

The following tables are supplemental to a Commonwealth Fund issue brief, 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: Findings from the 2016 Commonwealth Fund Survey of High-Need Patients* (The Commonwealth Fund, December 2016), available on the Fund's website at: <http://www.commonwealthfund.org/publications/issue-briefs/2016/dec/high-need-patients-experience-health-care>.

Table 1. Demographic Characteristics of Survey Respondents

	Total	Not high-need	High-need
Unweighted N=	3,009	1,204	1,805
	%	%	%
Age			
19–29	18	19	4*
30–49	18	35	25*
50–64	25	24	40*
65 or older	19	18	29*
75 or older	8	7	13*
Insurance status			
Publicly insured	32	28	71*
Medicare only	4	3	10*
Medicare and Medicaid (dual)	8	6	29*
Medicare and employer-sponsored insurance	3	3	5*
Medicaid only	5	5	7
Employer-sponsored insurance only	36	39	9*
Race/Ethnicity			
White, non-Hispanic	64	65	63
Black, non-Hispanic	10	10	15*
Hispanic	15	16	12*
Income status			
<\$30,000/year	36	32	66*
Education status			
Less than high school	12	11	24*
High school diploma	31	31	33
Some college or two-year degree	25	25	25
Bachelor's degree or higher	31	32	17*
Employment status			
Employed full- or part-time (under age 65)	67	71	18*
Gender			
Female	52	51	58*

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

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

Table 2. Health Care Utilization and Promising Interventions

	Total	Not high-need	High-need
Unweighted N=	3,009	1,204	1,805
	%	%	%
Health care utilization			
Hospitalized overnight in past two years	18	15	48*
Used ER multiple times in past two years	18	15	47*
Used ER for a condition that could have been treated in doctor's office	14	13	19*
Access barriers			
Delayed care because of an access issue:	23	21	44*
Didn't have transportation	6	4	22*
Place of care wasn't open when you could get there	14	13	24*
Couldn't get an appointment soon enough	18	17	29*
Promising interventions			
Has a regular doctor or place of care	88	88	95*
Usually/always can get same-day answer when contacted doctor's office with medical question	68	68	65
Somewhat or very easy to get after-hours care without going to the emergency department	51	53	35*
Usually/always can get an appointment for emotional counseling or treatment as soon as needed	30	29	39*
Has informed and up-to-date care coordinator (base: saw multiple doctors or used multiple services in past year)	–	–	42
Usually/always has adequate help for trouble with ADLs/IADLs	34	–	38
Person-centered communication			
Regular doctor or place of care engages in patient-centered communication by doing all of the following:	53	52	60*
Usually/always knows important information about patient's medical history	87	88	85
Usually/always involves patient in treatment and care decisions	89	90	82*
Usually/always listens carefully to patient	90	91	85*

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

– N/A.

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

Table 3. Concerns and Vulnerabilities of High-Need Patients

	Total	Not high-need	High-need
Unweighted N=	3,009	1,204	1,805
	%	%	%
Loneliness and social isolation	17	15	37*
Often feel that you lack companionship	12	11	23*
Often feel left out	6	5	21*
Often feel isolated from others	8	7	22*
Material hardships			
Was stressed or worried in the past 12 months about having enough money to:	35	32	62*
Pay rent or mortgage	26	24	45*
Pay gas, oil, or electric bill	25	22	51*
Buy nutritious meals	21	18	44*
Functional limitations			
Has any trouble with ADLs and/or IADLs	7	2	57*
ADLs: Because of a health or memory problem, has any difficulty getting across a room, dressing, bathing, eating, getting in and out of bed, or using the toilet	5	1	38*
IADLs: Because of a health or memory problem, has any difficulty preparing meals, shopping for groceries, making telephone calls, or taking medication	5	1	43*
Usually/always has adequate help with above activities	34	–	38
Emotional health			
Somewhat or very concerned about being a burden to family or friends	–	–	59
Experienced emotional distress which was difficult to cope with alone	30	28	53*
Confident or very confident they can control or manage health problems	–	–	79

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

– N/A.

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

**Table 4. Potential Resources Available to High-Need Patients
(base: high-need respondents)**

	N=	Informed care coordinator (Base: Used multiple services)		Adequate help for ADLs/IADLs (Base: Has ADL/IADL)		Patient-centered communication		Easy access to emotional counseling (Base: Experienced emotional distress)		Regular doctor or place of care	Easy access to after-hours care		Same-day answer to medical question (Base: Has regular doctor/place of care)		
		Has	Does not have	Has	Does not have	Has	Does not have	Has	Does not have		Has	Does not have	Can get	Cannot get	
		%	%	%	%	%	%	%	%	%	%	%	%	%	%
Total	1,805	42	58	38	62	60	40	39	61	95	5	35	65	65	35
Insurance															
Medicare	952	42	58	38	62	63	37	43	57	98	2	36	64	67	33
Medicare + Medicaid (Dual)	533	45	55	35	65	57	43	46	54	98	2	38	62	65	35
Medicaid	132	38	62	38	62	56	44	34	66	94	6	29	71	53	47
Employer-sponsored insurance	452	46	54	41	59	68	32	47	53	95	5	43	57	73	27
Uninsured	175	39	61	35	65	42	58	22	78	87	13	19	81	54	46
Income															
<\$30,000/year	984	41	59	34	66	58	42	36	64	94	6	30	70	63	37
\$30,000/year+	537	43	57	43	57	67	33	46	54	97	3	42	58	70	31
Race/Ethnicity															
White, non-Hispanic	1,216	43	57	38	62	66	34	41	59	97	3	34	66	66	34
Black, non-Hispanic	255	45	55	40	60	58	42	30	70	94	6	40	60	69	31
Hispanic	169	35	65	35	65	41	59	38	62	90	10	36	64	55	45
Social isolation															
Socially isolated	622	40	60	30	70	50	50	36	65	93	7	28	72	57	43
Not socially isolated	1,183	44	56	45	55	66	34	42	58	97	3	39	61	70	30
Material hardship															
Has bill stress/worry	983	41	59	36	64	54	46	37	63	94	6	28	72	59	41
Does not have bill stress/worry	822	44	56	46	54	71	29	46	54	98	2	45	55	75	25
Functional limitations															
Has functional limitations	972	43	57	38	62	58	42	37	63	94	6	30	70	61	39
Does not have functional limitations	833	41	59			63	37	42	58	96	4	41	59	71	29

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.

Table 5. Interventions for High-Need Patients
(base: high-need respondents)

	Used emergency department multiple times in past two years	Went to emergency department for condition that could be treated in office	Hospitalized in past two years	Experienced emotional distress in past year	Delayed care because of an access issue in past year
	%	%	%	%	%
Among total population:	18	14	18	30	23
Among not high-need population	15	13	15	28	21
Among high-need population	47	19	48	53	44
Among high-need population:					
Has informed care coordinator	46	15	60	51	43
Does not have informed care coordinator	51	18	56	53	48
Has adequate help with ADLs/IADLs	54	17	50	54	48
Does not have adequate help with ADLs/IADLs	47	21	48	58	49
Has patient-centered communication	45	13*	51	49	39*
Does not have patient-centered communication	46	24	45	49	45
Has easy access to counseling	51	21	51		49
Does not have easy access to counseling	56	23	53		53
Has regular doctor or place of care	45	17	49	49	
Does not have regular doctor or place of care	42	25	35	52	
Has easy access to after-hours care	38*	12*	47	42*	33*
Does not have easy access to after-hours care	49	21	50	53	46
Can get same-day answer	44	14*	52*	46*	35*
Cannot get same-day answer	46	23	43	56	60

* Significantly different at the $p < 0.05$ level.

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.