Chicago Network & Learning Collaborative:
Summer 2016 Update

House Calls are Here to Stay & IAH Legislation Update

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July 21, 2016

Agenda

- Chicago Network Update
- Workforce Development through The House Call Project (THCP)
- Upcoming Events
- Independence at Home (IAH): Legislation, Advocacy and Impact

Chicago Home Centered Care Network

- Health Systems
  - Tertiary Care/Academic: Northwestern, Rush, University of Chicago, University of Illinois at Chicago
  - Advocate Health Care
  - Tenet Hospitals: MacNeal, Weiss, West Suburban, Westlake
  - Other: Rockford Memorial, Central DuPage, Delnor
- 4 House Call Programs
- Social Service Agencies
  - AgeOptions, Catholic Charities,
- Community Care Alliance of Illinois (Insurer)
- The Bridge Program (Rush)
- West Health Institute
- Academic Training Programs

Chicago Network's Top 10 Recommendations

1. House Call Program Development
2. Learning Collaborative
3. Referral Network
4. Workforce Development: Clinical & Practice Management
5. Medical Training Curriculum (MDs, NPs, PAs)
6. Care and Coordination Improvement
7. Advocacy and Leadership
8. Research
9. Value-based Contracting
10. Marketing to Advance Movement

Chicago Home Centered Care Network

- June 29, 2015: Orientation: Open to All (UIC)
  - House Call Program Development
- October 8, 2015: Barriers to House Calls (UIC)
  - HCPD, Learning Collaborative, Clinical Care Improvement
- January 21, 2016: House Call Program Development (Rush)
  - HCPD, Referral Network
- April 14, 2016: Curriculum Development (NM)
  - Workforce Development, Medical Training Curriculum
- July 21, 2016: Summer Update and IAH (Webinar)
  - Advocacy & Leadership
- September 29, 2016: HBPC/HCBS Linkage (Rush)
  - Research
- To Come:
  - Value-Based Contracting, Marketing to Advance Movement

House Call Program Development

- University of Illinois at Chicago Family Medicine
  - Dr. John Hickner leading
  - Program implemented February 2016
- MacNeal (Tenet)
  - Identified medical director
  - Interviewing to hire physician or nurse practitioner
  - Opportunity to expand to other hospitals in the system
- Northwestern
  - Dr. Lee Lindquist leading
  - Have hired a nurse practitioner
  - Tentative launch October 2016

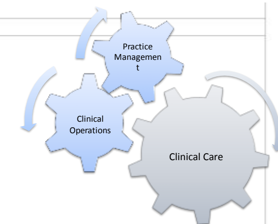
Moving and Scaling Home-Based Primary Care into the Mainstream of U.S. Healthcare

$1.5M: 3 years – 3 partners

- National Home-Based Medical Care Quality Improvement Learning Collaborative
  - Drs. Bruce Leff and Christine Ritchie
- National Home Care Medicine Education & Expansion Initiative: Multi-Modal Curriculum
  - HCCI's The House Call Project (THCP)
- Building Awareness and Engaging Payers to Bring Home-Based Primary Care into the Mainstream
  - American Academy of Home Care Medicine (AAHCM)

Mission: *To expand home-based medical care through education and training in collaboration with national experts*

- Four Training Sites
  - Chicago (HCCI-Northwestern)
  - Washington DC (Medstar)
  - New York (Mount Sinai)
  - Portland, Oregon (Housecall Providers)
- 16 Mentorship Sites/Technical Assistance
- Robust online and written education and training



24-Month Engagement
- In-person Meetings
- Coaching
- Robust Online Learning
  - Webinars
  - Blogs
- Focused Workgroups
- Shared Learning Opportunities

Inaugural THCP Training Event

- November 3-4, 2016 | HCCI, Schaumburg, IL
- Key Content Areas
  - Clinical Care
  - Clinical Operations
  - Practice Management
- Contact cirmiter@HCCInstitute.org for more information

September 29, 2016 | RUMC, Chicago

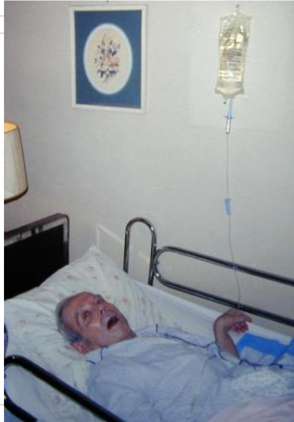
- Michael Gelder: The State of HCBS in Illinois
- West Health Institute: Research Project and Initial Findings
- Bridge Program: Improving Linkage
- More information to come

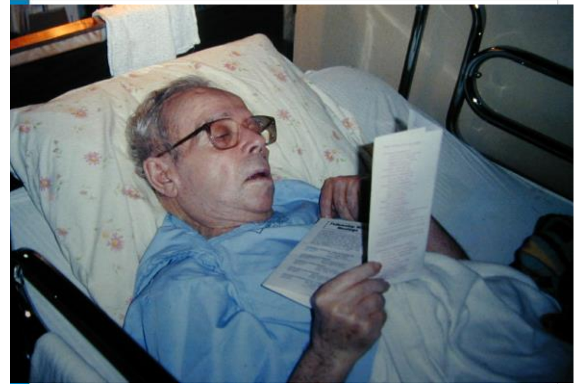
Case Story

Dx: Multiple CVAs, Parkinson's disease, CHF, HTN, NIDDM, atrial fibrillation, left inguinal hernia

First seen 1/27/94

	Emer. Dept.	Hospital
7 months before	11	5
18 months after	0	2





Introduction to Independence at Home

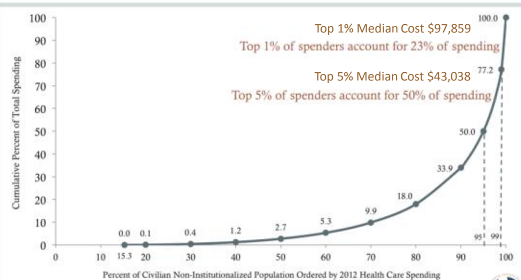
What is Independence at Home?

Independence at Home (IAH) is a health care delivery model which was added to the Medicare Act and incorporated as part of the ACA as a Demonstration Project. IAH is a clinical and financial model that:

- Provides primary care to chronically ill patients in their homes and care coordination across all settings, and;
- Includes a shared savings component for the practices after certain quality and cost-saving targets are met

The IAH Medicare Demonstration Project: History

- Began as a stand-alone piece of legislation, Fall 2008
- Incorporated into ACA as a 3-year Demonstration Project (100% bipartisan support in Senate Finance and House Energy and Commerce committees)
- Started June 1, 2012; ended May 31, 2015
- Includes 15 programs (including a 3-practice consortium)
- 10,000 beneficiary target
- Two year extension proposed 2015
  - 4/21/15 Senate: 100% unanimous voice consent vote
  - 6/4/15 House Ways and Means: 100% unanimous vote
  - 7/15/15 House: 100% unanimous voice consent vote
  - 7/30/15 signed by President Obama



Advantages of IAH—For Providers

- Can be implemented with modest up-front cost
- Providers continue to receive FFS payments while providing care to IAH beneficiary
- Shared savings incentive provides reinvestment capital for training and technology to achieve further savings in the future

Advantages of IAH—For CMS

- Focuses on highest cost beneficiaries who account for largest percentage of Medicare's cost (5% of beneficiaries who account for more than 50% of costs)
- Reduces Medicare's costs, not by cutting reimbursement or coverage, but by providing a new Medicare benefit tailored to the needs of beneficiaries with multiple chronic diseases
- Reduces costs by avoiding hospitalizations, ER visits and nursing home admissions
- Savings Sharing "Bonus" payments to providers are completely self-funded by savings – no new Medicare funding required
- Reduces incentive for fraud based on over-utilization

IAH First Year Results

CMS announces first year results of IAH Medicare Demonstration, proclaims IAH successful "*in improving care, lowering costs*" *CMS Press Release (June 18, 2015)*

- IAH Demo **saved** ***$25 million*** in first year ($3,070 per beneficiary)
- IAH Demo **reduced** 30-day hospital readmissions
- IAH Demo **reduced** use of hospital services
- IAH Demo **reduced** ER services
- IAH Demo **improved** quality and outcomes

Senate IAH legislation introduce July 6, 2016

IN THE SENATE OF THE UNITED STATES

Mr. MARKEY (for himself, Mr. CORNYN, Mr. BENNET, and Mr. PORTMAN) introduced the following bill; which was read twice and referred to the Committee on ______________

A BILL

To amend title XVIII of the Social Security Act to provide for a permanent Independence at home medical practice program under the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

Independence at Home (IAH) Medical Practice Program

1. After passage, the Secretary of Health & Human Services has 18 months to implement program
2. Utilizes primary care teams directed by MDs, NPs and PAs
3. The teams emphasize home-based medical care that is designed to reduce expenditures and improve health outcomes

IAH Program Goals

Provide comprehensive, coordinated, continuous, and accessible care to applicable beneficiaries at home and coordinate health care across all treatment setting, resulting in:

1. Reducing preventable hospitalizations
2. Preventing hospital readmissions
3. Reducing emergency room visits
4. Improving health outcomes commensurate with each applicable beneficiary's stage of chronic illness
5. Improving efficiency of care (reducing duplication)
6. Reducing cost of items and services covered under this title
7. Achieving applicable beneficiary and family caregiver satisfaction

IAH Medical Practice Defined

1. Experience in furnishing home-based medical care services
2. Available 24/7 to carry out plans of care
3. Serve at least 200 applicable beneficiaries during each year covered
4. Use certified electronic health record technology and may use remote monitoring and mobile diagnostic technology
5. Meets such other criteria as the Secretary determines appropriate

IAH Quality Measures and Performance Standards

1. The Secretary shall determine appropriate quality measures
2. IAH practice shall submit data
3. The Secretary shall establish quality performance standards that IAH medical practices must meet in order to be eligible to receive incentive payments

IAH QUALITY MEASURES (Demonstration)

IAH QUALITY MEASURES	TIED TO INCENTIVE PAYMENT
• Number of inpatient admissions for ambulatory-care sensitive conditions per 100 patient enrollment months • Number of readmissions within 30 days per 100 inpatient discharges • Number of ED visits for ambulatory-care sensitive conditions per 100 patient enrollment months • Contact with beneficiaries within 48 hours upon admission to the hospital and discharge from the hospital and/or ED • Medication reconciliation in the home • Patient preferences documented	YES
• Beneficiary/caregiver goals • Screenings/assessments • Symptom management • Medication management • Caregiver stress • Voluntary disenrollment rate • Referrals • Patient satisfaction	NO

IAH Incentive Payment Methodology

1. The Secretary shall establish an estimated annual spending target based on the amount the Secretary estimates would have been spent in absence of the IAH Program (currently Hierarchical Condition Category (HCC) scores used)
2. Incentive Payments:
   1. Subject to meeting quality performance standards
   2. IAH programs that achieve 5% savings and meet the quality standards are entitled to an incentive payment as determined by the Secretary but in no case greater than 80% of any additional savings above the initial 5%

First Year IAH Demo Results

IAH Practice Name	Year 1 Spending Target*	Year 1 Expenditures*	Practice Incentive Payment
Boston Medical Center	$4,781	$4,741	
Christiana Care Health System	$5,192	$5,421	
Cleveland Clinic Home Care Services	$4,778	$4,434	
Doctors on Call	$5,756	$5,547	
Doctors Making Housecalls	$3,638	$3,415	$275,427
Housecall Providers, Inc.	$3,568	$2,434	$1,228,263
MD2U-KY, MD2U-IN	$4,477	$4,753	
House Call Doctors Inc.	$5,210	$5,384	
North Shore-Long Island Jewish Health Care	$3,547	$3,024	$542,323
VPA Jacksonville	$4,673	$4,213	$711,527
VPA Dallas	$4,857	$4,088	$1,727,392
VPA Flint	$5,471	$4,404	2,915,062
VPA Lansing	$4,886	$4,134	$1,018,857
VPA Milwaukee	$3,953	$3,059	$1,443,964
Treasure Coast	$4,011	$4,254	
Innovative Primary Care	$5,113	$5,559	
Mid-Atlantic Consortium	$5,076	$4,060	$1,805,208

* The Year 1 Spending Target and Expenditures are on a per beneficiary per month (PBPM) basis.

IAH Applicable Beneficiary

1. Entitled to benefits under Part A and enrolled in part B
2. NOT in Medicare Advantage plan, a PACE program, another shared savings program, determined to have end stage renal disease as provided in section 226A or receiving home dialysis
3. Has two or more chronic diseases as determined by the Secretary (e.g. CHF, DM, COPD, IHD, Stroke, Alz Dis, other dementias)
4. Had a non-elective hospital admission and skilled nursing care or rehabilitation services in a skilled nursing facility or inpatient rehab facility or through a home health agency
5. Has two or more functional dependencies (e.g. bathing, dressing, toileting, walking or feeding)
6. Meets other criteria as the Secretary determines appropriate

IAH Beneficiaries/Programs

- Participation in IAH is voluntary for beneficiaries and practices/providers
- Patients retain access to all other Medicare benefits including Home Health & Hospice
- IAH practices can furnish beneficiaries items and services for which payment is not made under parts A and B
- The Secretary can terminate an agreement with IAH practice if cost-savings are not achieved after two years or if a minimum number of quality indicators are not met

>60 National Supporting Organizations, including:

- **American Academy of Home Care Medicine**
- **AARP**
- Visiting Nurse Associations of America-VNAA
- Coalition to Transform Advanced Care (C-TAC)
- Alzheimer's Foundation of America
- LeadingAge
- National Association for Home Care and Hospice
- **Home Centered Care Institute**
- **MedStar Health**
- **The Retirement Research Foundation**
- National Council on Aging
- Caregiver Action Network
- Allscripts
- West Health
- National Association of Social Workers
- Society of General Internal Medicine
- **Centene Corporation**
- **U.S. Medical Management**
- Family Caregiver Alliance, National Center on Caregiving
- **American Association of Nurse Practitioners**
- **American Academy of Physician Assistants**
- **American Geriatrics Society**
- **Easterseals**
- **Kindred Healthcare**
- VNA Health Group
- American Academy of Physical Medicine and Rehabilitation
- American Occupational Therapy Association
- **American Academy of Hospice and Palliative Medicine (AAHPM)**
- National Association of States United for Aging and Disabilities
- American Osteopathic Association
- American Psychological Association
- The Jewish Federations of North America

New Medicare Benefits

- 1986 the Medicare Hospice benefit (temporary 1982)
- 1997 PACE (Program of All-Inclusive Care for the Elderly)
- 2006 Medicare Part D prescription d
- 2016 Independence at Home

Peggy Tighe, J.D.

Powers Pyles Sutter & Verville PC

- 20 years healthcare lobbying
- Our IAH Championing on Capitol Hill
- Former Senior Lobbyist with AMA

Partner PPSV July 19

Questions?

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Save the Date

- Next Chicago Network Meeting
  11 AM – 3 PM, September 29, 2016 | RUMC, Chicago
- Inaugural THCP Training Event
  November 3-4, 2016 | HCCI, Schaumburg, IL

THANK YOU!!