Tips for identification of high-risk patients

Many provider organizations have developed their own risk algorithms using data elements that are readily available. The following summarizes learning from multiple organizations on the elements to include in an algorithm to identify high-risk patients.

Ideal inputs:
- Utilization triggers
- Clinical information – disease type, disease burden, co-morbidities
- Patient activation/motivation
- Clinical input

Drill Down (key elements in bold):
- Utilization –
  - Total cost
  - Hospitalizations
  - Emergency department utilization
  - Pharmacy data, including specific classes and volume of prescriptions
  - Use of durable medical equipment (DME), such as wheelchairs
- Demographic information – age and gender
- Conditions and priority of conditions – likely different among senior vs. commercial populations
  - Key diagnoses to consider: Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Chronic Kidney Disease, Cancer (including stage if possible), Hemophilia, End Stage Renal Disease (ESRD), Coronary Artery Disease (CAD), HIV/AIDS transplant, hypertension, depression, obesity, chronic pain, anxiety, chemical dependency
  - Existence of multiple co-morbidities
  - Behavioral health diagnosis (key for individual prediction)
  - Lab values, such as HbA1c

These components are typically not available in data systems, but are found to be highly useful to stratify patients once identified:
- Social support (key for individual prediction) – homelessness, live alone, lack of family support
- Risk assessment / functional status, such as a health risk assessment, or the Vulnerable Elders Survey (VES13)
- Patient activation or readiness for change, as measured by the Patient Activation Measure (PAM), for example
- Clinical input – Orient physicians to think about a patient’s risk differently. For example, you might ask:
  - Identify patients who you would not be surprised if they were in the emergency department or hospital in the next 6 months.
  - For Medicare patients, the above question and: Identify patients who you would not be surprised if they became seriously ill or died in the next 12 months.
  - Ask about social or behavioral concerns. For example, for members with >8 medications: do they have social or behavioral risk factors?