

## CLINICAL POPULATION MANAGEMENT

### PHASE THREE | OPTION 3

#### **Differentiate patient care needs based on disease activity levels.**

The signal measures you established way back in Phase One enable you to identify across an entire disease population which patients have high, moderate, low, and controlled disease activity. This capability is a cornerstone of Clinical Population Management because it allows your care team to appropriately differentiate care based on patients' disease activity (also taking into account individual factors, of course). Most importantly, it ensures that the sickest patients are getting the accelerated care they need.

#### **HOW TO STRATIFY YOUR POPULATION BY DISEASE ACTIVITY LEVELS**

In Phase Two you began printing work lists of patients in need of assessment. Stratifying your patients by disease activity level involves using these same lists to categorize patients into four categories:

- 1) ACTIVE  
Patient has moderate or high disease activity that can and should be actively managed.
- 2) CONTROLLED  
Patient has a low or controlled disease state that should be routinely monitored.
- 3) STATIC  
Patient can't be actively managed at this time (e.g., noncompliant, pregnant, extended travel).
- 4) UNCLEAR  
Review of patient's chart is needed to determine their stratification.

#### **WAYS TO DIFFERENTIATE CARE**

Having real-time data on the disease activity levels of your patients and the ability to see it at both the individual and population level enables all sorts of care and practice improvements. Here are just a few examples that have proven successful in other practices:

- a) Systematically assess patients at intervals appropriate to their disease activity level rather than using a "one size fits all" approach.
- b) Have nurse practitioners (rather than the physician) see patients with controlled disease who are doing well. This frees up the physician's time for sicker patients and more new consultations.
- c) Use each patient's population registry data to educate them about their disease, engage them in tracking changes in their disease activity status over time, and develop a treatment pathway for them.
- d) Document your care and treatment decisions to payers at the population and individual patient levels.
- e) Determine which patients can be actively managed and which ones cannot. This enables you to focus limited resources on those patients who will benefit from assessments and treatment.