

Title/Synopsis	Link
<p><b>Clinical coordination in accountable care organizations: A qualitative study.</b> Aim of the study was to understand ACOs' efforts to change clinical care during the first 18 months of ACO contracts.</p>	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5461217/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5461217/</a></p>
<p><b>Designing a High-Performing Health Care System for Patients with Complex Needs Ten Recommendations for Policymakers</b> Outlines the prerequisites of a high-performing health care system for “high-need, high-cost” patients and to identify promising international innovations in health care delivery for meeting needs of these patients.</p>	<p><a href="https://www.commonwealthfund.org/sites/default/files/documents/_media_files_publications_fund_report_2017_aug_roland_10_recommendations_for_complex_patients_revisedexpanded.pdf">https://www.commonwealthfund.org/sites/default/files/documents/_media_files_publications_fund_report_2017_aug_roland_10_recommendations_for_complex_patients_revisedexpanded.pdf</a></p>
<p><b>Integrated Care Models – an Overview (WHO)</b> Provides conceptual clarity and consolidates the current understanding of integrated care models</p>	<p><a href="http://www.euro.who.int/_data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf">http://www.euro.who.int/_data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf</a></p>
<p><b>When complexity science meets implementation science: a theoretical and empirical analysis of systems change</b> Discusses what implementation science can learn from complexity science, and teases out some of the properties of healthcare systems that enable or constrain the goals we have for better, more effective, more evidence-based care.</p>	<p><a href="https://bmcmecicine.biomedcentral.com/track/pdf/10.1186/s12916-018-1057-z">https://bmcmecicine.biomedcentral.com/track/pdf/10.1186/s12916-018-1057-z</a></p>
<p><b>A scoping review and thematic classification of patient complexity: offering a unifying framework</b> A scoping review of the literature for definitions and descriptions of complexity and development of a Complexity Framework from these findings to guide understanding patient of complexity.</p>	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5556402/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5556402/</a></p>
<p><b>Performance Measurement for People with Multimorbidity and Complex Health Needs</b> Author recommends performance measurement for this population should be motivated by the Complexity Framework and organized by the Triple Aim.</p>	<p><a href="https://www.longwoods.com/content/24698">https://www.longwoods.com/content/24698</a></p>
<p><b>Community Care for People with Complex Care Needs: Bridging the Gap between Health and Social Care</b> Discusses how best to meet complex care needs in the community and ii) the barriers to delivering care to this population.</p>	<p><a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624113/pdf/ijic-17-4-2944.pdf">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624113/pdf/ijic-17-4-2944.pdf</a></p>
<p><b>The mismeasurement of complexity: provider narratives of patients with complex needs in primary care settings</b> Investigates how primary care providers define, encounter, and manage complex patients, especially those with chronic pain</p>	<p><a href="https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-019-1010-6">https://equityhealthj.biomedcentral.com/track/pdf/10.1186/s12939-019-1010-6</a></p>
<p><b>The case of value-based healthcare for people living with complex long-term conditions</b> Discusses the value-based approach and its implications for patients with long-term complex conditions.</p>	<p><a href="https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-016-1957-6">https://bmchealthservres.biomedcentral.com/track/pdf/10.1186/s12913-016-1957-6</a></p>
<p><b>Coordinating Care for Adults With Complex Care Needs in the Patient Centered Medical Home: Challenges and Solutions</b> Explores the US landscape of PCMH services for patients with complex needs, details five programs that have addressed the challenges of caring for these patients, and offers programmatic and policy changes that can help smaller practices better deliver</p>	<p><a href="https://pcmh.ahrq.gov/sites/default/files/attachments/coordinating-care-for-adults-with-complex-care-needs-white-paper.pdf">https://pcmh.ahrq.gov/sites/default/files/attachments/coordinating-care-for-adults-with-complex-care-needs-white-paper.pdf</a></p>

<p>services to all patients, including those with the most complex health needs.</p>	
<p><b>Accountable Care Organizations: Success Factors, Provider Perspectives and an Appraisal of the Evidence- A Rapid Review</b> The study identifies the key factors and mechanisms (e.g. shifting care to Outpatient providers, inter-disciplinary team-based approaches etc.) associated with high-performing ACOs.</p>	<p><a href="https://ihpme.utoronto.ca/wp-content/uploads/2019/03/NAO-Rapid-Review-12_EN_1.pdf">https://ihpme.utoronto.ca/wp-content/uploads/2019/03/NAO-Rapid-Review-12_EN_1.pdf</a></p>
<p><b>Bundling Care and Payment: Evidence from Early-Adopters</b> The study outlines the range of options for bundling care and payment, describes what early adopters have done and achieved, and highlights lessons to be learned from them. Reviewed programs include, <i>Program for All-Inclusive Care for the Elderly</i> (PACE).</p>	<p><a href="https://ihpme.utoronto.ca/wp-content/uploads/2016/03/Walter-W2434_OHA_Bundling_Care_Payment_Policy_paper.pdf">https://ihpme.utoronto.ca/wp-content/uploads/2016/03/Walter-W2434_OHA_Bundling_Care_Payment_Policy_paper.pdf</a></p>

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