

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. This will require a unified effort from a variety of stakeholders including health systems, payers, policy makers, providers, researchers, patients, and caregivers.

Improving care for high-need patients is not only possible—it also contributes to a more sustainable health system.

What is the role of the research community?

The five items listed below are opportunities for action that the research community can take to improve and ensure high-quality care for some of our nation’s most vulnerable patients.

WHAT THE RESEARCH COMMUNITY CAN DO

- ✓ Gather better data for care models that work, including the effective integration of social and behavioral health services.
- ✓ Develop and test a parsimonious set of metrics for measuring outcomes and return on investment for models of care.
- ✓ With the involvement of patients, caregivers, and other key stakeholders, continue research on approaches for identifying and segmenting high-need patients in practice settings and matching those individuals with successful care models.
- ✓ Identify the best models of care coordination, workforce training, and education for caregivers.
- ✓ Study effective culture change implementation techniques to promote spread and scale of successful care models.

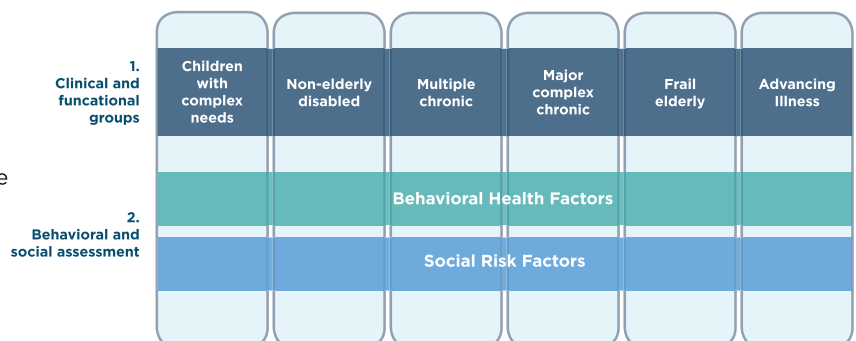
STARTER TAXONOMY FOR HIGH-NEED PATIENTS

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.

Building on recent scholarly work, an expert taxonomy working group convened by the National Academy of Medicine developed a conceptual starter taxonomy for high-need patients that incorporates functional, social, and behavioral factors. This starter taxonomy can provide guidance for health system leaders and payers on how to embed social risk factors, behavioral health factors, and functional limitations in a taxonomy for high-need patients.

Additional work is still needed to refine the taxonomy and operationalize it. With the involvement of patients, caregivers, and other key stakeholders, researchers can continue to help refine the taxonomy as new data becomes available and new findings are developed.

Conceptual Model of a Starter Taxonomy for High-Need Patients



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

Explore additional resources at nam.edu/HighNeeds