

New study reveals Ontario's high-cost healthcare users

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A new study examining high-cost healthcare users in Ontario released by researchers at the University of Toronto has identified the types of patients who are high-cost users, the continuums of care that propel these high costs, and what the costs of this care were.

"Who are the high-cost users? A method for person-centred attribution of healthcare spending" employed a new approach to determine the individual patients who are the drivers of healthcare spending. By seeking to understand costs by following individuals who consume a large portion of the overall costs, this information can be used to inform and target improvements in efficiency, effectiveness, and enhanced quality of care.

"In looking at the issue of high-cost users from this unique perspective," said lead author Dr. Sara Guilcher, Assistant Professor at the Leslie Dan Faculty of Pharmacy, "we were able to construct person-centred episodes of care, tracking patients' care journeys from their first point of contact in an acute care setting through any subsequent care until they had recovered and returned to the community."

Using data from health administration databases housed at the Institute for Clinical Evaluative Sciences (ICES), the study examined all publicly funded health system encounters in Ontario over a one-year period. Using unique encoded identifiers, the study essentially followed patients on their journey through the healthcare system as they received care from various healthcare providers, went through tests, and engaged in

the recovery process. Ultimately, this approach established broad categories or archetypes for high-cost users.

"Because transitions involve care across different providers, it is essential to use a patient perspective and measure individuals' transitions over time," said senior author Dr. Walter Wodchis, Associate Professor of the Institute for Health Policy, Management and Evaluation at the University of Toronto.

By constructing high-cost health systems users in this way, the researchers were able to identify the main clinical groupings where individuals have intensive and high-cost interactions with the healthcare system.

"We discovered that the individuals in the highest fifth percentile of healthcare expenditures could be meaningfully grouped into several broad categories, such as planned surgical, unplanned medical, post-admission events, trauma, mental illness and addiction, and cancer episodes," explained Dr. Guilcher. "In doing so, we can see how costs can be attributed to individuals within the various healthcare sectors and use that information to inform decisions about performance measurement, payment models for high-cost patient groups, and facilitate service organization, care planning and payment for high cost patients across all care providers."

The study revealed that even though the number of patients in some of these groupings (for example mental health and addictions or trauma) may be lower in volume than other groupings (for example planned surgeries), the costs per episode may be significantly more.

"Especially with an aging population, it is important for policy-makers to monitor the volume of [patients](#) who fall into these categories and explore new ways to provide quality services to reduce overall episode-related

costs, as even slight increases in volume have the potential to substantially increase overall healthcare costs."

"Given rising healthcare [costs](#), it is increasingly important for healthcare systems across Canada to provide efficient value-based and needs-driven care, especially for high-cost patient populations," said Dr. Guilcher.

More information: Sara J. T. Guilcher et al. Who Are the High-Cost Users? A Method for Person-Centred Attribution of Health Care Spending, *PLOS ONE* (2016). [DOI: 10.1371/journal.pone.0149179](https://doi.org/10.1371/journal.pone.0149179)

Provided by University of Toronto

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