Quality Measurement to Assess Care for High-Need, High-Cost Patients

NCIOM Task Force on Health Care Analytics

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The Commonwealth Fund

The
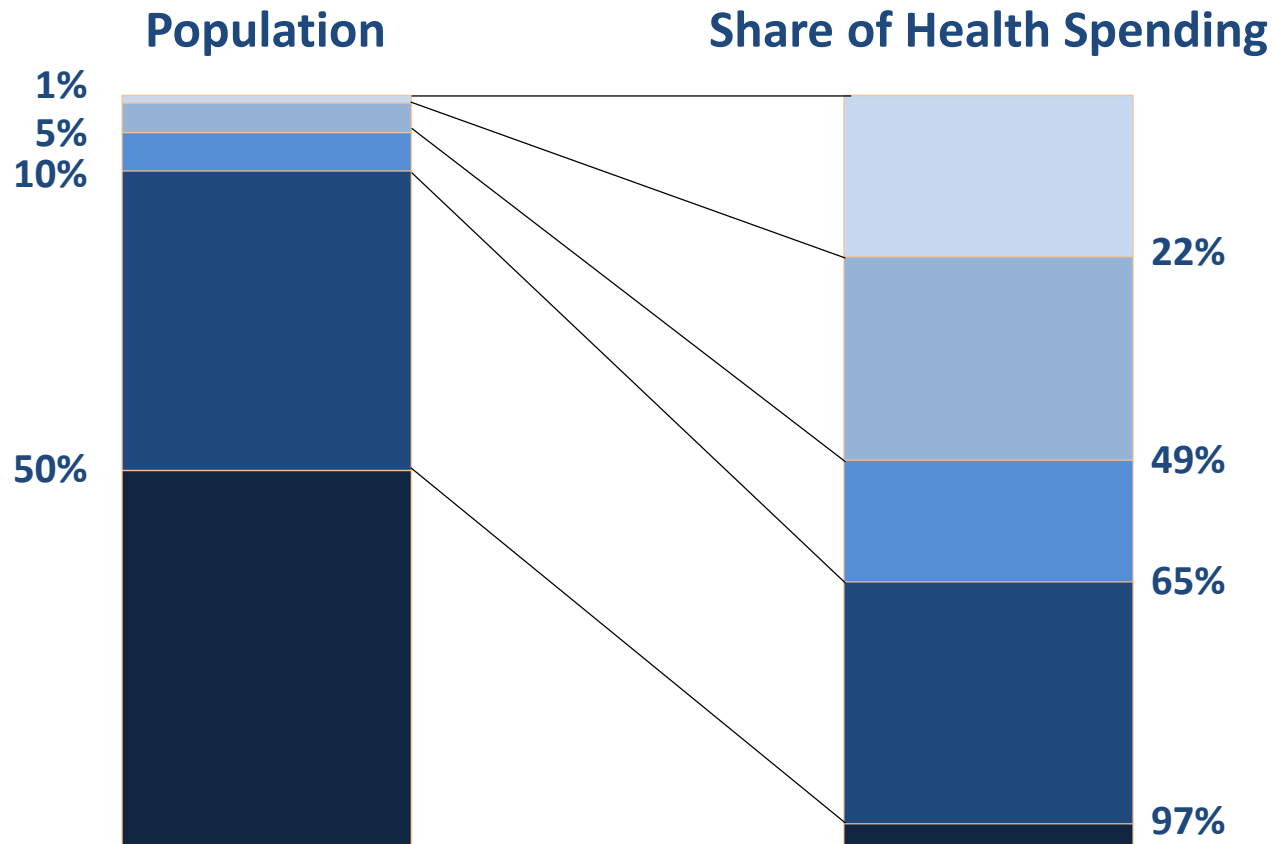COMMONWEALTH
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Outline

- Who are the high-need, high-cost patients?

- What do the data tell us?

- Gaps and challenges
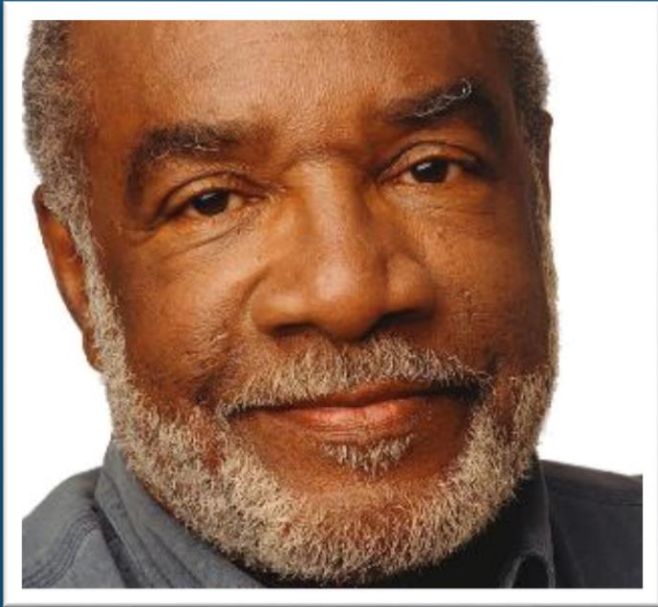
- Recommendations/ideas

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Health Care Costs Concentrated in Sick Few—Sickest 5% Account for 49% of Expenses

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2013

Population

Share of Health Spending

1%
5%
10%

50%

22%

49%

65%

97%

Source: Agency for Healthcare Research and Quality analysis of 2013 Medical Expenditure Panel Survey; MEPS Statistical Brief 480.

4

Meet Sam: Patient struggling with multiple chronic conditions

As a patient struggling, I…	As a person struggling, I…
• Feel dismissed, abandoned when doctors will not take the time to help me • Feel overwhelmed by all the appointments	• Feel frustrated people don't recognize the progress I've made so far • Grieve for what I've lost

"It was like they weren't even interested in what was going on with me. I was just another person and they were just telling me something to get me out of the office in the few little minutes they had to work with me… Like I wasn't a real person."
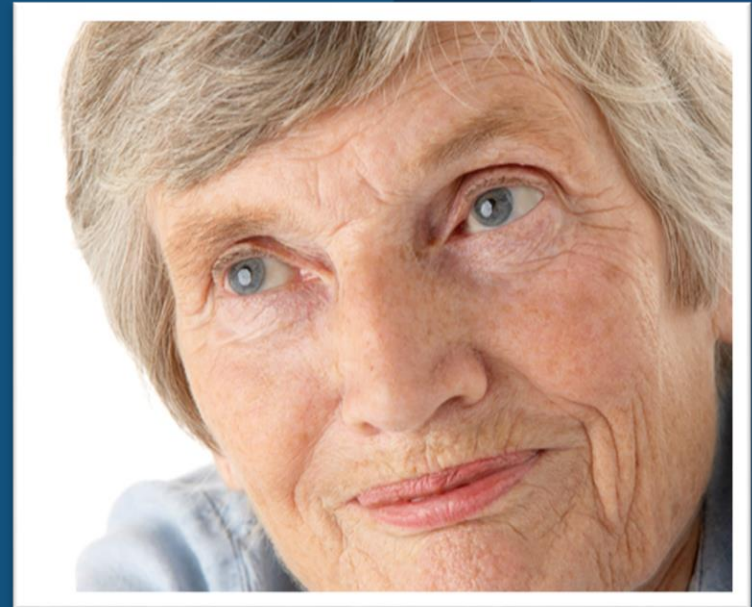
Meet Dorothy: A frail elder

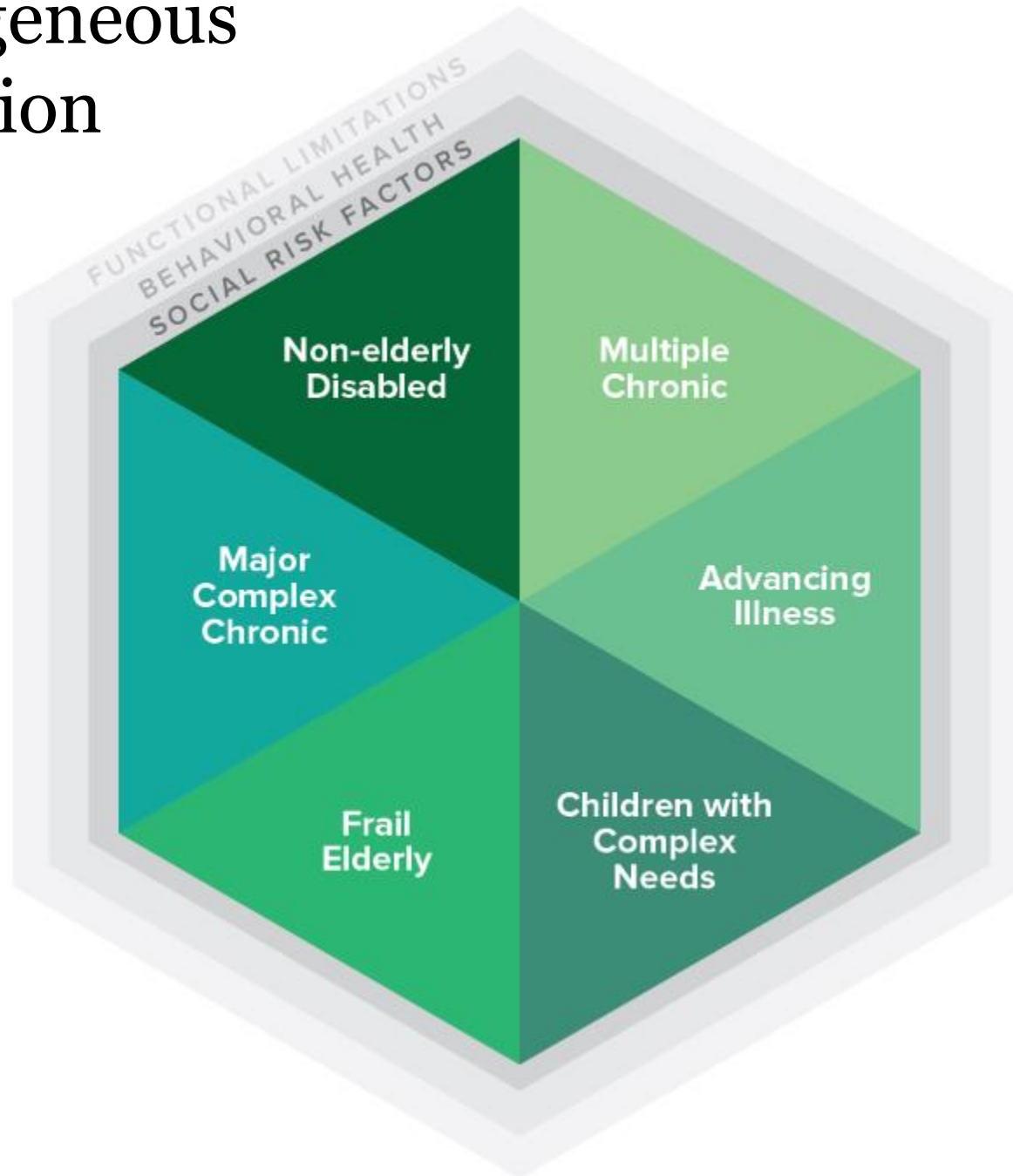| As a patient struggling, I…	As a person struggling, I…
• Hope my new doctor reads my records so I don't have to relive things • Feel too embarrassed to tell my doctor I can't afford meds	• Feel discouraged I have to rely on others for help • Resent that my health issues slow me down

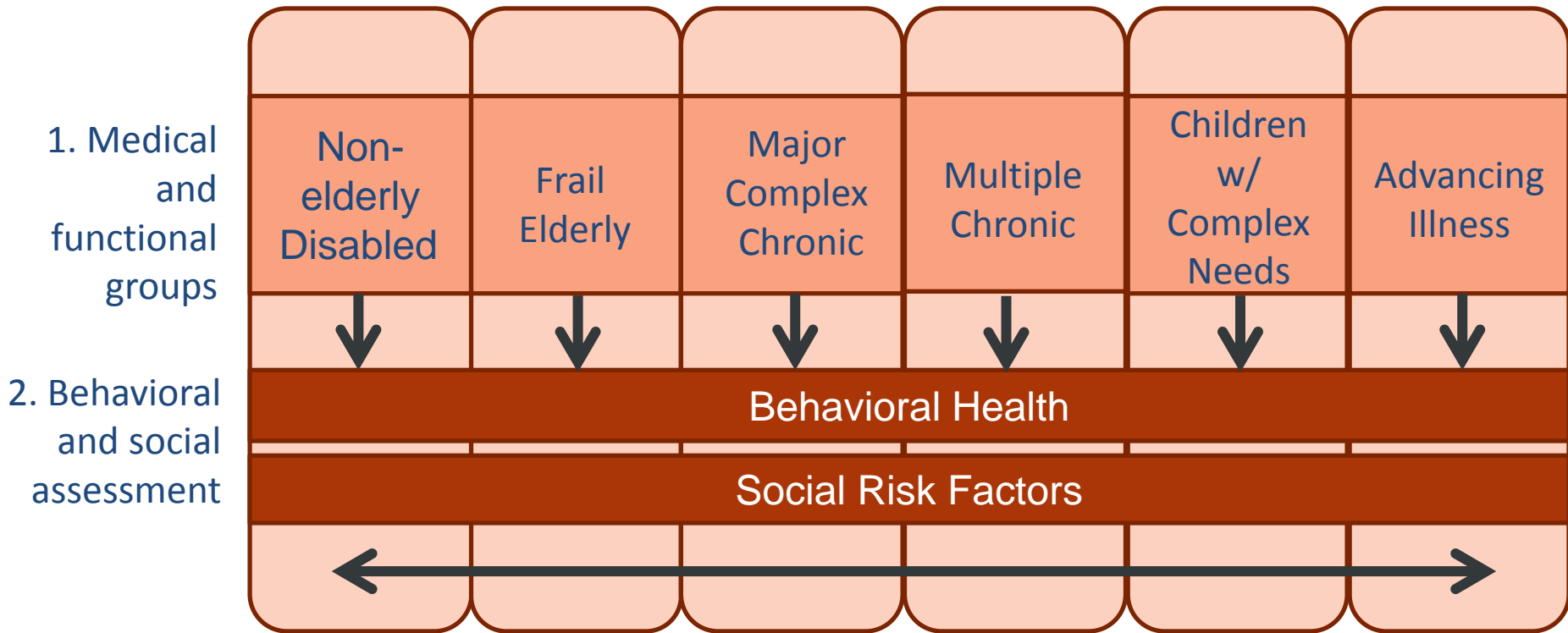*"Lately, it feels like I don't have a lot of choices and I'm kind of losing control. It's as though my health issues are making my decisions for me. I'm hardly my own person anymore."*

Source: T. Shah, M. Brown, and B. Reed, "Making Health Care Better: The High-Need Patient's Perspective," *To the Point*, The Commonwealth Fund, Dec. 7, 2016.

Heterogeneous Population

Service population identified by similar medical needs

Taxonomy for High-Need, High-Cost Patients

1. Medical and functional groups

Non-elderly Disabled	Frail Elderly	Major Complex Chronic	Multiple Chronic	Children w/ Complex Needs	Advancing Illness

2. Behavioral and social assessment

Behavioral Health

Social Risk Factors

Behavioral and Social Risk Factors

1. Behavioral Variables

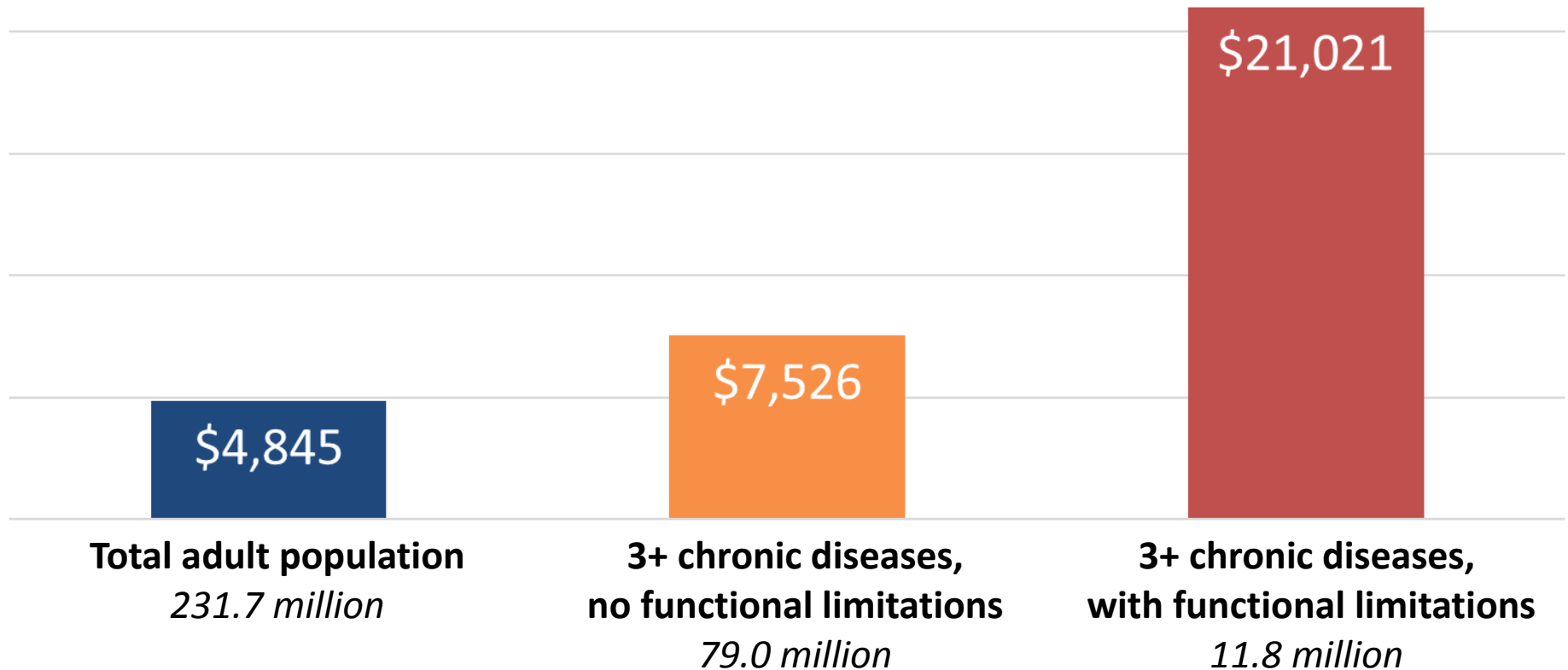| Variable	Criteria/Measurement
1. Substance Abuse	Excessive alcohol, tobacco, prescription and/or illegal drug use
2. Serious Mental Illness	Schizophrenia, bipolar, major depression
3. Cognitive Decline	Dementia disorders
4. Chronic Toxic Stress	Functionally-impairing psychological disorders (e.g., PTSD, ACE, anxiety)

2. Social Variables

Variable	Criteria/Measurement
1. Low SES	Income and/or education
2. Social isolation	Marital status and whether living alone
3. Community deprivation	Median household income by census tract; proximity to pharmacies and other health care services
4. Housing insecurity	Homelessness; recent eviction

Other factors raised: Race/ethnicity; food insecurity; literacy and numeracy; history with criminal justice system

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Functional Limitations are a Key Predictor of High Costs

Average Annual Health Expenditures Among U.S. Adults

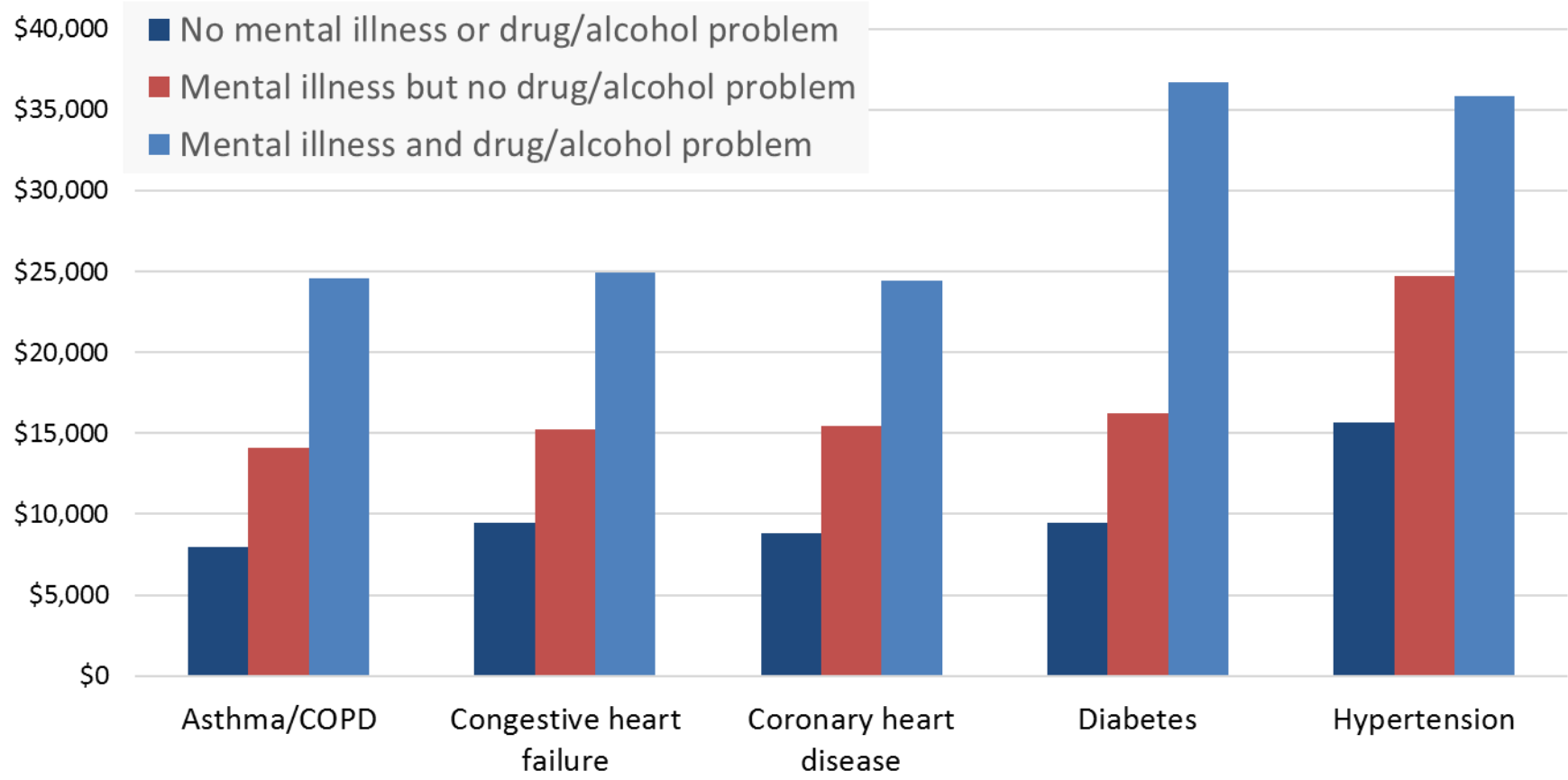|		
Total adult population *231.7 million*	**3+ chronic diseases, no functional limitations** *79.0 million*	**3+ chronic diseases, with functional limitations** *11.8 million*
$4,845	$7,526	$21,021

Data: 2009–2011 MEPS. Noninstitutionalized civilian population age 18 and older.

Source: S. L. Hayes, C. A. Salzberg, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care?* The Commonwealth Fund, August 2016.
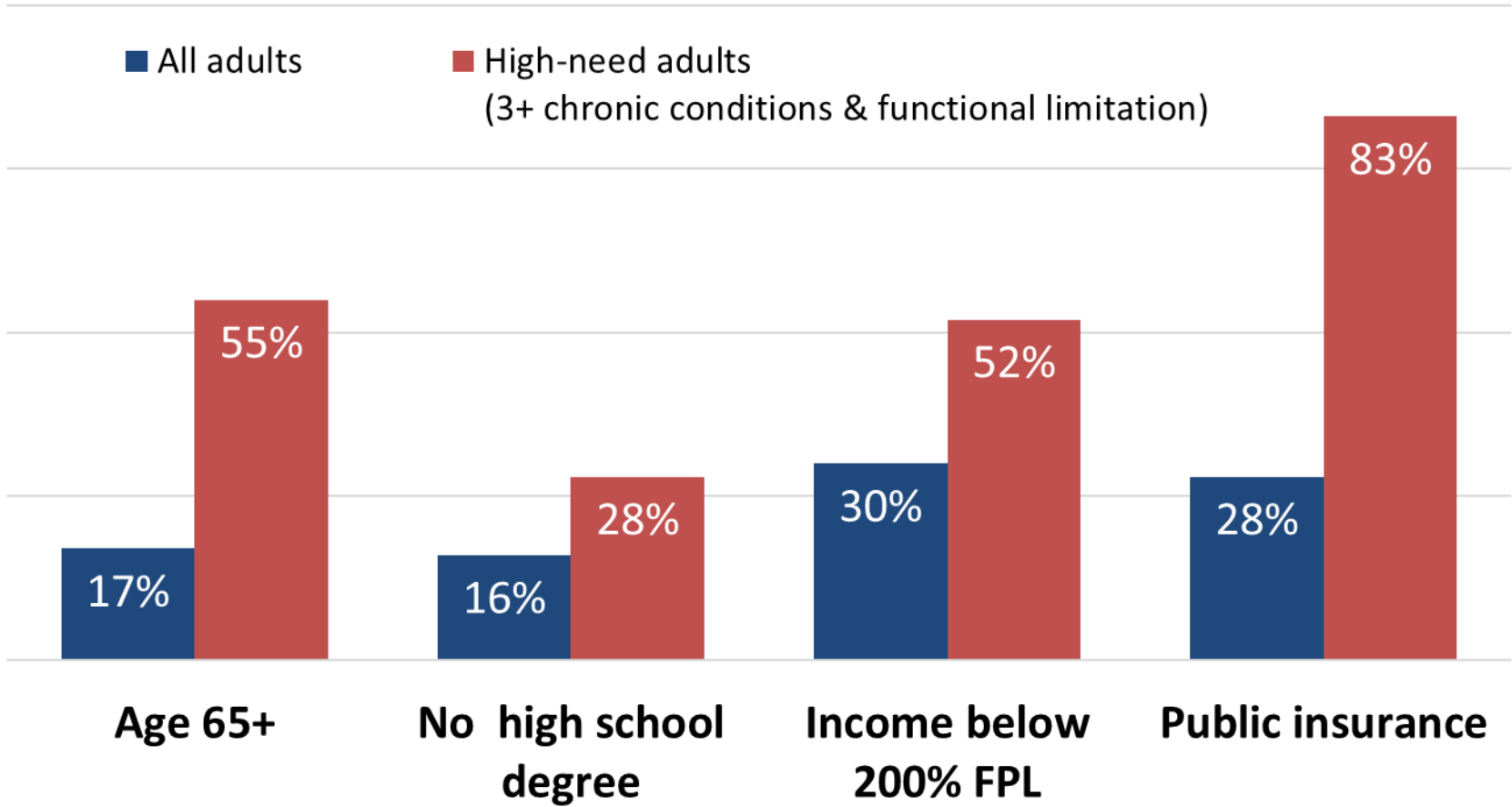
...As Are Behavioral Health Issues

Average Annual Health Expenditures Among a Medicaid Population

Legend:
- No mental illness or drug/alcohol problem
- Mental illness but no drug/alcohol problem
- Mental illness and drug/alcohol problem

12

High-Need Adults Tend to be Older, Have Low Socioeconomic Status, and Have Public Insurance

Legend:
- ■ All adults
- ■ High-need adults (3+ chronic conditions & functional limitation)

	Age 65+	No high school degree	Income below 200% FPL	Public insurance
All adults	17%	16%	30%	28%
High-need adults	55%	28%	52%	83%

Among Very High Cost Adults, Almost Half Have Functional Limitations

■ Percent with high needs: Three or more chronic diseases, with functional limitations

■ Percent with multiple chronic diseases only: Three or more chronic diseases, no functional limitations

■ Percent who were comparatively healthy (less than three chronic diseases, no functional limitations)
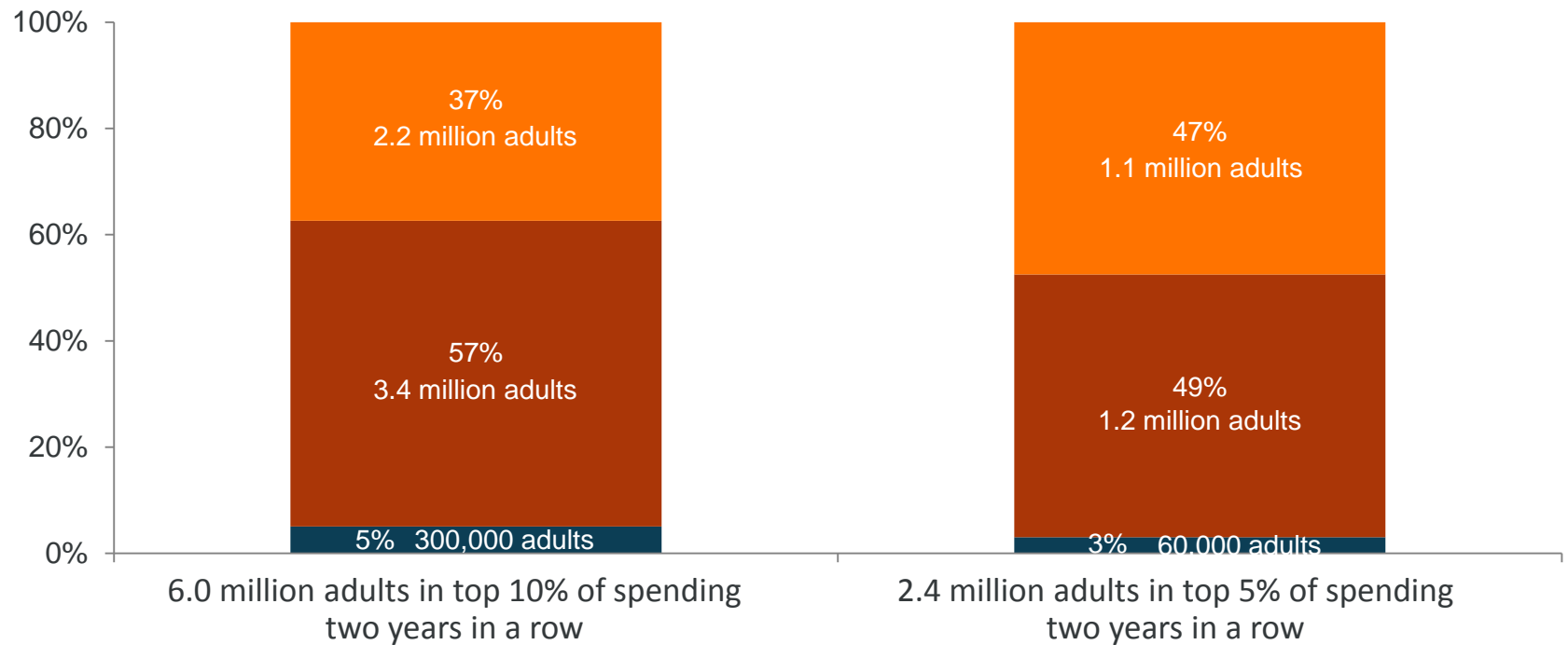
6.0 million adults in top 10% of spending two years in a row
- 37% / 2.2 million adults
- 57% / 3.4 million adults
- 5% / 300,000 adults

2.4 million adults in top 5% of spending two years in a row
- 47% / 1.1 million adults
- 49% / 1.2 million adults
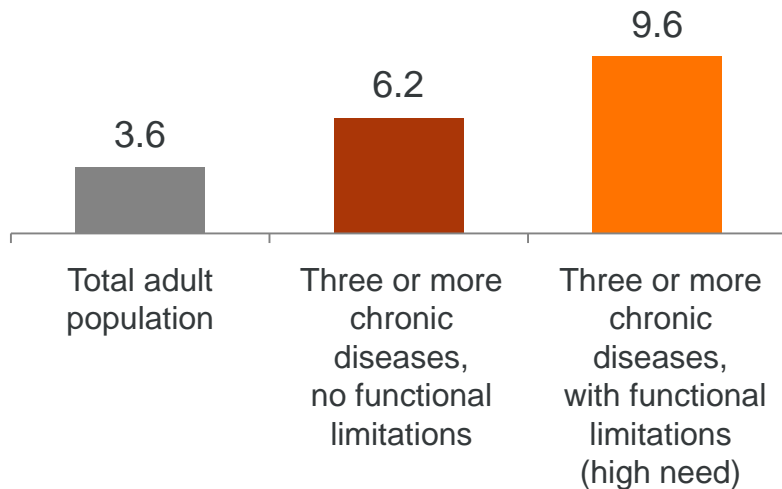- 3% / 60,000 adults

Notes: Noninstitutionalized civilian population age 18 and older.
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.
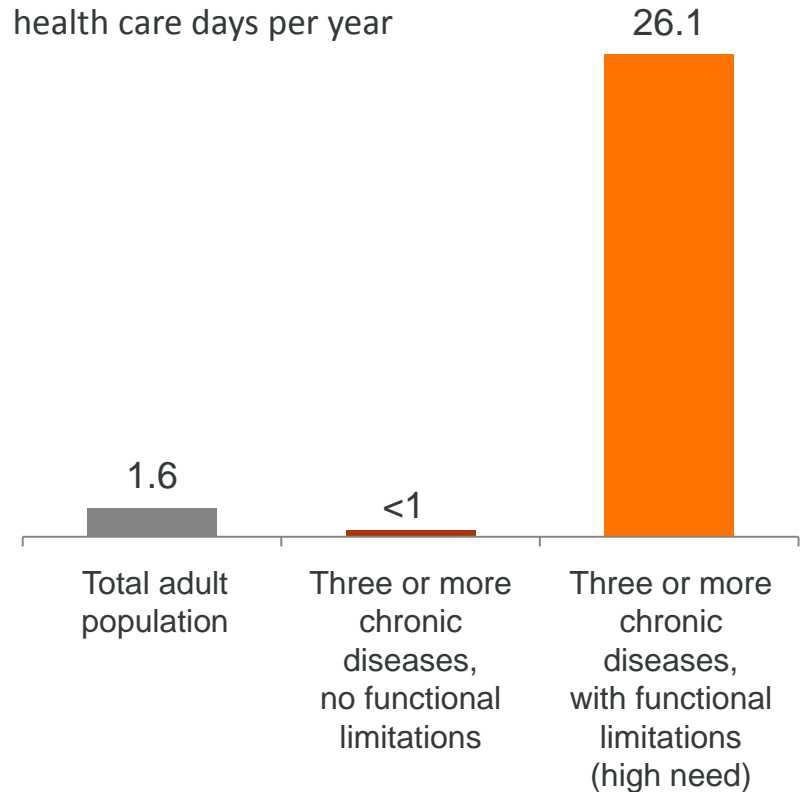
Source: S. L. Hayes, C. A. Salzberg, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care?* The Commonwealth Fund, August 2016.

Home Health Is Frequently Used by HNHC Patients. Important to Assess Quality.

Average number of medical office visits per year

3.6 — Total adult population
6.2 — Three or more chronic diseases, no functional limitations
9.6 — Three or more chronic diseases, with functional limitations (high need)

Average number of paid home health care days per year

1.6 — Total adult population
<1 — Three or more chronic diseases, no functional limitations
26.1 — Three or more chronic diseases, with functional limitations (high need)
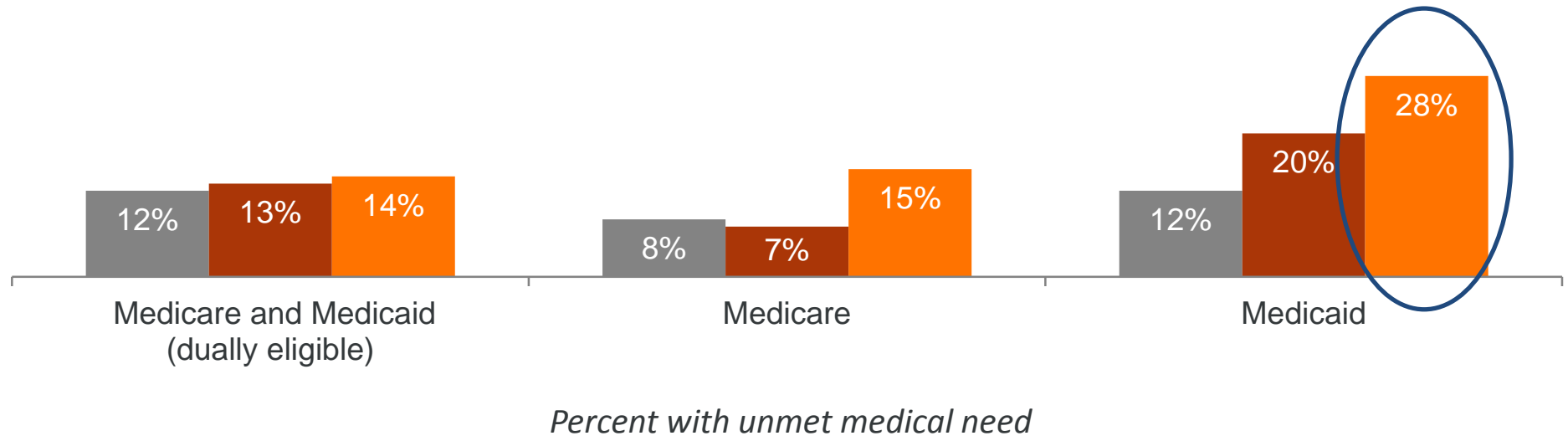
Note: Noninstitutionalized civilian population age 18 and older.
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: S. L. Hayes, C. A. Salzberg, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *High-Need, High-Cost Patients: Who Are They and How Do They Use Health Care?* The Commonwealth Fund, August 2016.

# Unmet Medical Need Is Greater Among High-Need Adults with Medicaid Only

■ Total adult population

■ Three or more chronic conditions, no functional limitations

■ Three or more chronic conditions, with functional limitations (high need)

Percent with unmet medical need

Medicare and Medicaid (dually eligible): 12%, 13%, 14%

Medicare: 8%, 7%, 15%

Medicaid: 12%, 20%, 28%

Notes: Noninstitutionalized civilian population age 18 and older. Unmet medical need means the respondent reported they needed necessary health care or prescription medicine but were unable to receive it or were delayed in receiving it during the past 12 months.
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: C. A. Salzberg, S. L. Hayes, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson,
Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences,
The Commonwealth Fund, August 2016.

16

More than half of high-need adults have a behavioral health condition such as depression, anxiety, alcohol- or substance-related disorder, or serious mental illness like schizophrenia, among their chronic conditions.
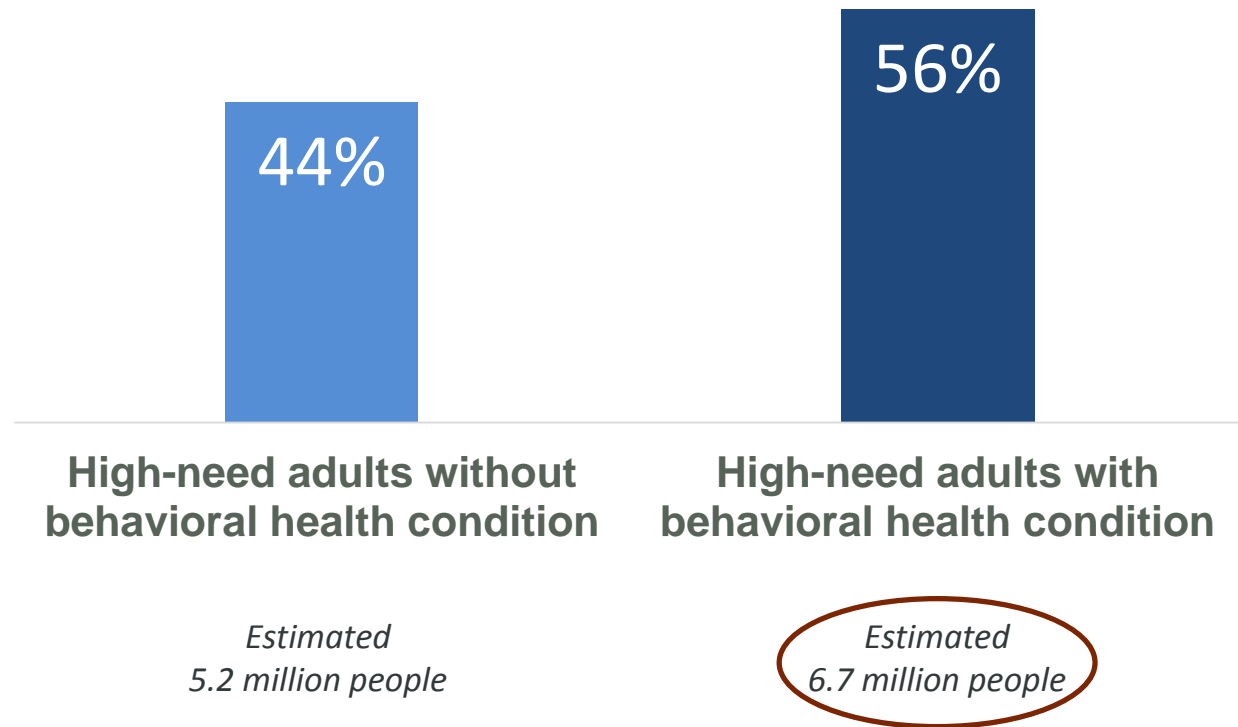
High-need adults without behavioral health condition — 44%

Estimated 5.2 million people

High-need adults with behavioral health condition — 56%

Estimated 6.7 million people

Note: Noninstitutionalized civilian population age 18 and older.

Data: 2009–2011 Medical Expenditure Panel Survey (MEPS).
Analysis by C. A. Salzberg, Johns Hopkins University.

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17

High-need adults with a behavioral health condition are more likely to have Medicaid.

- ■ Total adult population
- ■ High-need adults without behavioral health condition
- ■ High-need adults with behavioral health condition

Medicare and Medicaid (dually eligible)
- 3%
- 17%
- 22%

Medicare
- 17%
- 57%
- 44%
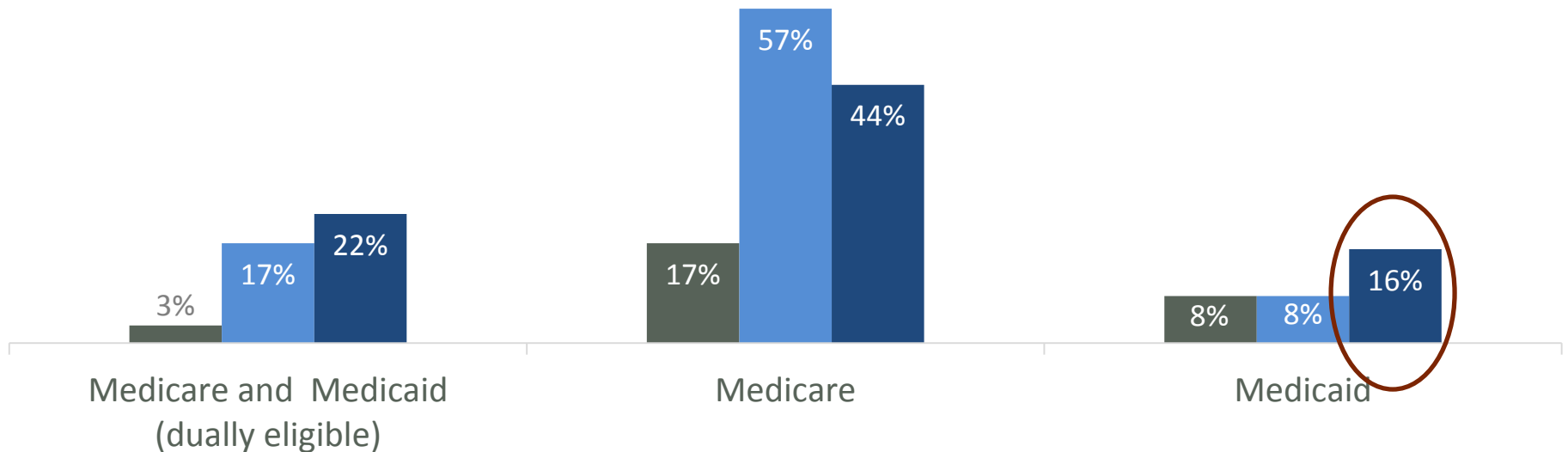
Medicaid
- 8%
- 8%
- 16%

Note: Noninstitutionalized civilian population age 18 and older.
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.
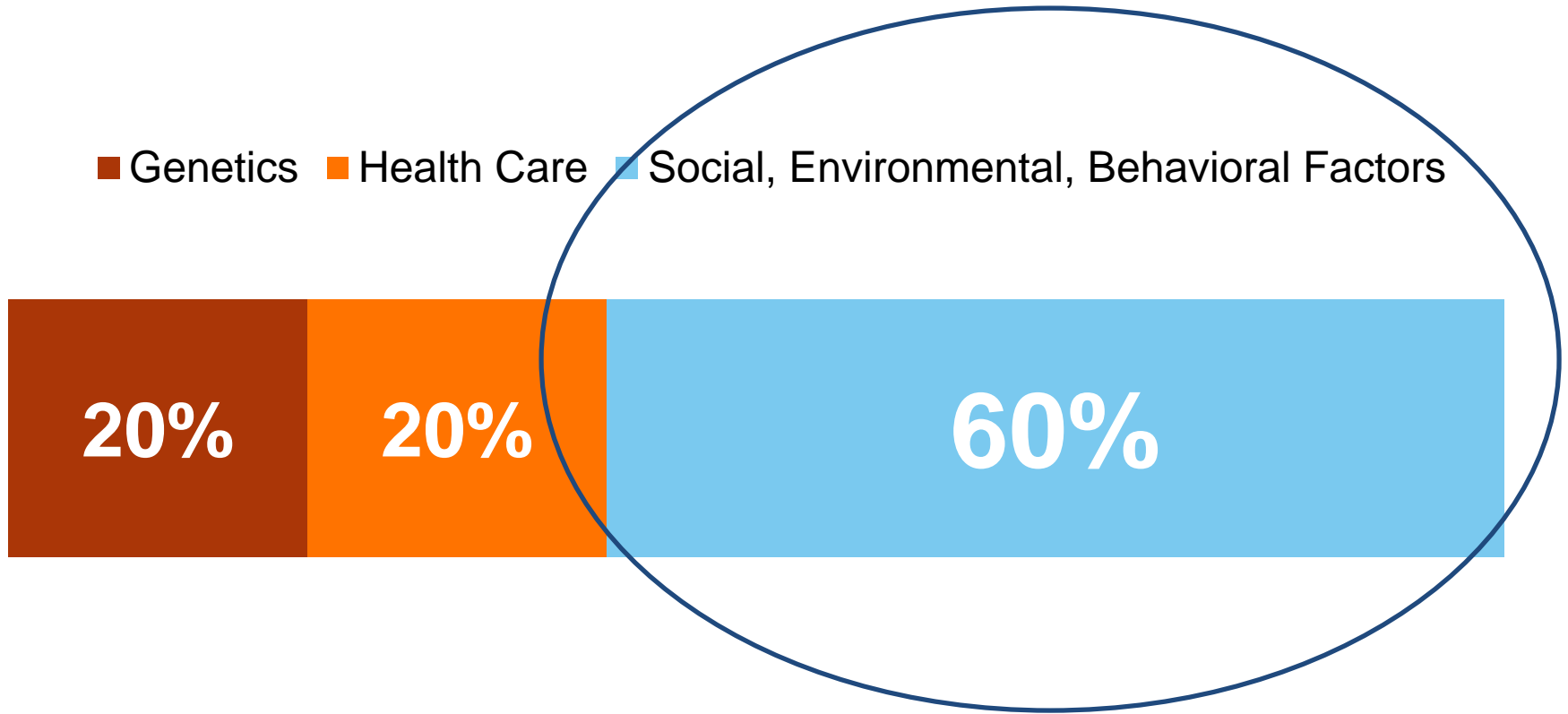
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In sum...

- High-need, high-cost patients generally older, poorer, and publicly insured

- Functional limitations are a distinguishing feature

- Behavioral health conditions complicate matters even further

- Unmet medical need is greater among high-need adults, particularly those with Medicaid

- Home health care plays a big role for this population

Outline

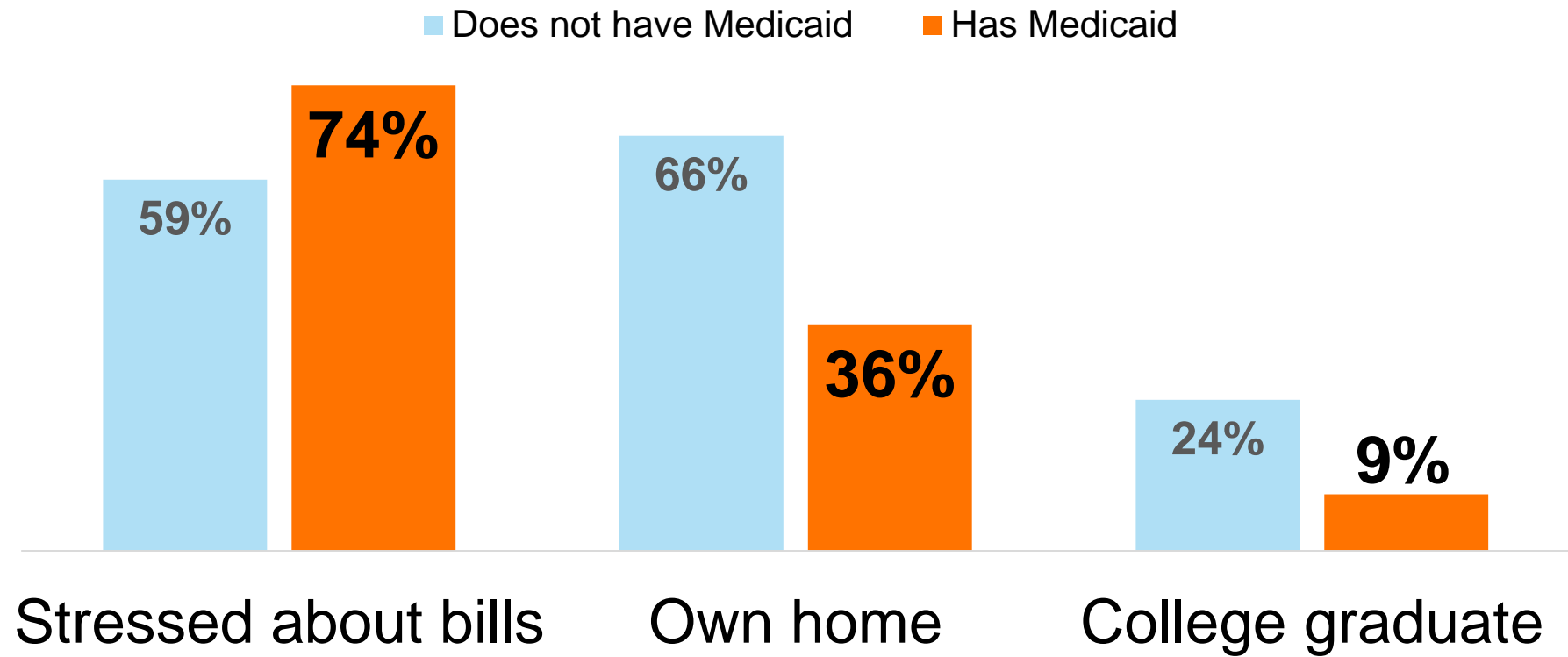- Who are the high-need, high-cost patients?
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- **Gaps and challenges**
- Recommendations/ideas

What determines health?

Genetics ■ Health Care ■ Social, Environmental, Behavioral Factors

| 20% | 20% | 60% |

Adapted from McGinnis, J. M., Williams-Russo, P., & Knickman, J. R. (2002). The case for more active policy attention to health promotion. Health Aff (Millwood), 21(2), 78-93.

Sicker, Older Adults with Medicaid Have Fewer Other Resources to Tap Into

Legend: ■ Does not have Medicaid ■ Has Medicaid

Stressed about bills: 59% (Does not have Medicaid), 74% (Has Medicaid)

Own home: 66% (Does not have Medicaid), 36% (Has Medicaid)

College graduate: 24% (Does not have Medicaid), 9% (Has Medicaid)

"Bills" include rent/mortgage, utilities, food.

Base: High-need, high-cost adults aged 50-64. High-need, high-cost or "sicker" adults have multiple major chronic conditions, functional limitations in their ability to perform daily tasks like meal preparation or bathing, and/or disabilities.

Source: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.

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Affordable, quality health care. For everyone.

Social service needs and evidence

Increased investment in selected social services may improve health, such as:

- **Housing support** for low-income individuals and families
- **Nutritional assistance** for high-risk women, infants, and children as well as older adults and people with disabilities
- **Case management** and community outreach for high-need, low-income families and older adults as well as for children with asthma
- **Integrated health care and housing services** for at-risk individuals and families

Measurement Gaps for High-Need Patients

Domain	Standard
Care coordination	Identify and use appropriate community resources Ensure all team members have access to key patient info Ensure team is notified of sentinel events
Safety	Address abuse and neglect
Quality of life	Optimize comfort and safety of the home environment Reduce treatment burden
Provider competency	Know how to manage medical problems in the home Engage in effective interpersonal communication
Education	Support the patient's and caregivers' self-management
Access	Involve medicine, social work, and nursing in the provision of patient care
Patient and caregiver experience	Manage the patient's and caregivers' stressors Minimize wait time for nonurgent visits

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In terms of quality measurement…

- Single disease-specific measures of limited value
- Try to ascertain functional status—limitations in activities of daily living
- Important to take into account that "high quality" will be different for high-need patients
  - Comfort and coping, not curing
- Coordination with community partners just as critical as coordination between doctors
- Don't forget about caregivers!

New Data Collection or Build on Existing Sources in Your Recommendations?

- Consider adding relevant questions to CAHPS or patient survey
  - Functional status
  - Social service needs – housing, food security, transportation
  - Caregiver questions
  - Behavioral health needs
- Cost/utilization
  - Nested analyses to assess impact/experience of HNHC patients
- Additional sites of care – home health, skilled nursing facilities