



BIPARTISAN POLICY CENTER

Caring for High-Need, High-Cost Populations

Alliance for Health Reform
August 29, 2016

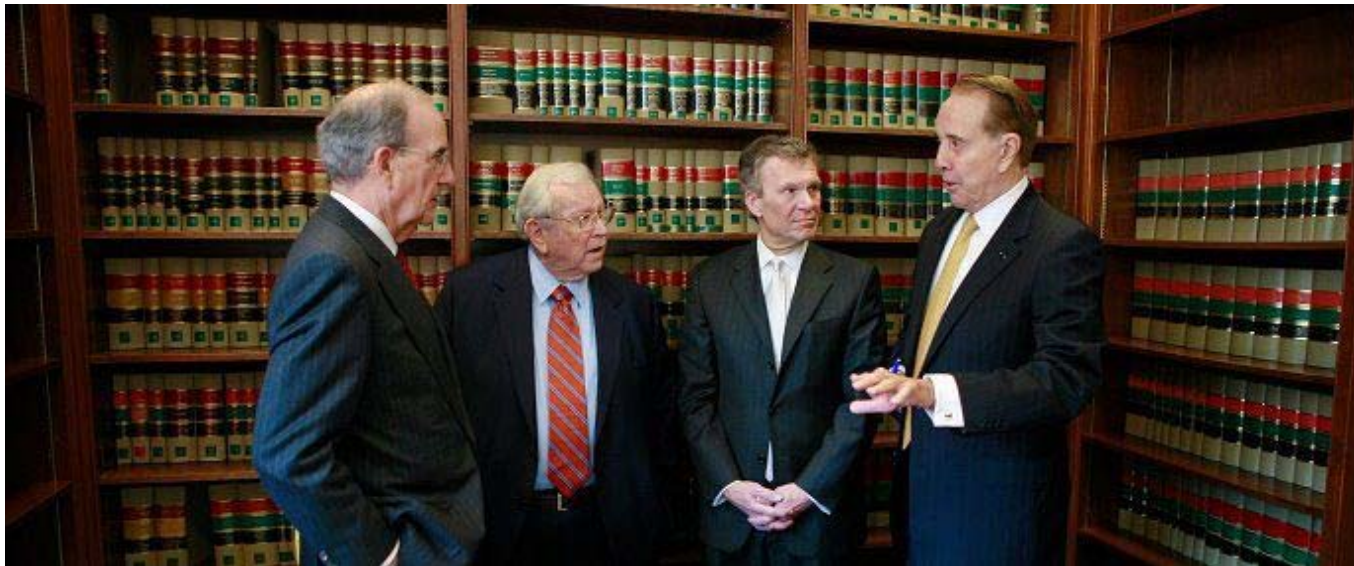
Katherine Hayes, JD
Director, Health Policy
khayes@bipartisanpolicy.org

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

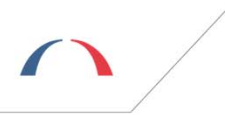


Leaders:

- 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

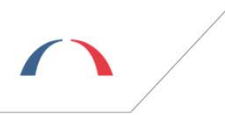


- Common attributes of successful care models
 - Targeting services
 - Comprehensive patient assessments
 - Patient monitoring
 - Facilitating transitions from hospital to home or other settings
 - Providing care in accordance with patient's goals and priorities
- For low-income patients, successful 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.

Source: D. McCarthy, J. Ryan, S. Klein, "Models of Care for High-Need, High-Cost Patients: An Evidence Synthesis." The Commonwealth Fund. October 2015.

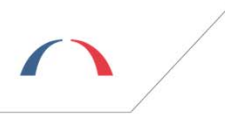
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WHAT RESEARCH TELLS US ABOUT CARING FOR HIGH NEED PATIENTS (CONT.)



- 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

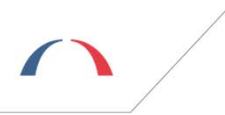


Individuals dually eligible for Medicare and Medicaid (September 2016)

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

- Propose recommendations to improve integration of services
 - Amendments to existing programs
 - New framework for providing services
 - 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