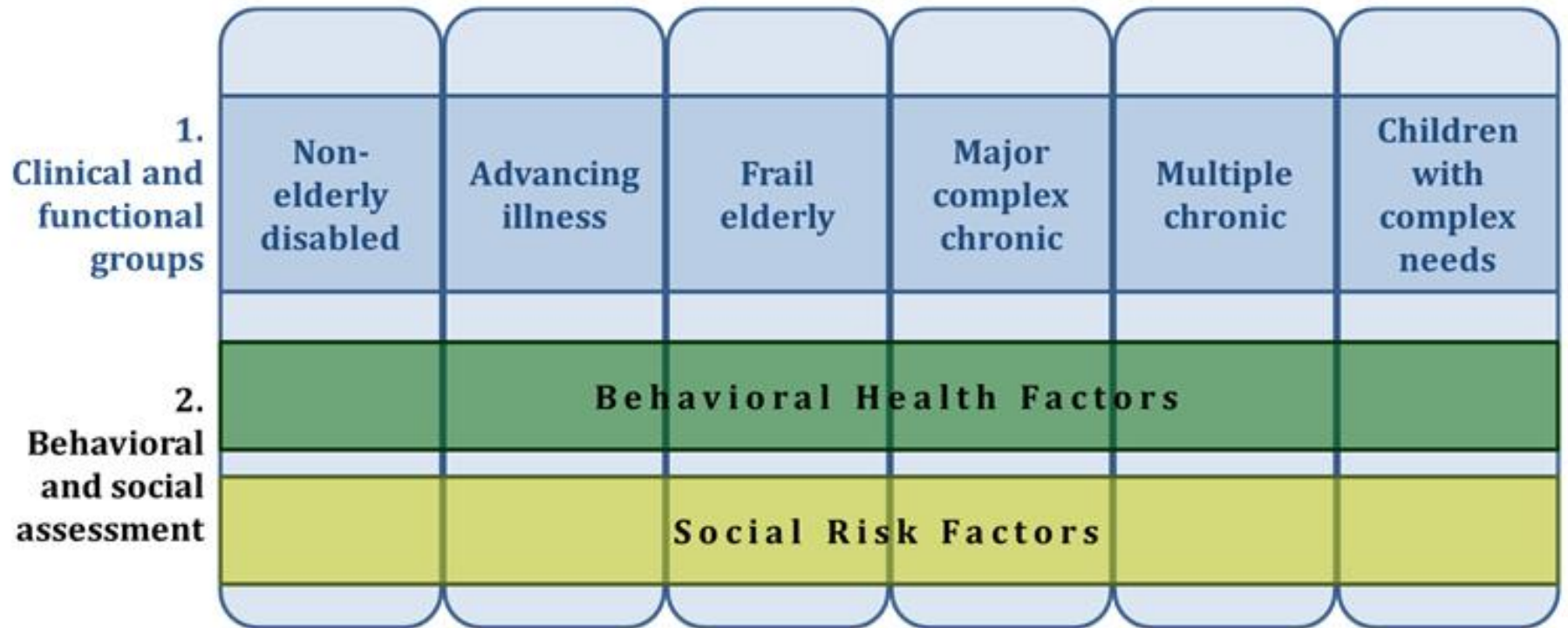
A central determinant of nature/level of need
e.g. variation in physical, mental, emotional needs with

- *Recovery from acute injury or surgery*
- *Condition requiring intensive therapy*
- *Chronic addiction-related impairment*
- *Long-term mobility impairment*
- *Long-term cognitive impairment*
- *Needs at the end of life*

Successful models?

- **Targeting according to level and nature of function**
- **Tailoring requirements: care attributes, service setting, delivery features, organizational culture**
- **Social services factored centrally into patient and care-partner specific needs**
- **Service linkages among health care system, social, economic, and behavioral programs**
- **Payment alignment**

A taxonomic schematic



Sample crosswalk

Program \ Matched Group	Non-elderly disabled		Advancing illness		Frail elderly		Major complex chronic		Multiple chronic		Children w/ complex needs	
		w/Social & Behavioral Factors		w/Social & Behavioral Factors		w/Social & Behavioral Factors		w/Social & Behavioral Factors		w/Social & Behavioral Factors		w/Social & Behavioral Factors
Care Management Plus				X				X				
Commonwealth Care Alliance	X											
Complex Care Program at Children's National Health System											X	
GRACE								X				
Guided Care							X			X		
Health Quality Partners							X			X		
Health Services for Children with Special Needs												X
Hospital at Home			X									
H-PACT		X										
IMPACT						X				X		
Massachusetts General Physicians Organization Care Management Program							X				X	
MIND at home						X						
Naylor Transitional Care Model (Penn)					X							
PACE					X							

Next steps?

- **Spread and scale successful care models**
- **Integration of social support and medical care**
- **Train clinicians on the unique challenges of high-need patients**
- **Promote value-based payment & measure for quality**
- **Create opportunities for and action from stakeholders**