

# Intensive management for sicker patients increases outpatient care but not costs

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Intensive management of patients at high-risk for hospitalization increases use of outpatient care but does not increase overall costs. While the costs associated with caring for these patients were not reduced, researchers found that the costs shifted from inpatient to outpatient services. Findings from the Department of Veterans Affairs study are published in *Annals of Internal Medicine*.

Primary care models that offer comprehensive, accessible care to all patients may not have sufficient resources to meet the needs of patients with complex chronic conditions, or the "sickest of the sick." These patients often need more intensive services, such as psychosocial care. To address their needs, many health systems are piloting intensive management models that include interdisciplinary teams, care coordination, and support for care transitions. It is believed that these interventions may reduce hospitalizations and emergency department visits if they are implemented early when patients are first identified as high-risk. However, it is not known whether augmenting [primary care](#) would actually lower utilization and [costs](#) for these high-risk patients.

Researchers from the VA medical centers in Palo Alto and Los Angeles, CA conducted a randomized, controlled, quality improvement trial to test the effectiveness and costs of intensive outpatient primary care targeted to patients at high risk for hospitalization. High-risk patients at five different VA sites were randomly assigned to intensive management or usual care. Intensive management teams provided services such as mental health, social work, home visits, and coordination of care with specialists. They also promoted use of other needed services such as geriatrics and palliative care. The researchers found that intensive management increased [outpatient care](#) usage, but did not increase costs. According to the authors, these findings suggest that intensive [management](#) shifted [patients'](#) care towards appropriate types of care.

**More information:** *Annals of Internal Medicine* (2018).

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