

From birth to death: who are the high cost, high need patients?

We identified 78 informal multispecialty physician networks (that mimic ACOs) by linking individuals to the physicians and hospitals that provide most of their care using Ontario health administrative data. Directly informed by these conceptual ideas, the Ontario Ministry of Health (MoH) adopted Health Links (HL), an initiative to create integrated systems to improve care for high need, high cost patients. Health Links are variably structured and while they are not identical to our networks, they align closely especially in non-urban areas. We developed a set of quality indicators to measure system performance across the continuum of care.

With current budgetary constraints, many advocate targeting programs to high cost individuals. In Ontario, a minority (5%) of the population accounts for most (66%) of the spending. These are patients with multiple chronic conditions, mental illness, functional impairment or multiple chronic conditions. Targeting high-cost groups for intervention is problematic since it misses the opportunity to manage patients before their conditions have exacerbated, only 40% are persistently high cost in the following year, and this alone does not incentivize integrated care systems.

We began by defining high need patients based on clinical conditions and complexity. These include children with complex medical conditions such as neurological impairment with or without technology dependence, and adults with multiple chronic conditions and mental health disorders. Those with multiple chronic disorders with or without a co-existing psychiatric disorder are a particularly challenging group for care coordination.

In this talk, we will show preliminary results on high cost, high need patients in Ontario.