

# High Cost Users

## Implications for Primary Care

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CASHPR



Leveraging the Culture of Performance Excellence in Ontario's Health System

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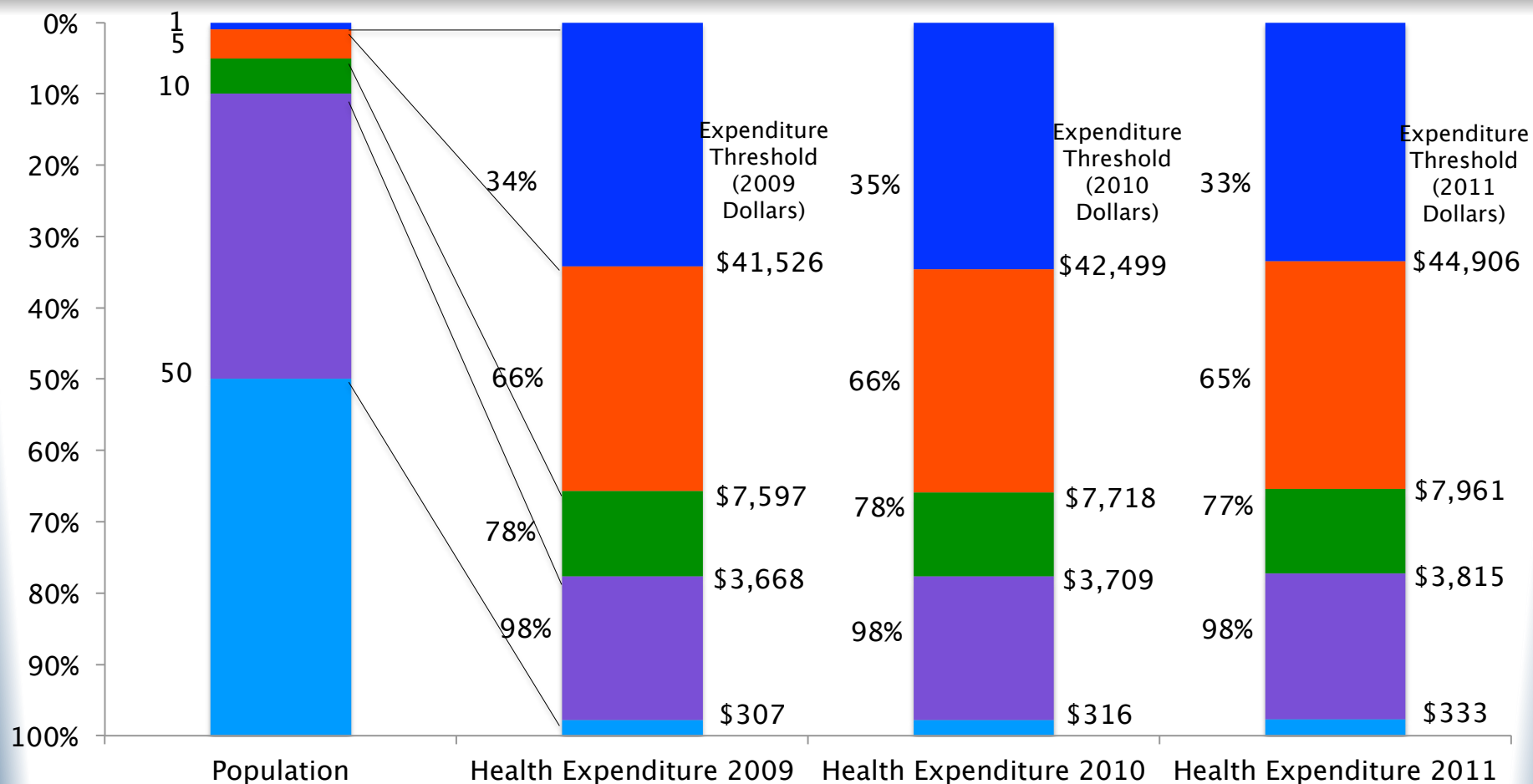
# Overview

1. Cost is highly concentrated
2. A large proportion of high costs are sustained year over year.
3. Improving value requires a focus on populations with high health care cost and gaps in quality.
4. Primary care seems nearly absent in the care of high cost individuals.

# Ontario High Cost Users

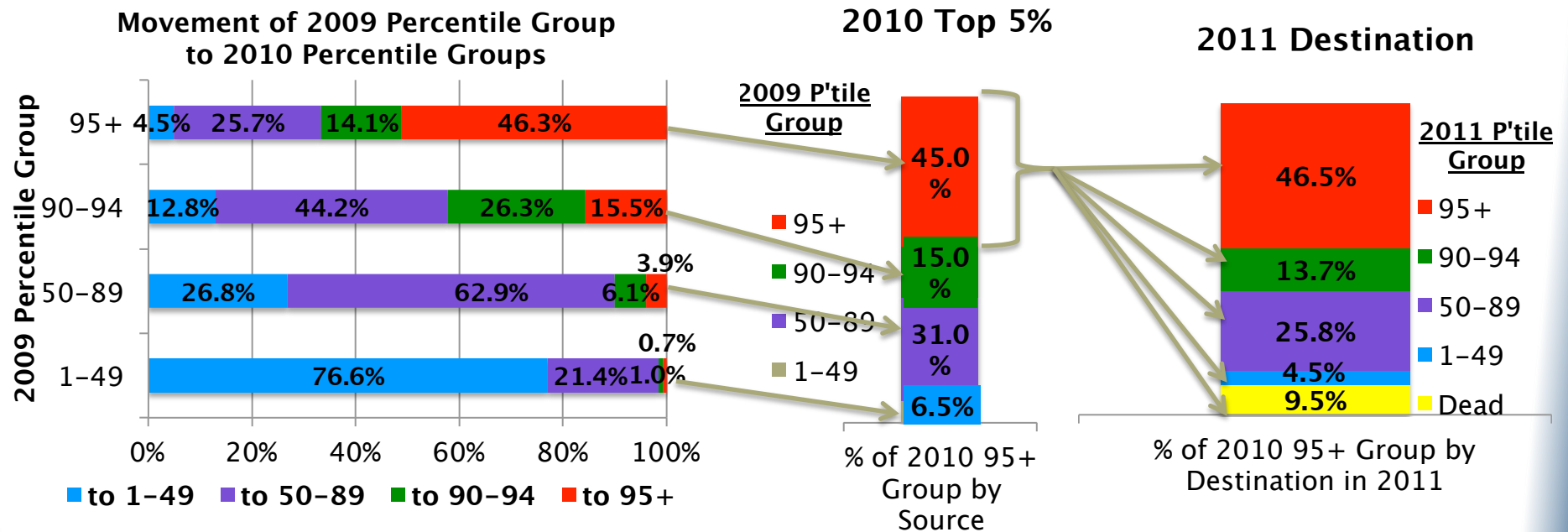
- Using administrative databases at ICES we identified all Ontarians in 2009-2011 with a valid health card. We measured and summed (for all health sectors) the total health system cost for everyone and ranked 13.7 million individual's data in order of total health system cost.
- We identified groups representing 1%, 5%, 10% and 50% of the total population with the highest health care spending.
- We examined the transitions of individuals from all 2009 spending groups to 2010 top 5% and from the 2010 top 5% to all 2011 spending groups.

# The Concentration of Healthcare Spending in Ontario



Health System Spending is highly concentrated year after year after year

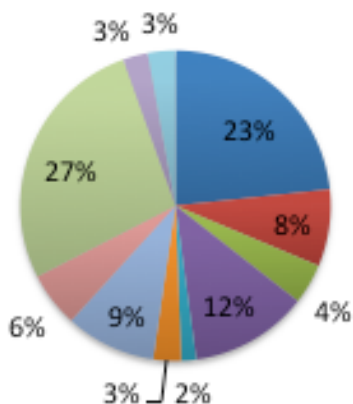
# The Persistence of Spending



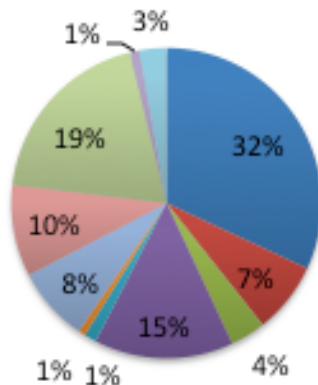
46% of top 5% are sustained & constitute 45% of high cost in subsequent year  
 Only 1% of bottom 50% make it to the top 5% and constitute 6.5% in subs. yr.  
 Just under 10% of top 5% die within the year.

# Costs by Spending Category

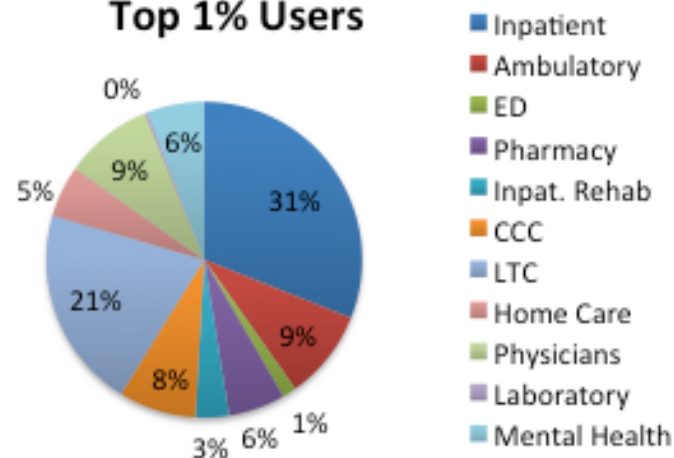
Health Sector Spending  
All Ontarians



Health Sector Spending  
Top 2-5%



Health Sector Spending  
Top 1% Users



Total spending dominated by acute, physicians and laboratory  
 Top 5% spending dominated by acute, physician and lab  
 Top 1% dominated by acute and LTC ... and other sectors

# What conditions do they have?

Hospital Conditions among the top 1% users:

- **Mostly Chronic Disease:**
  - ◆ **Heart Failure, Chronic Obstructive Pulmonary Disease, Myocardial Infarction**
- Infection (Pneumonia & Urinary Tract)
- Stroke & Hip Fracture
- End of Life
- Cancer

# Focus For Primary Care

Primary care will need to focus on population-based strategies but also enhanced strategies that focus on specific populations:

- **Multiple Chronic Disease Management**
- **End of Life Care**



# Focus For Primary Care

## Some Astounding Facts about the top 5% (community):

- Number of GP/FP visits in one year for top 5%:
  - ◆ Average GP/FP Total = 5.5
  - ◆ Outpatient GP/FP visits = 2.2
- Number of Specialist visits in one year for top 5%:
  - ◆ Average Specialist Total = 18.9
  - ◆ Outpatient Specialist visits = 3.6
- **These patients hardly seem on the radar for primary care.**

# Focus For Primary Care

## Implications for Primary Care

1. Primary care providers need a better way to **recognize** and understand and address the needs of high cost patients.
2. There are opportunities for better care coordination across physicians among high cost patients.
3. Focus on multimorbidity – Medication and Activity
4. Focus on end of life care – Early Palliative
5. Care in Nursing Homes is also an issue

# We Need Measurement That Follows Individuals

