

2026 Illinois Snapshot

State of Unmet Need for Home-Based Medical Care* in Illinois
Data Source: 2025 Traditional Medicare Claims, Centers for Medicare & Medicaid Services

- Illinois is home to 2.1 million older adults, with more than 52% being 75+ years of age. More than 700,000 have ambulatory challenges, and approximately 260,000 are homebound.
- Over 200,000 of these people cannot access Home-Based Medical Care (HBMC) primarily due to a workforce shortage and the need for Medicare payment reform.
- The majority of HBMC programs are small, serving fewer than 200 patients.
- More than 500 full-time HBMC providers are needed to meet the need in Illinois. Today, there are only 180.

The Illinois House Call Project (ILHCP)

To address the unmet need in Illinois, HCCI launched the ILHCP in 2022, and based on its early success, a second cohort was added in 2024. The project's primary goal is to foster the launch or expansion of high-quality HBMC programs to serve more patients and improve health outcomes in Illinois. With the addition of the second cohort, HCCI expects that at least 6,000 new homebound or home-limited patients will have been collectively enrolled by the end of 2026.

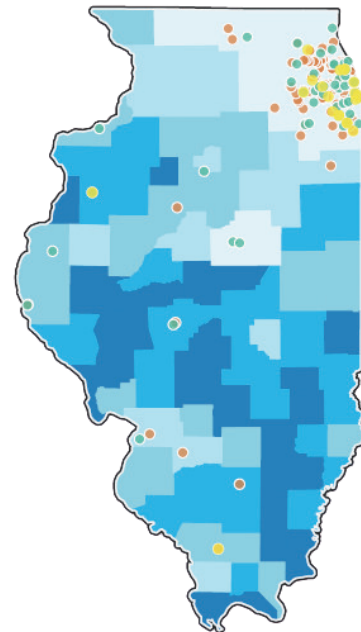
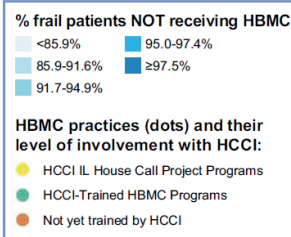
Demand vs. Supply:

Illinois Map of Unmet HBMC Needs and Provider Base

The map shown here, using data from centers for Medicare & Medicaid Services, accessed through HCCI's Confer Analytics® platform, illustrates:

- Areas (shaded) where HBMC needs of frail† older adults are NOT being met.
- The locations (dots) of HBMC programs of varying sizes that are part of HCCI's Illinois House Call Project (ILHCP) or trained by HCCI.

LEGEND



* The terms "Home-Based Medical Care (HBMC)" and "Home-Based Primary Care," often used interchangeably, represent a model that combines home-based care for medical needs with intense management, care coordination, as well as long-term services and supports (LTSS) when needed. HBMC interventions have been proposed as an alternative way of organizing and delivering care that may better address the needs, values, and preferences of chronically ill, frail, and disabled patients who have difficulty accessing traditional office-based care, primary care, or newer models of care that also require office visits. Source: www.effectivehealthcare.ahrq.gov Published online: November 19, 2014
† Frailty is theoretically defined as a clinically recognizable state of increased vulnerability resulting from aging-associated decline in reserve and function across multiple physiologic systems such that the ability to cope with every day or acute stressors is comprised. (Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: evidence for a phenotype. *JGerontolA BiolSciMedSci.* 2001;56(3):M146-M156. [PubMed][Google Scholar][Ref list])