HCCI™
HOME CENTERED CARE INSTITUTE

House Call Operations: Building and Sustaining High-Quality Home-Based Care

Tammy Browning, PA-C

Paul Chiang, MD

Part 1: May 12, 2025

Part 2: June 5, 2025

Agenda

Topic	Time	Presenter
Welcome	1	Raabiah
House Call Operations		
Scheduling Procedures		Tammy
Interdisciplinary Team (IDT)		Paul
Workflow Efficiencies		Tammy
Durable Medical Equipment (DME)		Paul
Transitional Care Management (TCM)		Tammy
Acute and Urgent Care		Paul
HCC Coding		Tammy
Patient and Caregiver Satisfaction		Paul
Q&A/Discussion	10	All
Next Steps	1	Raabiah

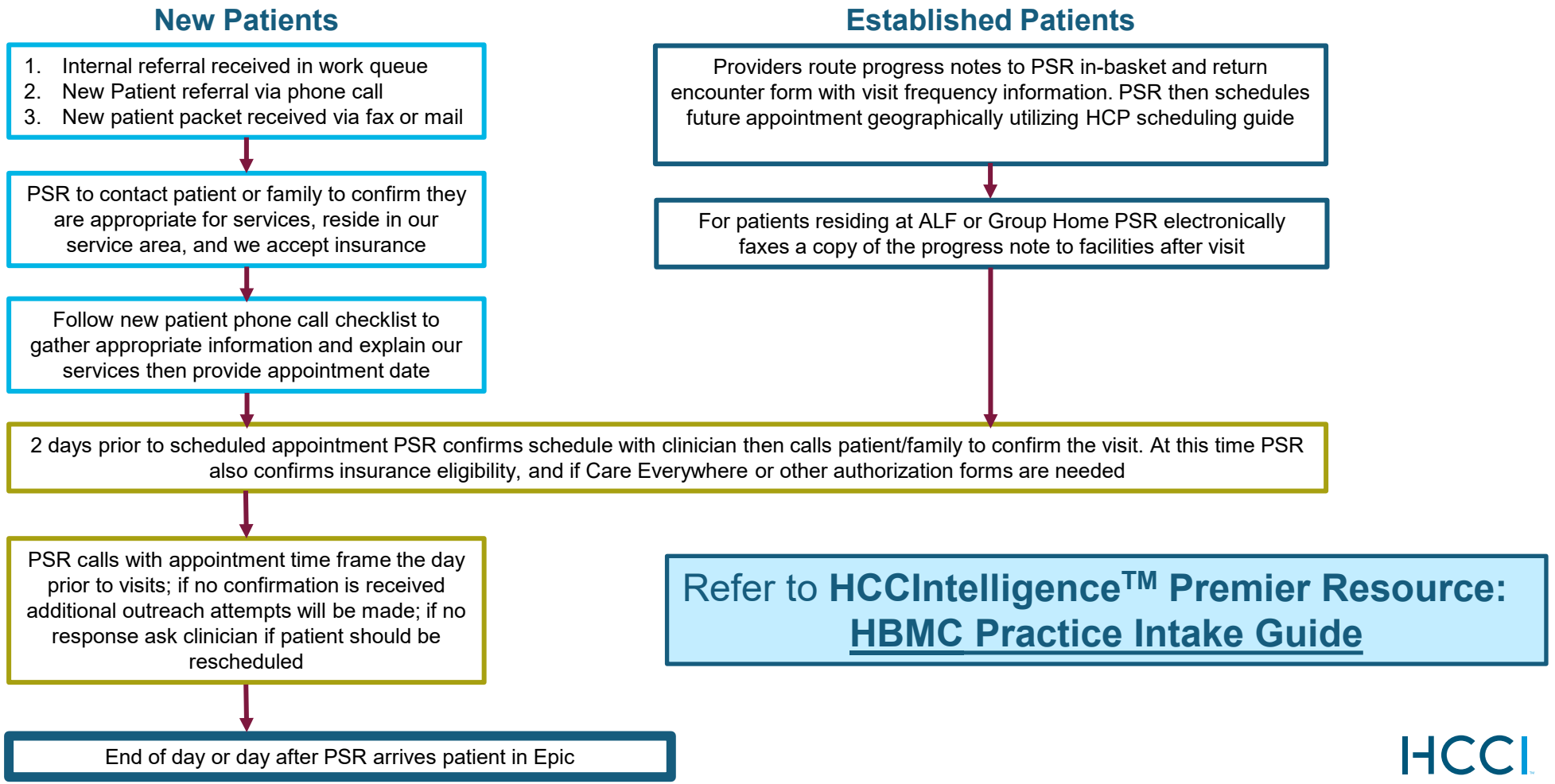
HCCI
HOME CENTERED CARE INSTITUTE

Scheduling Procedures

Tammy Browning, PA-C

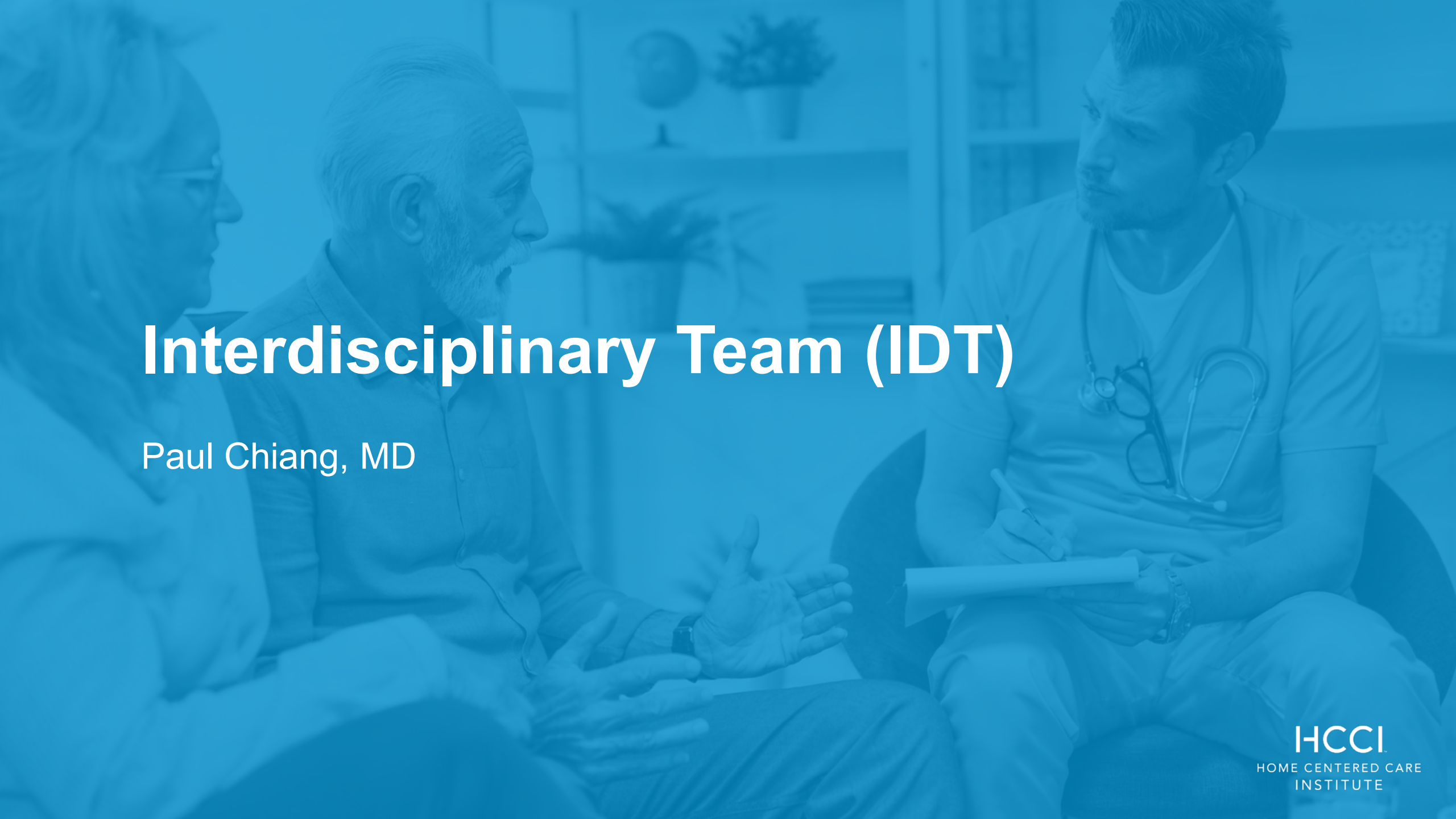
HCCI
HOME CENTERED CARE INSTITUTE

Sample Scheduling Procedure



Refer to **HCCIntelligence™ Premier Resource: HBMC Practice Intake Guide**

HCCI
HOME CENTERED CARE INSTITUTE



Interdisciplinary Team (IDT)

Paul Chiang, MD

HCCI
HOME CENTERED CARE INSTITUTE

Interdisciplinary Roles to Consider

Traditional Roles:

- Social Workers
- Nurses
- Community Health Workers
- Medical Assistants
- Pharmacists

Specialized Roles:

- Scheduler
- Referral Coordinator
- Case Managers
- Transition Specialist
- Biller/Coder
- Specialized provider roles (e.g., Behavioral Health, Annual Wellness Visit Lead)
- Others?

HCCI
HOME CENTERED CARE INSTITUTE

Effective IDT Meetings

- Determine the appropriate frequency (e.g. weekly or monthly)
- Set a time where all team members are available to participate and include all available resources (e.g. pharmacist, social workers, medical director)
  - Typically 60-90 minutes in length
  - In-person or virtual
- Follow a set agenda and appoint a leader to organize/run meetings
  - Anyone can lead, consider rotating schedule to engage all staff
- Opportunity for information sharing, problem solving, organizing, and involving ALL in knowing priorities and performance

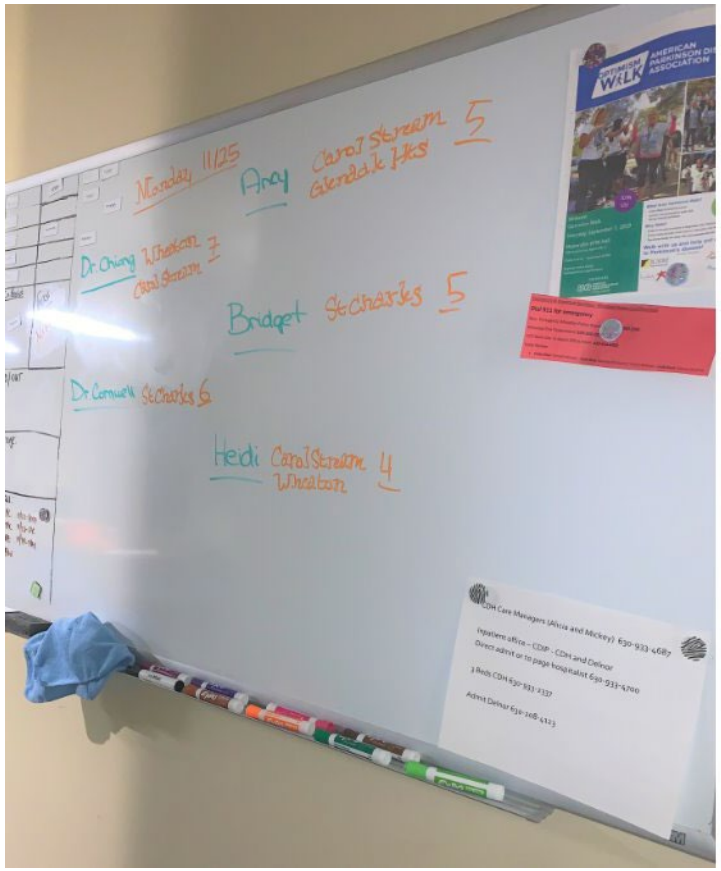
Effective IDT Meetings

- Structure: Purpose, agenda, time bound
- Participants: Providers, RNs, social worker, pharmacist, admin
- Patient focused: Prioritize high risk patients, address medical, psychosocial, and goals of care. Track follow ups from previous meetings, address care gaps.
- Encourage input from all disciplines
- Continuous improvement

Refer to **HCCIntelligence™ Premier Resource: IDT Meeting Guide**

HCCI
HOME CENTERED CARE INSTITUTE

Huddle Board



HCCI
HOME CENTERED CARE INSTITUTE

Workflow Efficiencies

Tammy Browning, PA-C

HCCI
HOME CENTERED CARE INSTITUTE

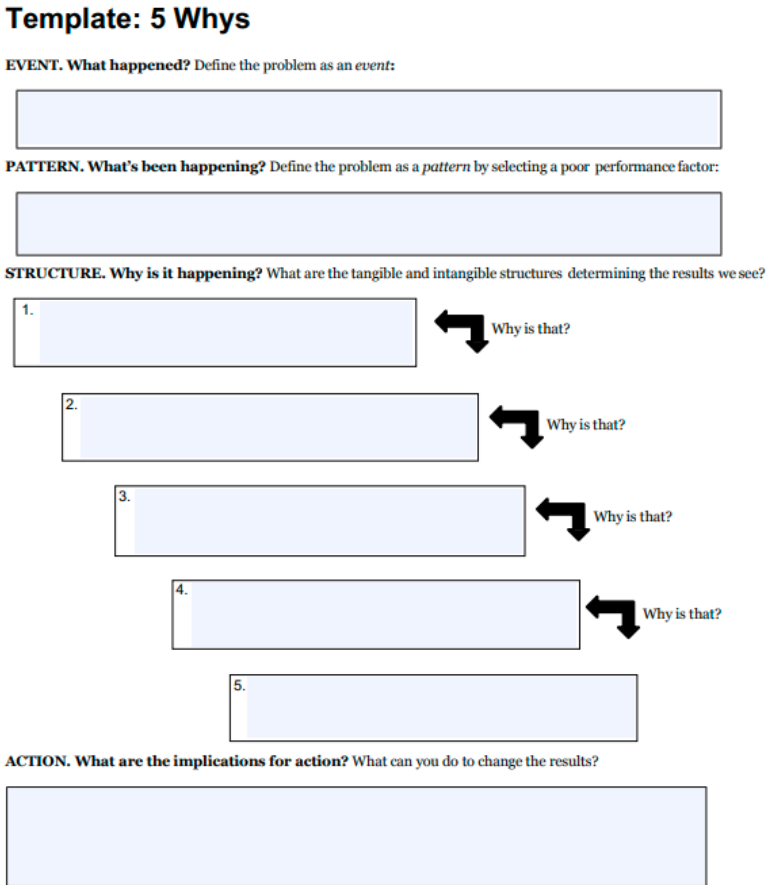
Information to Educate Decisions

Do you need data:

- Incoming call volume & wait times
- Clinical messages per day
- Productivity per providers and practice as a whole
- Average increase of new referrals and referral source
- Days from referral to first visit and days to transitional care visits from discharge
- Annual patient, provider, and employee satisfaction surveys
- Phone calls returned same day by administrative and clinical support staff
- Timely registration and form management

OR

Root Cause Analysis:



Template: 5 Whys

EVENT. What happened? Define the problem as an *event*:

PATTERN. What's been happening? Define the problem as a *pattern* by selecting a poor performance factor:

STRUCTURE. Why is it happening? What are the tangible and intangible structures determining the results we see?

1. Why is that?
2. Why is that?
3. Why is that?
4. Why is that?
5.

ACTION. What are the implications for action? What can you do to change the results?

http://www.ihi.org/resources/Pages/Tools/5-Whys-Finding-the-Root-Cause.aspxadd text

HCCI
HOME CENTERED CARE INSTITUTE

Process Development

Common HBPC Workflows:

- Intake
- Incoming Phone Call Management & Message Routing
- Scheduling
- Placing Orders & Referrals
- Medication Reconciliation
- Registration
- Insurance Verification Prior to Visits
- Acute Visit Requests

Intake

Effective intake processes are crucial to maintaining a solid revenue cycle

- Create intake questionnaires within EHR that must be completed prior to moving on or that will create an alert that can be followed up on, if the patient/caregiver does not have the information at that time
  - Insurance Information & Communication Preferences are a must
  - Insurance must be verified prior to the first visit
- Create a screening tool for staff to assess for appropriate patients
  - This will eliminate unnecessary visits for your providers

Triage

Triage protocols relieve burden on providers, which allows focus on patient care

- Triage protocols must be based on the level of personnel employed by your practice
- Ensure the protocols allow your staff to practice at the top of their scope
- Ensure both providers and staff understand and are comfortable with each protocol

Protocols to consider

- Urinary Symptoms
- PT/OT/Speech Therapy Requests
- Home Health Services Continuations or Follow-up Orders
- Medication Refills
- Wound Care

Prior to the Visit

Assisted Living

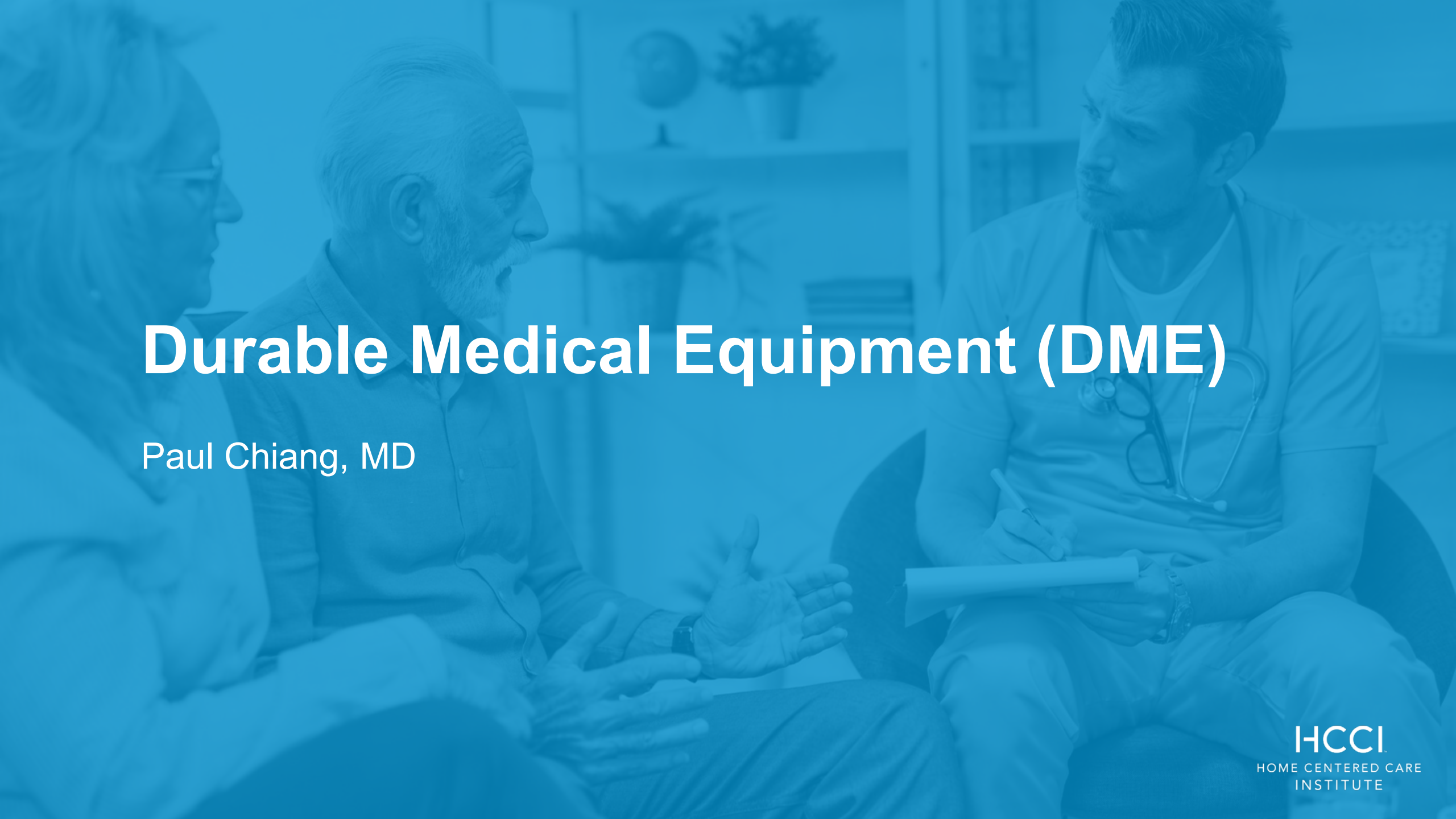
- Call ahead to alert ALF of arrival time
  - Request to have medication list and recent weights sent in advance
  - Request to ensure first patient is in their room

Home visits

- Call ahead to request the patient/caregiver has pill bottles readily available

Always review records ahead of time to ensure you have the correct supplies!

Refer to **HCCIntelligence™ Premier Resource: Suggested Equipment and Supplies for HBPC**



Durable Medical Equipment (DME)

Paul Chiang, MD

HCCI
HOME CENTERED CARE INSTITUTE

Durable Medical Equipment (DME)

- Common DME needs:
  - Hospital bed
  - Wheelchairs
  - Oxygen
- Providers are required to include documentation in progress note before patients receive supplies
- Ensure back office & clinical staff understand requirements and DME protocol
- Explore templates/macros/smart phrases in EHR to ease burden of provider documentation

Refer to **HCCIntelligence™ Premier Resource:**
DME: Wheelchairs, Power Mobility Devices, and Hospital Beds
Patient Qualifications Durable Medical Equipment - Home Oxygen

HCCI
HOME CENTERED CARE INSTITUTE

Durable Medical Equipment (DME)

- Locate supplier using Medicare Supplier Directory tool
  - www.medicare.gov/supplierdirectory/search

- Required elements from prescriber's office:
  - Face-to-face visit with patient documentation details of need prior to ordering
  - Written prescription order
  - Completes and signed CMN-Certificate Of Medical Necessity, prior to delivery

Durable Medical Equipment Strategies

Consider utilizing an appointed “DME specialist” or core team members who become very familiar with requirements and vendors

Form relationships and utilize DME “customer service representatives” to escalate requests when necessary

Create EHR templates that align with Medicare requirements and know when a face-to-face visit is required

Educate patients/caregivers from the start on the lengthy process for obtaining DME equipment and consider activity reminders for staff to confirm equipment was received

HCCI
HOME CENTERED CARE INSTITUTE

DME Software for Home-Based Primary Care

- Benefits
  - Centralized DME Orders
  - Track order status
    - Preauthorization
    - Order status
    - Delivery status
    - Delivery confirmation (who received delivery and at what location)
- Physician signs orders directly in software

Transitional Care Management

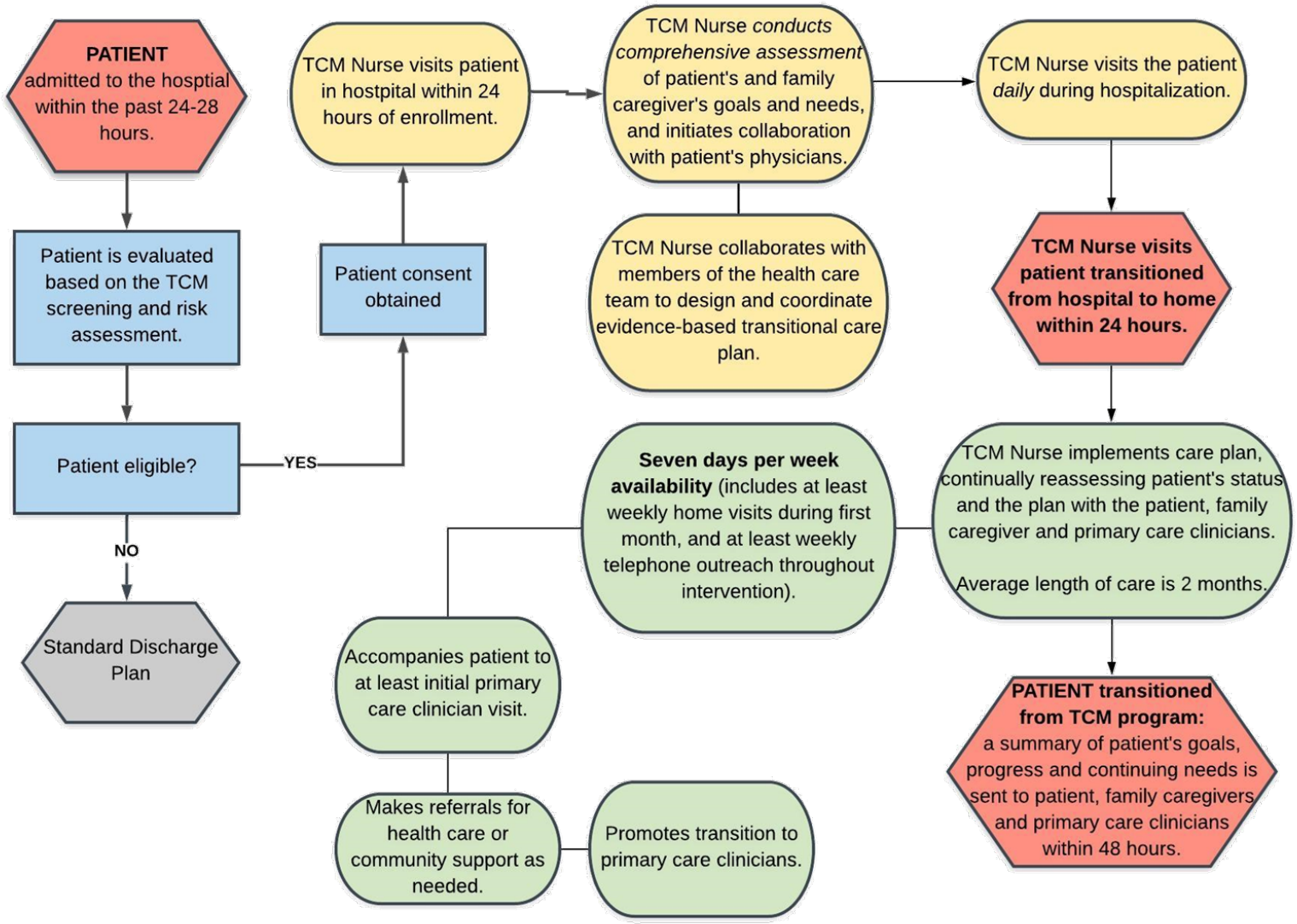
Tammy Browning, PA-C

HCCI
HOME CENTERED CARE INSTITUTE

Transitional Care Challenges

- Medical level: Clinician workload, last minute changes, error in medication reconciliation, lack of timely discharge summary
- System level: Complexity of discharge process, paperwork, insurance barriers, and follow up (visit, labs)
- Knowledge deficit: Patient, provider, caregiver

Transitional Care Model



HCCI HOME CENTERED CARE INSTITUTE

Medicare Transitional Care Management Requirements

- Contact patient or caregiver within 2 days of discharge
- Follow-up visit within 7 or 14 days of discharge
- Medicine reconciliation and management
- Obtain and review discharge information
- Review need for and follow up on pending tests or treatments
- Educate patient, family member, or caregiver
- Establish or re-establish with community providers and services. Assist in scheduling follow-up visits with providers and services, if necessary.

Refer to **HCCIntelligence™ Premier Resource:**
Transitional Care Management (TCM) Interactive Contact Requirements
Transitional Care Management (TCM) Face-To-Face Visit Requirements

Acute & Urgent Care

Paul Chiang, MD

HCCI
HOME CENTERED CARE INSTITUTE

Operational Strategies: Acute/Urgent Visits

Unexpected emergencies during a HBPC visit can impact day-of schedule and requires coordination from office staff

- How to respond to: “I must have a visit today.”
- Develop triage protocols, communication protocols to providers, scheduling strategies, to accommodate urgent visits
  - Open slots per provider or one “on-call” provider
  - Telehealth, RN field visit, Paramedicine visits
  - Consider service area needs when hiring and if a provider will be near each of your areas each day
- Risk stratify patients who may need attention, IDT team meeting FU, "at risk" patient list
- Process and QI improvement: Number of requests, response time and type, ED/hospital avoidance, share outcomes and strategies with team members

HCC Coding

Tammy Browning, PA-C

HCCI
HOME CENTERED CARE INSTITUTE

HCC Coding: Capturing Risk in HBPC

Hierarchical Condition Category (HCC) coding: CMS risk adjustment method used to calculate patient Risk Adjustment Factor (RAF) scores—determining payments for Medicare Advantage, Shared Savings Programs (ACOs), and Alternative Payment Models (APMs).

- **Accurate Coding = Accurate Payment**

Best Practices:

- Capture Diagnoses with Specificity
- Use the MEAT Framework
- Code Annually at Minimum
- Leverage Tools & EHRs
- Provider & Team Education
- Conduct Regular Audits

Refer to **HCCIntelligence™ Premier Resource: RAF for House Calls: HCC Coding Guide**

HCCI
HOME CENTERED CARE INSTITUTE

Patient and Caregiver Satisfaction

Paul Chiang, MD

HCCI
HOME CENTERED CARE INSTITUTE

Benefits of Patient & Caregiver Surveys in HBPC

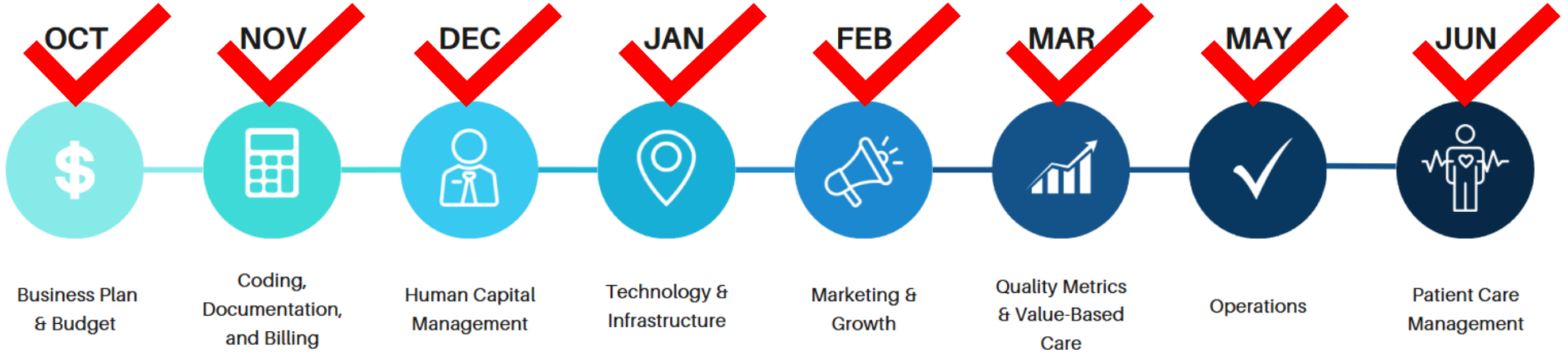
- Patient & caregiver feedback
- Identification of care gaps
- Drives QI/practice intervention
- Improves VBC performance
- Demonstrates Program Value
- Builds a culture of trust and accountability

Refer to **HCCIntelligence™ Premier Resource: Patient Caregiver Satisfaction Survey Form**

Q&A

HCCI
HOME CENTERED CARE INSTITUTE

MONTHLY TOPICS



HCCI
HOME CENTERED CARE INSTITUTE

Contact HCCI

Website

http://hccinstitute.org

Phone

(630) 283-9200

Email

info@hccinstitute.org

HCCI
HOME CENTERED CARE INSTITUTE