COMPREHENSIVE CARE INSTITUTE

Comprehensive Care Program
THE UNIVERSITY OF CHICAGO

COMPREHENSIVE CARE CONFERENCE **REPORT**

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INTRODUCTION

The inaugural Comprehensive Care Conference took place in Chicago on October 12, 2023 and was organized by the University of Chicago Comprehensive Care Program and the Comprehensive Care Institute (CCI) with funding from the Agency for Healthcare Research and Quality (AHRQ). The conference built on over a decade of work that has explored interventions that address the implications of fragmented medical care and a series of learning collaboratives with medical centers across the country and internationally.

U.S. health care is often highly fragmented, focusing on diseases and organ systems rather than holistic approaches that address the full range of patients' medical, psychological and social needs and broader structural determinants of health. Discontinuities in care and disruptions to doctor-patient relationships may especially contribute to adverse outcomes, and higher costs, for patients who have been hospitalized. Evidence, including from studies we have done of our Comprehensive Care Program (CCP) that provides patients with care from the same doctor in and out of the hospital, suggests that continuity in the doctor-patient relationship can reduce hospitalization and improve health outcomes.1 Continuity of care may especially benefit patients who are at increased risk of hospitalization and have complex medical and social needs and account for a large fraction of health care spending in the U.S. However, the traditional care coordination (CC) models that have been widely adopted have not been well-studied and do not change the underlying fragmentation of care.2 Those that have been well-studied have often failed to improve outcomes, such as hospital readmissions. Even fewer CC interventions, if any, have recouped their costs.

INTRODUCTION

Reasons for these disappointing results include that these CC programs are costly and hence often short-term, which increases the size and variability over time of care teams, potentially reducing the strength of doctor-patient relationships, and that these programs have little capacity to address long-term drivers of health disparities, including patient's psychological needs and social determinants of health.

In an effort to defragment care and improve health for patients at increased risk of hospitalization, Dr. David Meltzer and his team have, since 2010, developed, implemented, evaluated, and begun to disseminate the Comprehensive Care Physician (CCP) model which offers patients at increased risk of hospitalization care by a CCP physician in clinic and the hospital. We have evidence from UChicago Medicine (UCM) that CCP substantially improves patient experience and outcomes, including reducing hospitalization. We have also found that more socially vulnerable (dual-eligible) patients, who are more often medically underserved before CCP enrollment, may benefit from a version of CCP that adds systematic screening for unmet social needs, access to community health workers, and a community-based arts and social program to address unmet social need and empower patients, the Comprehensive Care, Community and Culture Program (C4P). Early findings of an RCT suggest C4P produces larger reductions in hospitalization rates compared to CCP.

CONFERENCE GOALS

The Comprehensive Care Conference convened clinicians, patients, and leaders from medical centers, including academic medical centers, community hospitals, federally-qualified health centers, and social service organizations from across the country interested in further exploring the topic of comprehensive care. The conference was organized to accomplish the following goals:

01 Convene stakeholders who have implemented or are interested in implementing models of care that defragment care for patients at increased risk of hospitalization.

02 Through conference presentations and interactive workshops, share tools and frameworks for how to successfully implement and evaluate comprehensive care models in a range of health care settings to support the dissemination of evidence-based comprehensive care models.

03 Collectively create and share deliverables for participants to continue to participate in dialogue and knowledge sharing throughout the course of the year following the conference.

CONFERENCE SESSION FINDINGS

SESSION 1: Rationale and State of Evidence on Comprehensive Care Models

Dr. David Meltzer, MD PhD

- The UChicago Comprehensive Care Physician (CCP) model grew out the need to address the adverse impact of fragmentation of relationships between doctors and patients by providing patients at increased risk of hospitalization with care from the same physician in both the hospital and the clinic.
- The CCP model has been evaluated in a 2,000-person randomized trial comparing CCP to standard care and has demonstrated statistically significant improvements in patient experience, mental health outcomes and reductions in hospital utilization, with the largest reductions in hospitalization in patients with traditional Medicare who are not dual-eligible.
- Reducing hospitalization and improving outcomes in dual-eligible patients may be further improved by enhancement of the CCP model to include systematic screening for unmet social need, support from a community health worker, and a community-based arts and culture program, a model that is called the Comprehensive Care, Community and Culture Program.

SESSION 2: Scaling Population Health Interventions

Dr. Sree Chaguturu, MD

- CVS Health has broad experience scaling of population health interventions, including its Minute Clinics, which it developed internally and a team-based primary care model, Oak Street Health, which it acquired by purchase of Oak Street, and also population health analytics, management capabilities and financial risk mitigation strategies, which it is developing internally and applying to partnerships with health systems.
- Developing and maintaining trust from customers and employees has been critical for the success of CVS's efforts in this area.
- The ability to understand and adapt to policy and regulatory risks has been critical to business success.

CONFERENCE SESSION FINDINGS (CONT.)

SESSION 3: Implementation and Adaptation of Comprehensive Care Models: Institutional, Multi-disciplinary Provider, and Patient Perspectives

Dr. Francis Balucan, MD; Dr. Cressa Perish, MD; Dr. Neeraj Mendiratta, MD

- Comprehensive care models care be implemented successfully in a range of health care settings, including academic medical centers, community hospitals, and fully integrated large healthcare systems.
- Longitudinal care from multidisciplinary care teams is key to comprehensive care model success in addressing medical and social needs for patients who are at increased risk of hospitalization.

SESSION 4: Strategies to Address and Defragment Care for Unmet Social Needs for Patients Who Are Frequently Hospitalized

Emily Perish, MPP; Nicole Gier, LCSW; Alice Setrini, JD

- As health care and social service systems address the unmet social needs of patients, it is necessary to take perspectives that balances what people need with what they have and value. Building trust with a care team and creating space for patients to share their needs and strengths is a start towards this aim.
- Tackling the underlying structural and systemic barriers that underpin patient needs is critical to sustainable reduction of the adverse impacts of social determinants of health.

SESSION 5: Comprehensive Care Career Trajectory Panel Discussion

Dr. Vinny DiMaggio, MD; Nicole Gier, LCSW; Dr. Joyce Tang, MD/MPH; Dr. Neeraj Mendiratta, MD

- Comprehensive care positions have provided satisfying career trajectories for physicians at several academic medical centers.
- There are strong teaching opportunities related to longitudinal provision of care in academic medical centers.
- Comprehensive care emphasizes relational care vs. transactional care, which has become the norm in many healthcare settings.
- Building a pipeline of individuals interested in working in comprehensive care teams, including physicians, social service providers, and nurses is needed to ensure model sustainability.

SUMMATIVE REFLECTIONS FROM FINAL SESSION DISCUSSION

There is strong interest in building community around the topic of comprehensive care. Few opportunities exist to engage with peers across the US about not only the challenges of managing complex medical conditions, but also evidence-based strategies and models to address and improve complex medical and social needs.

Multi-disciplinary team members play a critical role in the success of comprehensive care models and must include workforce to address unmet social needs.

There is interest in deepening knowledge and skills in a range of elements of comprehensive care implementation.

It will be important to build a pipeline of clinicians prepared to participate in comprehensive care model teams.

RECOMMENDATIONS

The following recommendations for advancing the quality and efficiency of care for individuals who are frequently hospitalized have come out of the 2023 Comprehensive Care Conference:

1. Build a community of practice:

An organized network of healthcare and social service practitioners to connect with one another, share best practices, engage in professional development opportunities, and collaborate on projects that address fragmentation in healthcare and its adverse outcomes does not yet exist. The conference participants propose that one is created that builds off of inaugural Comprehensive Care Conference and monthly Comprehensive Care Grand Rounds webinars. To start, the Comprehensive Care Institute will carry this recommendation forward in the following ways:

- Formalize regular communications with conference participants and the broader Comprehensive Care Community of Practice through a quarterly newsletter that highlights key topics in care continuity and whole-person approaches to care, shares the work of partner sites, and links to relevant resources and opportunities for professional development and networking.

- With input from the Comprehensive Care Community of Practice, define key model elements and quality benchmarks for implementing and evaluating comprehensive care models.

- Develop professional development opportunities for trainees and other healthcare and social service practitioners who are interested in building skills related to comprehensive care

RECOMMENDATIONS

2. Facilitate future opportunities to convene:

Another recommendation from conference participants was to organize and facilitate regular and ongoing convening activities. This will include the following:

- Future conferences: There was a strong recommendation for future Comprehensive Care Conferences. The planning team aims to seek funding for and host annual, in-person conferences. A next conference will focus on applying an implementation science lens and skillset to the implementation and evaluation of comprehensive care models. Future conferences will build on this and highlight comprehensive care model implementation in a range of settings, including academic, community, public, rural, and other environments to better understand the nuances of model adaptation and patient populations in various contexts.

- Regular, virtual learning collaborative sessions: Between annual conferences, the Comprehensive Care Institute will collaborate with the Comprehensive Care Community of Practice to organize and host learning collaborative sessions. These will include ongoing, monthly Comprehensive Care Grand Rounds and regional community meetings where feasible.

- Site visits: Opportunities for interested practitioners to visit the UChicago Medicine Comprehensive Care Program site and other sites that have implemented comprehensive care models to meet and spend time with the respective clinical teams and observe the programs' operations. These visits may be optimally organized to align with future Comprehensive Care Conferences or other major national conferences.

RECOMMENDATIONS

3. Provide tools/supports to sites interested in implementing comprehensive care models:

There was significant interest in accessing tools that guide the comprehensive care implementation process and address topics including how to launch a comprehensive care model with limited resources, how to make the business case for implementation to institutional leaders, and how to collect data to measure the impact of model implementation. The Comprehensive Care Institute will continue to refine an implementation toolkit and based on experience implementing comprehensive care models and with input from other partners who have or are implementing care continuity models in their settings. The CCI team will also be available for hand-on guidance and support to prospective sites interested in implementing and evaluating comprehensive care models.

4. Pursue opportunities for further evidence gathering:

Conference participants recommended that this newly forming Comprehensive Care Community of Practice also collaborate on projects that further build the evidence-base for comprehensive care. This includes participating in multi-site demonstration projects to assess the effectiveness of comprehensive care models in other settings and through randomized trials. In addition, in order to improve the scalability of comprehensive care models, it is important to also evaluate the process of implementing these models.

CLOSING

There is great opportunity to improve how health care and social service systems work together to address the needs of patients/clients and how they take into account their full set of needs and strengths as a person. Much of the opportunity is rooted in longitudinal relationships, particularly those between patients and their care teams where trust is built over time. Spreading models of comprehensive care, like the Comprehensive Care Physician (CCP) model, that defragment care for patients who are frequently hospitalized holds promise for transforming these systems. The 2023 Comprehensive Care Conference successfully brought together physicians, nurses, social service providers, hospital leaders, and patients to begin an intentional step towards building a community of practice. There is great enthusiasm from participants in continuing the collaborations developed through this year's conference participants and welcoming others interested in comprehensive approaches to improve health care outcomes and overall well-being.

ACKNOWLEDGEMENTS

We would like to acknowledge the **Agency for Healthcare Research and Quality (AHRQ)** for funding the inaugural Comprehensive Care Conference and related activities. Additionally, the **Patient-Centered Outcomes Research Institute (PCORI)** is funding the current Comprehensive Care, Community and Culture Program (C4P) study at the University of Chicago. Finally, we thank **Deborah and Marshall Wais** for their ongoing support of the Comprehensive Care Institute.

We thank you for your continued support and partnership in our efforts to improve the quality of care for patients who are frequently hospitalized

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