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| **Impactability Screening Criteria (High risk patients who meet one or more of the following criteria are considered to be impactable by enhanced care team interventions (e.g. Nurse Care Manager and or Community Health Team Interventions)** |
| **1.      3 pts High ER/Inpatient Utilization** – Any patient who has had 3 or more ER visits/or inpatient stays in a 6 month period.  |
| **2.      3 pts ER Utilization for Psychiatric or Substance abuse diagnosis** – Any patient who has had 2 or more ER **or inpatient** visits for a psychiatric or substance abuse issue in the last 12 months.  |
| **3.      1 pt Poorly Controlled Diabetes**-  a diagnosis of diabetes  (type 1 or 2) age 18-75 seen in the last measurement year or year prior  and whose most recent HbA1c measurement is greater than 9  |
| **4.      1 pt Poorly Controlled Asthma (control status of poorly controlled or very poorly controlled)**  |
| **5.      ? pt Poorly Controlled COPD \*\***  |
| **6.      1 pt Active Diagnosed Addiction (not in remission)**  |
| **7.      Patients with identified histories of psychological trauma with current related symptomatology (Bio-psychosocial model of pain)  \*\***  |
| **8.      1 pt Poly-Pharmacy - Patients with 10 or more medications in their active medication list (including OTCs).**  |
| **9.      2 pts Patients Identified as high risk who have had 2 or more no shows within 12 months.**  |
| **10.  1 pt Patients identified as non-compliant with established plan of care including patients that have an outstanding referral older than 6 months or an outstanding lab/DI older than 3 months.**  |
| **11.  2 pts Homeless Patients straightforward** |
| **12.  2 pts Uninsured Patients straightforward** |
| **13.  1 pt Patients with a BMI greater than 35 straightforward** |
| **14.  1 pt Active Smokers straightforward** |
| **15.  ? pt Patients whom transportation issues pose a barrier to care**  |