Population health perspective on high users of health care

Role of family physicians

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There is little doubt that system transformation is necessary to achieve sustainable and high-quality health care for Canadians. In recent years, the care and management of high users of health care has emerged as a focal point for developing a sustainable health care system. Despite a focus on this population, the following questions have been relatively overlooked: What is the relationship between high users of health care and population health, and how can family physicians address traditionally nonclinical issues to contribute to system transformation? In many provinces, much of the high-user attention has focused on ensuring appropriate and coordinated services for high users to improve outcomes and reduce costs. While these efforts are well intentioned, we believe that family physicians need to go beyond the clinic and hospital settings to address the social determinants of health (SDOHs) that contribute to high-user illness.

While there is no universal definition of *high user*, this population is generally quantified as the top 1%, 5%, or 10% of users, and is recognized as a small portion of the population that consumes a disproportionately high share of health care resources.[1] In a report released by the Toronto Central Local Health Integration Network in Ontario, the top 5% of health care users accounted for 58% of health expenditure in 2007 and required complex, resource-intensive care.[2] Canadian studies find this population is more likely to have multiple chronic illnesses, have serious psychological illnesses and addiction, come from disadvantaged population groups, be unemployed, and have limited social support.[1,2] Although the diseases and illnesses driving high-user burden vary little among socioeconomic groups, SDOHs both predispose such patients to becoming high users and affect patient trajectory once in the high-user group.[3]

Coordinating high-user care

It is widely known that SDOHs affect the life course and health care use of us all.[3] Moving forward, predictive models might screen for populations upstream of heavy resource use; while this and better high-user care might ease their burden, we propose that addressing SDOHs will delay or prevent patient transition into the high-user group and ensure better health outcomes for those in that group.[3] These issues are sometimes viewed as too large to tackle, and outside of the clinical sphere, but family physicians should view addressing these broad issues as important aspects of high-user care. As we move toward creating system transformation, family physicians can draw upon recent examples of addressing SDOHs at both a system and a clinical level.

At a system level, we can rethink health programs to not only better coordinate high-user care, but help family physicians to address the SDOHs of high users. Gawande details the recent efforts of Dr Jeffrey Brenner to use population health methods to achieve better high-user outcomes.[4] Brenner and his multidisciplinary team track "hot spots" (high users) and provide care beyond clinical medicine.[4] This includes finding adequate housing for underhoused patients; encouraging group support for those with psychological illness; helping the unemployed apply for unemployment insurance; and contacting patients daily for medication reminders.[4] Here in Canada, Ontario's Health Links program aims to reduce the cost of high users, prevent them from requiring use of the hospital emergency department, and better coordinate their care and management.[5] Health Links' governance acknowledges the importance of family physicians in high-user care by requiring a minimum of 65% of regional primary care providers to sustain the local Health Links program.[6] These programs can also be modified to fully coordinate social services that more adequately address the range of SDOHs that predict high use of health care and allow family physicians ready access to these resources.[4]

Family physicians can play a role in addressing SDOHs by identifying and characterizing patients' needs seen in practice.[1,7] To Brenner, this entails obtaining comprehensive demographic data (income, neighbourhood, social support, education, immigration status, etc) during patient encounters.[4,8] Beyond this, he optimizes the exchange of health information contained within electronic medical record and electronic health record databases to characterize health care use and unmet patient needs.[9] In Ontario, family physicians at St Michael's Hospital in Toronto have developed clinical tool kits for family physicians to help them screen for and address negative SDOHs in their offices; they also

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include suggested interventions.[10] Ultimately, physicians need to comprehend the lives of high users beyond their illnesses to achieve better health outcomes.[4]

Subsequently, this information can be used to develop care plans for high users that address SDOHs.[9,11] While many successful disease management models exist, family physicians should recognize that addressing SDOHs is vital to achieving positive health outcomes. The Chief Public Health Officer of Canada, Dr David Butler-Jones, proposes engaging in PACEM (partnership, advocacy, cheerleading, enabling, and mitigation) to address SDOHs.[12] *Partnership* describes collaborating with community groups who share an interest in SDOHs; *advocacy* describes supporting patient needs outside of the clinical setting; *cheerleading* describes becoming a voice for policy and supports that address inequalities; *enabling* describes leadership in evidence-informed practices and patient empowerment to achieve healthy outcomes; and *mitigation* describes addressing issues that unequally burden the health of specific populations.[12] If conducted for individuals and populations, this system- and clinical-level work would allow family physicians to both coordinate high-user care and address the social factors driving their health care use.

Unique value of family physicians

There is an abundance of evidence detailing the unique value family physicians provide to the health care system, and agreement that primary care is a key determinant of high-quality care for all patients. No doubt the core principles as outlined by the College of Family Physicians of Canada[13] are required to effectively manage and address the SDOHs of high users. Beyond the clinical knowledge required to manage the care of these persons, the patient-physician relationship and community-based practice of the family physician provide unique opportunities to care for high users. In a well-functioning health care system, most of these patients should have their first contacts with the system—and most contacts—with primary care providers. Possibly more important, the longitudinal nature of the family physician–patient relationship allows these providers to be uniquely situated to understand the social risk factors these persons and their communities face.

Family physicians should see themselves as playing the dominant role of building this relationship, and integrating and coordinating the patient's care.[14] Knowing the patient on a personal level, and understanding both community situations and resources, should allow family physicians to most effectively provide the patient-centred care high users require. Continuity of care with the family physician allows for this care to take place, and for high users to discuss issues related to SDOHs that might not be acknowledged or addressed in acute care and specialist settings. Ultimately family physicians should take on these unique roles in addressing the SDOHs of high users. While information and technology advances might make screening and managing the care of high users more efficient in the future, family physicians will remain the key informants, confidants, and advocates for these persons.

Conclusion

Focusing on high users of health care presents a substantial opportunity for physicians to make tangible improvements in health care provision. If population-based approaches are made tools in future practices, information gathering and research could be used to guide care of high users.[9] Physicians can focus on addressing high-user needs beyond traditional clinic and hospital settings.[9] Understanding and addressing social gradients is something all family physicians can do, not just those serving vulnerable populations. These changes could produce economic efficiencies in both the short and the long term owing to high-quality health delivery and avoidance of hospitalization for high users.[9] Beyond the issue of economic sustainability, more appropriate care delivery for high users by family physicians that addresses SDOHs will help address fundamental concerns of equity, efficiency, transformation, and the SDOHs. The time to act is now.

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Competing interests
None declared

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