Caring for High-Need, High-Cost Populations

Alliance for Health Reform
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bipartisanpolicy.org
WHO WE ARE

Founded in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole, and George Mitchell

For more information see:  www.bipartisanpolicy.org
HEALTH PROJECT: CO-CHAIRS

Leaders:

• Former Senate Majority Leader Tom Daschle (D-SD)

• Former Senate Majority Leader Bill Frist (R-TN)
WHAT RESEARCH TELLS US ABOUT CARING FOR HIGH NEED PATIENTS

• Common attributes of successful care models
  – Targeting services
  – Comprehensive patient assessments
  – Patient monitoring
  – Facilitating transitions from hospital to home or other settings
  – Providing care in accordance with patient’s goals and priorities

• For low-income patients, successful care often involves providing health-related interventions designed to address social determinants of health such as housing, nutrition, transportation, and home and community-based services.

WHAT RESEARCH TELLS US ABOUT CARING FOR HIGH NEED PATIENTS (CONT.)

- Barriers to sustainability and spread of successful models
  - Misaligned financial incentives
  - Limited capacity for change
  - Challenges to culture and workforce
  - Inadequate infrastructure, and difficulty scaling up limited evidence

- While changing federal reimbursement policy is not the only solution, without change, financial incentives are a significant barrier to sustainability and spread of successful models.
BPC’S WORK TO ALIGN FINANCIAL INCENTIVES

Individuals dually eligible for Medicare and Medicaid (September 2016)

• Analyze existing reimbursement structures to identify barriers to integration
  o Medicare Advantage Special Needs Plans
  o Demonstrations
  o Program of All-Inclusive Care for the Elderly

• Propose recommendations to improve integration of services
  o Amendments to existing programs
  o New framework for providing services
  o Improving administration of programs for dual-eligible individuals
ALIGNING FINANCIAL INCENTIVES

- Medicare-only populations (April 2016)
  - Analyze existing reimbursement models to identify barriers to provision of supplemental benefits (MA, MSSP, ACOs, CPC)
  - Propose recommendations to address those barriers
  - Determine federal fiscal impact of policy recommendations

- Preliminary findings