

# Preface

It is well established that healthcare spending in the United States is unsustainable. In the United States, we spend over 17 % of gross domestic product on healthcare, and many states are struggling to maintain adequate revenue for vital services such as public education due to encroaching healthcare spending. We also are well aware that the quality of the healthcare provided for these exorbitant costs is lacking. The United States ranks 27th in life expectancy among the 34 OECD countries, and health outcomes are particularly poor for minority populations and those with social disadvantage.

There have been many efforts to address issues related to the high cost and poor quality of the US healthcare system. Targeted interventions, such as use of generic medications, and preventive measures, like vaccines, have demonstrated cost savings while maintaining or improving quality. The emerging role of technology in healthcare holds promise for improvements in health with reductions in cost. Perhaps one of the most robust health system changes that may address the cost/quality chasm is aligning payment and clinical delivery systems while holding these systems accountable for health measures across the population. Such Accountable Care Organizations, or ACOs, may shift the focus of healthcare toward lower cost population-based interventions, as opposed to procedures and treatments that increase revenue for the medical system but offer little in terms of health improvement.

Those who are responsible for paying for healthcare recognize that individuals with a high burden of medical and psychiatric disease tend to engage with the medical system in a cost-ineffective manner. Adding in vulnerabilities such as poverty, homelessness, and limited education contributes to even higher medical spending and often related poor health. Our current healthcare system imposes significant complexities and barriers, such as limitations in health insurance coverage and logistical challenges in accessing needed treatments. Further, socially disadvantaged individuals with combined medical and psychiatric disease are often the ones who struggle the most to navigate such a complicated health system. To lower healthcare spending through improved health, there must be a comprehensive approach to addressing the needs of this vulnerable population.

Integrated case management (ICM) was developed by the INTERMED group in Europe and has been adapted for use within the US medical and payment systems. ICM provides a systematic method for identifying and addressing the needs of patients in multiple domains: biological, psychological, social, and health system related. Through ICM, case managers are educated to conduct comprehensive assessments with a combined focus on fact gathering and relationship building with patients.

Following this initial evaluation, the ICM tools facilitate the categorization and scoring of multi-domain vulnerabilities. From this distillation of the patient's biopsychosocial and health system profile, patient-centered and healthcare system-related goals are identified, and actions required to achieve these outcomes are described. Progress is monitored as case managers work with patients and clinicians to complete action items and achieve stated goals. ICM has the benefits of being easily interpreted and understood by practitioners and patients alike, providing use in both clinical and payment settings, and being available for adult and pediatric populations.

In this era of focus on population health outcomes and healthcare costs, physician leadership is vital. Physicians need to make clinical decisions that apply directly not only to the medical care they are providing but also to the upstream environmental and social factors affecting the health of the population they serve. Physicians must recognize that they are unable to tackle both of these initiatives without the support of other clinical and non-clinical staff, and physicians need to build health systems that embrace these concepts of interdisciplinary teamwork. Finally, physicians are in a prime position within the healthcare system and their broader communities to build relationships across agencies that support prevention and a path toward health.

This book was written to help physicians understand the importance of addressing the needs of patients who present with combined poor health and high healthcare-related costs, as well as the nature of working with others within and outside of the medical field to improve outcomes. The nuts and bolts of ICM will be described, as well as the concrete issues to consider when implementing an ICM program into a clinical and/or payment system. The rationale for how ICM contributes to value enhancement and methods for demonstrating its success are introduced. Ultimately, this book provides a guide to increasing the effectiveness of physicians working with case managers, both as leaders and as partners in clinical care.

As such, this book may be used to learn about concrete aspects that assist and support professionals delivering integrated case management and to imagine and foster the development of a healthcare system that works. A healthcare system where actions and outcomes are aligned to improve healthcare quality and the multiple areas that contribute to poor outcomes—both within and outside the healthcare system walls—are addressed in a proactive and comprehensive manner. In such a system, patients may become healthier with improved satisfaction in their medical

care, thus reducing their need for costly interventions and lowering overall health-care use. By realizing these individual changes person by person throughout a population, we may seamlessly correct our current unsustainable trajectory through substantial reductions in cost with simultaneous improvements in health.

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Physician's Guide

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