Effective Care for High-Need Patients:
Opportunities for Improving Outcomes, Value, and Health

SUCCESSFUL MODELS OF CARE:

Focus of Service, Care Attributes, Delivery Features, and Organizational Culture

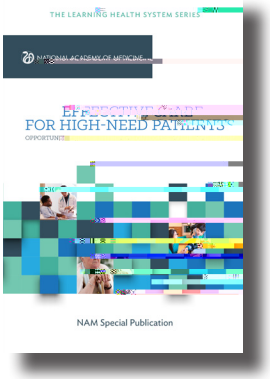
Enhanced primary care. Programs in the primary care setting defined by the use of supplemental health-related services that enhance traditional primary care and/or employ a team-based approach, with a provider and at least one other person

- **Interdisciplinary primary care.** A team comprising a primary care provider and one or more other health care professionals (e.g., nurse, social worker, rehabilitation therapist) who communicate frequently and provide comprehensive primary care
  E.g., Guided Care, GRACE, IMPACT, PACE, or Care Management Plus
- **Care and case management.** Collaborative models in which a nurse or social worker helps patients with multiple chronic conditions and their families assess problems, communicate with providers, and navigate the health care system
  E.g., Mass General Hospital Physicians Organization Care Management Program
- **Chronic disease self-management.** Structured, time-limited interventions designed to provide health information to patients and engage them in actively managing their chronic conditions
  E.g., Chronic Disease Self-Management program at Stanford

Transitional care. Facilitate safe and efficient transitions from the hospital to the next site of care (e.g., alternative health care setting or home). Interventions are usually led by tions and be

E.g., IMPACT or Camden Coalition

Note: Categories are not mutually exclusive.



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#HighNeeds

Care Attributes of Successful Care Models

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