

## Defining the Eligible Population

### The “who” drives the “what” and the “how.”

The clinical, operational, and social criteria used to define the target population will influence the number of potentially eligible patients, the number that accept services, and the types of support that need to be provided.

#### 1 Be intentional in defining the target population.

- ▶ Eligibility criteria may include qualifying (or disqualifying) diagnoses, disease-specific clinical markers, estimated life expectancy, functional needs, or health care use history. Particular attention must be paid to feasibility of including patients with substance use disorder or severe mental illness without additional eligibility criteria. Some programs also specify social criteria, such as a safe home environment or patient/family willingness to participate in advance care planning.
- ▶ Some services have very detailed and extensive criteria, but others do not. There are risks to having very specific or extensive criteria, notably that health plan employees, referring providers, or palliative care providers may have to invest significant effort in verifying eligibility. Very specific criteria can also mean that only a small number of patients will qualify for services. Conversely, very loose or

inclusive criteria might identify patients who could be appropriately served by a less intensive program, such as primary palliative care or complex case management. Furthermore, higher-need patients without underlying serious illness (e.g., primarily substance use or psychosocial issues that preclude safe and productive management at home) may outstrip the palliative care team’s skills and capacity.

- ▶ Consider what other programs are available to serve patients with complex needs through the payer or the palliative care provider, or in the local community. The palliative care program may have a valuable role to play for these patients, but payer-provider partners need to be on the same page about whether the program is aimed at people with specific palliative care needs (e.g., pain and symptom management, goals of care, possible transition to hospice) or if it is aimed more broadly at a complex chronic illness or advanced illness population.
- ▶ Programs that include the complex chronic illness population should tap into existing health plan resources to assist with behavioral health and substance use treatment needs. This population’s needs should not be solely managed by the palliative care provider.

#### 2 Be clear about the pool of patients you will draw from — and the resulting implications for volume, service needs, and costs.

- ▶ Operational eligibility criteria may include the specific health plan products, or the care settings from which patients can be referred. These criteria can have a big impact on the number of eligible patients and the characteristics of the population (average age, socioeconomic status) as well as acuity. For example, some health plan products tend to have a relatively younger population that could be more inclined toward pursuing aggressive treatment, or a population with relatively lower socioeconomic status that may have more needs related to housing stability and complex psychosocial issues. If most referrals are expected to come from an inpatient setting, patients are likely to be sicker and have greater clinical needs than a general palliative care population (especially if the inpatient setting is an academic tertiary care center).
- ▶ Some palliative care providers may choose to offer services only to people covered under their health plan contract(s), while others see their mission as providing care for an entire community, regardless of their connection to a source of payment. In the context of a broad community mission, providers need to pay close attention to balancing their patient mix to ensure organizational financial stability.

### 3 Consider how you will determine whether a patient is the right fit in real life, not just on paper.

- ▶ Even if a patient appears to be eligible for palliative care, personal or social criteria also determine whether or not they would benefit from or be suitable for a palliative care program.
- ▶ Social criteria may include patient and family preferences about receiving care in the home and/or via phone or video visits rather than defaulting to a trip to the emergency department, their willingness to engage with the palliative care team in discussing goals of care, their access to the support they need to continue to safely live at home, and having a living environment that a home-based palliative care team feels is safe for them to visit.
- ▶ A holistic assessment done either by health plan staff or the palliative care provider is typically needed to determine if a patient is eligible for and would benefit from enrollment in the palliative care program. In most cases claims information, authorization records, and data derived from electronic health records can serve as good starting points for identifying patients, but will not be sufficient by themselves.

### 4 Understand how decisions about clinical, operational, and social criteria will impact your program.

- ▶ Defining who is eligible for palliative care impacts potential patient volume and duration of service (which impacts provider revenue and payer return on investment), care model and staffing (e.g., sicker patients will need more intensive medical management, patients with complex psychosocial issues will require more intensive social work support), and payer and provider costs (who is using what resources to care for these patients).

#### TOOLS AND RESOURCES

Descriptions of which types of patients would benefit from palliative care tend to be broad and inclusive. A good example of theoretical eligibility criteria for palliative care is included in *The National Consensus Project Clinical Practice Guidelines for Quality Palliative Care, 3rd edition (2013)*. Conversely, eligibility criteria used in palliative care benefit descriptions and contracts tend to be much more specific and restrictive. An example of an operational definition of the target palliative care population is outlined in the *California Senate Bill 1004 All-Plan Letter*, which offers guidance to California's Medi-Cal managed care plans on which plan members must have access to a specified set of palliative services.

This paper is part of a series on payer-provider partnerships in palliative care. To read the rest of the lessons, visit [www.chcf.org/payer-provider-lessons](http://www.chcf.org/payer-provider-lessons).

#### How Eligibility Criteria Can Impact Volume, Costs, and Outcomes

STRICT CRITERIA CAN . . .	BECAUSE
▶ Increase administrative effort for enrollment	Need to query multiple sources to find evidence of disease status, specific biomarkers, patient preferences, and other social criteria
▶ Increase lag time between referral and enrollment	Time needed to verify eligibility, especially if multiple individuals or data sources need to be queried
▶ Decrease volume	Fewer patients will qualify; some will drop off while waiting for eligibility to be verified
▶ Reduce variation in outcomes	Low variation in key population characteristics will increase confidence in estimates of care delivery costs and expected outcomes
LOOSE CRITERIA CAN . . .	BECAUSE
▶ Reduce administrative effort for enrollment	Less need to find or access data to determine eligibility
▶ Reduce lag time between referral and enrollment	Relatively less time needed to verify eligibility
▶ Increase volume	Higher probability that referred patients will be eligible for services
▶ Increase variation in outcomes	Variation in acuity, service needs, service duration, and risk for use of expensive health care services mean care delivery costs and all types of outcomes will be less predictable