




# The Future of Healthcare is **IN THE HOME**

Our healthcare system's shift from fee-for-service to value-based reimbursement will dramatically increase utilization of home-based primary care—reducing healthcare costs and improving patient outcomes for society's most vulnerable patients.

**HCCI**  
HOME CENTERED CARE  
INSTITUTE



The mission of the Illinois-based nonprofit Home Centered Care Institute (HCCI) is to increase patient access to an innovative, cost-effective healthcare delivery model ideal for patients with medically complex needs and limited mobility. This high-touch, high-tech model of care, typically referred to as home-based primary care (HBPC), is the **modern-day version of the physician house call**, now bolstered by the entry of additional qualified providers such as nurse practitioners and physician assistants.



Home-Based Primary Care (HBPC) improves health outcomes for chronically ill, frail, elderly, and otherwise homebound patients by delivering high-quality, accessible healthcare at home.



HCCI partners with leading academic medical centers, health systems and industry experts to advocate for expanded access to HBPC and to train practitioners in HBPC best practices. By developing a research-based practice model and a growing pool of skilled clinicians, HCCI is determined to increase patient access to this innovative model of care that allows patients to age in place and helps avert impending Medicare and Medicaid financial crises.

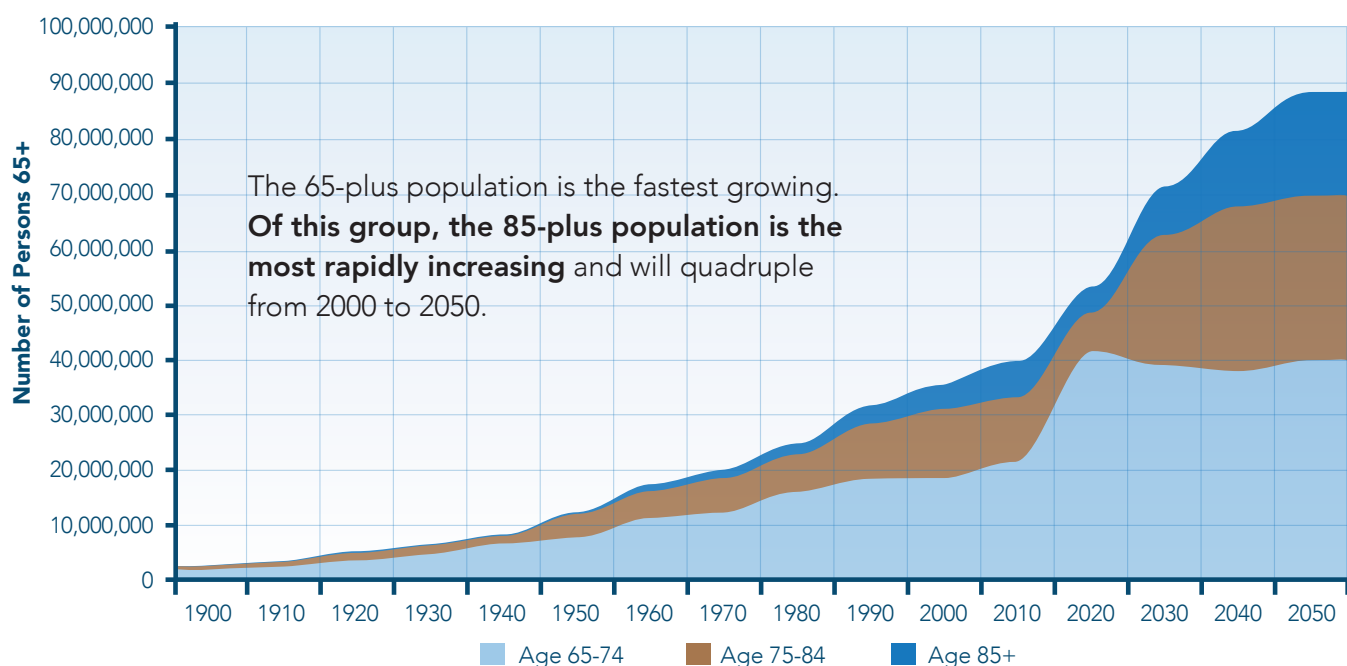
A “perfect storm” is prompting the return of the house call

A number of factors have converged to create an industry-wide “perfect storm” that has set the stage for the reemergence of house calls. Our aging society, healthcare legislative reform, and the fiscal crisis facing Medicare and Medicaid require us to bend the healthcare cost curve. Moreover, we increasingly recognize the need to provide better care—care that enhances both clinical outcomes and a better quality of life for patients and their caregivers. HBPC addresses these needs simultaneously. Providers and policy makers must respond swiftly and with unprecedented innovation to bend the cost curve decisively.

# HBPC: A care model focused on the greatest potential for impact

More than 10,000 Baby Boomers turn 65 every day. The Medicare funding challenge comes not just from serving this population but, to an even greater extent, from anticipating the needs of the 85-and-over age cohort—a segment of the American population that will quadruple in size between 2000 and 2050. Currently, 50% of Medicare spending is driven by just 5% of its beneficiaries—those who are frail, disabled, medically complex, and/or chronically ill. Repeated costly hospitalizations and long-term nursing home care fuel higher health costs for this rapidly growing subset of the elderly.

## The Aging of Society—Population 65+ by Age: 1900-2050



Source: U.S. Bureau of the Census.



Facing projections that Medicare Hospital Trust Fund reserves will be depleted in 2026, the nation must respond effectively in this time of transition. According to the Department of Health and Human Services' Agency for Healthcare Research and Quality, 86% of healthcare expenditures are spent to treat people with chronic diseases. Facing substantial growth in nursing home expenditures due to the rapid increase in the number of seniors over age 80, states are eager to reduce long-term nursing home care in favor of community-based and in-home services, which provide better outcomes for patients at a lower cost.

### Nursing Home Cost of Care Before vs. During HBPC

(per patient per year— 2002)

Before HBPC	\$10,382
During HBPC	\$1,382
Change	-\$9,000 (-87%)

N = 11,334 Veterans in HBPC in 2002

## Better care can avert Medicare insolvency

Healthcare reform has fueled a shift from fee-for-service to value-based reimbursement—a move that will dramatically increase utilization of HBPC.

Already, Medicare is offering healthcare providers targeted financial incentives (and is imposing penalties) that hinge on improved patient outcomes at lower price points. These approaches have demonstrated that **better care delivery can most forcefully impact overall healthcare costs**. And HBPC—an updated, technologically-enhanced, 21st century version of “the house call”—can provide an excellent means of delivering better, less-expensive healthcare services to the chronically-ill, or otherwise medically-complex, elderly patients that constitute the most costly 5% of the Medicare population.



## HBPC removes barriers to care, reducing expensive preventable hospitalizations



HBPC delivers essential healthcare services to patients in their homes, thereby increasing access for the most vulnerable (frail patients with limited mobility, and the homebound). Missed medical appointments, fragmented care, and poor control of chronic conditions—the factors most frequently cited for emergency room visits, acute hospitalizations, and institutionalization for this population—can be reduced through HBPC.

As mentioned, HBPC is both “high-touch” and “high-tech.” Technology enhances the capabilities of clinicians on a home visit. Electronic medical records allow access to patient charts virtually anywhere. Blood and lab tests can be done in the home in minutes. Portable X-ray and ultrasound equipment is now available. A smartphone can function as an electrocardiogram (EKG), an ultrasound console, a portal to medical references (textbooks and drug databases), and a means of transmitting paperwork with remote scanning and printing.



## The COVID-19 pandemic is bringing HBPC to the forefront of medicine



The COVID-19 crisis is making it more important than ever that we keep patients out of hospital emergency rooms and ICUs, and nursing homes, whenever appropriate. Clinicians treating COVID-19 in a variety of countries have recommended that home care be used to ease the stress on hospitals, treat patients for illnesses that might otherwise require hospital admission and generally keep people healthier. Through the use of HBPC, we can also test at-risk patients for coronavirus at home so they can avoid exposure at other care sites—while also reducing the intense isolation that patients can sometimes feel as a result of the combination of chronic illness and social distancing. For these reasons, HCCI has rapidly expanded its programmatic offerings to assist clinicians treating patients at home.



Evidence proves HBPC  
improves patient outcomes  
and significantly reduces  
healthcare costs



The Independence at Home (IAH) Medicare Demonstration Project, which tested HBPC for the most frail and costly Medicare beneficiaries, was designed to evaluate the ability of this model of care to reduce Medicare costs and help complex patients age in place. **In its first five years, the program realized a \$100 million overall savings—an average of \$1,840 per beneficiary.** Beneficiaries had fewer 30-day readmissions, hospitalizations and emergency department visits. In addition, quality of care increased in all measured areas such as follow-up within 48 hours of hospitalization, medication reconciliation and documented advance care preferences. Extending these results to the more than 2 million Americans who would qualify for HBPC could significantly reduce healthcare costs while improving care.

### For **patients**, HBPC provides convenience and comfort

By bringing healthcare technology and expertise to the home, HBPC offers exceptional convenience and comfort to those who have limited mobility or are uncomfortable with healthcare institutions. HBPC connects patients and their families to needed services and support, averts preventable hospitalizations, and focuses on patient health goals.

### For **caregivers in the home**, HBPC brings support and peace of mind

Many caregivers for homebound family members experience significant difficulties with their own health, emotions and finances. HBPC can help decrease feelings of isolation, stress, and anxiety for caregivers and family members by providing practical support. HBPC can also help loved ones who live remotely to remain engaged in the patient's care.

### For **clinicians**, HBPC provides a rewarding care experience

Many providers (e.g., physicians, nurse practitioners, physician assistants, and others) feel that HBPC brings compassion back to their medical practice. They find the relationships developed in the homes of patients and their family members rewarding, reminding them of why they went into medicine in the first place. For office-based clinicians looking for a change, HBPC can provide a more satisfying means of practicing medicine.

### For **health systems and insurers**, HBPC addresses essential goals

With the move to a new value-based paradigm, some populations (especially in underserved areas) present a higher-than-average financial risk for the healthcare providers and payers responsible for their care. HBPC reduces preventable hospitalizations, improves patient satisfaction (no care model receives higher ratings), and bends “the cost curve” while improving quality of life for these care-intensive populations.

# HCCI is leading the movement to make HBPC more accessible

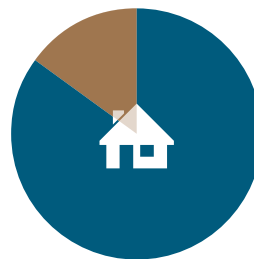
Currently, only about 15% of the nation's 2 million home-limited patients receive HBPC, revealing the magnitude of HBPC's potential impact. To help realize this potential and fill the nation's gap in HBPC capability, HCCI offers the following:

**Education** designed to meet the crucial need to rapidly expand the HBPC-capable workforce through live in-person and virtual workshops, live webinars and on-demand online courses, and customized education, plus HCCIntelligence™ resources, including a free hotline for guidance from knowledgeable HBPC experts, as well as useful tools, templates, and tip sheets available for download.

**Consulting** customized to help HBPC practices succeed, including practice assessments, chart audits and coaching in the areas of coding, billing and documentation, provided by our team of experienced HBPC providers, practice managers and other professionals.

**Research** to solidify HBPC's place as a distinct model of care, through the establishment of evidence-based clinical and operational best practices.

**Advocacy** in partnership with a wide range of allied organizations to raise awareness among payers, policymakers and the public about the efficacy of HBPC.



The expertise to drive all these initiatives is gathered through HCCI's Centers of Excellence (COEs) for HBPC, a network of highly regarded academic centers and health systems recognized as experts in geriatrics and innovators in home-centered care. HCCI has worked with these leading institutions to assemble the nation's most authoritative faculty and to develop the country's first comprehensive curriculum in HBPC.



The  
John A. Hartford  
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## Philanthropy is an important factor in bringing HBPC to scale

HCCI has chosen a nonprofit business model in the conviction that all available resources should be continually reinvested to advance the accessibility of HBPC. Indeed, HCCI's investors will be visionary philanthropists and funders who are compelled by the opportunity to drive systemic change in healthcare. HCCI has already secured a number of substantial gifts from a committed core of philanthropic leaders—but the magnitude of this national challenge requires even more investment.

Together, generous donors will be pivotal in creating a new, more sustainable paradigm of primary care—one that will not only improve the health and well-being of millions but help ready our nation for the healthcare delivery system of the future.

To learn more about HCCI, please visit our website:  
<http://hccinstitute.org>

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