Recommendations for Identifying the Population with Serious Illness

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To have an impact on quality and cost, additional services and supports must be targeted to those with "high burden" – be it symptom burden, caregiver burden, and/or poor function. However, finding the right population for intervention continues to challenge many organizations. Clinician opinion is not a reliable mechanism, as far too many clinicians recognize such burdens too late, if at all. On the other hand, diagnosis data alone often yields too large a population for action, including many people who may not be facing significant difficulties.

Recommended Strategy

Start with a "short list" of diagnoses or use a tool such as the Charlson Comorbidity Index or Hierarchical Condition Categories to identify a population that should be assessed for unmet needs and additional supports.

Because diagnosis alone often yields too large a population for intervention, narrow down the list by incorporating additional data that indicates unmet need, impaired function or high symptom burden. For example, a recent emergency department visit or hospitalization, orders for home oxygen, or any social risk factors that are captured in your data system.

Two-Step Data Screening	
Conditions to Look For	→ Cancer: locally-advanced or metastatic; leukemia or lymphoma → Congestive heart failure, Heart Failure NYHA IV or ventricular assist device (VAD) → Chronic obstructive pulmonary disease, Oxygen-dependent → Chronic kidney disease (CKD) or End Stage Renal Disease (ESRD) → Advanced Dementia or Alzheimer's Disease → Frailty Syndrome (weakness, slowness, low level of physical activity, fatigue, unintentional weight loss)
AND One or More of These Indicators of Unmet Need, Impaired Function, or High Symptom Burden	→ One or more ED visits within past three months → One or more hospital admissions within the past three or six months → Home health episode from community referral → Repeating home health episodes → Durable medical equipment order consistent with impaired function or high symptom burden → Discharge from post-acute care with low functional score

	→ Documented social needs, such as unsafe housing or food insecurity

When feasible, have the treating clinician review the data-derived patient lists to both hone accuracy and strengthen relationships. Although the "surprise question" approach (asking clinicians "how surprised would you be if this patient died in the next year?") is <u>not</u> a reliable identifier, an alternative question – when you have access to the patients themselves – has been reported to work quite well: "***How likely do you think it is that you'll find yourself in the hospital or emergency room in the next month or two?***"

A Subset Who Can Benefit from Home-based Care

The combination of all three factors – diagnosis, utilization, and functional impairment– will yield the group of individuals most likely to benefit from specialized home based care, although this may be too narrow an approach for some populations. Alter or eliminate the variables as needed to moderate the size of the population.