

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. Current economic and payment models oriented to individual conditions lead to inefficiencies and deficiencies in care processes that have particular impact on high-need patients, who often have a diverse array of conditions. Moreover, care models for high-need patients incur high, ongoing costs, and the long-term financing of these models must be considered when identifying policy solutions.

What is the role of payers?

The six items listed below are opportunities for action that payers can take to improve and ensure high-quality care for some of our nation’s most vulnerable patients. Payers can continue progress toward a value-based system using alternative payment models, including those that work within fee-for-service structures, to support more effective care for high-need patients. It is essential to create a policy and regulatory environment built around payment models that incentivize coordinated care and support the integration of clinical care and social services.

WHAT PAYERS CAN DO

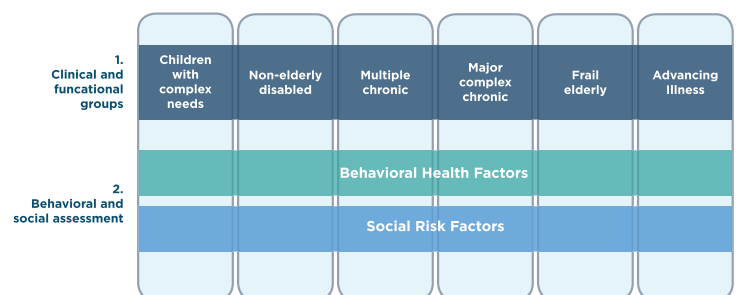
- ✓ Actively support the adoption of care models or specific elements of models that research has shown to be effective at improving care for high-need patients.
- ✓ Lead efforts to identify and share information about high-need patients and the potential for different models to positively affect the care of those populations.
- ✓ Work with policy makers to continue progress toward a value-based system, using alternative payment models, including those that work within a fee-for-service structure, to support more effective care for high-need patients.
- ✓ Support recognition, training, and education for patients and caregivers as part of care teams.
- ✓ Expect that return on investment for most models of care for high-need patients will take time and that a return in 2 to 3 years is unlikely.
- ✓ Develop financing models to provide social and behavioral health services that will both improve care and lower the total cost of care for high-need patients, recognizing that even cost-neutral programs are worth supporting if the outcome is positive for patients.

STARTER TAXONOMY FOR HIGH-NEED PATIENTS

A taxonomy that segments high-need individuals in a health system’s population based on the care they need and how often they might need it can help determine how to serve that population more effectively.

This starter taxonomy can provide guidance to payers on how to embed social risk factors, behavioral health factors, and functional limitations in care and payment for high-need patients. A formal taxonomy can ideally inform the development of care plans and the allocation of resources to the interventions, assisting in a threefold aim to improve the care match with patient goals, improve patient outcomes, and improve the efficiency of care delivery.

Conceptual Model of a Starter Taxonomy for High-Need Patients



Note: For this taxonomy, functional impairments are intrinsically tied to the clinical segments.

Examples of effective care models can be found at nam.edu/HighNeeds