

Claims-based frailty index can improve cost prediction

April 8 2020



(HealthDay)—A claims-based frailty index can improve current

Medicare cost prediction for patients with different levels of frailty, according to a study published online April 7 in the *Annals of Internal Medicine*.

Kenton J. Johnston, Ph.D., from Saint Louis University, and colleagues conducted a retrospective cohort study to determine whether a claims-based frailty index can improve Medicare cost prediction. Participants included 16,535 community-dwelling, fee-for-service beneficiaries representing 26,705 patient-years; their [frailty status](#) was classified using a validated claims-based frailty index.

The researchers found that the mean costs were \$5,724, \$12,462, \$26,239, and \$44,586 for the [patients](#) classified as robust, prefrail, mildly frail, and moderately to severely frail, respectively (46.4, 41.6, 9.6, and 2.5 percent of the patient-years, respectively). An additional \$2,712, \$7,915, and \$16,449 in costs were predicted for prefrail, mildly frail, and moderately to severely frail, respectively, with the addition of the frailty index to the Centers for Medicare & Medicaid Services Hierarchical Condition Category (CMS-HCC) [model](#) beyond the CMS-HCC model alone. For patients at all four levels of frailty, the model with the frailty index addition resulted in more accurate predictions of costs.

"Because incorporation of the claims-based frailty index improved model performance in predicting cost, value-based payment models could reward providers, nonarbitrarily, for rendering services to [frail patients](#)," write the authors of an accompanying editorial.

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