



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



Models of High Value Care for Persons with Multiple Chronic Conditions

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Rationale and Objective



- One in four Americans and 2/3 Medicare beneficiaries have multiple chronic conditions (MCC)
 - ▶ 2 or more conditions experienced by the same individual
- Fragmented healthcare system designed for single diseases
 - ▶ Poor communication, coordination, decision-making
 - ▶ Insufficient attention to patient needs and goals
- Insufficient evidence to guide MCC care for individuals or populations

Objective: Characterize successful models of high value care for people with Multiple Chronic Conditions

Approach

- Rapid literature scoping: evidence-based models of high value care
- Semi-structured interviews with 9 clinical experts
 - ▶ Timely strategies for MCC care
 - ▶ Trends not previously reported in the literature
 - ▶ Impact of COVID on care
- Triangulation of findings

Findings: Literature

- 14 studies
 - ▶ 7 prospective (interventions, cluster RCT, randomized QI initiative, prospective cohorts)
 - ▶ 7 retrospective (retrospective cohorts, time series, program review)
- Frequent components
 - ▶ Coordination/ communication, tailored assessment and care, social support, transition management
 - ▶ Team-based approaches, multicomponent interventions
- Evaluation outcomes: utilization and cost
 - ▶ 4 studies: QOL, function, clinical outcomes, patient experience

Findings: Interviews

- “Wicked problem” → Multidimensional, patient-centered approach from multidisciplinary team
- Addressing MCC means addressing social complexity
 - ▶ Community engagement
- Focused attention on “between” care time moving upstream
- Aligning financial incentives is essential
- Population management of heterogeneity
- Covid learnings
 - ▶ Expanded home care
 - ▶ Increased remote access

Potential research agenda→ Holistic MCC care



- Understand complex population heterogeneity
 - ▶ Rising risk populations are dynamic
 - ▶ Identify actionable subgroups – especially those less recognized
- Develop patient-centered outcomes
- Address social needs
 - ▶ Identification, community partnerships, data exchange
- Intervention implementation
 - ▶ Adaptable and non-adaptable elements of models
- Explore financial mis-alignment in various reimbursement models
- Economic analysis of long-term costs

Thank You

Discussion/Questions



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