

Patient Selection:

A Guide from the Medication Optimization Technology Toolkit

Description

Patient-level factors are strong predictors for determining a patient's eligibility for participation in a program to optimize medication use. Best practice models for patient selection include a combination of inclusion and exclusion criteria that are based on patient demographics, clinical conditions, outcomes associated with the self-management of symptoms, and recent hospitalization history. These criteria should align with the goals, objectives, and requirements of the program to determine which patients are most likely to engage with and benefit from participation.

Target Audience

For organizations ready to select patients for participation in a program involving the use of patient-centered technologies to optimize medication use.

Helpful Tips

Appropriate patient selection is one of the most critical factors in designing a program that will yield cost-effective outcomes.

1 Determine Patient Eligibility Criteria

Which factors are most likely to identify patients who will benefit most from inclusion in a medication management program that uses patient-centered technologies?

2 Determine Patient Exclusion Criteria

Which factors are most likely to identify patients who will benefit the least from participation in a

medication management program that uses patient-centered technologies?

3 Identify Data Sources

What data sources are available for review and analysis to prospectively identify patients that can be targeted for enrollment in the program?

4 Develop a Patient Selection Model

What standard medical and care management practices can support the implementation of a risk-adjusted model for identifying high-cost and high-risk beneficiaries most likely to benefit?

1 Determine Patient Eligibility Criteria

Criteria that can be used for assessing and identifying eligible patients for a medication management program that uses patient-centered technologies may include a combination of the following patient-level demographic, administrative, clinical, behavioral, and service utilization data:

- Age
- Specific diagnosis as defined by program design, severity of illness
- Payer source
- Compliance with disease management protocols
- Re-admissions within 30 days
- Increase in number of ER visits or PCP visits
- Physical and cognitive limitations to use technology
- Motivation to self-manage
- No language barriers
- Has telephone access/ Internet access

2 Determine Patient Exclusion Criteria

There are a range of patient-level criteria that can be used as indicators to exclude patients from a medication optimization program. Criteria may include:

- Low motivation to use technology
- Physical, cognitive or mental limitations/disabilities i being able to use technology
- No phone access/ Internet access
- No desire to self-manage the disease
- No social support system to aide in compliance
- Language barriers
- Terminally ill or significant risk of mortality
- Non-compliance with disease management protocol.

3 Identify Data Sources

A range of patient-level and administrative data sources are available manually or electronically, including:

- Diagnostic codes for target chronic diseases
- Claims data related to emergency room, hospitalization, primary care, and laboratory services
- Discharge planning records

Effective and efficient patient assessment often depends on timely access to a diversity of data sources that are automated.

4 Develop a Patient Selection Model

The organization should develop a model based on best practices for patient selection and that integrates the various data elements from the preceding steps. A best practice model could involve one of several models or a combination thereof:

- A retrospective risk assessment would utilize past data to identify patients who would most likely to benefit from participation.
- A predictive risk-adjustment model may also be used in selecting patients through ranking the population on retrospective cost and / or prospective risk.
- A hybrid predictive risk adjustment-physician referral model would first pre-authorize / pre-certify patients eligible for the program that physicians would then refer directly to the program. Physician referrals often improve patient buy-in and likelihood that patients will successfully engage in and benefit from participation.

A risk-adjusted model can provide medical and care-management staff with a very granular view of a patient's conditions, utilization, and their prospective cost and risk. The analysis also highlights patients who are vulnerable, based on their prior utilization, and those patients who may be entering end of life. Using a predictive risk-adjustment model, medical and care-management personnel would base selection decisions on a threshold above which beneficiaries would be targeted for program enrollment. The addition of physician referrals to that model would improve patient buy-in to such programs and increase patient engagement on the basis of a pre-existing relationship with the patient.