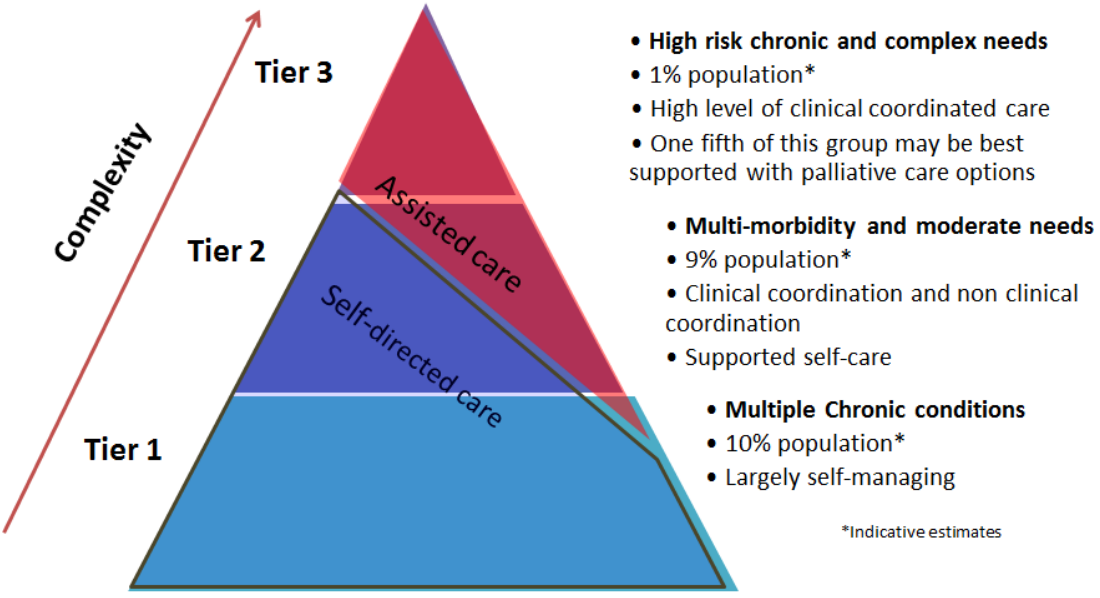
FACTSHEET: PATIENT ELIGIBILITY

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

Patient Identification

Work is currently underway to develop a universal patient identification tool that will be used by Health Care Homes. As the amount paid to Health Care Homes is linked to the patient's level of complexity, all participating services will use the same tool, which consists of a two-step process:

1. Practice level: identify potentially eligible patient cohort.
2. Patient level: in consultation with the patient, and relevant family members and carers where appropriate, assess the patient's individual needs and risk factors, confirming their eligibility and stratifying their care needs to one of three complexity tiers according to their level of risk.

The first step of the process will be based on the QAdmissions® algorithm[1]. The second step of the process will use the HARP questionnaire[2] to determine eligibility for the Health Care Home and stratify patients according to their risk of unplanned hospital admission in the next 12-months. Algorithms, weightings and scoring will all be modified to suit the Health Care Homes context.

The modified QAdmissions® algorithm will draw upon information already captured in a patient's medical record, such as diagnoses, medications, clinical risks and prior service use. The process of applying the algorithm will be automated. Non-clinical information is also important, such as demographic and psycho-social factors, and this will be considered in conversations with providers, patients and family members/carers when completing the HARP questionnaire.

[1] http://www.qadmissions.org/index.php
[2] http://www.adma.org.au/clearinghouse/doc_details/11-western-harp-risk-calculator.html