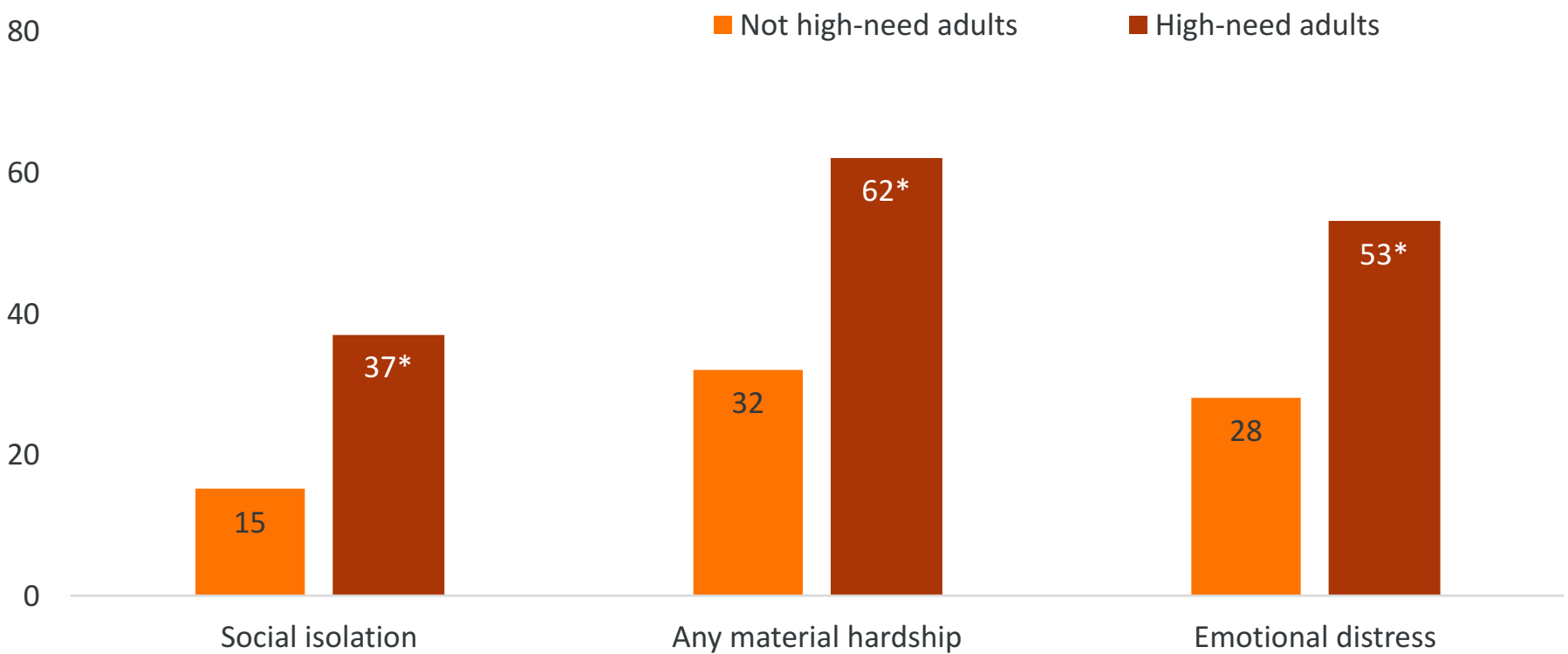


# Poverty and Social Isolation Are More Prevalent Among High-Need Patients

Percent reporting experiencing . . .



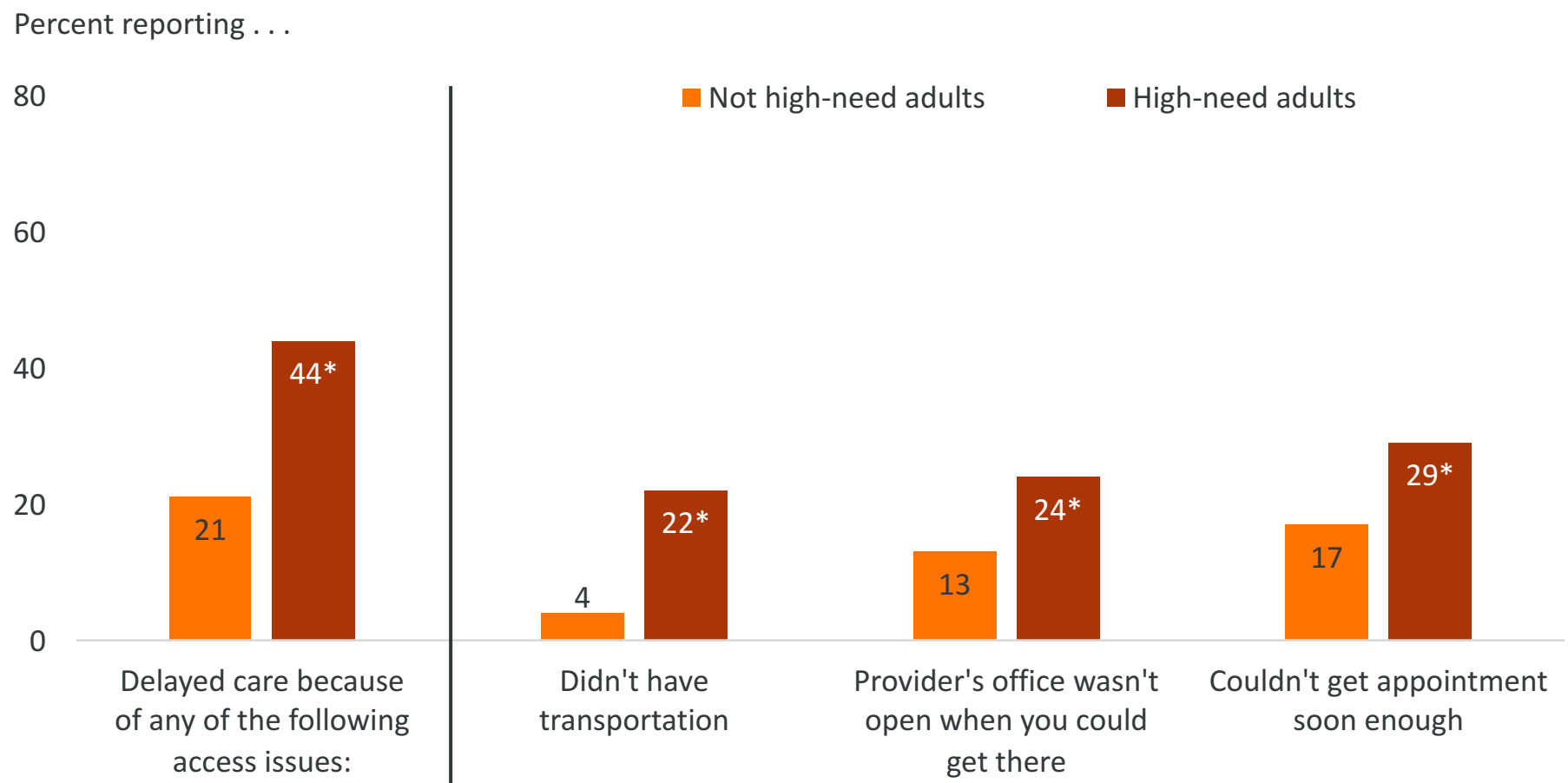
Notes: Social isolation = Reported often feeling left out, lacking companionship, or feeling isolated from others. Any material hardship = Reported worry or stress about having enough money to pay rent/mortgage, pay gas/oil/electric, or buy nutritious meals in the past year.

\* Significantly different from not high-need adults at the p<0.05 level.

Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.



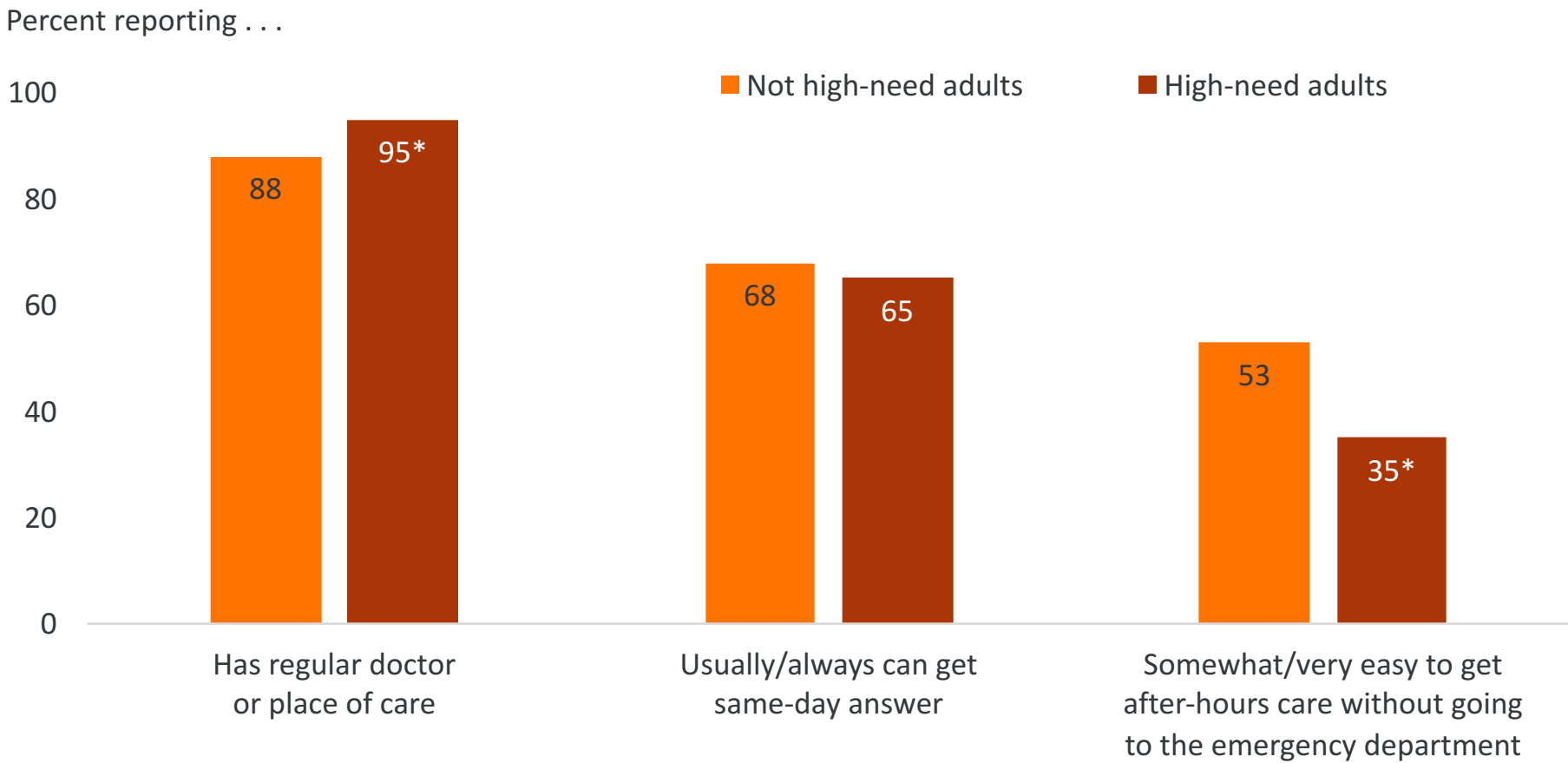
# High-Need Patients Experience Disparities in Timely Access to Care



\* Significantly different from not high-need adults at the p<0.05 level.  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.



# High-Need Patients Report Problems with Convenient Access to Care

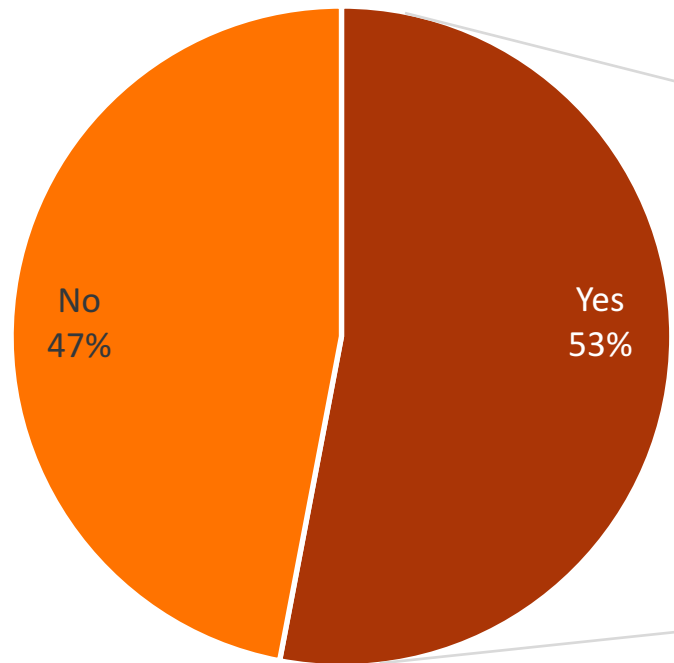


\* Significantly different from not high-need adults at the p<0.05 level.  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.

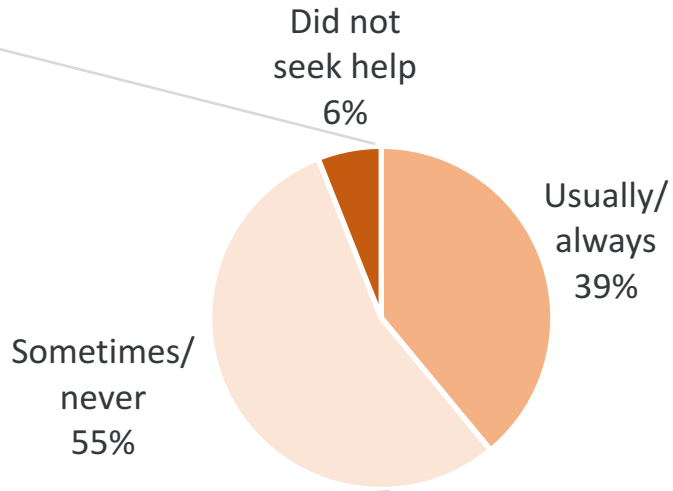


# Less Than Half of Distressed High-Need Patients Can Usually or Always Get an Appointment for Emotional Counseling as Soon as Needed

In the past two years, experienced emotional distress that was difficult to cope with alone



Can get an appointment for counseling as soon as needed



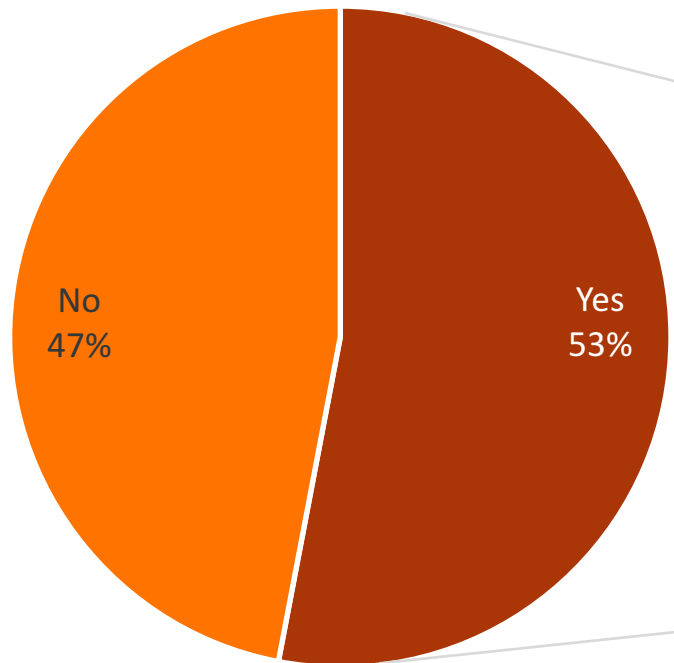
Base: High-need adults.  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.

Source: J. Ryan, M. K. Abrams, M. M. Doty, T. Shah, and E. C. Schneider, *How High-Need Patients Experience Health Care in the United States*, The Commonwealth Fund, December 2016.

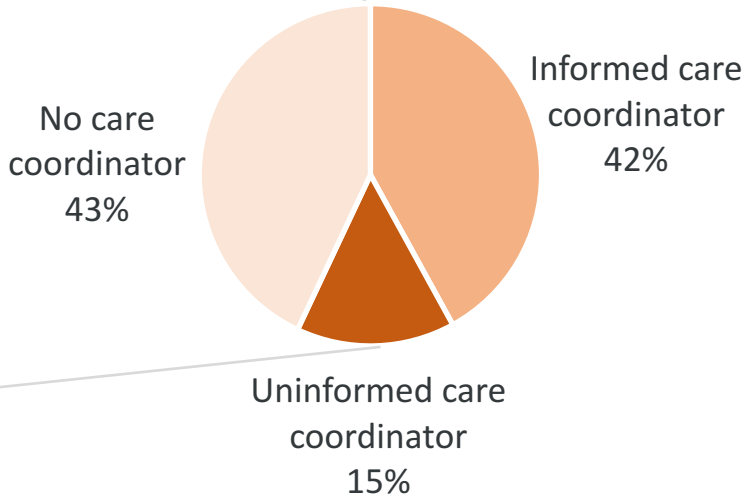


# Less Than Half of High-Need Patients Who Might Need One Have an Informed Care Coordinator

In the past two years, visited multiple doctors' offices or used multiple health care services



Has a care coordinator

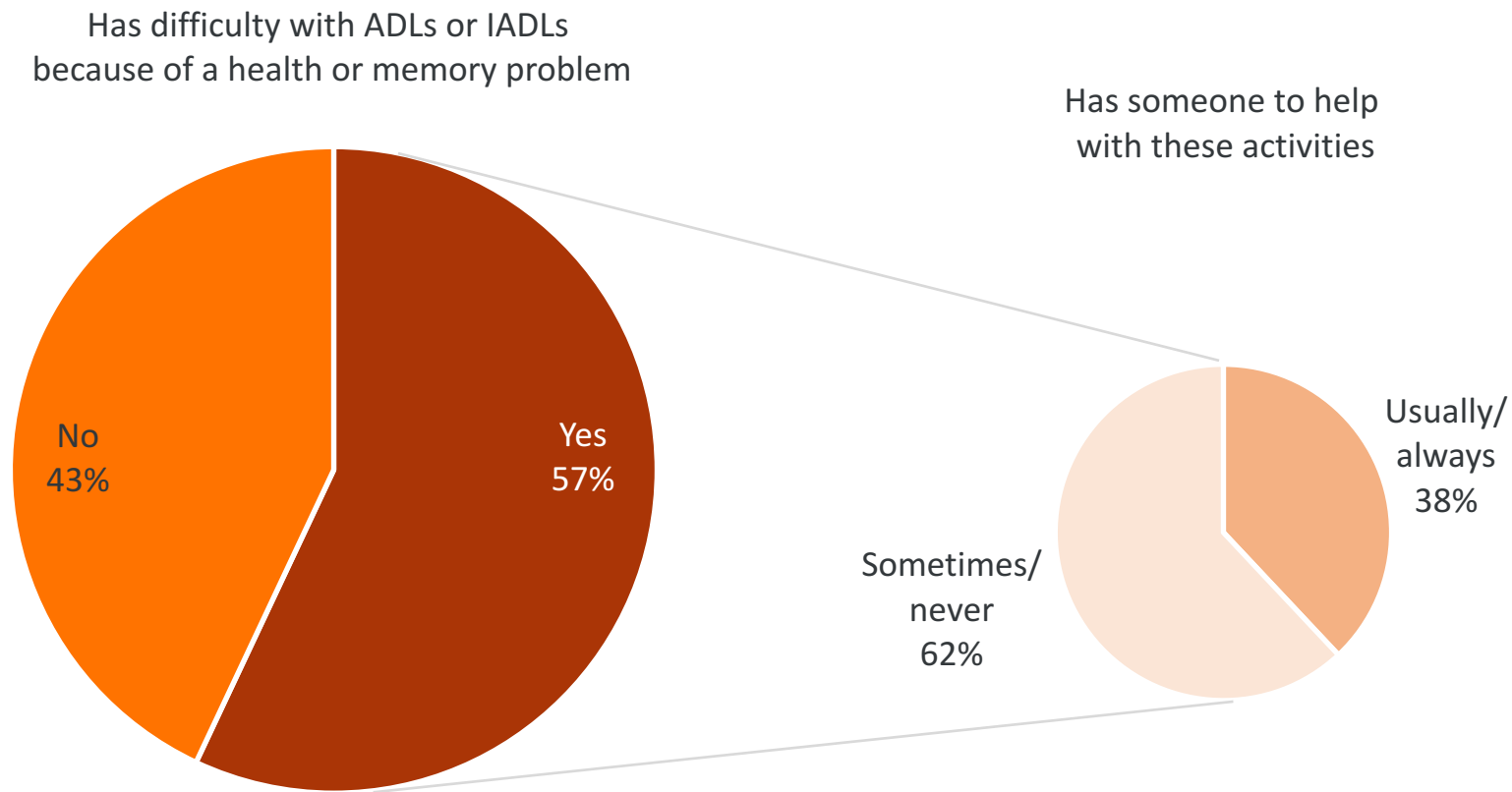


Base: High-need adults.  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.

Source: J. Ryan, M. K. Abrams, M. M. Doty, T. Shah, and E. C. Schneider, *How High-Need Patients Experience Health Care in the United States*, The Commonwealth Fund, December 2016.



# Few High-Need Patients with Functional Limitations Have Adequate Help with Activities of Daily Living

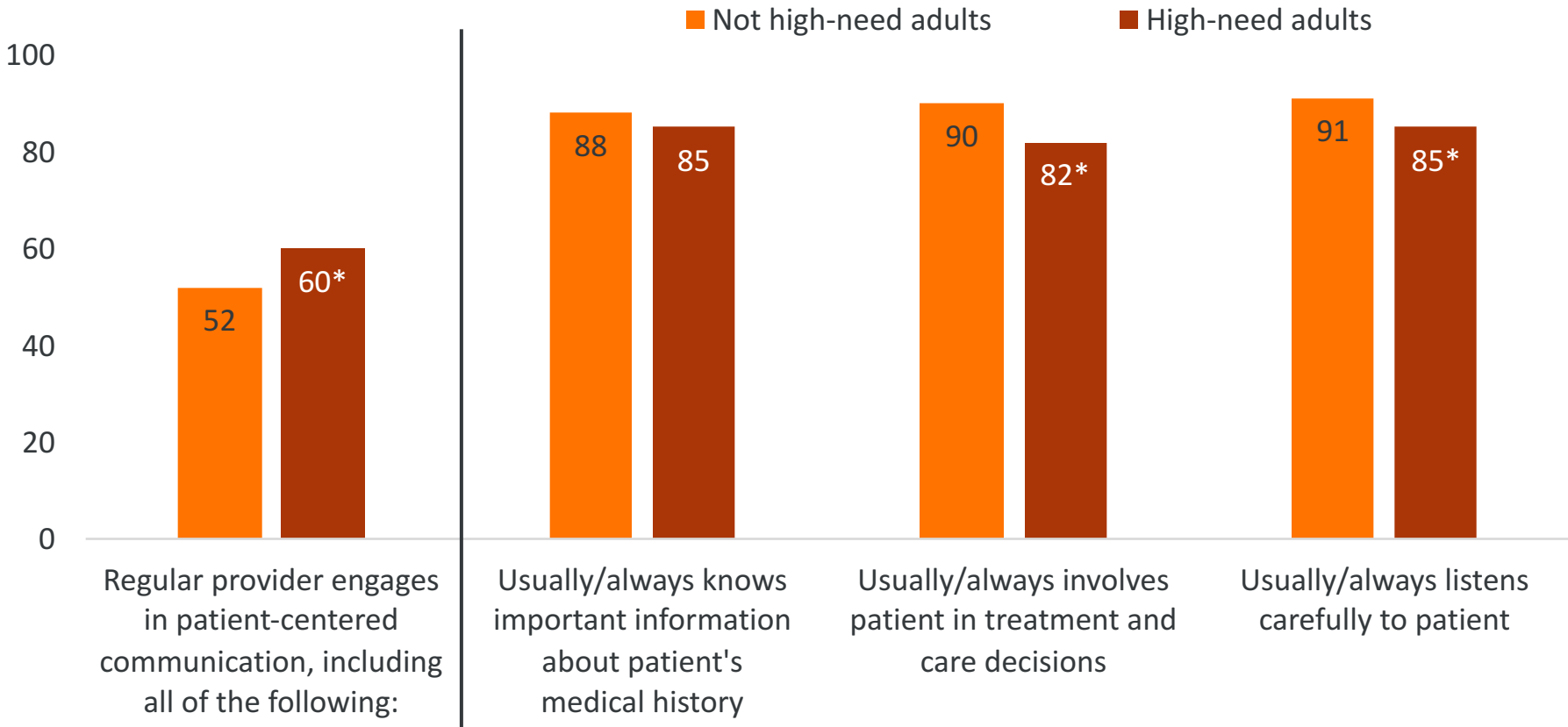


Base: High-need adults.  
Note: ADLs = activities of daily living (e.g., eating, bathing, dressing); IADLs = instrumental activities of daily living (e.g., housework, preparing meals).  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.



# There Is Room for Improvement in Patient-Centered Communication for High-Need Patients

Percent reporting . . .

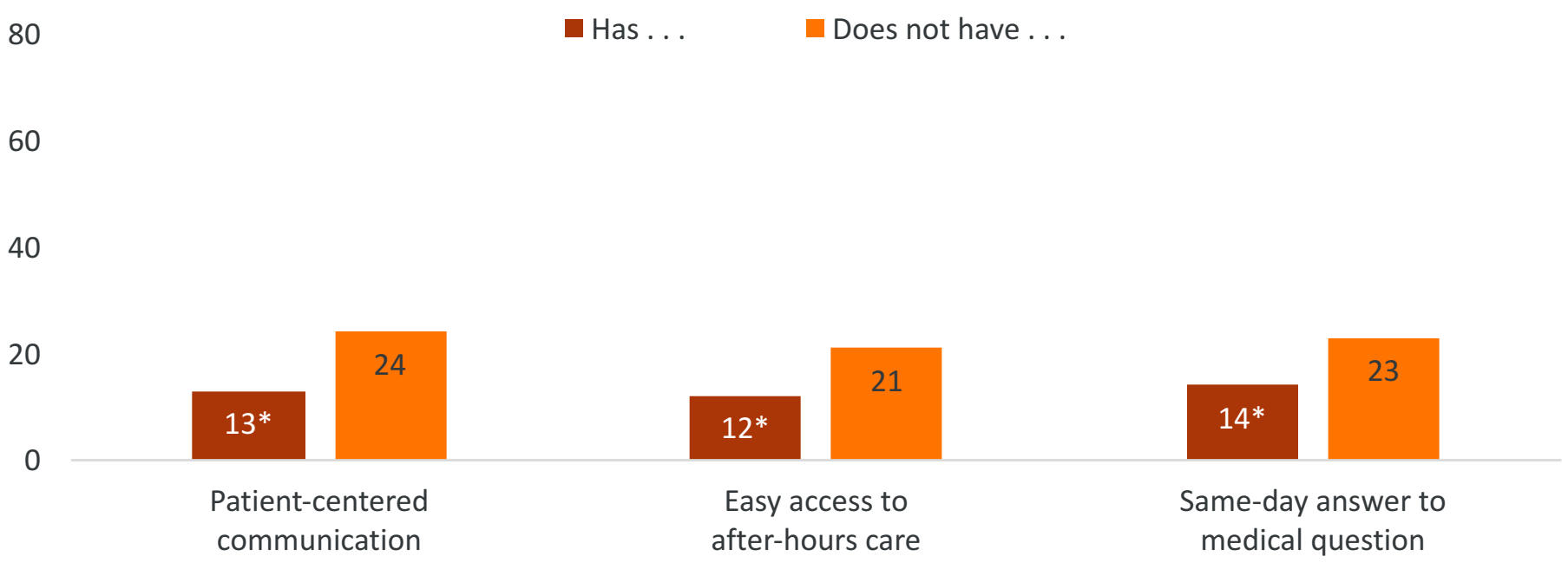


\* Significantly different from not high-need adults at the p<0.05 level.  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.



# For High-Need Patients, Good Access to Care and Communication with Provider Are Associated with Fewer Nonurgent Emergency Department Visits

Percent of high-need patients who reported using the emergency department for a condition that could have been treated in the doctor's office



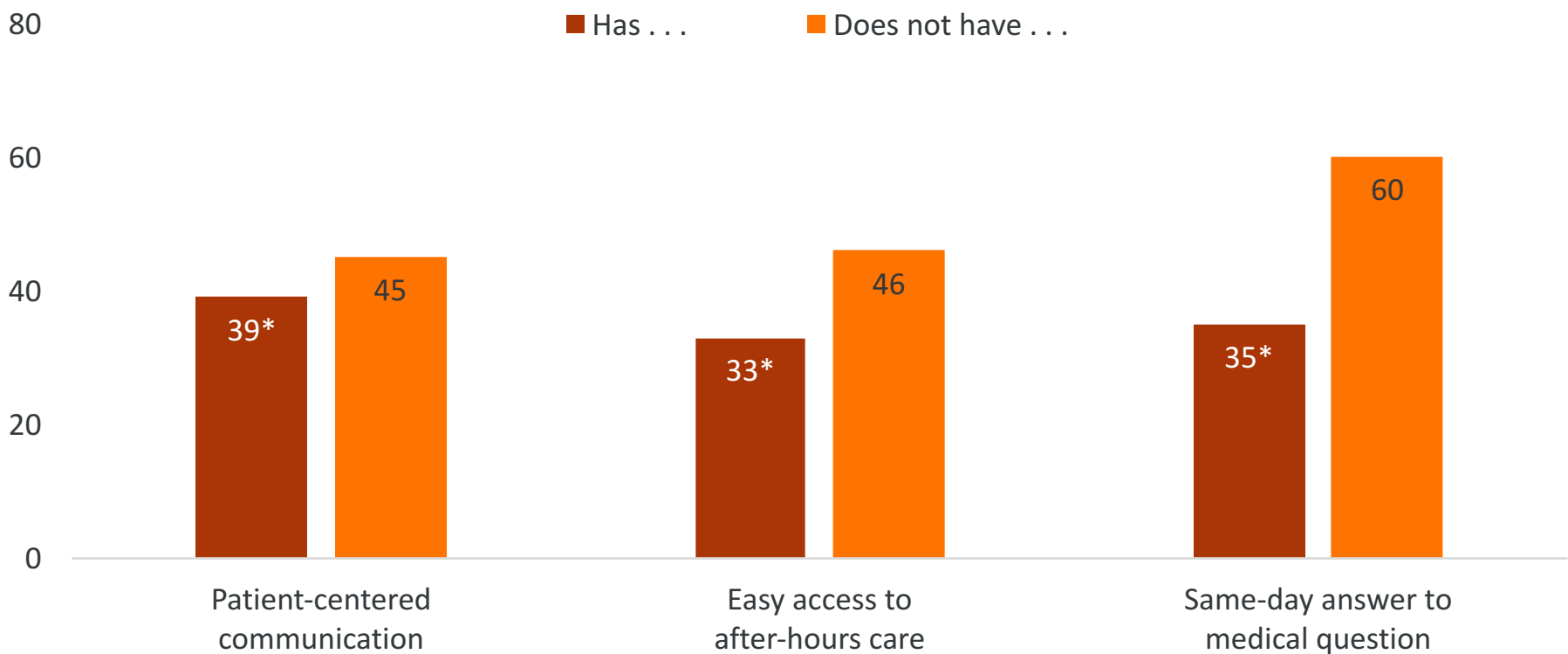
Base: High-need adults.  
\* Significantly different at the p<0.05 level.  
Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.





# High-Need Patients with Good Physician Communication and Timely Access to Care Have Lower Rates of Delaying Care

Percent of high-need patients who reported delaying care in past year because of access issue



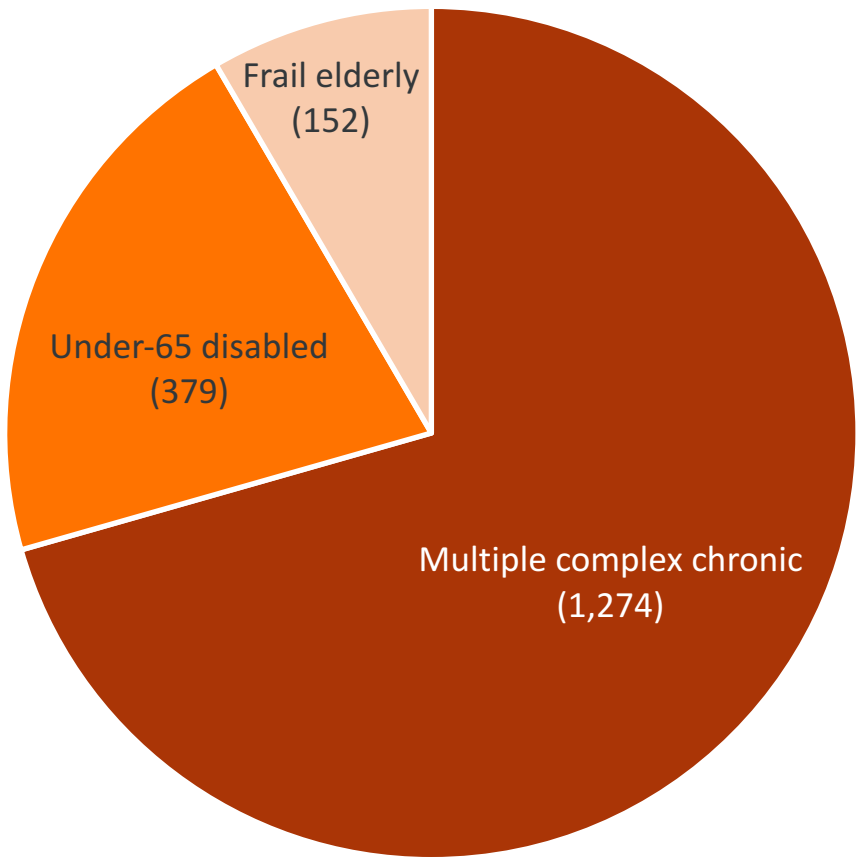
Base: High-need adults.

\* Significantly different at the p<0.05 level.

Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.



# Distribution of Survey Respondents with High Needs



**Total high-need sample: N=1,805**

**Multiple complex chronic:** Multiple major chronic conditions; most also have some functional limitation (n=1,274)

**Under-65 disabled:** Generally, Medicare-eligible population younger than age 65, with some functional limitation (n=379)

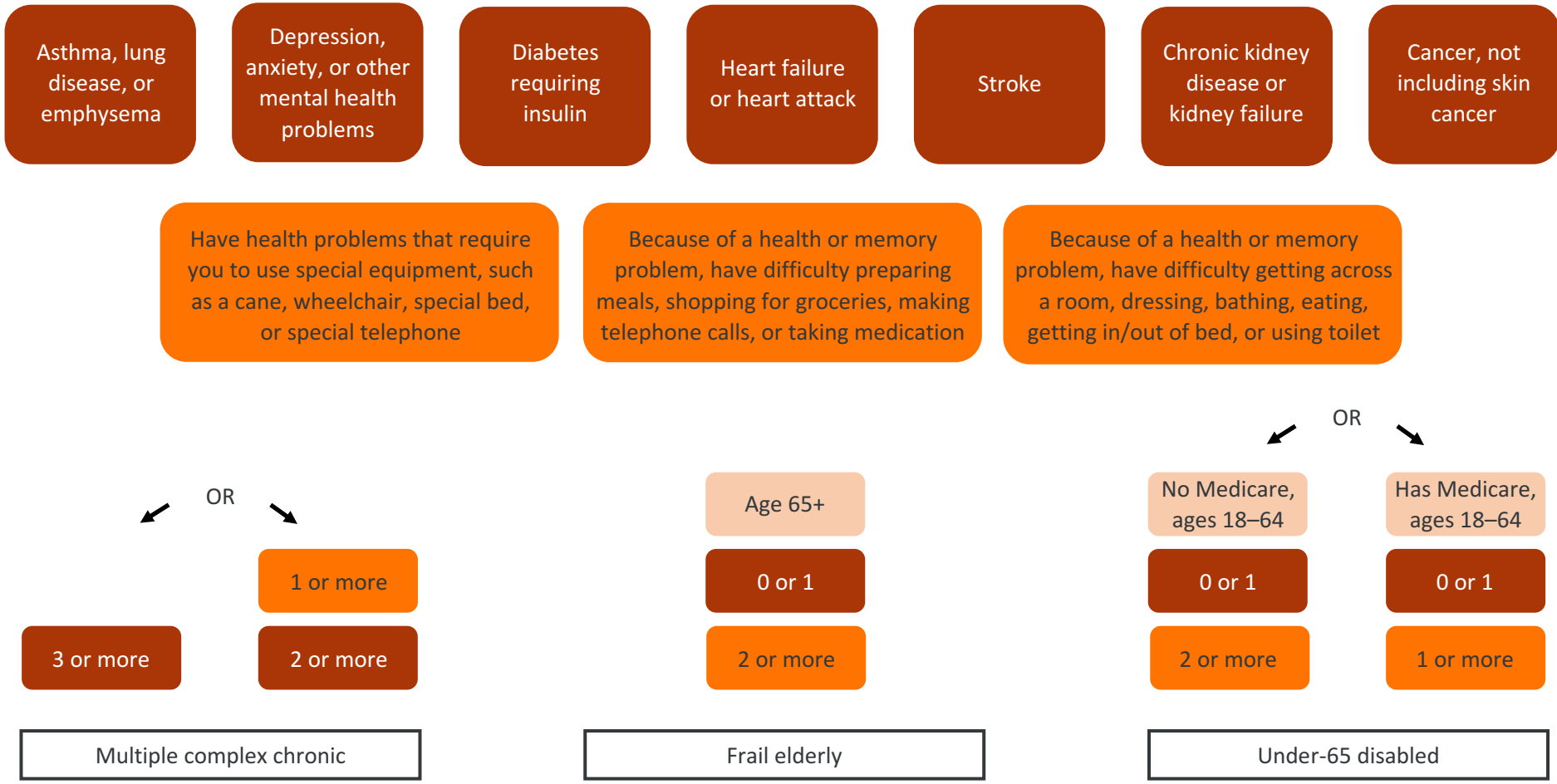
**Frail elderly:** Age 65 or older with multiple functional limitations (n=152)

Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.

Source: J. Ryan, M. K. Abrams, M. M. Doty, T. Shah, and E. C. Schneider, *How High-Need Patients Experience Health Care in the United States*, The Commonwealth Fund, December 2016.



# Distribution of Survey Respondents with High Needs by Chronic Conditions, Functional Limitations, Age, and Insurance Status



Data: The 2016 Commonwealth Fund Survey of High-Need Patients, June–September 2016.

Source: J. Ryan, M. K. Abrams, M. M. Doty, T. Shah, and E. C. Schneider, *How High-Need Patients Experience Health Care in the United States*, The Commonwealth Fund, December 2016.

