Identifying patients to participate in a practice winter strategy

Identifying vulnerable patients

Consider patients who have chronic and complex health problems who are thought likely to benefit from a focus on proactive care and monitoring including:

- Optimised self-management
- Improved access to necessary support services

GP Management Plans and Team Care Arrangements

Not all patients with a GP Management Plan will be at a high risk of hospital admission or major sickness through winter. However, those who also require Team Care Arrangements may be a more complex and high risk group.

A practice could use this as a starting point for patient identification. This will depend on how consistently GPMP-TCA has been implemented across the practice and how well you feel it indicates high-risk for winter deterioration or hospitalisation.

You may consider the following indicators:

- One or more diagnosed chronic illnesses
- Complex treatment regimes
- Frequent hospital/ED presentations in the previous 12 months
- Escalation/deterioration of condition/s
- Measurable physical limitations
- Social connectedness is poor
- You would not be surprised if this patient were to go to hospital in the next 6 months

Conditions predictive of increased risk of hospital admission

- COPD
- Asthma
- Heart Failure
- Diabetes
- CKD
- Cirrhosis
- Inflammatory bowel disease
- Multi-morbidity with multiple long term conditions is a risk marker for admission.

Similarly, not all people with these conditions are unstable or at particularly high risk of hospital admission. Admission within the past year for one of these conditions could be added as an extra marker of risk.

Not all these conditions are likely to be as responsive to the key elements of “Winter Care” as others. There is a clear case for sick day action plans for Asthma, COPD and Heart Failure. For simplicity a practice may choose to focus on these conditions.

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You will then want to refine the list to those patients most likely to benefit, and apply the exclusion rules. PENCAT can assist you with getting this data from your clinical software.

Medications as a predictor

Some medications are mostly used in people with more advanced chronic disease, for example:

- Spironolactone (or equivalent) for CCF, Liver cirrhosis. (note can be used for hirsutism)
- Nikorel for difficult IHD/ angina
- Calcitriol as a marker of advanced renal disease
- Poly-pharmacy in patients can indicate vulnerability

Pathology results as a marker of advanced or unstable long term conditions

- HbA1c > 9%
- eGFR < 45 or proteinuria
- Anaemia in the elderly
- LFTs > 3 x upper limit of normal

Other important factors that contribute to risk of admission

- Life style factors
- BMI > 35 or < 19
- Social-economic factors
- CALD or Indigenous
- Drug and Alcohol problems

The HARP Risk Calculator

The HARP Risk Calculator is an optional tool for Practices interested in a structured approach to grading risk of admission in the next 12 months. Download the “HARP Risk Calculator”.

The HARP Assessment Tool is used in conjunction with the HARP Risk Calculator to assess risk. Download the “HARP Assessment Tool”. There are benefits and limitations to this approach as follows:

Benefits of HARP:

It leads the patient/carer and assessor through consideration of a broad and inclusive range of factors that are associated with risk of hospital admission. This will probably prompt a more holistic assessment and highlight important areas for intervention that may otherwise have been missed. It may help clinicians “think outside the box”. LHD Chronic Disease Management teams use this tool, so using it in general practice may help to promote shared insight and a shared approach to patient care.

Limitations of HARP:

It does not quantify an absolute risk of admission. It is somewhat subjective and has not been formally validated. Unless you know the patient very well, it will require discussion with patient/carer.

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