**Supplemental Table 1: Specific Criteria for Underlying Conditions**

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| **End Stage Renal Disease (ESRD)** |
|  | **Points Scored** | **Criteria** |
| **2** | ESRD on renal replacement therapy **and** > 75 years old |
| **Cirrhosis** |
|  | **Points Scored** | **Criteria** |
| Patients need to be formally determined "ineligible for transplant" | **2** | **One or more** of the following baseline/outpatient lab values,  |
|  - Albumin < lower limit of normal |
|  - Bilirubin > higher limit of normal |
|  - INR > higher limit of normal |
| **OR One or more** of the following clinical conditions |
|  - Any history of variceal bleed |
|  - Presence of ascites, increased abdominal girth |
|  - Presence of hepatic encephalopathy, on lactulose |
| **4** | MELD ≥ **20** |
| **Cancer** |
|  | **Points Scored** | **Criteria** |
| **Active cancer with expected survival <1 year**  | **4** |  - Metastatic small cell lung cancer |
|  - Metastatic pancreatic cancer |
|  - Metastatic gastric or esophageal cancer |
|  - Metastatic ovarian cancer |
|  - Metastatic head and neck cancer |
|  - Any patient with malignancy that is hospice appropriate  |
| **Active cancer with expected survival <5 years** | **2** |  - Metastatic non small cell lung cancer |
|  - Metastatic breast cancer |
|  - Metastatic prostate cancer |
|  - Metastatic renal cell carcinoma |
|  - Metastatic myeloma |
|  - Multiple myeloma |
|  - Metastatic colorectal cancer |
| **Congestive Heart Failure** |
| **Points Scored** | **Criteria** |
| **4** | NYHA Class IV HF with 1+ of the following: |
|  - Repeat hospitalizations (>2 admissions in the preceding 12 months) |
|  - Frailty |
|  - Cardiac cachexia (BMI < 20 kg/m2) |
|  - Recurrent ICD shocks |
|  - Inability to tolerate beta blocker or ACEI  |
|  |  - NYHA Class III with repeat hospitalizations (>2) in the preceding 12 months. |
| **2** |  - NYHA Class IV HF without one of the above features |
| **Neurodegenerative Conditions** |
| **Points scored** | **Criteria** |
| **4** | **Definition**: Progressive cognitive impairment or neurobehavioral changes. Clinical interview may not be possible. Complete dependency due to severe functional impact on daily life with impairment in basic activities, including basic self-care. |
| **Scoring in chart to consider:**  |
|  - Global Clinical Dementia Rating 3.0 |
|  - MMSE <13 |
|  - MOCA <10  |
|  - FAST >7 |
| **Key phrases for chart abstractors to consider:**  |
|  - severe dementia, end-stage/late-stage dementia, total care, bedbound, non-ambulatory and nonverbal due to dementia |
| **Associated conditions suggesting end-stage dementia** (6 mo survival):  |
|  - Aspiration pneumonia in past 90 days, UTI in the past 30 days, septicemia, multiple stage 3 or 4 ulcers, recurrent fevers after antibiotics, insufficient oral intake or TF with impaired nutritional status (10% weight loss within prior 6 months or albumin <2.5 g/dL) |
| **Examples:** |
|  - End-Stage Alzheimer’s disease, Vascular dementia, Frontotemporal dementia, or Dementia with Lewy Bodies |
|  - Prion diseases, e.g Creutzfeld-Jakob disease |
|  - Huntington’s disease - non-ambulatory, inability or minimal speech, inability to eat, progressive weight loss, or dementia |
|  - Parkinson’s disease >80 yo with dementia, non-ambulatory, dysphagia |
|  - ALS with bulbar and respiratory weakness |
| **2** | **Definition**: Deteriorating progressive cognitive impairment or neurobehavioral changes. Extensive functional impact on daily life with impairment in basic activities. No longer independent and requires frequent assistance with daily life activities. |
| **Scoring in chart to consider:** |
|  - Global Clinical Dementia Rating >2.0 |
|  - MMSE 13-20 |
|  - MOCA 10-17  |
|  - FAST >6 |
| **Examples:** |
|  - Huntington’s Disease - Patients in long term care or requiring 24 hour supervision; dependent for all ADLs |
|  - Dementia with Lewy Bodies (DLB), Vascular Dementia - patients in long term care and/or require 24 hour supervision. |
|  - Parkinson’s Disease >75 yo with dementia, orthostatic hypotension, and falls |
|  - ALS without bulbar or respiratory weakness |
| **Chronic Lung Disease** |
|  | **Points Scored** | **Criteria** |
| **ANY CHRONIC LUNG DISEASE** | 4 |  - WHO Class IV symptoms |
|  - Chronically vented/NIPPV (not including NMD, sleep apnea) |
|  - Participating/Eligible for hospice |
| 2 |  - WHO Class III symptoms or rapidly declining functional deterioration |
|  - Referral for lung transplant |
|  - Lung transplanted + bronchiolitis obliterans |
| **COPD** | 4 |  - PaO2 < 55 mm Hg **OR** SpO2 < 88% **OR** PaCO2 ⩾ 55 mmHg at rest on RA **(any one, NOT during exacerbation)** |
|  - PASP > 50 mm Hg **OR** PAMP > 25 mm Hg **OR** e/o cor pulmonale (e.g. RH dilation) **(any one, TTE or RHC)** |
|  - COPD-related ICU admission for NIPPV/intubation **AND** 3+ exacerbations requiring hospitalization in past year |
|  - Post-bronchodilator FEV1 < 20% predicted **OR** rapid decline in FEV1 > 100cc's / year  **(any one)** |
|  - Refractory/recurrent pneumothorax |
|  - BODE Index > 7 |
| 2 |  - FEV1 20-30% predicted |
|  - PaO2 < 55 mm Hg OR SpO2 < 88% **OR** PaCO2 ⩾ 50 mmHg **with exertion** on RA **(any one)** |
|  - PASP 30-50 mmHg or PAMP 25-35 mmHg **(any one, TTE or RHC)** |
|  - BODE Index 5-6 |
| **IPF/ILD/UIP DX** Any NSIP inc. associated w/ scleroderma, RA, overlap syndrome, mixed CTD, SLE, anti-synthetase syndrome, polymyositis, sarcoid, COP, DIP, LIP, and chronic HP REQUIRE SPECIALIST CONSULTATION | 4 |  - FVC < 60% predicted, TLC/VC < 60% predicted, **OR** DLCO < 40% predicted **(need two)** |
|  - PaO2 < 55 mmHg **OR** SpO2 < 88% **OR** PaCO2 > 50 mmHg on RA **(any one, NOT during exacerbation)** |
|  - PASP > 40 mmHg **OR** PAMP > 25 mmHg **OR** e/o cor pulmonale (e.g. RH dilation) **(any one, TTE or RHC)** |
|  - Hamman Rich Syndrome (AKA acute interstitial pneumonitis) diagnosis |
|  - Decline in FVC > 10% **OR** DLCO > 15% in 6 months **(any one)** |
|  - 50 meter decline in 6MWD **OR** 6MWD < 250 meters **(any one)** |
|  - 3+ pulmonary-related exacerbations requiring hospitalizations **AND** 1+ hospitalizations in past 6 months |
|  - Refractory/recurrent pneumothorax |
| 2 |  - FVC 60-70% **OR** TLC/VC 60-65%, **OR** DLCO 40-60% predicted **(any one)** |
|  - 6MWD 250 - 400 meters |
|  - PaO2 < 55 mmHg OR SpO2 < 88% **OR** PaCO2 ⩾ 50 mmHg **with exertion** on RA **(any one)** |
| **DIFFUSE BRONCHIECTASIS** (INCLUDES Cystic Fibrosis) | 4 |  - FEV1 < 30% predicted **OR** rapid decline in FEV1 > 100cc's / year  **(any one)** |
|  - PaO2 < 55 mmHg **OR** SpO2 < 88% **OR** PaCO2 > 50 mmHg **(any one)** |
|  - PASP > 40 mmHg **OR** PAMP > 25 mmHg **OR** e/o cor pulmonale **(any one, TTE or RHC)** |
|  - 50 meter decline in 6MWD **OR** 6MWD < 250 meters **(any one)** |
|  - 3+ exacerbations requiring hospitalizations **AND** 1+ hospitalizations in past 6 months |
|  - Massive hemoptysis not controlled by medical, interventional or surgical therapy |
|  - Worsening pulmonary cachexia (>5% weight loss, weight <90% IBW, **OR** BMI < 20) despite optimal management |
| 2 |  - Co-infection w/ NTM (non-tuberculous mycobacterial disease), B cepacia, or pan resistant bacterial organism |
|  - Presence of diabetes |
|  - 6MWD 250 - 400 meters |
|  - PASP > 35 mmHg on TTE or RHC |
|  - Presence of pneumothorax |
| **PULMONARY ARTERIAL HYPERTENSION / PULMONARY VASCULAR DISEASE (GROUP** Assumes use of **or** inability to take targeted parenteral therapy  | 4 |  - Failure of prostacyclin/other medical therapy |
|  - MRAP > 15cmmHg, MPAP > 50 mmHg, CI < 2, **OR** SvO2 < 60% **(need three on RHC)** |
|  - 6MWD < 350 meters |
|  - Hemoptysis, pericardial effusion, DLCO < 32% predicted, syncope, cor pulmonale on echo, renal insufficiency w/ GFR < 60 mL/min, (+) biluribin > 1.4 mg/dL, BNP > 180 pg/mL, **OR** recurrent ascites **(need 4)**  |
| 2 |  - Familial PAH |
|  - MRAP 10-15 mmHg, MPAP 25-50 mmHg, CI 2-2.5, **OR** SvO2 60-70% **(need three on RHC)**  |
|  - Proven/suspected pulmonary veno-occlusive disease or pulmonary capillary hemangiomatosis |