

**Transitions Guidelines:  
Chronic Illness Management**  
Revised 2016



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*Disclaimer: The information contained in this handbook is meant only to be a guide for determining whether a patient is eligible (with supporting criteria) for the Transitions Program.*

Sharp HealthCare's Transitions Program is a pre-hospice service. It is the time when co-management of traditional treatment strategies and palliative strategies are both important for the patient. As the patient follows his or her natural disease course, palliative care becomes increasingly valuable.

Most patients want to live longer. However, as they age, medical evidence shows that comfort becomes more important than longevity. Models to deliver this level of care have not existed in the past. As health care evolves, Transitions has made it possible to parallel the life cycle while respecting patient choice, and providing best practice as the standard of care.

A handwritten signature in black ink, appearing to read "Daniel R. Hoefer". The signature is fluid and cursive, with the first name "Daniel" being the most prominent.

Daniel R. Hoefer, MD

Chief Medical Officer

Outpatient Palliative Care and Hospice

## Transitions Program Pillars

Sharp HealthCare Transitions Program follows four pillars:

1. **Evidence-based, in-home disease management** — Patient will receive care directly related to his or her medical diagnosis, including education about the disease.
2. **Evidence-based, medical prognostication** — Prognostication helps to understand the next and expected series of events for the patient's condition.
3. **Professional care for the caregiver** — Learning to support the caregiver, including emotionally, is essential because medical evidence shows that unsupported caregivers are at a higher risk for cancer, psychological damage and mortality.
4. **Advance care planning** — Family reconciliation before the inevitable consequences of natural progression of illness are discussed. This helps the family feel morally resolved that they are providing the most appropriate care for their loved one.

**Patients and families should:**

1. Be willing to attempt in-home disease management by the Transitions team instead of first going to the emergency room.
2. Be willing to participate in advance care planning.
3. Have a Medicare Advantage Plan (e.g., Secure Horizons® or Health Net® Seniority Plus). Also, most Sharp Rees-Stealy and Sharp Community Medical Group commercial managed care plans are covered.
4. A patient may also pay out of pocket if not covered under one of the above plans.

## **General Principles Regarding Admission**

It can be difficult to tell the difference between an old person getting older and an old person in the last couple years of life. Also, medical evidence supports that, in general, the only demographic more overly optimistic when they prognosticate than health care providers are patients and families. Please feel comfortable referring patients for evaluation as early as possible; the Transitions program will help screen for admission.

Also, please recognize that functional-decline patterns in late-stage vary tremendously. Therefore, the perspective of biological age and where the patient is in their life cycle must vary depending on diagnosis.

## General Criteria

The following are general criteria when deciding on whether a patient qualifies for the Transitions program:

1. Any patient who is likely to or has started to use the hospital as a means to manage their late-stage disease qualifies for the Transitions program. This refers to unplanned “decompensation,” not elective procedures.
2. Patients should be evaluated in their best compensated state.
3. Patients should have received maximum medical therapy (*see Appendix C for Medicare’s definition*).
4. Life expectancy of about two years or less (mean and median about 12 to 18 months).
5. As with hospice, exceptions will exist provided appropriate documentation supports that the patient is late-stage.

## Cancer

1. Any stage 4 cancer. *(However, a small number of people with stage 4 cancers are known to live for many years. These subgroups will receive initial advance care planning only. Follow-up nursing, social work and chaplain visits will occur at a later time.)*
2. Karnofsky Performance Scale (KPS)  
< or equal to 70 *(see Appendix A).*
3. Diminished albumin, decreased hemoglobin, elevated CRP, elevated calcium or elevated cancer serologic markers provide prognostic information. Severely elevated calcium is a particularly poor prognostic marker.

## Cirrhosis

1. Albumin < 3.0
2. INR > 1.3
3. Plus one of the following:
  - a. Ascites
  - b. Subacute bacterial peritonitis
  - c. Hepatic encephalopathy



- d. Hepatorenal syndrome
- e. Recurrent esophageal bleeds

**or**

- 4. Model for End-Stage Liver Disease (MELD) score > 19

| Scoring | 6-Month Survival | 12-Month Survival |
|---------|------------------|-------------------|
| 0-9     | 98%              | 93%               |
| 10-19   | 92%              | 86%               |
| 20-29   | 78%              | 71%               |
| 30-39   | 40%              | 37%               |

To calculate MELD Score, visit [www.mayoclinic.org/meld](http://www.mayoclinic.org/meld).

## Congestive Heart Failure

- 1. Any patient who is hospitalized due to congestive heart failure as the primary diagnosis; no further invasive interventions planned

**or**

- 2. Late-stage NYHA III

*(continued)*

### 3. Supportive criteria:

- a. EF < 30 percent for systolic failure
- b. Significant comorbidities (e.g., renal disease, diabetes, dementia, poor biomarkers)

Please note that rising BNP, pro-BNP, hsCRP and BUN/Creatinine provide highly prognostic information if collected when the patient is in their best compensated state.

## COPD

All patients must have or be able to obtain a nebulizer. Plus:

- a. FEV1 < 35
- b. Oxygen dependent at rest or while sleeping

## Dementia

1. FAST 5 at high-risk of using the hospital to manage their disease — must document the reason it is felt that the patient is high-risk (*see Appendix B*)

**or**

2. FAST 6 to 7C

**or**

3. Any demented patient who has been institutionalized or has needed the hospital primarily due to their dementia plus has had an appropriate metabolic workup (CMP, Thyroid Function Tests, B-12) and neuro-imaging (or documented refusal)

*Please note hemoglobin, fasting total cholesterol, albumin, CRP and a BMP to provide evidence-based prognostic information in this group.*

## **Geriatric Frailty Syndrome**

Physiological syndrome, characterized by decreased reserve, and diminished resistance to stressors — resulting from cumulative decline across multiple physiologic systems — and causing vulnerability to adverse outcomes.

Prognostic lab results include:

- Low albumin < 3.5
- Low total fasting cholesterol < 160 (off statin medications for at least one month)

*(continued)*

- Low hemoglobin
- Elevated CRP, hyponatremia, elevated BUN/Creatinine

## **LABS SHOULD BE IN PATIENT'S BEST COMPENSATED STATE.**

### Diagnosing Frailty

1. Unintentional weight loss
2. Unsteady gait or slowed gait
3. Deteriorating muscle strength
4. Increased sleeping/decreased activities
5. Easily fatigued

### Qualifying Criteria

- Patient demonstrates all five criteria above plus low albumin OR low cholesterol (off statin medications for at least one month)
- Patient demonstrates four of the criteria plus 2 biomarkers (low albumin, low cholesterol or low hemoglobin)

## Referral Process

For referrals, please send:

- Physician order
- Demographics
- Transitions diagnosis

You can provide the information in one of the following ways:

1. By **phone**: 619-667-1900
2. By **fax**: 619-740-8584 or 619-667-1904
3. From hospitals via **Allscripts ECIN** under “Sharp HealthCare/HospiceCare” in the provider database

For **Sharp Rees-Stealy** patients, please submit an online authorization to the UM department.

For a referral form or additional information about our programs, please visit our Professionals section on [www.sharp.com/transitions](http://www.sharp.com/transitions).

# Appendix A

## Palliative Performance Scale (PPS)

### Adapted Karnofsky (KPS)

| %           | Ambulation   | Activity and Evidence of Disease                  |
|-------------|--------------|---|
|             | ①            | ②   |
| 100         | Full         | Normal Activity, No Evidence of Disease           |
| 90          | Full         | Normal Activity, Some Evidence of Disease         |
| 80          | Full         | Normal Activity With Effort, Evidence of Disease  |
| 70          | Reduced      | Unable to Do Normal Work                          |
| 60          | Reduced      | Unable to Do Most Activities, Significant Disease |
| 50          | Mainly Chair | Minimal Activity, Extensive Disease               |
| 40          | Mainly Bed   | As Above  |
| 30          | Bed Bound    | As Above  |
| 20          | Moribund     | As Above  |
| 10          | Moribund     | As Above  |
| 0           | Death        | 0   |
| <b>Rate</b> |              |   |

#### To calculate score:

1. Determine value for each of the five categories.
2. Add all values together.
3. Divide the total value by five.

**\* Average score must be less than 50.**

| <b>Self-Care</b><br><b>③</b> | <b>Intake</b><br><b>④</b> | <b>Conscious Level</b><br><b>⑤</b> |
|------------------------------|---------------------------|------------------------------------|
| Full                         | Normal                    | Full                               |
| Full                         | Normal                    | Full                               |
| Full                         | Normal or Reduced         | Full                               |
| Full                         | Normal or Reduced         | Full                               |
| Occasional Assistance        | Normal or Reduced         | Full                               |
| Considerable Assistance      | Normal or Reduced         | Full ± Confusion                   |
| Mainly Assisted              | Normal or Reduced         | Full or Drowsy ± Confusion         |
| Total Care                   | Reduced                   | Full or Drowsy ± Confusion         |
| Total Care                   | Sips                      | Full or Drowsy ± Confusion         |
| Total Care                   | Mouth Care Only           | Drowsy or Coma                     |
| 0                            | 0                         | 0                                  |
|                              |                           |                                    |

**Example:**

$$\textcircled{1} = 50 \quad \textcircled{2} = 40 \quad \textcircled{3} = 40 \quad \textcircled{4} = 20 \quad \textcircled{5} = 50$$

$$\text{Total: } \frac{200}{5} = 40$$

## Appendix B

# Functional Assessment Staging Tool (FAST)

| Score | Description   |
|-------|---|
| 1     | No difficulty either subjectively or objectively  |
| 2     | <ul style="list-style-type: none"><li>• Complains of forgetting location of objects</li><li>• Subjective work difficulties</li></ul>  |
| 3     | <ul style="list-style-type: none"><li>• Decreased job functioning evident to co-workers</li><li>• Difficulty in traveling to new location</li><li>• Decreased organization capacity</li></ul>   |
| 4     | Decreased ability to perform complex tasks such as: <ul style="list-style-type: none"><li>• Planning dinner for guests</li><li>• Handling personal finances (e.g., forgetting to pay bills)</li><li>• Difficulty shopping, etc.</li></ul> |
| 5     | <ul style="list-style-type: none"><li>• Requires assistance in choosing proper clothing to wear for the day, season or occasion</li><li>• Repeatedly observed wearing the same clothing, unless supervised</li></ul>                      |



| Score | Description   |
|-------|---|
| 6     | <ul style="list-style-type: none"> <li>A. Improperly putting on clothes without assistance or cueing (e.g., shoes on wrong feet, day clothes over night clothes, difficulty buttoning)</li> <li>B. Unable to bathe properly (e.g., difficulty adjusting bath water temperature)</li> <li>C. Unable to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue)</li> <li>D. Urinary incontinence — intermittent or constant</li> <li>E. Fecal incontinence — intermittent or constant</li> </ul> |
| 7     | <ul style="list-style-type: none"> <li>A. Limited ability to speak six or more intelligible words in an average day or interview</li> <li>B. Speech ability is limited to the use of a single intelligible word in a normal interaction — demonstrates repetitive actions</li> <li>C. Ambulatory ability is lost (cannot walk without personal assistance)</li> <li>D. Cannot sit up without assistance, or falls over if no lateral arm rests on chair</li> <li>E. Loss of ability to smile</li> <li>F. Loss of ability to hold up head independently</li> </ul>     |

## **Appendix C**

Medicare's definition of maximum medical therapy is any of the following:

1. No further reasonable traditional therapy is available
2. Patient is intolerant to further therapy
3. Patient declines further therapy
4. Patient repeatedly decompensates due to severe non-compliance

# Notes

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The logo for SHARP, featuring the word "SHARP" in a bold, serif font. A horizontal line is positioned above the letters "S" and "H". A registered trademark symbol (®) is located at the bottom right of the word.

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