COMPREHENSIVE CARE INSTITUTE

Comprehensive Care Program
THE UNIVERSITY OF CHICAGO

COMPREHENSIVE CARE CONFERENCE REPORT

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INTRODUCTION

The 2025 Comprehensive Care Conference took place in Chicago from March 6-7, 2025, and was organized by the University of Chicago Comprehensive Care Program and the Comprehensive Care Institute (CCI) with funding from the Agency for Healthcare Research and Quality (AHRQ). The conference built on the October 2023 inaugural conference and over a decade of work that has explored interventions that address the implications of fragmented medical care and a series of learning collaboratives with medical centers across the country and internationally.

U.S. health care is often highly fragmented, focusing on diseases and organ systems rather than holistic approaches that address the full range of patients' medical, psychological and social needs and broader structural determinants of health. Discontinuities in care and disruptions to doctor-patient relationships may especially contribute to adverse outcomes, and higher costs, for patients who have been hospitalized. Evidence, including from studies we have done of our Comprehensive Care Program (CCP) that provides patients with care from the same doctor in and out of the hospital, suggests that continuity in the doctor-patient relationship can reduce hospitalization and improve health outcomes.[1] Continuity of care may especially benefit patients who are at increased risk of hospitalization and have complex medical and social needs and account for a large fraction of health care spending in the U.S. However, the traditional care coordination (CC) models that have been widely adopted have not been well-studied and do not change the underlying fragmentation of care.[2] Those that have been well-studied have often failed to improve outcomes, such as hospital readmissions. Even fewer CC interventions, if any, have recouped their costs.

INTRODUCTION

Reasons for these disappointing results include that these CC programs are costly and hence often short-term, which increases the size and variability over time of care teams, potentially reducing the strength of doctor-patient relationships, and that these programs have little capacity to address long-term drivers of health disparities, including patient's psychological needs and social determinants of health.

In an effort to defragment care and improve health for patients at increased risk of hospitalization, we have, since 2010, developed, implemented, evaluated, and begun to disseminate the Comprehensive Care Physician (CCP) model which offers patients at increased risk of hospitalization care by a CCP physician in clinic and the hospital. We have evidence from UChicago Medicine (UCM) that CCP substantially improves patient experience and outcomes, including reducing hospitalization. We have also found that more socially vulnerable (dual-eligible) patients, who are more often medically underserved before CCP enrollment, may benefit from a version of CCP that adds systematic screening for unmet social needs, access to community health workers, and a community-based arts and social program to address unmet social need and empower patients, the Comprehensive Care, Community and Culture Program (C4P). Early findings of an RCT suggest C4P produces larger reductions in hospitalization rates compared to CCP.

CONFERENCE GOALS

The 2025 Comprehensive Care Conference focused on applying implementation science to develop, implement, and evaluate evidence-based care delivery models that create relational continuity across inpatient and outpatient settings to address medical and social needs for patients at increased risk of hospitalization. It convened clinicians, patients, and leaders from medical centers, including academic medical centers, community hospitals, federally-qualified health centers, and social service organizations from across the country interested in further exploring the topic of comprehensive care. The conference was organized to accomplish the following goals:

01 Continue to build the foundation for a field of "comprehensive care"

02 Increase the spread of comprehensive care models

03 Create easy-to-share tools/deliverables for participants to continue to participate in dialogue and knowledge sharing throughout the course of the year following the conference

04 Build the foundation for future comprehensive care convening opportunities and community/field of practice

CONFERENCE SESSION FINDINGS

This report describes key findings from conference sessions and highlights future opportunities.

SESSION 1: Key Note & Conference Goals

Dr. David Meltzer, MD PhD

- Implementing and scaling innovative care models, including comprehensive care models, requires phases of uptake and diffusion.
- Translation of health care delivery research tends to take many years and there are opportunities to decrease this timeline and more expediently implement CCP models.
- The "field of comprehensive care" is new and we are in the early stages of diffusion; diffusing among those who are more inclined to innovate.

SESSION 2: Implementation Science and its Application to Comprehensive Care: Implementation Frameworks and Context

Elaine Morrato, DrPH, MPH, FISPE, CPH

- There are core elements that define a "comprehensive care model" and elements that can be adapted.
- There are key implementation science frameworks that we can draw from when adapting comprehensive care models, including the 7 P's Framework for Identifying Stakeholders[3], Practical, Robust Implementation and Sustainability Model (PRISM)[4], Fit-To-Context (F2C) Framework[5], Framework for Reporting Adaptation and Modifications-Enhanced (FRAME)[6], and RE-AIM (Reach, Efficacy, Adoption, Implementation, Maintenance)[7].
- The Value Proposition to patients, providers, payers, program managers, and hospital leaders/policy makers shifts slightly in each case. See here for a detailed summary of the value proposition to various stakeholders based on a post-it-note exercise with conference participants.

CONFERENCE SESSION FINDINGS (CONT.)

SESSION 3: Implementation Science Application to Comprehensive Care Implementation Readiness Domains

Elaine Morrato, DrPH, MPH, FISPE, CPH and Frances Weaver, PhD

- Barriers that must be addressed by implementing sites include the following: 1) leadership buy-in and institutional support, 2) sufficient space to support team-based care across inpatient and outpatient settings, 3) integration of a team that includes physicians, nurses, and social workers, 4) making a case for financial sustainability and documenting the program's value.

SESSION 4: Spectrum of Implementation: Utilizing Rounder and Hybrid Models to Bridge to Full Continuity in Comprehensive Care Models

Neeraj Mendiratta, MD; Shuvani Sanyal, MD; Sara Westergaard, MD, MPH; Eduard Vasilevskis, MD, MPH

- There is an important role for Rounder and hybrid comprehensive care models to act as first step towards increased care continuity and a bridge to CCP.

- Providing patients with the same physician in the hospital during each hospitalization maximizes inpatient continuity. Establishing a Rounder program first is an easier step towards increased care continuity and can provide a jumping off point to expand that continuity to the outpatient setting as a full CCP model.

SESSION 5: Addressing Unmet Social Needs: Social Service Programming and Implementation

Nicole Gier, LCSW; Therese Byrne, LCSW; Michael McCannn, MD, MBA, FACP, FAAP; Annie Guinane, MS, RD, CCTD

- The role of social service providers and programming is critical to addressing both medical and social needs for patients who are frequently hospitalized.

- Forming an interdisciplinary team comprised of physicians, nurses, social workers, and community health workers enhances creative communication and problem-solving surrounding patient needs.

CONFERENCE SESSION FINDINGS (CONT.)

SESSION 6: How to Build the Team: Workforce development and training implications to implementation

Joyce Tang, MD; Michael McCann, MD, MBA, FACP, FAAP, John Yoon, MD

- There is an opportunity to build a pipeline of Comprehensive Care Physicians through medical school and residency training opportunities that promote longitudinal relationships with patients who are frequently hospitalized and working within interdisciplinary teams.

- This may look like involving medical students in CCP, or similar, programs to gain training on longitudinal, relationship-based care, or building residency programs that include a subset of residents paired with CCP providers and caring for a frequently hospitalized patient population.

SESSION 7: Evaluation Strategies: Analyzing Implementation and the Comprehensive Care Intervention in Parallel

Frances Weaver, PhD

- Key strategies to evaluating implementation and the comprehensive care model in parallel include the following: 1) define the implementation context, 2) define the model, 3) choose evaluation method, 4) outline outcomes.

- While program inclusivity aids program sustainability, implementing sites should consider how a broader reach might impact the program's effectiveness.

- Evaluation encompasses the reach, effectiveness, adoption, implementation, and the maintenance/sustainability of the implementing site's program.

SUMMATIVE REFLECTIONS FROM FINAL SESSION DISCUSSION

Starting with inpatient continuity via a Rounder model may be a useful first step to broader adoption and scaling of comprehensive care programs that defragment both inpatient and outpatient care for patients at increased risk of hospitalization.

Important to define the value proposition of comprehensive care models to different stakeholders in the context of scaling the model.

The problem that comprehensive care models seek to solve is real and important; however, there is a need to better communicate that problem with key stakeholders, especially healthcare administrative leaders.

There is strong interest in continuing to build a community of practice around “comprehensive care” appraoches

RECOMMENDATIONS

The following recommendations for advancing the quality and efficiency of care for individuals who are frequently hospitalized through fostering a Comprehensive Care Community of Practice have come out of the 2025 Comprehensive Care Conference:

1. ESTABLISH OPPORTUNITIES TO COLLABORATE ON EVALUATIONS OF COMPREHENSIVE CARE MODELS:

A subset of sites interested in evaluating both the implementation and the effects of comprehensive care models. Specifically, evaluate the implementation of Rounder as a bridge to full care continuity in a CCP model.

- Identify and apply for a multi-center grant to seed this evaluation before the next conference.
- Create a working group for those interested in exploring evaluation opportunities.
- Identify qualitative research projects on which to collaborate. For example, create a library of videos that feature the stories of patients who participate in comprehensive care programs.

RECOMMENDATIONS

2. Facilitate future opportunities to convene:

Another recommendation from conference participants was to organize and facilitate regular and ongoing convening activities. This will include the following:

- Future conferences: like the inaugural conference, there was a strong recommendation for future Comprehensive Care Conferences. The planning team aims to seek multi-year funding for and host annual, in-person conferences. A next conference will be tentatively planned for Fall 2026.

- Regular, virtual learning collaborative sessions: Between annual conferences, the Comprehensive Care Institute will collaborate with the Comprehensive Care Community of Practice to organize and host learning collaborative sessions. These will include ongoing, monthly Comprehensive Care Grand Rounds and regional community meetings where feasible.

- Opportunities for in-person meetings at pre-existing meetings. We will seek to organize in-person Comprehensive Care Community of Practice meetings with partners at meetings, including the 2026 Society for Hospital Medicine (SHM)

RECOMMENDATIONS

3. Build and share tools to facilitate more sites in implementing comprehensive care models:

There was significant interest in accessing tools that guide the comprehensive care implementation process and address topics including how to launch a comprehensive care model and make the case to leadership to invest in its implementation. The Comprehensive Care Institute will continue to refine an implementation toolkit and based on experience implementing comprehensive care models and with input from other partners who have or are implementing care continuity models in their settings. The CCI team will also be available for hands-on guidance and support to prospective sites interested in implementing and evaluating comprehensive care models.

- Create a tool to better communicate the problem that comprehensive care models solve. I.e., why standard care, in which patients who are frequently hospitalized are cared for by different doctors each hospitalization, falls short.

- Build a library of implementation tools that can be accessed on the conference webpage. This will include brief guides to support implementation at in various scenarios and descriptions of the various types of comprehensive care models (Rounder, CCP, C4P, and other hybrid models).

- Share implementation science frameworks.

4. Organize training opportunities:

Conference participants recommended that this newly forming Comprehensive Care Community of Practice also collaborate on projects that further build the evidence-base for comprehensive care. This includes participating in multi-site demonstration projects to assess the effectiveness of comprehensive care models in other settings and through randomized trials. In addition, in order to improve the scalability of comprehensive care models, it is important to also evaluate the process of implementing these models.

CONCLUSION

There continues to be great potential in the US and abroad to make health care delivery for patients who are frequently hospitalized more efficient and effective. Much of this opportunity lies in fostering sustained, trust-based relationships between patients and care teams—relationships that evolve and deepen over time. Comprehensive care models, such as the Comprehensive Care Physician (CCP) model, which reduce fragmentation for patients who are frequently hospitalized, offer a promising path toward system transformation. The 2025 Comprehensive Care Conference successfully brought together physicians, nurses, social service providers, hospital leaders, and patients as a community of practice to better understand how to apply implementation science methods to identify how to sustainably scale comprehensive care models across a range of care settings and populations. There is great enthusiasm from participants in continuing the collaborations developed through this year's conference participants and welcoming others interested in comprehensive approaches to improve health care outcomes.

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We thank you for your continued support and partnership in our efforts to improve the quality of care for patients who are frequently hospitalized

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Contact

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