The Medical Home: Home Care 2.0

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About Humana At Home

Organization

• 3,000 employed telephonic care managers nationwide
• 14,700 employed and contracted field care managers in a nationwide network
• 60 homecare clinical offices in NY, NJ CT, FL, TX, IL, AZ, KS, PA, NC, MD, MA and VA
• 3,000 employed home health aides in clinical offices
• 2,500 contracted homecare companies nationwide in a homecare network
• National directory of vetted community resources for elder care and caregiving
• Online Points of Caregiving portal for family caregivers

Key Services

• Humana At Home Chronic Care Program (HCCP)
• Humana At Home Transitions
• Humana At Home Special Needs Programs (SNPs)
• Humana At Home Technology Innovations
• Humana At Home Advanced Care Planning
• Humana At Home Stay Healthy
• Humana At Home Long Term Support Services (LTSS)
• Humana At Home SeniorBridge Home Care (Fee for service)
• Humana At Home SeniorBridge -Certified Home Health
• Humana At Home In-Home Clinical Services (NP/MD)

Our Expertise

• Older adults with multiple chronic conditions and functional, behavioral and/or cognitive limitations
• Complex chronic care management, chronic condition care management
Humana At Home Focuses on the Sickest 25 Percent of Humana Medicare Advantage (MA) Members, Who Drive Almost 80 Percent of Cost

These members:

- Have chronic conditions
- Have functional deficits
- Have multiple hospital and Emergency Room visits
- Are likely to have medical costs associated with the sickest 25 percent of Humana MA members in the future
Seniors with Multiple Chronic Conditions and Functional Limitations 7x More Likely to be Highest Cost

Relative Risk of Being Among Top 5 Percent Most Costly to Treat

- IADL=Instrumental Activities of Daily Living
- ADL=Activities of Daily Living

Source: LewinGroup® analysis of 2006 Medical Expenditures Panel Survey, 2010
### Care Managing Patients with Complex Needs

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**Functional and Activity Limitations**

- Fewer
- More
Integrating care in the home will be increasingly important in managing medical and long-term care needs.

The Medical Home:

- Hospital at Home
- MD/NP Home Visits
- Home Health (Skilled Services)
- Home Care (Home Health Aides)
- Care Coordination and Management (RN/SW)
- Telehealth and Remote Monitoring (Virtual Connectivity)
Humana At Home Care Management Programs Reduce Hospitalizations Among High-Risk MA Individuals

Humana Chronic Care Program
Averts Hospitalizations
(ongoing service)

- Pre: 842.7
- Post: 474.8
- 42% Fewer

Transitions Program
Reduces Hospital Readmissions
(30-day service)

- Pre: 18%
- Post: 11%
- 39% Fewer

Humana At Home MA Member Results 2013 (N= 116,145)
Humana At Home MA Member Results 2013 (N=16,467)
Humana At Home Chronic Care Program (HCCP) Increases Survival Among High-Risk MA Individuals

Monthly Survival Rate by Duration

Note: Participant population consists of 57,041 MA members who participated in the program between January 1, 2011 and December 31, 2012. Control population consists of 57,041 matched MA members who did not participate in the program. The matching criteria includes demographics, plan type, and clinical characteristics.
Necessary Paradigm Shift in Managing Healthcare for Medicare Beneficiaries is Underway

- Acute care → Chronic care
- Medical trigger → Holistic support
- Reactive → Proactive
- Cure illness → Enhance function
- Fragmented care → Integrated care
- Pay per episode → Pay for continuum
- In-person → Virtual
- Hospital → Home
Conclusion

- Humana At Home Care Management substantially reduces hospitalization and improves survival in seniors with multiple chronic illnesses;
- Humana At Home is building a virtual platform to create 24/7 connectivity with members and their families;
- Humana At Home is building integrated, home-based clinical care services.