Integrating Physical and Behavioral Health for High-Need, High-Cost Patients: Goals and Challenges
Melinda Abrams, MS
The Commonwealth Fund
October 30, 2015
Hart Senate Office Building, Room 902

Health Care Costs Concentrated in Sick Few—Sickest 10 Percent Account for 65 Percent of Expenses

Source: Agency for Healthcare Research and Quality analysis of 2011 Medical Expenditure Panel Survey, September 2014
Some Spending Is Persistent, Some Episodic:
42 Percent Remained High-Cost One Year Later

2012 Spending Among Top 10 Decile in 2011
- Stayed in Top 10%
- Fell to 76-90 Percentile
- Fell to Bottom 75%


How We Define High-Need, High-Cost Patients

Clinically complex needs, functional limitations, and/or behavioral health conditions and who incur high costs, or are likely to, in the near future.
Overlap Between High-Need, High-Cost and Behavioral Health Conditions

- Among Medicare-Medicaid beneficiaries ("dual eligibles"), 25 percent >65 years old and 40 percent <65 years old have a mental health condition.

- Medicare beneficiaries with serious mental health condition are twice as likely to have 3+ chronic, comorbid conditions.

- Over half of all Medicaid beneficiaries with a disability are diagnosed with a mental illness.

- Health care spending is 2.5-3.5 times higher for patients with co-morbid mental health or substance abuse problems than those without.
Summary and Implications

• High-need population is heterogeneous
• Best opportunity for intervening to improve care for high-need patients lies at the intersection of need, cost and amenability to change
• Integration of behavioral health and social support services is critical

Thank you!

Jamie Ryan, MPH  
The Commonwealth Fund
Pamela Riley, MD, MPH  
The Commonwealth Fund

My Contact Information:
Melinda Abrams, M.S.  
Vice President, Health Care Delivery System Reform  
mka@cmwf.org  
Twitter: @MelindaAbrams  
Telephone: (212) 606-3831