Improving Care for People with Multiple Chronic Conditions: *Making An Impact*

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No Conflicts of Interest to Declare

Goals for Achieving High Value Care for People with Multiple Conditions

We need improvement approaches that

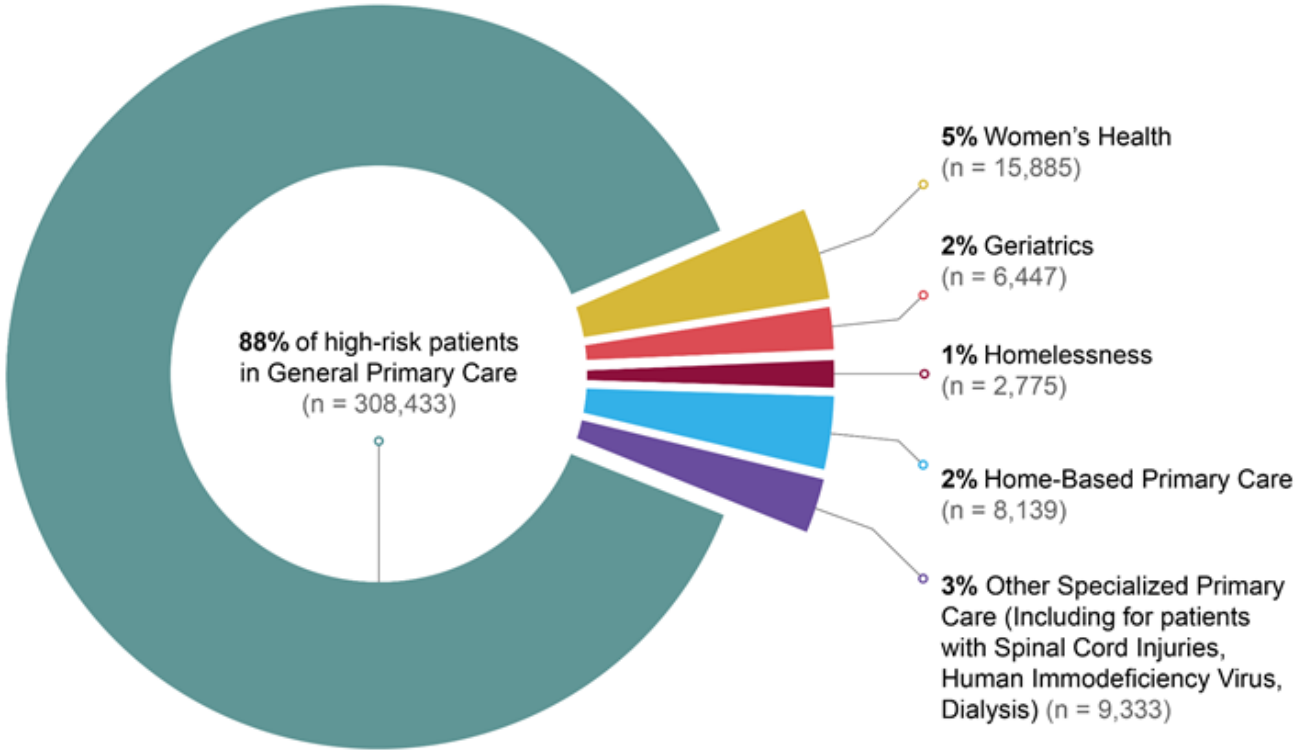
- Have potential for population-level impacts
- Can be readily adopted within healthcare settings
- Are productive (acceptable return on investment) during implementation in real-world settings
- Can target resources not only to the right patient, but to the right condition at the right time
- Are accessible to the full high-risk patient population

We have learned from intervention research, but…results are mixed and limited

- Overall, geriatric assessment and management-informed approaches are the most evidence-based
  - Includes intervention models such as GRACE, PACE, Naylor Transitional Care and others
- Care coordination interventions have also shown promise
- Successful interventions in general are complex, involve assessment and interdisciplinary teams, and extend care to the community and home
- Interventions do not yet meet population level goals
  - As a first step—where do high-risk patients get their routine continuity care?

Example: Where do the Top 5% Sickest Patients Receive Continuity Care? (in VA)

- 88% are followed in general primary care
- 12% are followed in specialized primary care settings
  - HIV, Geriatrics, Home-Based Primary Care, Dialysis, etc.



Chang, E. et al, JAMA Open, 2020.

Challenge: Achieving Intervention Models that Meet High-Risk Patient Goals Better than Current Primary Care

- To do better than usual continuity primary care, interventions need to
  1. Be efficient: Interventions cannot win by delivering as-good care to a small number of patients
  2. Meet the patient where he/she is: build on existing continuity care, family care
  3. Assess and prioritize known sources of risk (depression, mental status, etc)
  4. Set agendas or goals with patients and families based on assessment
  5. Use stepped, integrated, or coordinated care models to link with key resources
- To learn from intervention research, we need studies that
  1. Provide how and why information, not just yes/no success
  2. Report on quality of care measures (e.g., assessments carried out; flu shots)
  3. Avoid reporting uncontrolled results as evidence of program merit
  4. Consider intervention costs/barriers, including activities carried out by researchers
  5. Consider costs and health outcomes over the long term, e.g. 2 years

Caring For Those Living With Multiple Chronic Conditions: Chasms Ask For Bridges

- Current chronic illness care research provides a strong foundation but no magic bullet
- This is a perfect time to build the way across

"The largest room in the world is the room for improvement"