Screening and Assessment to Find Key Gaps in Care for the Seriously Ill

People living with serious illness have certain needs that may be overlooked by standard case management protocols

A serious illness – defined as a health condition that carries a high risk of mortality and either negatively impacts a person's daily functioning or excessively strains their caregivers – creates unique needs for the patient and family. Care managers can begin to address these needs with targeted screening and assessment tools.

First, screen members/patients for likelihood of serious illness:

Screening for Serious Illness	
Individual has an advanced disease/ disorder/condition that is known to be life-limiting	☐ 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) ☐ End Stage Liver Disease (ESLD) ☐ Advanced Dementia or Alzheimer's Disease ☐ Other: _____
In addition, individual meets at least one of these utilization criteria	☐ One or more ED visits within past six months ☐ One or more hospital admissions within the past six months ☐ Hospital readmission within past 30 days ☐ Home health episode from community referral ☐ Polypharmacy (9 or more medications)

For those who screen positive, conduct the following assessments to reveal areas of distress and gaps in care

Depending on the individual's situation, the recommended assessments below should *replace* some of the standing assessments, particularly those that screen for preventive needs.

- Symptom Burden
    a. Condensed Memorial Symptom Assessment Scale (CMSAS)

  (For more information about pain assessment, please see the CAPC Comprehensive Pain Assessment Course)

- Functional Impairment
    b. Palliative Performance Scale (PPS)
    c. Karnofsky Performance Status Scale

- Caregiver Burden
    d. Zarit Burden Interview

Additional assessments may also be warranted:

e. For those who may be in spiritual distress, the Beck Hopelessness Scale
f. For patients with cancer diagnoses, the brief National Comprehensive Cancer Network Distress Thermometer may be useful

What to Do Next

Members/patients with high symptom burden, poor functional ability, high caregiver burden, and/or high overall distress will require additional interventions.

First, the patient and family should be educated about their illness and what to expect. They should have an opportunity to clarify their goals and values in light of these expectations, and receive help to make treatment decisions that align with those goals. Some of CAPC's online communication courses can help with this.

Second, their treating provider should be informed of these unmet needs, and consider how the care plan can be adjusted to better manage symptoms and stresses, as well as to align with goals. CAPC's online course can help with this.

Third, referral to a specialty palliative care team can help the patient and family address the symptoms and stresses of serious illness. Be aware of palliative care clinicians in your network. The Palliative Care Provider Directory can help you locate palliative care teams in hospitals, offices, nursing homes, and home-based services.

NB: When suggesting a palliative care consultation to a member/patient, explain that this specially-trained team can provide an added layer of support to help you get the care you deserve.

Always follow your organization's policies and procedures when speaking to patients, coordinating with treating providers, and making referrals.