

Blue Shield Home-Based Palliative Care (HBPC) Program Patient Eligibility Screening Tool

Blue Shield members are deemed “Program eligible” when they meet the criteria outlined in this tool.

Step 1: Chart review (Patient must fulfill all criteria)

<p>Patient has an advanced disease/disorder/condition that is known to be life-limiting:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Cancer: Locally advanced or metastatic cancer; leukemia or lymphoma <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Chronic obstructive pulmonary disease <input type="checkbox"/> Cerebral vascular accident/stroke: Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia <input type="checkbox"/> Chronic kidney disease (CKD) or End Stage Renal Disease (ESRD) <input type="checkbox"/> End-stage liver disease (ESLD) <input type="checkbox"/> Severe Dementia or Alzheimer's Disease <input type="checkbox"/> Other (fill in): _____
<p>The patient meets at least one of four criteria:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> One or more ER visits within past 12 months <input type="checkbox"/> One or more hospitalizations within past 12 months <input type="checkbox"/> Hospital readmission within past 30 days <input type="checkbox"/> Current referral prompted by: <ul style="list-style-type: none"> <input type="checkbox"/> Uncontrolled symptoms related to underlying disease (e.g., pain, shortness of breath, vomiting) AND/OR <input type="checkbox"/> Inadequate home, social, family support

If above criteria are met, contact (email or phone) the patient's primary medical providers for coordination on patient, then proceed to Step 2.

Step 2: Clinical Screening (Patient must fulfill all criteria)

<p>The patient's PPS rating is $\leq 70\%$</p>	<p>Click the link to access the Palliative Performance Scale (PPS) tool nccrc.org/files/news/palliative_performance_scale_PPSv2.pdf</p>
<p>The patient meets at least two of six criteria:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Decline in function, feeding intolerance, frequent falls, or unintended decline in weight (a.k.a. FTT) <input type="checkbox"/> Complex care requirements: dependent on one or more ADLs, complex home support for ventilator/antibiotics/feedings <input type="checkbox"/> High-risk factors: low health literacy, medication non-adherence, a frequent no-show to outpatient appointments, cognitive impairment <input type="checkbox"/> Would you be surprised if this patient died within one year? <input type="checkbox"/> Patient declined hospice enrollment <input type="checkbox"/> Complex goals of care: conflict among patient/family regarding GOC, patient refusing to engage in GOC/ACP activities
<p>The patient meets ALL criteria:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> The primary diagnosis explaining the above is NOT psychiatric in nature <input type="checkbox"/> The patient is not currently enrolled in hospice