

Examples of Chosen Population Segments and Identification Criteria

The following table offers learnings from teams in the IHI Better Health and Lower Costs for Patients with Complex Needs Collaborative. The table displays the type of organization, the organization’s chosen population segment, and the identification criteria each organization used during the Collaborative. Please note, this reflects a snapshot in time and each team uses iterative learning to continue to refine their identification criteria.

| Type of Organization | Chosen Population Segment | Identification Criteria |
|---|--|---|
| Integrated healthcare system and payor | All patients in the health plan over 18 years of age with some exclusions, including patients in a skilled nursing facility or in hospice care. | <ul style="list-style-type: none"> • At least one mental health diagnosis. • Visits to addiction medicine. • Emergency Department visits. • Hospital admissions. • >3 chronic diseases. |
| Community Healthcare System Partnership | Residents below 150% of federal poverty level and have an energy need or have a utility bill that they can’t pay and then, those who seem to have the capacity to become financially self-sufficient are invited into the program. | <ul style="list-style-type: none"> • Score on self-sufficiency matrix. |
| Private multi-specialty clinic | The top 5% of patients in Medicare Advantage and other delegated plans at risk for hospitalization or emergency department visits. | <ul style="list-style-type: none"> • In house top 5% predictive risk algorithm. • Patients need to be from a delegated health plan. • Candidates are reviewed peer-to-peer by a current Personalized Care Team provider and patient’s PCP and staff. • Referrals from Primary Care Providers are considered if they qualify using the above criteria. • Clinical judgement can trump risk score—if team feels they fit the description we will enroll. |
| Government health system. | Three targeted community areas in the city boundary (population approximately 700,000). | <ul style="list-style-type: none"> • Must meet at least <u>one</u> of the following criteria: <ul style="list-style-type: none"> ○ ED visits ≥ 6 (last 12months) ○ Hosp. Admissions ≥ 3 ○ Bed Days ≥ 30 ○ Complex Biopsychosocial needs score ≥ 21^b |

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| Partnership - visiting nurse services and hospice provider | Individuals eligible for hospice receiving care in the network. | <ul style="list-style-type: none"> • Individual meets the six month prognosis criteria for hospice. • Payer source for the facility and for the visiting nurses. • The primary physician has signed the orders for hospice. • Palliative performance scale¹. • LDG, the Local Determination Guidelines², by diagnosis. • Patient desire. • Family willingness. |

¹ <https://www.healthcare.uiowa.edu/igec/tools/function/palliativePerformance.pdf>

² <https://www.cms.gov/medicare/coverage/determinationprocess/LCDs.html>