Prospectively Identifying People with Serious Illness (TH307-B)

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Objectives
- Understand the need to prospectively identify those with serious illness.
- Understand the 3 proposed definitions of serious illness and how well they predict hospital admission, mortality, and total Medicare spending.

Original Research Background: Upstream identification and provision of appropriate services for the seriously ill may improve care and lower costs. A recent survey of experts in the clinical, research, and policy arenas of palliative care produced the following conceptual definition: “Serious Illness is a condition that carries a high risk of mortality, negatively impacts quality of life and daily function, and/or is burdensome in symptoms, treatments or caregiver stress.”

Research Objectives: We created and tested three possible specifications of serious illness, ranging from broad (ie, population for screening) to restricted (ie, population for targeted services) to identify persons at highest risk of mortality, hospital admission, and high total Medicare spending.

Methods: Using the nationally representative, longitudinal Health and Retirement Study (HRS) from 2000-2010, we evaluated subjects with each of three serious illness definitions: (a) one or more severe medical conditions (Condition) and/or receiving assistance with any basic activities of daily living (ADL; Functional Limitation); (b) Condition and/or Functional Limitation and one or more hospital admissions in the last 12 months and/or residing in a nursing home (Utilization); and (c) Condition and Functional Limitation and Utilization. Those meeting one of these three definitions were then followed for 1 year to assess outcomes.

Results: Of 10,500 eligible subjects, 4,713 met definition A; 2,612, definition B; and 1,200, definition C. The definitions of serious illness revealed the following 1-year outcomes: mortality of 11% (A), 18% (B), 27% (C); hospitalization 32% (A), 43% (B), 47% (C); and total average Medicare costs of $16,680 (A), $22,223 (B), and $26,463 (C).

Conclusions: Prospective identification of people with serious illness is feasible and critical to improving quality of care. Notably, most seriously ill patients identified are not in the last year of life.

Implications for Research, Policy, or Practice: Depending upon a program’s aim, these definitions may be used, for example, to screen patients for palliative care needs (A) or effectively target additional services (C).