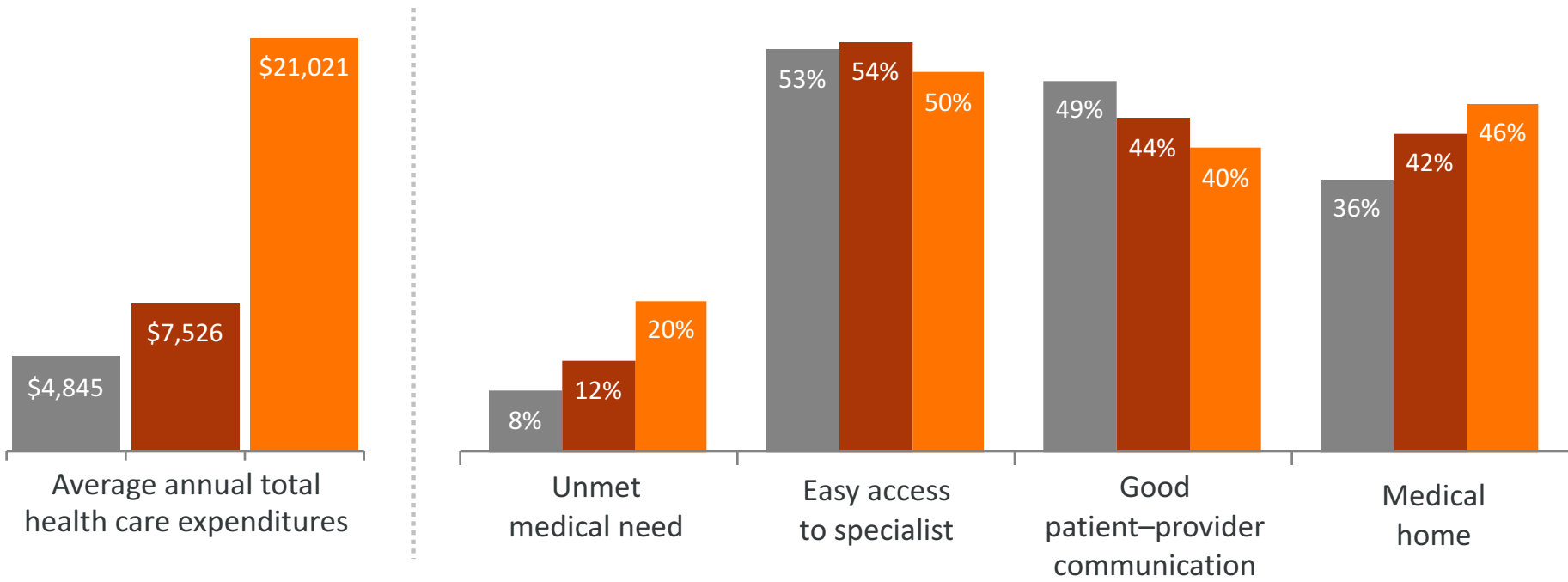


Despite Much Greater Health Care Spending, High-Need Adults Reported More Unmet Needs and Mixed Care Experiences

- Total adult population
- Three or more chronic conditions, no functional limitations
- Three or more chronic conditions, with functional limitations (high need)



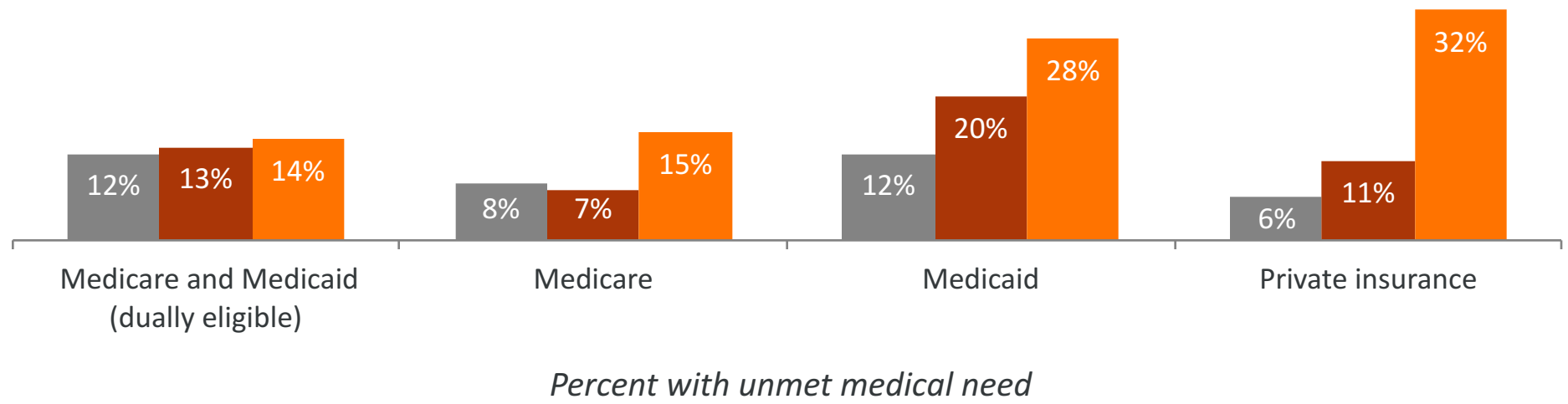
Note: Noninstitutionalized civilian population age 18 and older.
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: C. A. Salzberg, S. L. Hayes, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences*, The Commonwealth Fund, August 2016.



Unmet Medical Need Was Greatest Among High-Need Adults with Private Insurance

- Total adult population
- Three or more chronic conditions, no functional limitations
- Three or more chronic conditions, with functional limitations (high need)

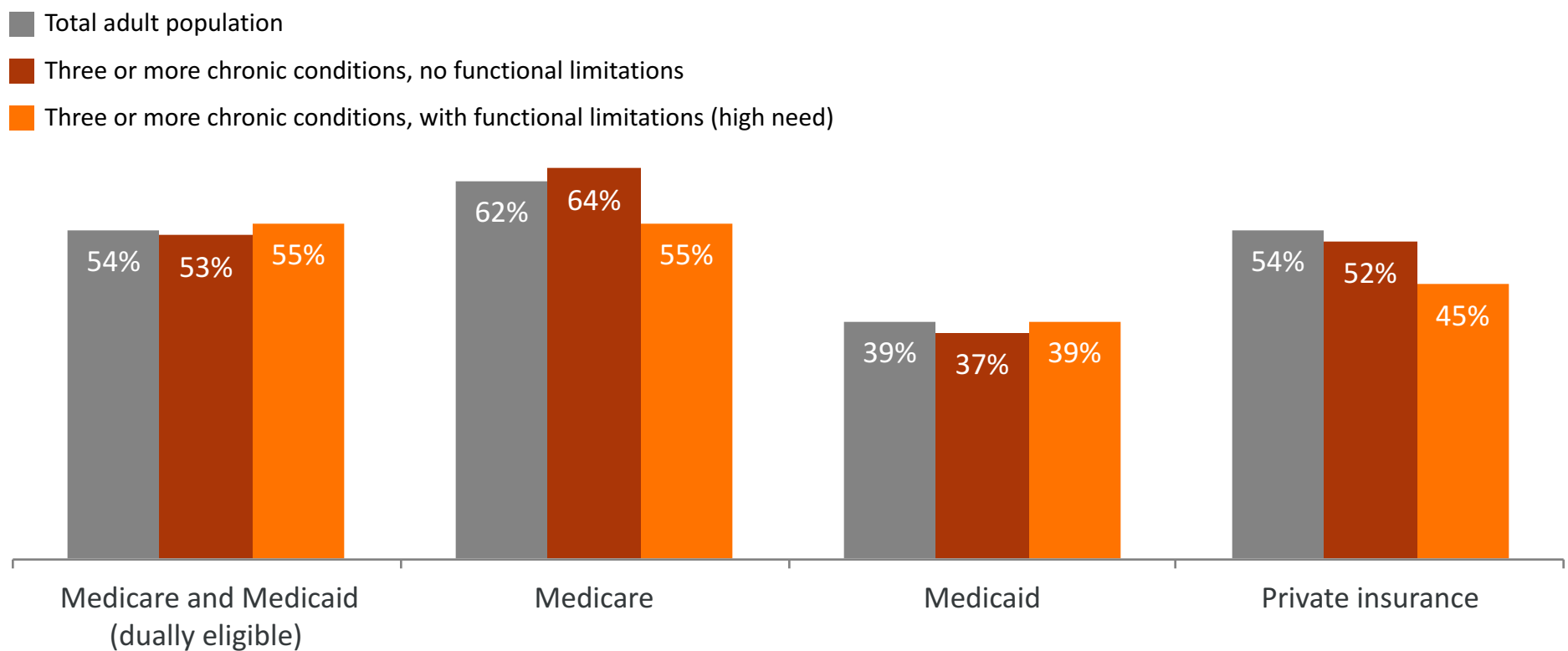


Notes: Noninstitutionalized civilian population age 18 and older. Unmet medical need means the respondent reported they needed necessary health care or prescription medicine but were unable to receive it or were delayed in receiving it during the past 12 months.
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: C. A. Salzberg, S. L. Hayes, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences*, The Commonwealth Fund, August 2016.



High-Need Adults with Medicare Were Most Likely to Report Easy Access to Specialists



Percent with easy access to a specialist among those who needed to see one

Notes: Noninstitutionalized civilian population age 18 and older. Easy access to specialist means the respondent reported they needed to see a specialist and that it was always easy to get a specialist referral.

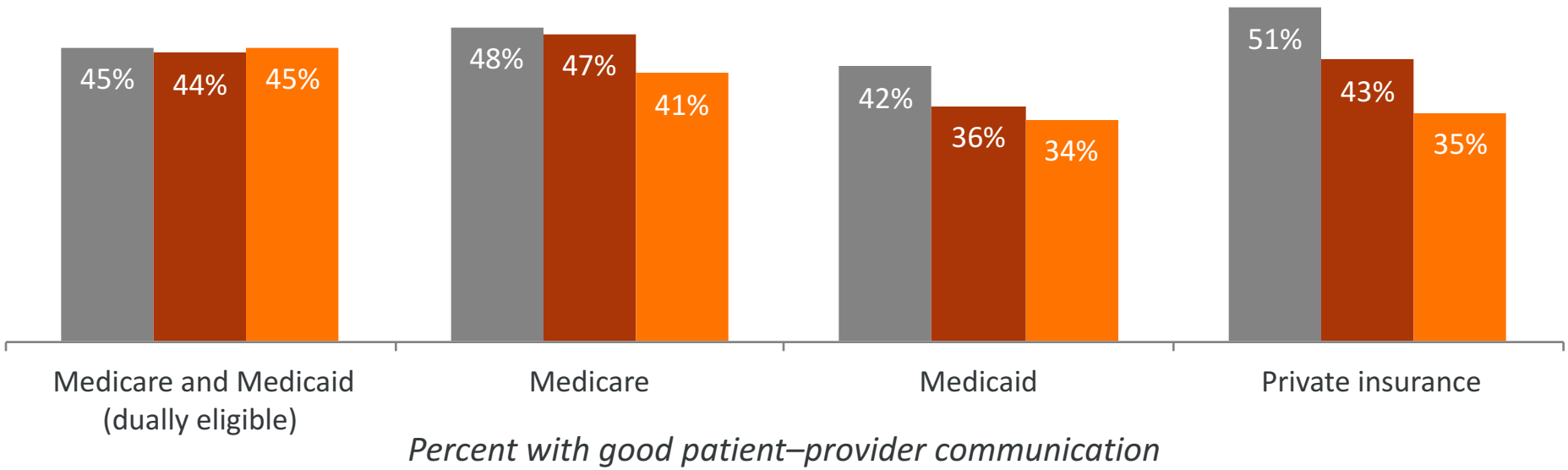
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: C. A. Salzberg, S. L. Hayes, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences*, The Commonwealth Fund, August 2016.



High-Need Adults Were Less Likely to Report Good Patient–Provider Communication

- Total adult population
- Three or more chronic conditions, no functional limitations
- Three or more chronic conditions, with functional limitations (high need)



Notes: Noninstitutionalized civilian population age 18 and older. This composite is restricted to respondents who went to a doctor’s office or clinic to get care and reported that health providers always: listened carefully; explained things in a way that was easy to understand; showed respect for what the patient had to say; and spent enough time with the patient.

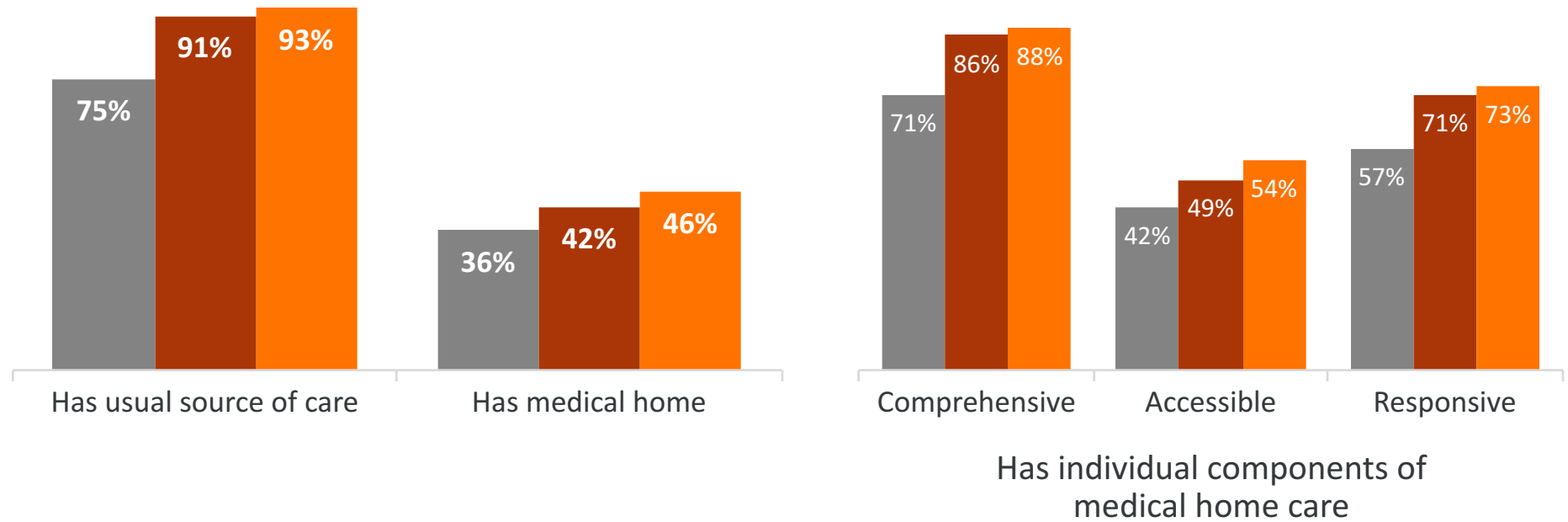
Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: C. A. Salzberg, S. L. Hayes, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences*, The Commonwealth Fund, August 2016.



High-Need Adults Were More Likely to Have Comprehensive, Accessible, and Responsive Care, Consistent with a Medical Home

- Total adult population
- Three or more chronic conditions, no functional limitations
- Three or more chronic conditions, with functional limitations (high need)



Notes: Noninstitutionalized civilian population age 18 and older. Medical home means the respondent had a usual source of care that provided comprehensive, accessible, and responsive care (i.e., engaged the patient in his/her own care). See How This Study Was Conducted for definitions of components.

Data: 2009–2011 Medical Expenditure Panel Survey (MEPS). Analysis by C. A. Salzberg, Johns Hopkins University.

Source: C. A. Salzberg, S. L. Hayes, D. McCarthy, D. C. Radley, M. K. Abrams, T. Shah, and G. F. Anderson, *Health System Performance for the High-Need Patient: A Look at Access to Care and Patient Care Experiences*, The Commonwealth Fund, August 2016.

