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Knowledge and Compassion
Focused on You

Home-Based Primary Care (HBPC)- Why Do It?

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NOTE: *This work does not involve any CMS-sponsored analyses. The content is the responsibility of the author, and no scientific review, corroboration or verification by CMS should be inferred.*

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Overview

- **Context**
  - Define patient population and home-based primary care model (HBPC)
- **Results**
  - Effect of HBPC on patient/CG experience and Medicare costs
  - Recent studies / CMS IAH Demonstration
- **Workforce**
  - Medical workforce needed
  - Examples of Resident and Fellow rotations
- **Next Steps-** National Legislation, Workforce Training

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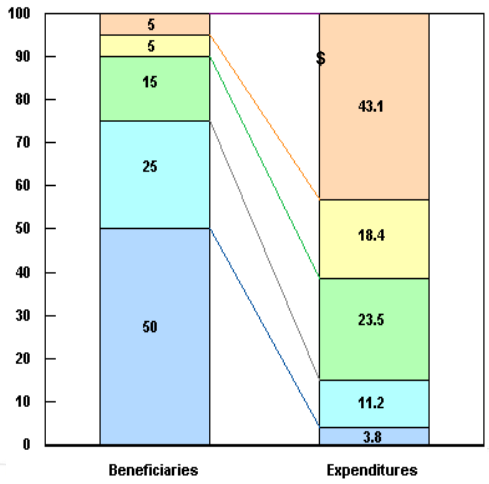
Context- HBPC and IAH

- **Highly Targeted:**
  - 2 million ill and high-cost patients (age 66-110)
  - 5% with severe, chronic illness → expend nearly 50% of budget
- **Mobile Service:**
  - Interdisciplinary, home-based primary care teams
  - 24/7, care across settings, coordinate ALL medical and social services
- **Goals**:
  - Enhance health and dignity of frail elders, peace of mind for CGs,
  - Lower per capita costs → Scalable

Expenditures -- MC Beneficiaries
CBO Report 2005



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Patient- Carolyn B.

- 69 year old with liver and heart failure, depression, falls, caregiver burden
  - **SIX admissions in 2011 in CO/AZ (6 admits/ patient year)**
- 2011: Daughter moved Mom to D.C. zip code to gain entry to HBPC program
- 2011 to 2016:
  - Terminal diagnosis of Liver CA reversed
  - Over 150 house calls, social services, home aides
  - Urgent same-day visits, Home X-rays, EKG, Echo, and wound care
  - Life-saving Radiology procedure in ICU in August, 2014
  - **TWO admissions in 4.5 years (0.4 admits/patient year)**

HBPC Services?

- ***Home-based primary care (HBPC) -- Routine and urgent visits***

- ER: Coordinate transitions
- Coordinate subspecialty and mental health care
- Direct Hospital Care
- 24/7 on-call medical staff
- Inpatient acute and subacute rehab
- Hospice services

- Mobile Phlebotomy
- Home Radiology, EKG, Echo
- Pharmacy/DME Delivery
- Skilled Home Health - PT/ OT/RN
- Transportation- Ambulance or Wheelchair van
- Mobile Electronic Health Record (EHR) / Health Information Exchange

- **Social Services-** Coordinate aides, daily supports, Caregiver support and training

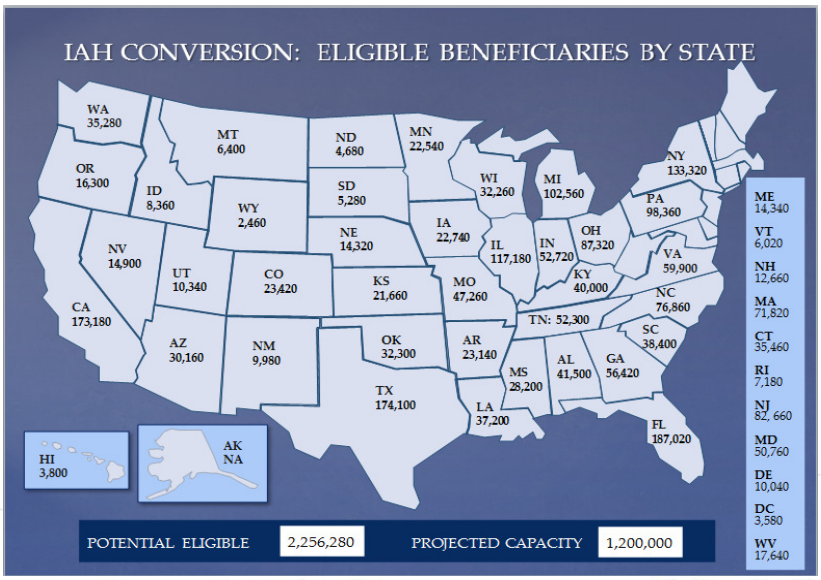
Results- VA, FFS, IAH Demo

- **VA (n = 9,425)** (Oct. 2014 JAGS)
  - Highest satisfaction in VA- "83% outstanding"
  - VA + Medicare costs- 12% lower per capita
- **FFS Study- D.C. (722 cases, 2161 controls)** (Oct. 2014 JAGS)
  - High similar mortality (16.2 vs. 16.8 months)
  - Medicare cost reduced 17% ($4,200/patient year)
- **IAH Medicare Demo- 2012-present (n= 8,400)** (CMS, June, 2015)
  - Mid-Atlantic Consortium- 20% cost reduction ($1,016/ pt/month)
  - 9 of 17 programs paid savings (6-31% per capita)
  - Year 1- $25M saved, $12M to providers (year 2 – PENDING)

Independence at Home (IAH) Demo

- **Focus- Most ill elders with persistent high-cost**
  - 2 or more permanent chronic illnesses
  - Hospital admission and post-acute skilled services in past 12 months
  - 2 or more deficits in Activities of Daily Life (ADLs)
- **Shared Savings Payment Model**
  - Operate within Medicare FFS
  - 6 Relevant Quality Metrics linked to savings
  - Compare actual costs of IAH patients with "expected costs", fully risk-adjusted
  - Pay retroactive savings after 5% reduction- 80% to provider if 6/6 on metric
  - Makes HBPC model scalable, if savings achieved and paid on time
  - **Goal-** National IAH Legislation in 2016, Serve 1 Million frail elders by Year 10

IAH- Qualified Patients in the U.S.



Workforce Needed

- **Core HBPC Team**
  - MDs, NP/PA, SW, Admin.
  - 1 provider / 200 patients → Need 5,000 in U.S.
- **Key Partners**
  - Personal Care Aides
  - Mental Health
  - Subspecialists (ER, Cards, Vascular, Ortho, Plastics)
  - Hospice staff
  - Nursing/ PT/ OT

Rotations - House Call training

Resident

- **2 weeks-** Hospital Geriatrics, with 1-2 House Call F/U visits
- **2 weeks-** HBPC
  - 3 half-days – MD visits
  - 1 half-day - NP visits
  - 1 half-day - SW visits
  - 1 half-day - Wound Clinic
  - 1 half-day- Primary care office
  - 1 half-day- Didactics
  - Weekly IDT meeting / Talk

Fellow

- Weekly IDT Meeting
- 2 half-days- HC Panel patients
- 2 half-days- Urgent visits
- 1 half-day- Audiology/ Rheum
- 1 half-day- Wound Care
- 1 half-day- Office primary care
- 1 half-day- Didactics
- 1 half-day- LTC panel at NH

Lessons / Keys to Success

- **Health Systems/ CMS commit to value-based models**
  - Target ill and high-risk patients - Persistent high-cost
  - Rigorous criteria for new IAH practices → Preserve quality
  - Use fully risk-adjusted methods for outcomes/cost analysis
- **Practice capacity to support HBPC teams**
  - Core staff, Service partners, Mobile IS, Daily Operations, Data Analytics
- **Skilled Workforce**
  - Inspire, train, and pay talent → Dedicated Teams
  - Grow teams to serve 1 Million over next 10 years

MWHC House Call Team- Questions?

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