

Serious Illness: A High Priority for Accountable Care

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At least 12 million adults and half a million children in the United States are living with a serious illness.^{1,2} A serious illness is a health condition that carries a high risk of mortality and commonly affects a patient for several years, such as metastatic cancer, heart failure, chronic obstructive pulmonary disease, and dementia.³ As the authors of “Gauging the Experiences of the Seriously Ill in California: Analyzing Serious Illness Beyond Medicare Fee-for Service” have highlighted in the current issue,⁴ individuals living with a serious illness are the disproportionate users of our health care system: 911 calls, emergency department visits, repeated hospitalizations, and polypharmacy occur 4 to 5 times more frequently in this population. Yet despite high utilization and spending, those with serious illnesses often receive low-value—even distressing—service from our health care system.^{5,6} In particular:

- Symptoms are often inadequately addressed. For example, 64% of people with metastatic cancer report high levels of pain, despite being under the active care of an oncology team.⁷
- Communication and shared decision making are insufficient. For example, fewer than 50% of hospitalized patients with a serious illness were ever asked what their personal preferences would be if a critical situation should arise,⁸ and only 47% of discharged patients report fully understanding their discharge instructions.⁹
- The outsized responsibilities placed on family caregivers are taking an enormous toll. More than 1 in 5 cite adverse impacts on their own health,¹⁰ and formal studies conclude that caregivers face a 63% increased risk of mortality.¹¹

Fortunately, accountable health care organizations are increasingly recognizing that the care of individuals with a

serious illness represents a prime opportunity for improvement. Value-driven providers, accountable care organizations, Medicare Advantage plans, and others are implementing effective strategies that improve quality of life while decreasing costs.

These strategies entail first identifying the population living with serious illnesses early enough to impact the course of their trajectory; the article in this issue provides important insight into a useful identification process. Once the population is identified, clinicians with appropriate training should work to clarify patients’ goals of care and assess both symptom and caregiver burden. Nurse care managers are often best situated to these conversations and can then work with the treating teams to modify care plans accordingly. For those with high levels of need, specialty palliative care teams should consult or co-manage the care, including providing home-based care when appropriate.

Together, building early identification processes, training key clinicians in communication and symptom management skills, and ensuring access to specialty palliative care when warranted make a dramatic difference in both the quality and the cost of care for individuals living with a serious illness.¹²

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