

# Risk-Stratified Care Management Scoring Algorithm

		Low Risk (0 points)	Medium Risk (1 point)	High Risk (2 points)	Score (0-2)
Utilization	Age	≤49	50-64	≥65	
	ED Utilization in Last Year	0-1	2	≥3	
	Inpatient Hospitalization in Last Year	0-1	2	≥3	
	Primary Care Visits in Last Year	1-2	3-6 or 0	≥7	
Medications	0-1	2-4	≥5		
Chronic Disease	Chronic Illnesses	≤1 stable chronic illness	≥1 chronic illnesses with exacerbation, progression, or side effects of treatment or ≥2 stable chronic illnesses	≥1 chronic illnesses with severe exacerbation, progression, or side effects of treatment or ≥1 chronic illnesses that pose a threat to life or bodily function	
	BMI	BMI 18.5-24.9	BMI 25-39.9	BMI ≥40 BMI <18.5	
Behavioral and Mental Health	PHQ-9 Score	≤4	5-14	≥15	
	SUD	No history of SUD	History of SUD	Current SUD	
	Dementia/Alzheimer's Disease	Mini-Cog ≥3 or MoCA ≥26	Mini-Cog <3 or MoCA 18-25	Dementia/Alzheimer's diagnosis	
	Behavioral & Mental Health	No mental or behavioral health diagnoses or 1 mental/behavioral health diagnosis with long-term stability with medication demonstrated	1-2 mental/behavioral health diagnoses or 1-2 life stressors in the last 12 months (death of a loved one, divorce, move, job loss, etc.)	≥3 mental/behavioral health diagnoses or ≥3 life stressors in the last 12 months (death of a loved one, divorce, move, job loss, etc.)	
	Tobacco/E-cigarette Use	No history of tobacco/e-cigarette use	History of tobacco/e-cigarette use	Current tobacco/e-cigarette use	
Social Determinants of Health	Financially stable Stable housing Access to reliable transportation Adequate medical insurance Family or other support	Receives some support to meet social needs (WIC, food stamps, bus passes, etc.) Some medical insurance coverage Inadequate pharmacy coverage Lives alone and needs assistance with ADL	Lack of family support that impacts care Lack of financial support Lack of sufficient financial resources Lack of transportation Language barriers Low health literacy Low literacy Medicaid/Medicare dual eligible Undocumented status Unemployed Uninsured Unsafe home environment Unstable housing		
<b>Total Score</b>					
<b>Risk Level</b>					

Risk level based on total score: **Low 0-4**  
**Medium 5-10**  
**High ≥11**



# Risk-Stratified Care Management Scoring Algorithm

This algorithm supports the American Academy of Family Physicians' (AAFP's) [risk-stratified care management \(RSCM\) rubric](#). It enables practices to generate a score and associated risk level to help identify patients who may benefit from longitudinal care management services. The algorithm is meant to be used by the care team as the first step in a two-step risk-stratification process; the second step is clinician input (i.e., personal knowledge). While many practices have access to a registry or population health system, this tool can be helpful for implementing RSCM in practices that do not.

## How to Use the RSCM Scoring Algorithm

The algorithm includes potential risk factors that fall into four categories that map to the AAFP's RSCM rubric: (1) Utilization; (2) Chronic Disease; (3) Behavioral & Mental Health; and (4) Social Determinants of Health. Each row of the algorithm lists a risk factor and the corresponding criteria that qualify as low, medium, or high risk and are scored as 0, 1, or 2 point(s) to reflect increasing risk. The cut points utilize evidence-based guidelines, such as the MoCA and the Mini-Cog assessment for cognitive impairment (see "Evidence-Based Guidelines"). Summing the scores for all rows generates a patient risk score between 0 and 26. Once a patient's score and risk level are determined, the care team can use the RSCM rubric to identify care plan suggestions and opportunities for planned care, if appropriate.

### Risk Level Based on Total Score

Algorithm Score	Risk Level	RSCM Rubric Risk and Prevention Level
0-4 points	Low	Level 1-2 (Primary Prevention)
5-10 points	Medium	Level 3-4 (Secondary Prevention)
≥11 points	High	Level 5-6 (Tertiary Prevention/Catastrophic Care)

### Acronyms

<b>ADL</b>	activities of daily living
<b>BMI</b>	body mass index
<b>ED</b>	emergency department
<b>MoCA</b>	Montreal Cognitive Assessment
<b>PHQ-9</b>	Patient Health Questionnaire
<b>SUD</b>	substance use disorder
<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants, and Children

### Evidence-Based Guidelines\*

<b>Behavioral &amp; Mental Health</b>	Depression & Mental Health (AAFP) <a href="http://www.aafp.org/family-physician/patient-care/prevention-wellness/emotional-wellbeing/depression-and-mental-health.html">www.aafp.org/family-physician/patient-care/prevention-wellness/emotional-wellbeing/depression-and-mental-health.html</a>
	The Holmes-Rahe Life Stress Inventory (American Institute of Stress) <a href="http://www.stress.org/holmes-rahe-stress-inventory">www.stress.org/holmes-rahe-stress-inventory</a>
<b>BMI</b>	Defining Adult Overweight and Obesity (Centers for Disease Control and Prevention) <a href="http://www.cdc.gov/obesity/adult/defining.html">www.cdc.gov/obesity/adult/defining.html</a>
<b>Chronic Illnesses</b>	CPT® Evaluation and Management (E/M) Office or Other Outpatient (99202-99215) and Prolonged Services (99354, 99355, 99356, 99XXX) Code and Guideline Changes – Table 2 (American Medical Association) <a href="http://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf">www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf</a>
<b>Dementia/ Alzheimer's Disease</b>	Cognitive Evaluation (AAFP) <a href="http://www.aafp.org/family-physician/patient-care/care-resources/cognitive-care/cognitive-evaluation.html">www.aafp.org/family-physician/patient-care/care-resources/cognitive-care/cognitive-evaluation.html</a>
	Mini-Cog <a href="http://www.mini-cog.com">www.mini-cog.com</a>
	MoCA <a href="http://www.mocatest.org">www.mocatest.org</a>
<b>PHQ-9</b>	Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures (Primary Care Collaborative) <a href="http://www.pcpcc.org/sites/default/files/resources/instructions.pdf">www.pcpcc.org/sites/default/files/resources/instructions.pdf</a>
	Screening Your Adult Patients for Depression (AAFP) <a href="http://www.aafp.org/fpm/2016/0300/p16.html">www.aafp.org/fpm/2016/0300/p16.html</a>
<b>Medications</b>	Polypharmacy: Evaluating Risks and Deprescribing (AAFP) <a href="http://www.aafp.org/aafp/2019/0701/p32.html">www.aafp.org/aafp/2019/0701/p32.html</a>
<b>Tobacco/ E-cigarette Use</b>	Tobacco & Nicotine Prevention & Control (AAFP) <a href="http://www.aafp.org/family-physician/patient-care/care-resources/tobacco-and-nicotine.html">www.aafp.org/family-physician/patient-care/care-resources/tobacco-and-nicotine.html</a>

\* Accessed October 5, 2020.

### AAFP Resources for Possible Interventions

- Alcohol Misuse [aafp.org/alcohol](http://aafp.org/alcohol)
- Chronic Care Management (CCM) Toolkit [aafp.org/ccm-toolkit](http://aafp.org/ccm-toolkit)
- Chronic Pain Management Toolkit [aafp.org/pain-toolkit](http://aafp.org/pain-toolkit)
- Cognitive Care Kit [aafp.org/cognitive-care](http://aafp.org/cognitive-care)
- Depression & Mental Health [aafp.org/depression](http://aafp.org/depression)
- Diabetes [aafp.org/diabetes](http://aafp.org/diabetes)
- The EveryONE Project Neighborhood Navigator [aafp.org/neighborhood-navigator](http://aafp.org/neighborhood-navigator)
- The EveryONE Project Toolkit [aafp.org/everyone-toolkit](http://aafp.org/everyone-toolkit)
- Tobacco Cessation Tools & Resources [aafp.org/tobacco-cessation](http://aafp.org/tobacco-cessation)
- Transitional Care Management (TCM) Toolkit [aafp.org/tcm-toolkit](http://aafp.org/tcm-toolkit)