


# High-risk care management

## ► Intervention in brief

<b>High risk:</b>	<b>High-risk care management</b> is an intensive, team-based care management approach focused on cross-continuum coordination and comprehensive care planning for high-risk patients. The goal is to meet patients' clinical and psychosocial needs to reduce total cost of care and improve quality.
<b>Strength of evidence</b>	 High
<b>Impact</b>	<ul style="list-style-type: none"><li>• <b>Decreased cost (wide range):</b> 3% increased–56% decreased total cost; \$2,164 decreased inpatient costs; \$2,636 increase outpatient costs</li><li>• <b>Decreased utilization (wide range):</b> 2% increased–58% decreased ED visits; 1-70% decreased admissions; 5-74% decreased readmissions; 26-75% decreased inpatient days</li><li>• <b>Improved quality, clinical outcomes (wide range):</b> 0-63% decreased risk of mortality; 67% increased HbA1c levels</li><li>• <b>Increased access:</b> 88% retention rate for patients in high-risk care management programs</li><li>• <b>Improved stakeholder satisfaction:</b> 72% reported better quality of care; 93% satisfied; 80-93% would recommend to other providers</li></ul>
<b>How to succeed</b>	<p>To build an effective high-risk care management program:</p> <ul style="list-style-type: none"><li>• Deploy care management's multidisciplinary care team in primary care practices</li><li>• Select clear patient identification criteria and incorporate patient activation levels</li><li>• Tier patient management protocols from active management to graduation</li><li>• Hardwire care coordination by engaging PCPs and community partners to offer complementary services in clinical and non-clinical management</li></ul> <p>To learn more about developing an evidence-based approach, check out the High-Risk Patient Care Management brief <a href="#">here</a>.</p>

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## ▶ Demonstrated impact

### Literature review summary

**Title:** Caring for High-Need, High-Cost Patients: What Makes for a Successful Care Management Program?

**Publication:** The Commonwealth Fund

**Date:** 2014

**Type:** Systematic review

**Study population:** Patients deemed complex using either a risk score, physician referral, existence of multiple chronic conditions, high utilization, high cost, and/or existence of social needs

**Major findings:** High-risk care management programs across 18 different sites resulted in:

- Cost of care: 3% increased–56% decreased total cost
- Admission/readmission: 1-70% decreased admissions, 5-74% decreased readmissions, 26-75% decreased inpatient days
- ED utilization: 2% increased–58% decreased ED visits
- Quality of care: 0-63% lowered risk of mortality; 66.7% improved HbA1c levels
- Provider experience: 80-93% would recommend to other providers
- Quality of life/patient experience: 72% reported better quality of care; 93% satisfied

Each site was successful across at least one of the vectors measured.

**Source:** Full article [here](#).

**Title:** Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization: A Randomized Quality Improvement Trial

**Publication:** Annals of Internal Medicine

**Date:** 2018

**Type:** Randomized quality improvement trial

**Study population:** 2,210 high-risk primary care patients (90% male, 63 years old with 7 chronic conditions on average) across five VA medical centers

**Major findings:** Compared to the group receiving usual care, patients assigned to intensive outpatient and telephonic management experienced similar mean total costs, including:

- Decreased mean inpatient costs (\$2,164)
- Increased outpatient costs (\$2,636) due to increased use of primary, home, telephone, and telehealth care

**Source:** Full article [here](#).

**Title:** Managing High-Risk Patients: The Mass General Care Management Programme

**Publication:** International Journal of Integrated Care

**Date:** 2015

**Type:** Case study

**Study population:** On average, 76 years old, female (51%), with 3.4 hospitalizations a year, 12.6 medications taken per year, costing the health system \$22,500 annually. 11% were disabled and under 65 years old.

**Major findings:** Massachusetts General Hospital set up a high-risk care management program for their high-cost Medicare beneficiaries and used claims data to evaluate success after two 3-year phases. The high-risk care management program at Massachusetts General Hospital resulted in:

- Reduced acute care costs (7% net savings)
- Reduced hospitalization (35% lower than control group)
- Increased care management retention rate (88% of original population)

**Source:** Full article [here](#).

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## Appendix

- Kodner DL, “Managing High-Risk Patients: The Mass General Care Management Programme,” *International Journal of Integrated Care*, 15 (2015):e017, <https://www.ncbi.nlm.nih.gov/pubmed/26417211>.
- Yoon J, et al., “Impact of Primary Care Intensive Management on High-Risk Veterans' Costs and Utilization: A Randomized Quality Improvement Trial,” *Annals of Internal Medicine*, 168, no. 12 (2018), <https://annals.org/aim/article-abstract/2683612/impact-primary-care-intensive-management-high-risk-veterans-costs-utilization>.
- Hong S, et al., “Caring for High-Need, High-Cost Patients: What Makes for a Successful Care Management Program?,” *The Commonwealth Fund*, 1764, no. 19 (2014), <https://www.commonwealthfund.org/publications/issue-briefs/2014/aug/caring-high-need-high-cost-patients-what-makes-successful-care>.