

Hospitalization Risk Screening Tool for Primary Care Providers and Teams

Thank you for your interest in testing the prototype HARMS-8 tool for identifying critical intervention areas for patients with high risk medical conditions.

While there is a growing expectation that primary care focus on reducing avoidable hospitalizations and emergency department use, much of which occurs for non medical reasons, there appear to be few tools for providers to use in daily practice to achieve this. A structured approach to evaluating non medical areas of risk may provide an efficient and effective way for clinical teams to engage with patients on these key issues.

Our initial hope was that we could find an existing validated tool for providers to use. We found a number of different tools such as the Pra (Probability of Repeated Admission) or the CARS (Community Assessment Risk Screen), but they appeared to cover different dimensions of risk. We also found none that was specifically for office practice use. The HARMS 8 was designed to open up all of the key areas of risk we found reviewing existing tools in a way that was easily and quickly useable. Most of the questions are modeled on those we reviewed.

Many of the validated tools on which the HARMS 8 is based are designed to produce an overall "risk score" to help identify those at highest risk for future utilization. The initial intent here is different: to create a "review of risk systems" that are known to cause even the best medical plan to fail: ability for self management (cognition, understanding, confidence), social support / isolation, ability to perform activities of daily living, and self perception of health.

We are hoping to have multiple practices use the tool on a short trial basis and provide feedback in a rapid co design effort. The test we are proposing is the following:

Use the prototype HARMS-8 prospectively with 10-20 patients that come into your organization for a visit and have a qualifying diagnosis. Use the attached form to help us understand if you learned anything new about this patient and what, if anything, you did or could do for the patient as a result of this screening?

We will collect and summarize all the feedback and provide it to you within the next 60-90 days. We are hoping to understand whether or not this is a useful approach generally and if so, what modifications might make it more useful. The screening tool has been formatted so that you can print it and use it via paper/pen if that is easiest, but it can also be completed electronically by double-clicking into the check boxes. The feedback form at the end of this document should be completed electronically and sent to us via email addresses below.

We understand that the effectiveness of the screening tool is ultimately dependent on interventions that address the risks identified. We are hoping that you might be interested in co designing that with us as well.

Please contact us with any questions or input. We will try and set up a time to talk with you to learn more about your organization and how this work aligns with your overall goals.

Thanks!

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Care Team Assessment:

Positive answers to following questions indicate increasing risk for any patient that has a confirmed diagnosis of CHF, COPD, Diabetes, Asthma, or Hypertension:

- 1) Do you have any present concerns about this patient's ability to follow the recommended treatment plan?
[Click here to enter text.](#)
- 2) Is the patient on 5 or more prescription medications daily?
[Click here to enter text.](#)
- 3) Does the patient have active problems with substance abuse?
[Click here to enter text.](#)
- 4) Does the patient have a diagnosis of anxiety, depression, schizophrenia, schizoaffective disorder, or bipolar disease?
[Click here to enter text.](#)
- 5) Would you (provider) be surprised if the patient were to die within the next year?
[Click here to enter text.](#)

HOSPITAL ADMISSION RISK MULTIPLIER SCREEN (HARMS-8):

Asking the following questions of the patient will open up key areas of risk. Further inquiry is appropriate as needed:

- 1) In general, how would you rate your current health?

Excellent Very Good Good Fair Poor

- 2). How many prescription medications are you currently taking every day?

None (*SKIP to question 3*) 1 – 2 3 – 4 5 or more

2_a) **During the past WEEK**, how often did you forget to take or decide not to take one or more of these medications?

Never Sometimes Usually Always

2_b) How sure are you that you understand the reason you are taking each of these medications?

Very sure Somewhat sure Not very sure

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3) Think about your usual daily activities, such as bathing, toileting, dressing, grooming, feeding, housework, family or leisure activities. Which of the following best describes your situation in the last MONTH:

- I have no problems with performing my usual activities.
- I have some problems with performing my usual activities without assistance.
- I am unable to perform my usual activities without assistance.

4) In the last MONTH, how often did you have trouble with remembering or thinking clearly?

- Never Sometimes Usually Always

5) If you needed immediate help for a health problem, how many friends or relatives do you feel close to such that you could call on them for help?

- None 1 2 3 or 4 5 or more

5_a) Who are they? [Click here to enter text.](#)

5_b) How often do you communicate with them? [Click here to enter text.](#)

6) Think about your current medical conditions. How confident are you that you can manage these medical conditions day-to-day?

- Very confident Somewhat confident Not very confident I don't have any health conditions

7) During the past 6 MONTHS, how many times did you go to the emergency room?

- None (*SKIP to question 8*) 1 or more times

7_a) Do you think it is likely you will need to go to the emergency room again in the **next 6 months**?

- Not likely Somewhat likely Very likely

8) During the past 6 MONTHS, how many times did you stay in the hospital overnight as a patient?

- None (*END*) 1 or more times

8_a) Do you think it is likely you will need to be hospitalized again in the **next 6 months**?

- Not likely Somewhat likely Very likely

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TESTING FEEDBACK – Testing the HARMS-8:

1) How many patients (or patient records) did you test this tool with?

1-5 6-10 11-15 16-20 21+

2) Did you test with current patients during a visit, or did you do a retrospective review?

current patients during a visit retrospective review both

3) How long did it take you to complete the patient questionnaire portion of the tool (HARMS-8)?

1-5 min 6-10 min 11-15 min 16-20 min 21+ min

Tell us more about this:

[Click here to enter text.](#)

4) How easy or difficult was it for you to gather this information from patients or caregivers?

very easy easy somewhat difficult very difficult

Tell us more about this:

[Click here to enter text.](#)

5) Did you modify your approach for gathering this information based on learning that occurred when you were testing?

yes no

Tell us more about this:

[Click here to enter text.](#)

6) How easy or difficult was it for you to work this into your team or clinic workflow?

very easy easy somewhat difficult very difficult

Tell us more about this:

[Click here to enter text.](#)

7) Did you modify your approach for working this into your team or clinic workflow based on learning that occurred when you were testing?

yes no

Tell us more about this:

[Click here to enter text.](#)

8) Did you learn anything new about these patients that you otherwise would not have known?

yes no

Tell us more about this?

[Click here to enter text.](#)

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- 9) Did you identify any risk domains or areas of concern that you feel could be modified from within primary care (even if the intervention/assistance needed is outside your clinic but a critical referral could be made by your team)?

yes no

Tell us more about this?

[Click here to enter text.](#)

- 10) We would like your input on this risk tool. Are there risk domains that are not covered by this tool or questions that you do not believe are relevant? What are they? Do you have other suggestions that would improve this tool?

[Click here to enter text.](#)

TESTING FEEDBACK – Testing the Interventions (Opening the Doors):

- 1) Tell us which questions prompted further inquiry? Give us some examples from the testing you did? [Click here to enter text.](#)
- 2) Give us some examples of interventions you provided as a result of gathering this information from your patients? [Click here to enter text.](#)

How did these patients respond? [Click here to enter text.](#)

- 3) Will you continue to use this screening tool in your practice? yes no

Why or why not? [Click here to enter text.](#)