

# The System as Frontier: A Comprehensive Strategy for Improving Health Outcomes and Reducing Costs for High-Risk Medicare Beneficiaries

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**Objectives:** The last decade has seen a surge of attention to the challenge of providing high quality, low-cost health care services to high-risk Medicare beneficiaries, who account for a markedly disproportionate share of health expenditures nationally. Despite a panoply of targeted attempts to engineer cost-effective advances in care for this population, outcomes have been at best mixed. The aging of the “Baby Boomer” generation—where the number of adults over the age of sixty-five is projected to double over the next several decades—imparts new urgency to develop solutions.

**Methods:** This paper reviews the current literature on care innovations for high-risk Medicare beneficiaries, and outlines a comprehensive strategy for future Accountable Care Organizations (ACOs) to achieve the Triple Aim for the geriatric population.

**Results:** Most programs fail to achieve sustained quality improvement and cost reduction precisely because they neglect the most significant contributor to disproportionate costs: fragmentation of health services across time and space. Home-based primary care (HBPC) is identified as the most efficacious of care innovations, eschewing fragmentation in favor of integrated, multidisciplinary outpatient care in a single setting.

**Conclusions:** For high-risk Medicare beneficiaries, current practice often addresses transitions in care, hospital readmissions, and preventable acute visits separately—as a series of discrete frontiers to be conquered. Instead, providers and policymakers must approach the entire system as the frontier. HBPC should be the cornerstone of ACO strategies for the growing geriatric population, with the goal of first constructing a unified, navigable outpatient system, to then be followed by hospital-based innovations.