

MODELS OF CARE FOR HIGH-NEED PATIENTS – WORKSHOP #3 A National Academy of Medicine Workshop Series

...funded by the Peterson Center on Healthcare

Meeting Highlights

This document provides a summary of key themes, remaining questions, and emerging principles for developing a typology for high-need patients and assigning effective care models. These reflections represent a synthesis of discussions from workshop #3. Reflections from Workshops #1 and #2, as well as more detailed proceedings of those events, are available via the NAM website. In addition, a final workshop series report will be produced after the conclusion of the project.

Meeting objectives:

1. **Examine tools to improve care delivery for high-need patients.** *Discuss a patient “taxonomy” matched to care models with the most potential to improve outcomes and lower costs, and the use of measures to enhance care delivery.*
2. **Advance policy to support better care for high-need patients.** *Consider a policy-level approach and other insights to support and accelerate the spread and scale of effective care models.*
3. **Synthesize and identify future opportunities.** *Provide a synthesis of the three-part workshop series and identify approaches and priorities for advancing progress.*

Key themes and considerations from workshop #3:

- In the two years since the germination of this collaborative project, the understanding of and set of approaches to care delivery—in general but specifically for high-needs patients—has changed dramatically.
- The high-need patient population is diverse, complex, expensive, and transient.
 - Our understanding of the transient nature of this population and how it should be taken into consideration when developing care delivery models could still be improved.
- One size doesn’t fit all when it comes to caring for high-need patients. We need to strike a balance between standardized and customized approaches to care.
- Segmenting patients is one tool to target care, and it should be tested in more real-world settings in conjunction with care models that have been shown to work.
 - This could mean identifying populations of high-needs patients for which coverage is adequate or lacking.
- The solutions (e.g., tools, data, care models, policies) must extend beyond medical because social and behavioral factors are essential to address and may be more impactful on the health of a high-need patient.
 - Some solutions can and should consider medical care to be a support for social and behavioral services, instead of the other way around.
- To be actionable, policy solutions must account for existing system constraints and complexities (e.g., integration of medical + social services, financing of care models).
 - Solutions must also engage all aspect of care delivery, such as providing mental health support for home health aides and family caregivers.
- Quality measures have proliferated and may be burdensome to health systems.
 - A re-evaluation of which (limited) set of measures are necessary to determine quality in specific circumstance would greatly benefit not only program administrators and regulators, but also systems, payers, and providers.

Future actions

Long-term

- Conduct more research and acquire better data to bolster the evidence base for care models and care model attributes that work for specific subpopulations of high-need patients.
- Overcome major policy barriers to broad implementation of what we already know does work.

Short-term

- Health systems can work with payers to better identify and target high-need patients and test new practices (i.e., taxonomy).
- Payers can actively support the adoption of evidenced-based, successful care models (or specific elements).
- Policymakers and payers can continue progress toward a value-based system, using alternative payment models (including those that work within FFS structures) to support more effective care for high-needs patients.

Takeaways from a proposed patient typology and promising care models:

- A “medical approach” taxonomy has limitations, but is a feasible starting point for most health systems or payers, given the availability of data.
- Functional status can be “baked in” to the various medical segments and used as a determining aspect of segmentation.
- Social risk factors and behavioral health considerations span all clinical/functional segments.
- The taxonomy workgroup determined a limited set of both social risk factors and behavioral health variables by considering the literature, expert insight, and the impact that the addition of a variable would have on the selection of a segment or care model.
- A patient taxonomy is a highly dynamic and interactive tool.
 - A single individual could easily move between various segments as their health—and therefore care needs—changed over time.
- There are a number of effective care models for high-need patients with good evidence.
 - Care coordination is touted as an essential element.
- The matching exercise demonstrated that individual care models (e.g., PACE, IMPACT) can be targeted to specific patient groups based on characteristics and needs.
- Across successful care models, there is a seemingly broad consensus on universal attributes.
 - These attributes could be used to match care to specific segments.
- With a patient taxonomy and “menu” of evidence-based care models, health systems would be better equipped to plan for and deliver targeted care based on patient characteristics, needs, and challenges—and to identify gaps in their ability to deliver care for specific subpopulations.

Takeaways from policy opportunities for spread and scale of care models:

- There are five areas where policy changes could accelerate their widespread adoption and sustainability: (1) Integration of social supports; (2) Care delivery and workforce; (3) Payment policy; (4) Quality measurement; and (5) Data infrastructure.
 - In particular, better integration of medical and social services is crucial to better outcomes for high-need individuals.
- Many systems do not scale because specifics of the models are not considered, such as the adaptations away from ideal conceptualizations to meet the on-the-ground realities or interpersonal dynamics and the role of leadership in success.
- Policies need to be both politically and financially viable to move forward—though at times it is imperative to push an important policy forward in spite of viability considerations.
- Federal structures such as the Medicare-Medicaid Coordination Office can serve an important role in bridging across many different sectors and populations.
- Policies need to take both the state and the federal perspectives into consideration in order to be broadly adopted.

Takeaways from the use of measures in payment to enhance care:

- Measures can be useful in determining longitudinal trends for individuals or models when implemented correctly.
- Over-customization of measures to particular programs creates additional burdens for care teams and disincentives to adoption.
- Tying incentives to particular measures simply because they can be measured can over-weigh the importance of those aspects of care in comparison to elements that are less easily quantified.

Workshop Planning Committee

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