Disclosures

This speaker has indicated there are no relevant financial relationships to be disclosed.
Predicting the High Risk, High Cost Patient

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Figure 13: Distribution of Medicare Fee-for-Service Beneficiaries and Medicare Spending by Number of Chronic Conditions: 2014

- 0 to 1 condition: 15%
- 2 to 3 conditions: 21%
- 4 to 5 conditions: 30%
- 6+ conditions: 50%

- Percent of Beneficiaries
- Percent of Total Medicare Spending

CMS Chronic Conditions Charts: 2014
Population and Health Care Costs by Existence of Chronic Conditions and Functional Limitations

SOURCE: The percentage distribution of population and costs by chronic condition/functional limitation category was obtained from The Lewin Group (2010); total population and health care costs were obtained from the 2011 Medical Expenditure Panel Survey data (AHRQ and HHS, 2011), adjusted to include the nursing home population (CMS, 2014; National Center for Health Statistics, 2013; Sing et al., 2006).
Frailty

Three or more of the following:

• Unplanned weight loss (10lbs in last year)
• Weakness
• Poor endurance and energy
• Slowness
• Low activity

Fried et al., 2001. Frailty of Older Adults: Evidence for a phenotype. Journals of Gerontology: Biological Sciences and Medical Sciences, 56A(3), M146-156
Frailty

Associated with

• *increased risk of geriatric syndromes*

• *increased morbidity*

• *increased mortality*
Needs and deficits as a function of chronic conditions

Chronic conditions

Healthcare costs

Social needs

Psychological needs

ADL deficits

IADL deficits

IADL deficits

Chronic conditions

Robust  Pre-frail  Frail  Disability  Limited life

70  75  80  85  90  95
Gait speed as a predictor of decline

Studenski, S. et al. Gait speed and survival in older adults. JAMA 2011; 305(1); 50-58
Box 1: The CSHA Clinical Frailty Scale

1. *Very fit* — robust, active, energetic, well motivated and fit; these people commonly exercise regularly and are in the most fit group for their age
2. *Well* — without active disease, but less fit than people in category 1
3. *Well, with treated comorbid disease* — disease symptoms are well controlled compared with those in category 4
4. *Apparently vulnerable* — although not frankly dependent, these people commonly complain of being “slowed up” or have disease symptoms
5. *Mildly frail* — with limited dependence on others for instrumental activities of daily living
6. *Moderately frail* — help is needed with both instrumental and non-instrumental activities of daily living
7. *Severely frail* — completely dependent on others for the activities of daily living, or terminally ill

Note: CSHA = Canadian Study of Health and Aging.

*Kenneth Rockwood et al. A global clinical measure of fitness and frailty in elderly people CMAJ 2005;173:489-495*
Fig. 1: Kaplan–Meier curves, adjusted for age and sex, for study participants (n) over the medium term (5–6 years), according to their scores on the CSHA Clinical Frailty Scale.

Kenneth Rockwood et al. CMAJ 2005;173:489-495
Function-based tool for screening community-dwelling older adults and their risk for health deterioration

Self report

Can be used by clinicians and non-clinicians

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1. Age \\

**Score:** 1 point for age 75-84

3 points for age ≥ 85

2. In general, compared to other people your age, would you say that your health is:

- Poor, * (1 point)
- Fair, * (1 point)
- Good,
- Very good, or
- Excellent

**Score:** 1 point for fair or poor

3. How much difficulty, on average, do you have with the following physical activities:

<table>
<thead>
<tr>
<th>A little Difficulty</th>
<th>Some Difficulty</th>
<th>A lot of Difficulty</th>
<th>Unable to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. stooping, crouching or kneeling?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>2. lifting or carrying objects as heavy as 10 pounds?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>3. reaching or extending arms above shoulder level?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>4. writing, or handling and grasping small objects?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>5. walking a quarter of a mile?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>6. heavy housework such as scrubbing floors or washing windows?</td>
<td>❑</td>
<td>❑</td>
<td>❑</td>
</tr>
</tbody>
</table>

**Score:** 1 point for each *response in Q3a through Q3f. Maximum of 2 points.

4. Because of your health or a physical condition, do you have any difficulty:

a. shopping for personal items (like toilet items or medicines)?
   - Yes → Do you get help with shopping?
   - No
   - Don't do → Is that because of your health?

b. managing money (like keeping track of expenses or paying bills)?
   - Yes → Do you get help with managing money?
   - No
   - Don't do → Is that because of your health?

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Higher VES-13 scores predict death and functional decline at one year among vulnerable elders. B32.
Chiang, L; Elliot, M; Wenger, N; Saliba, D
The Vulnerable Elders-13 Survey Predicts 5-Year Functional Decline and Mortality Outcomes in Older Ambulatory Care Patients

Vulnerable Elders-13 Score Predicts Death and Decline
N=508 elders, age >=75

--- Predicted probability of death

___ Predicted probability of functional decline and death

By Subsamples Selected by Positive Screen for Geriatric Condition:

- Fear of Falls/Falls n=395 elders
- Urinary Urgue/Incontinence n=169 elders
- Memory Problems/Dementia n=63 elders

VES-13 Score

predicted Probability

0 2 4 6 8 10

0 2 4 6 8 10

0 2 4 6 8 10

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Journal of the American Geriatrics Society
Medicare Wellness Visit

**Acquire information**
- Demographics
- Medical history
- Psychosocial and behavioral risks
- ADL and IADL status
- Self-health assessment
- Medication history

**Assess**
- Blood pressure, weight
- Depression screening
- Cognitive evaluation
- Functional ability/ safety screening/hearing
- Vision screening

**Counsel**
- Prevention
- Referrals
- Advanced directives
Summary

Tools are available to help predict decline

One size does not appear to fit all

Will likely be a multifactorial risk assessment

At this time, as individual care providers, there are tools you can use to evaluate and provide information and educate your patients

Watch this space for more to come!
Studenski, S. et al. Gait speed and survival in older adults. JAMA 2011; 305(1); 50-58