

# Integrating Physical and Behavioral Health for High-Need, High-Cost Patients: Goals and Challenges

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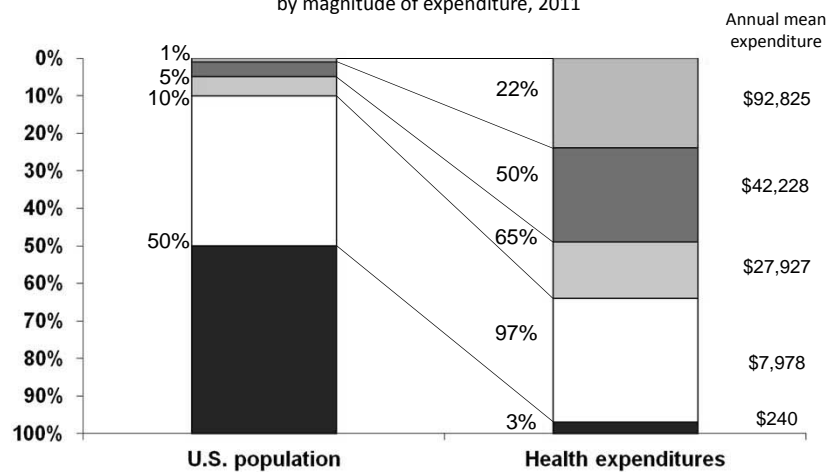


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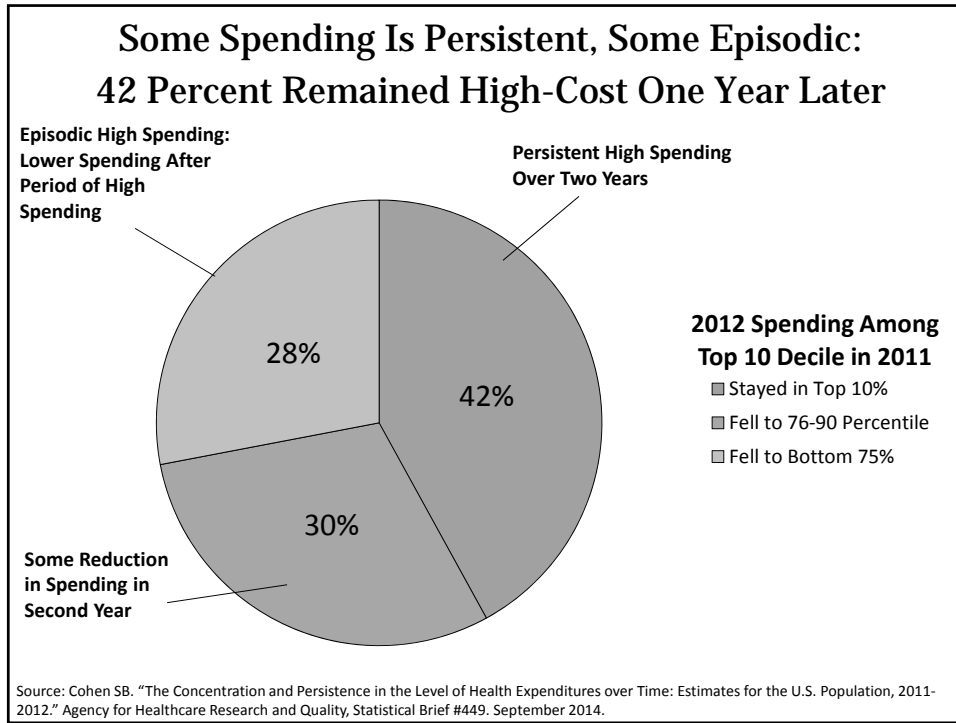
## Health Care Costs Concentrated in Sick Few—Sickest 10 Percent Account for 65 Percent of Expenses

Distribution of health expenditures for the U.S. population, by magnitude of expenditure, 2011



Source: Agency for Healthcare Research and Quality analysis of 2011 Medical Expenditure Panel Survey, September 2014

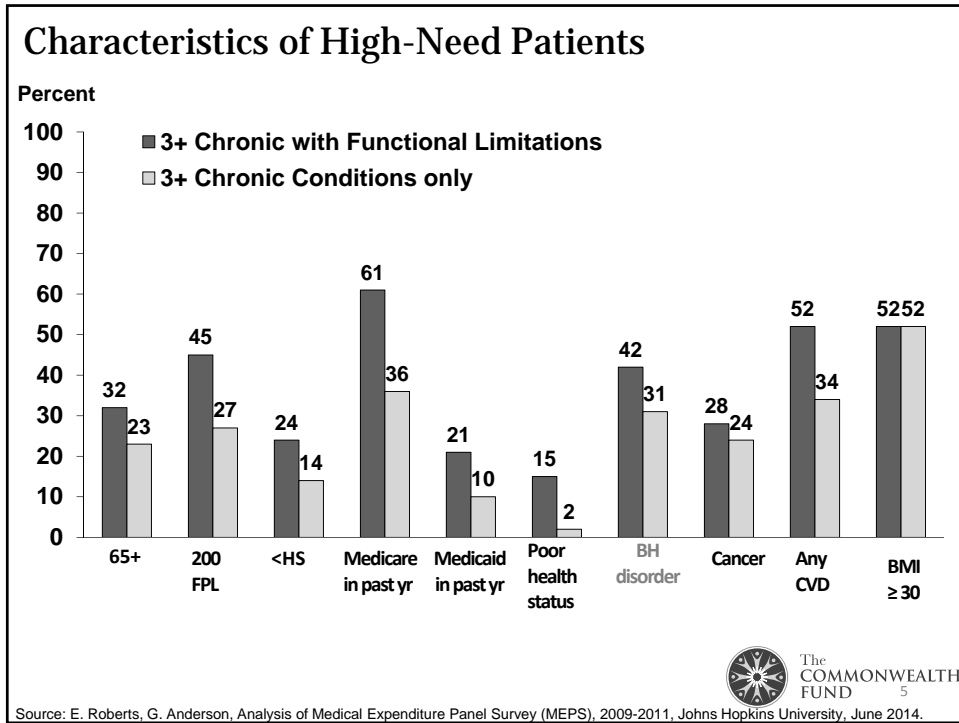




## How We Define High-Need, High-Cost Patients

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!



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