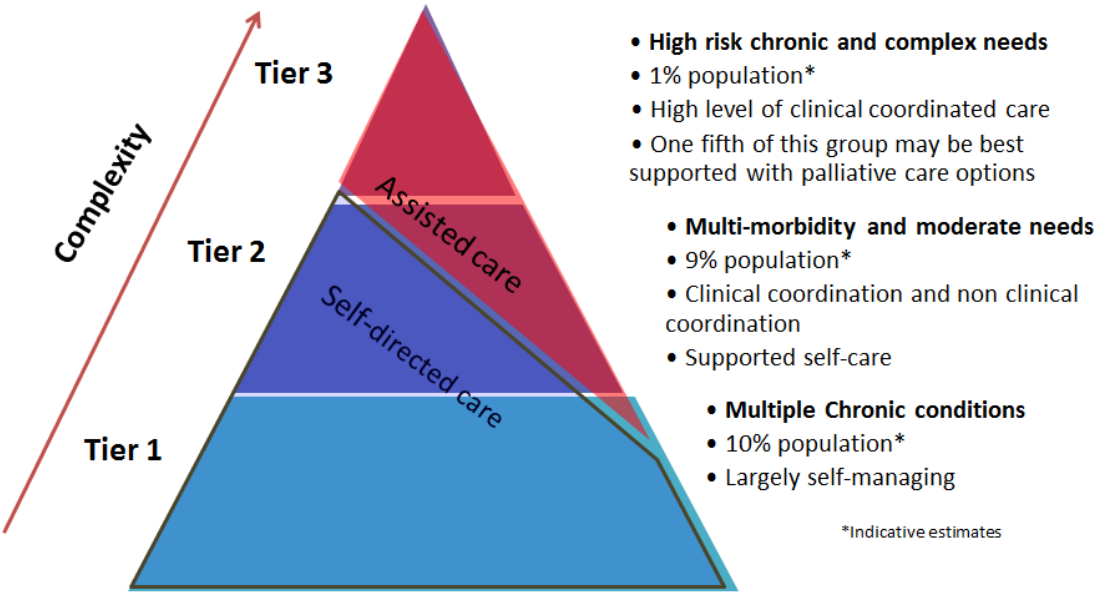
# FACTSHEET: PATIENT ELIGIBILITY

## Which patients are eligible for Health Care Home services?

People with chronic health conditions have varying requirements for care and different abilities to self-manage. Depending on how many, the combination and complexity of conditions, and social risk factors, some people are more likely to experience poor health outcomes — for example, severe symptoms, the need for acute care and a greater risk of mortality. The Health Care Home model of care takes into account the patient's complexity when determining their eligibility for enrolment.

The diagram below shows population estimates and characteristics of patients who require better targeted support. It illustrates three population tiers of increasing complexity, which decrease in size but show an increasing need for assistance to manage chronic conditions.




* Estimates based on analysis of available population, hospitalisation and Medicare data. Accurate estimates of population sub-groups are limited due to limited national data to support such analysis.

## Tier characteristics

| Tier 3 Highly complex multiple morbidity | Tier 2 Increasing complex multiple morbidity | Tier 1 Multiple morbidity low complexity |
|---|---|---|
| * Make up approximately 1% of the population<br>* Many require ongoing clinical care within an acute setting (e.g. severe and treatment resistant mental illness)<br>* Require a high level of clinical coordinated care<br>* Some could be supported through better access to palliative care | * Make up approximately 9% of the population<br>* Most should be managed in the primary health care setting<br>* Have an increased risk of potentially avoidable ED presentations and hospitalisations as their conditions worsen or if not well supported<br>* Require clinical coordination and non-clinical coordination<br>* Will benefit from self-management support | * Make up approximately 10% of the population<br>* Are largely high-functioning but would gain significant long term benefits from improved engagement and structured primary health care support |

## Patient identification

Health Care Home patients will be selected using a process (which supports general practitioner assessment) to identify patients that would benefit from the program. A patient's eligibility and Health Care Home tier level are determined through a two-step process:

- identification of potential Health Care Home patients
- assessment using the Hospital Admissions Risk Program (HARP) questionnaire.

Completion of these steps is facilitated by the Health Care Homes Risk Stratification Tool (RST) developed by Precedence Health Care.

Patients who have been assessed as eligible and likely to benefit from this type of care can voluntarily enrol with a participating Health Care Home.

### 1. Identification of potential Health Care Home patients

The first step to determining patient eligibility for Health Care Homes involves the use of a Predictive Risk Model (PRM). The RST software scans a practice's electronic patient records to identify patients who have at least one chronic condition and are found to have a high risk of hospitalisation within the next 12 months.

The PRM has more than 50 variables and interactions and includes:

- patient demographics (e.g. postcode, age, gender, indigenous status) and SEIFA (Socio-economic index) of relative advantage/disadvantage
- physiological information (e.g. blood pressure, body mass index)

- medications
- chronic conditions
- pathology categories according to abnormal levels in test results
- lifestyle (e.g. alcohol and tobacco use)

The practice can then contact and invite the patients to undertake the HARP assessment to further assess their eligibility and Health Care Home tier level.

### PRM development and validation

The Commonwealth Scientific and Industrial Research Organisation (CSIRO) has developed and validated the PRM that will be used in the Health Care Home trial. The PRM was developed using ethically approved and de-identified primary care data from 29 Victorian primary care clinics and hospitalisation data provided by the Victorian Department of Health and Human Services.

### 2. Assessment using Hospital Admissions Risk Program (HARP) questionnaire

The second step in the patient eligibility process uses the HARP assessment, which considers a range of socio and non-clinical factors to stratify a potential patient and assess their estimated level of care need. The HARP assessment is implemented as a smart form with some data fields auto-populated from the general practice software system where relevant, with information such as a patient's hospitalisation history or psycho-social factors added. This assessment computes a score, confirms the patient's eligibility for the Health Care Home and stratifies their care needs into one of three tiers according to their assessed level of risk. The HARP assessment form is available here.

### Override function

An important feature of the RST that is being used in the Health Care Home stage one trial is the override function. This function enables general practices to assess a patient as eligible for the trial even if they are not selected by the PRM. This allows for general practitioner discretion where they believe a patient will benefit from the Health Care Home model of care. If a patient is selected using the override, the practitioner must provide a justifiable clinical reason for the decision. The uses of the override will help inform future development of the RST and improve general practice data collection.