Risk Stratification – Matching Resources to Need

Cory Sevin

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Learning Objectives

- Learn how risk stratification can help you meet the needs of your patients.

- Explore different risk stratification strategies used by integrated care teams.

- Share examples of how risk stratification systems are integrated into the daily practice work

Population Management and Risk Stratification

- **Population management**: process that enables practices to proactively reach out to patients needing care, rather than waiting for them to call or come in

- **Risk Stratification**: process of predicting risk and using that data to anticipate and avoid adverse outcomes

You can stratify risk within populations of focus too!

Better Care	Proactive care, risk mitigation, systematic approach
Avoid Costs	ED diversion, decrease hospitalizations and re-admissions
Improve Outcomes	Better engagement, enhanced understanding of the care plan, incorporation of patient values and preferences
Joy in Work	Satisfaction in meeting complex needs, relationships build trust

Start where you are
Do what makes sense

- Successful methodologies range from systematic conversations with care teams to highly sophisticated, proprietary systems.

- Clinicians and Care Teams know of their high risk patients
- Those "out of care' may be at high risk so systematically evaluate that list
- Create a "risk flag" strategy to alert care team including when "scrubbing the chart"
- Create a report that can be reviewed by the care team. Set up periodicity, roles and accountabilities
- Set up a process to update the "risk flag" as new information is available. If it is challenging to update, it will happen less reliably
- At least annually, reassess your process.
  - Do you need to change what you are doing?
  - Is your system helping patients?
  - Are you able to leverage your CM resources?
  - Are you able to optimize the skills of your care team?

What examples can you share?

Today's to do list.

For Teams new to Risk Stratification, where should they start?

You had to do it over again. Would you risk stratify patients? Why?