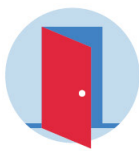


Improving Care for High-Need, High-Cost Patients

A new generation of payment and delivery system reforms are aimed squarely at enhancing the value of U.S. health care. Much focus has been on a subset of the population referred to as high-need, high-cost patients. These patients are defined as adults who have three or more chronic diseases and functional limitations in their ability to care for themselves or perform routine daily tasks. High-need patients account for a disproportionate share of the nation's disease and health care spending.

Hospitals and health systems are leading interventions to address these patients' needs. Improving care for high-need, high-cost patients is aligned with the American Hospital Association's (AHA) work in population health. This work is guided by the AHA's Path Forward and its commitment to Advancing Health in America, which includes access, value, partners, well-being and coordination.



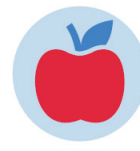
Access: Access to affordable, equitable health, behavioral and social services



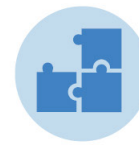
Value: The best care that adds value to lives



Partners: Embrace diversity of individuals and serve as partners in their health



Well-being: Focus on well-being and partnership with community resources



Coordination: Seamless care propelled by teams, technology, innovation and data

Source: American Hospital Association, 2017.

To learn more about the Path Forward, visit <http://www.aha.org/about/pathforward.shtml>

Overview

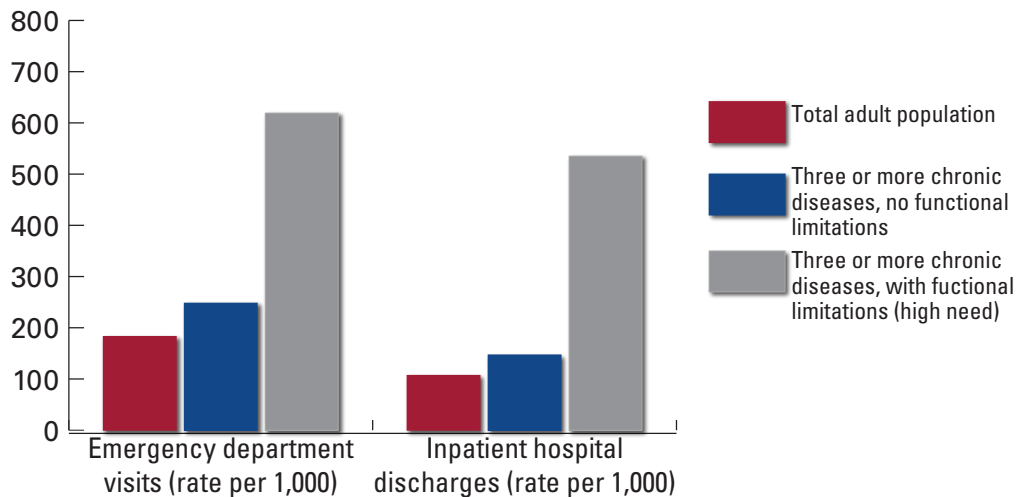
It is estimated that 5 percent of U.S. patients account for nearly half of the country's health care expenditures.¹

Much of this spending is driven by high-need patients—approximately 12 million adults.² This group's health care costs average \$21,000 per person per year, more than four times the national average. About four in five of these patients report that their health is fair or poor.³

Health care utilization rates among this population are high. High-need patients are five times more likely to be discharged from the hospital and three times more likely to visit the emergency department compared to the general adult population⁴ (see Figure 1).

High-need, high-cost patients visit the doctor more frequently and on average use more paid home health care days.⁵ They also are more likely to report worrying

Figure 1. High-need, high-cost adults have more emergency department visits and hospital stays



Source: The Commonwealth Fund, 2017.

about material hardships, such as affordable housing or access to nutritious meals, compared to other adults. These realities highlight the need for effective interventions that span care settings and address social determinants of health.

Strategies

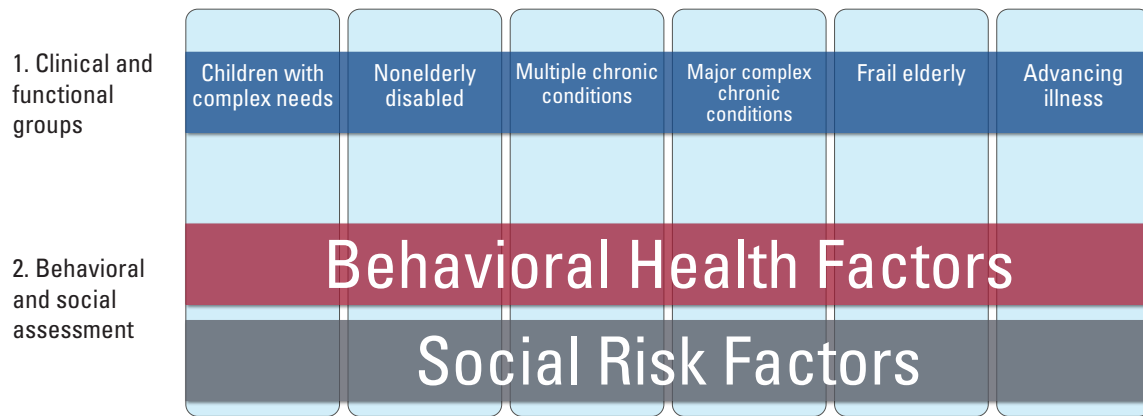
There is no one-size-fits-all solution to improve care for high-need, high-cost patients. While this population is disproportionately older, female, less educated, low income, and publicly insured, it is by no means homogeneous. Recent work by the National Academy of Medicine highlights the diverse medical, behavioral and social needs of high-need, high-cost patients⁶ (see Figure 2). A variety of team-based approaches are needed to engage these patients across the continuum of care and address underlying behavioral and social risk factors.

The Health Research & Educational Trust (HRET), an AHA affiliate, is working to develop and identify a portfolio of

promising strategies that benefit the high-need, high-cost population. Examples of how AHA, HRET and other thought leaders are improving care for these patients include:

- » **High-need, high-cost resource library.** HRET's [high-need, high-cost resource library](#) consists of case studies, toolkits, guides and best practices gathered from hospital and health system leaders across the U.S. These resources address the top 10 clinical categories among high-need, high-cost patients, from behavioral health to cardiology to diabetes.
- » **Better Care Playbook.** The [Better Care Playbook](#), sponsored by five foundations in partnership with the Institute for Healthcare Improvement, outlines strategies to improve care for patients with complex needs. Extensive online resources, including detailed care models, were developed with health system leaders, payers and policymakers in mind.

Figure 2. High-need, high-cost patient taxonomy



Source: National Academy of Medicine, 2017.

- » **Age-friendly health systems.** In collaboration with the John A. Hartford Foundation and Institute for Healthcare Improvement, the AHA is supporting an [age-friendly health systems](#) model. The ultimate goal is to spread an evidenced-based prototype to 20 percent of U.S. hospitals and health systems by 2020. Such efforts are particularly relevant for high-need, high-cost patients, who are more likely to be elderly.
- » **High-reliability organizations.** With funding from the Centers for Medicare & Medicaid Services, HRET continues improving patient safety through its [Hospital Improvement Innovation Network](#) (HIIN). The HIIN is part of ongoing efforts to reduce all-cause inpatient harm by 20 percent and readmissions by 12 percent by 2019. Given their high rates of hospitalization,

high-need, high-cost patients will benefit from improvements in patient safety.

- » **Social determinants of health series.** HRET, together with the Association for Community Health Improvement, is supporting hospital and health systems as they address social determinants of health by offering a series of guides and other resources. This series explores [food insecurity](#), [housing](#), transportation, education, health behaviors and other areas that reflect the complex social needs of high-need, high-cost patients. This series is also tied to the AHA's work to [ensure access to care in vulnerable communities](#).

SOCIAL DETERMINANTS OF HEALTH SERIES



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