

Disrupting the Pathway: A Prevention Approach to Medical High Utilization

What is Medical High Utilization?

Medical high utilizers are individuals whose healthcare costs are significantly greater than others in the population. Half of all U.S. healthcare expenditures — \$1.45 trillion dollars annually — goes toward the treatment of just five percent of the population.ⁱ Nationwide, approximately 23 percent of medical expenditures are spent on the top one percent of users; 50 percent is spent on the top five percent of users; and 87 percent is spent on the top 25 percent of users.ⁱⁱⁱ High utilization is often the result of a synergistic complex of multiple conditions, such as chronic disease, serious mental illness, and substance abuse. Further, high utilization leads to, and is exacerbated by, unstable social factors experienced in under-resourced communities, such as housing instability, unemployment, and social isolation.

The Reality of High Utilization

We often cite cost and utilization data in talking about high utilization, but the reality for high utilizers is direr. For example, a female high utilizer who is homeless with depression and uncontrolled type 2 diabetes is directly impacted by the community determinants that shape health and safety, such as lack of affordable and safe housing, lack of affordable nutritious foods, and lack of employment opportunities that pay a living wage. Beyond the medically diagnosed conditions of type 2 diabetes and depression, this woman lives in an environment that influences behaviors, exposes her to harmful conditions, and limits her opportunities to make healthy life choices. Medical conditions in this example are exacerbated by stressors such as a poor diet, disturbed sleep due to homelessness, and social isolation. Lacking a supportive community environment that fosters health and wellbeing, her risk is increased for emergency department visits and hospital admissions and readmissions, cycling between the healthcare system and the unstable social factors in the community environment that led to her poor health in the first place.

Building on Current Efforts in Healthcare to Address High Utilization

Currently, efforts to curb high utilization focus on increasing care coordination and establishing medical homes for complex patients. These strategies employ stronger medical management and patient-centered care to reduce the use of high-cost healthcare services (e.g. emergency department visits, hospital admissions, and duplicated services), helping those who are very ill. While care coordination addresses the issue of costs, this focus does not usually consider that high utilization and its accompanying conditions are often preventable in the first place.

The move toward patient-centered care benefits patients and is part of a comprehensive approach to high utilization. This approach supports the management of high utilization, but it cannot fully reduce overutilization and high costs at a population level, because the other social factors and the community environment have not been stabilized or addressed comprehensively, and remain at play in health and cost outcomes. In short, the patient-centered approach can be expanded to consider broader environmental factors, such as social connectedness, access to open and safe green space, and living wages that can improve health and interrupt patterns of high utilization. Focusing on individual patients to the exclusion of the community environment is a missed opportunity to address the “upstream” variables that contribute to illness and injury, and to prevent or reduce the severity of many of these medical and social needs. It also perpetuates and exponentially increases health inequities that particularly impact the most vulnerable populations.

Growing awareness and attention to high utilizers offers an opportunity to complement the medical management of high utilization with a prevention approach. Addressing the causes of medical conditions through an upstream, community-centered prevention strategy is feasible and, with healthcare as an active partner, supports the achievement of the Triple Aim.^{iv} These actions can help disrupt the pathway that leads to high utilization by preventing injury and illness in the first place. This community-centered approach can **reduce the pipeline to high utilization, support the restoration and maintenance of health for existing high utilizers, and improve the overall health of the population.**

A Prevention Approach to High Utilization

The prevention approach to high utilization builds upon healthcare's current efforts by including methods that prevent illness and injury in the first place, adding strategies that encourage collaboration across sectors to improve community environments and the determinants of health. Improving community environments, with improvements to care coordination for high utilizers, has the potential to:

- Reduce the impact of chronic conditions and behavioral health conditions associated with high utilization;
- Reduce the burden of the complex comorbidities associated with high utilization; and
- Allow for single interventions to address multiple conditions beyond high utilization.

The prevention approach is achieved through partnerships between healthcare, community and faith-based organizations, public health, and other sectors (e.g. transportation, community development, infrastructure, etc.) to foster broader community-wide changes toward greater health, wellness, and equity. These collaborative engagements are necessary to disrupt the synergistic interplay of the medical conditions and social factors that affect high utilizers within the community environments for which they live. Healthcare can disrupt the pathway of high utilization and improve overall population health by working alongside communities and across sectors to advocate for community-wide changes that advance health and reduce high utilization. The healthcare sector possesses the clinical expertise, analytic capacity, key relationships, and credibility to leverage cumulative impact across multiple sectors, and move the needle on the complex health issues related to high utilization.

For additional details on a prevention approach to high utilization, please read the following exploratory paper, [Disrupting the Pathway: A Prevention Approach to Medical High Utilization](#), or visit our website, www.preventioninstitute.org.

For more information on Prevention Institute and the prevention approach to high utilization, please contact us at prevent@preventioninstitute.org or 510-444-7738.

Acknowledgements

Funding for this factsheet was provided by Blue Shield of California Foundation. Prevention Institute would also like to thank our longstanding philanthropic partners The California Endowment, The Kresge Foundation, and Kaiser Permanente, which helped to make this effort possible.

References

ⁱAgency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey HC-155 2012 Full Year Consolidated Data File. Agency for Healthcare Research and Quality Website. http://meps.ahrq.gov/mepsweb/data_stats/download_data/pufs/h155/h155doc.pdf. Published September 2014. Accessed February 2016.

ⁱⁱCenters for Medicare & Medicaid Services. National Health Expenditure 2014 Highlights. Centers for Medicare & Medicaid Services website. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/highlights.pdf>. Accessed August 2015.

ⁱⁱⁱDHCS Research and Analytic Studies Division. Understanding Medi-Cal's High Cost Population. <http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20D/PDF%20DataSymposium03042015Watkins.pdf>. Published March 2015. Accessed January 29, 2016.

^{iv}Berwick DM, Nolan TW, Whittington J. The Triple Aim: Care, Health, And Cost. *Health Affairs*. 2008; 27(3):759-769. <http://content.healthaffairs.org/content/27/3/759.full>. Accessed February 19, 2016.