People living with serious illness have certain needs that may be overlooked by standard case management protocols

A serious illness – defined as a health condition that carries a high risk of mortality and either negatively impacts a person’s daily functioning or excessively strains their caregivers – creates unique needs for the patient and family. Care managers can begin to address these needs with targeted screening and assessment tools.

Conduct the following assessments to reveal areas of distress and gaps in care

→ **Symptom Burden**
  Many people with advanced illness experience symptom distress that can be better managed, thus improving their quality of life.
  - [Revised Edmonton Symptom Assessment System](https://www.capc.org/patient-care/pain/) (ESAS)
    (For more information about pain assessment, please see the [CAPC Comprehensive Pain Assessment Course](https://www.capc.org/patient-care/pain/))

→ **Functional Impairment**
  The health care delivery system pays inadequate attention to functional abilities. Assessing impairment may reveal significant unmet needs.
  - [Palliative Performance Scale (PPS)](https://www.capc.org/patient-care/palliative-data/) (PPS)
  - [Karnofsky Performance Status Scale](https://www.capc.org/patient-care/palliative-data/) (KPS)

→ **Anticholinergic Burden** (if patient over age 65)
  Many common medications can cause adverse events and increase mortality in older adults. Screening for burden is a first step to deprescribing.
  - [Anticholinergic Burden Calculator](https://www.capc.org/patient-care/palliative-data/)

→ **Caregiver Burden**
  Overwhelmed caregivers not only experience their own health issues, but are a major risk factor for the patient’s avoidable utilization.
  - [Zarit Burden Interview](https://www.capc.org/patient-care/palliative-data/)

What to Do Next

Members/patients with high symptom burden, poor functional ability, high anticholinergic burden, high caregiver burden, and/or high overall distress will require additional interventions.

First, the patient and family should be educated about their illness and what to expect. They should have an opportunity to clarify their goals and values in light of these expectations, and receive help to make treatment decisions that align with those goals. Some of [CAPC’s online communication courses can help with this](https://www.capc.org/patient-care/palliative-data/).
Second, their treating provider should be informed of these unmet needs and heightened risks, and consider how the care plan can be adjusted to better manage symptoms and stresses, as well as to align with goals. It is also important to alert treating providers of the need for describing. CAPC’s online course can help with this.

Third, referral to a specialty palliative care team can help the patient and family address the symptoms and stresses of serious illness. Be aware of palliative care clinicians in your network. The Palliative Care Provider Directory can help you locate palliative care teams in hospitals, offices, nursing homes, and home-based services.

NB: When suggesting a palliative care consultation to a member/patient, explain that this specially-trained team can provide an added layer of support to help them get the care they deserve.

Always follow your organization’s policies and procedures when speaking to patients, coordinating with treating providers, and making referrals.

Please visit capc.org to learn more.