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Home-Based Primary Care

-- Independence at Home (IAH)

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Messages:

- Home-based primary care (HBPC) teams implement palliative care principles, over time and setting

- Proven value: Patient experience / Lower per capita cost

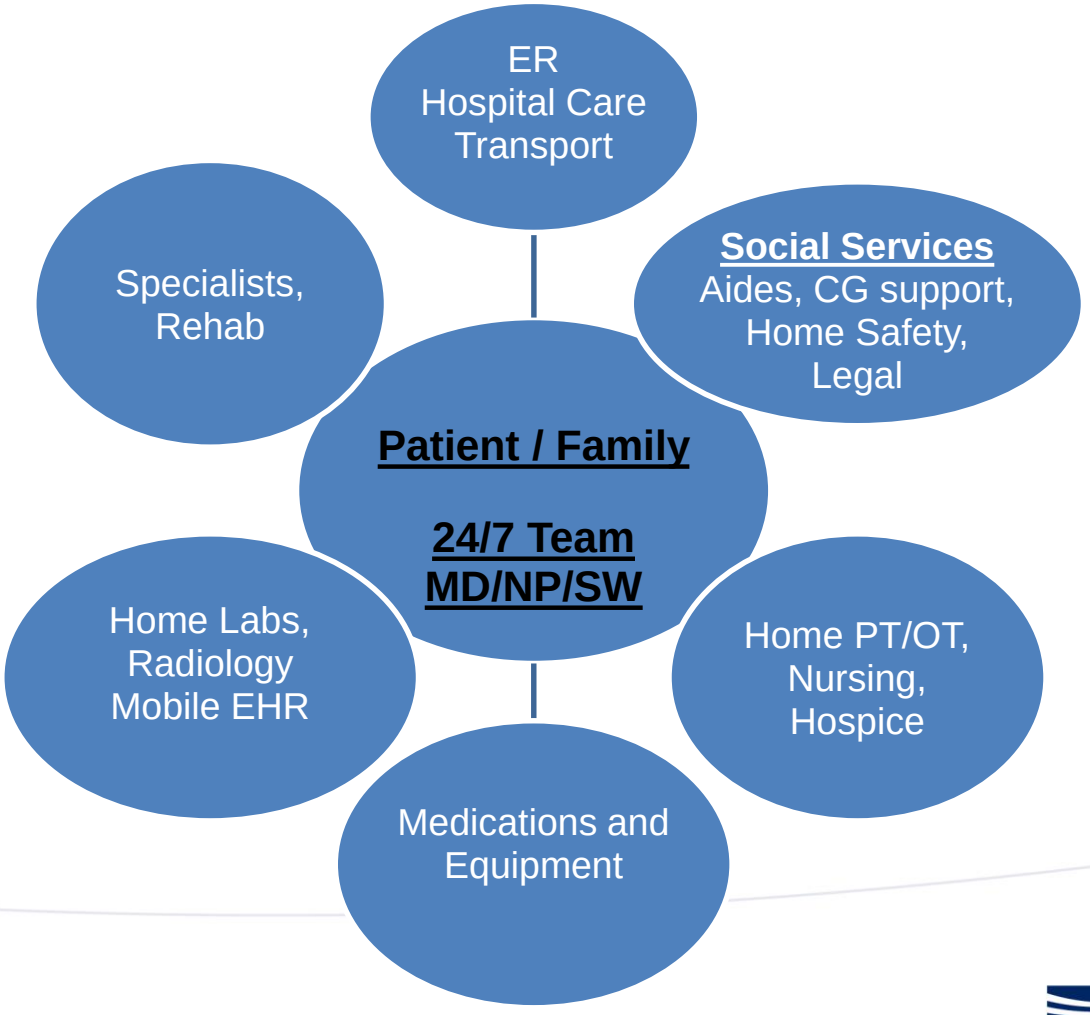
- Policy Change to Sustain Model
  - IAH Demo → **U.S. Senate Bill: S. 464 -- March, 2017**

Patient- Ms. C

- 72 year old-- Liver and heart failure, depression, falls, caregiver burden
  - **SIX admissions in 2011 (6 admits/ patient year)**
- **2011:** Daughter moves Mom to D.C. zip code to enter HBPC program
- **2011 to 2016:**
  - Over 200 urgent and routine house calls, SW services, Meds
  - Mobile EHR, Home X-rays, EKG, Echo, Labs
  - 2014- Major GI Bleed- Life-saving procedure in MICU
  - 2016- Transition to IP hospice - Joint home visit with hospice MD/RN
  - **THREE admissions in 5 years (0.6 admits/patient year)**
  - **> 99% of Days Spent at Home, 5 years with family**

HBPC Clinical Model

www.AAHCM.org



Palliative Care Principles in HBPC

Palliative Care	HBPC Approach
Treat Sxs / Suffering	Primary Care House Call team
Goals of Care	MD/ NP/ SW: Continuity of relationship over time and setting
Close Communication	IDT visits - Q1-8 weeks, 24/7 Access
Psychosocial Support	Core SW staff
Coordination of Care	All medical, social services until EOL
Subspecialty service	**Mobile Primary Care team**

Strengths

- Many Visits in Home → Time to listen / learn
- Build Trust: Know and Honor Patient Goals
- One Primary Team -- 24/7 Access and Mobile HER
- Coordinate all services, including acute care, over time and setting

Independence at Home (IAH) -- 2012-17

- **Medicare Demo- Part of ACA- Up to 10,000 patients**
- **Ill / Disabled elders with persistent high-cost**
  - 2 or more permanent chronic illnesses
  - Hospital admission and post-acute skilled services in past 12 months
  - 2 or more deficits in Activities of Daily Life (ADLs)
- **Shared Savings Model**
  - Within Medicare FFS
  - 6 Major Quality Metrics linked to savings
  - Compare actual costs of IAH patients with "expected costs"-- Risk-adjusted
  - Pay savings **after** 5% reduction → 80% to provider if 6/6 on quality
  - Makes HBPC model scalable, if quality and savings achieved

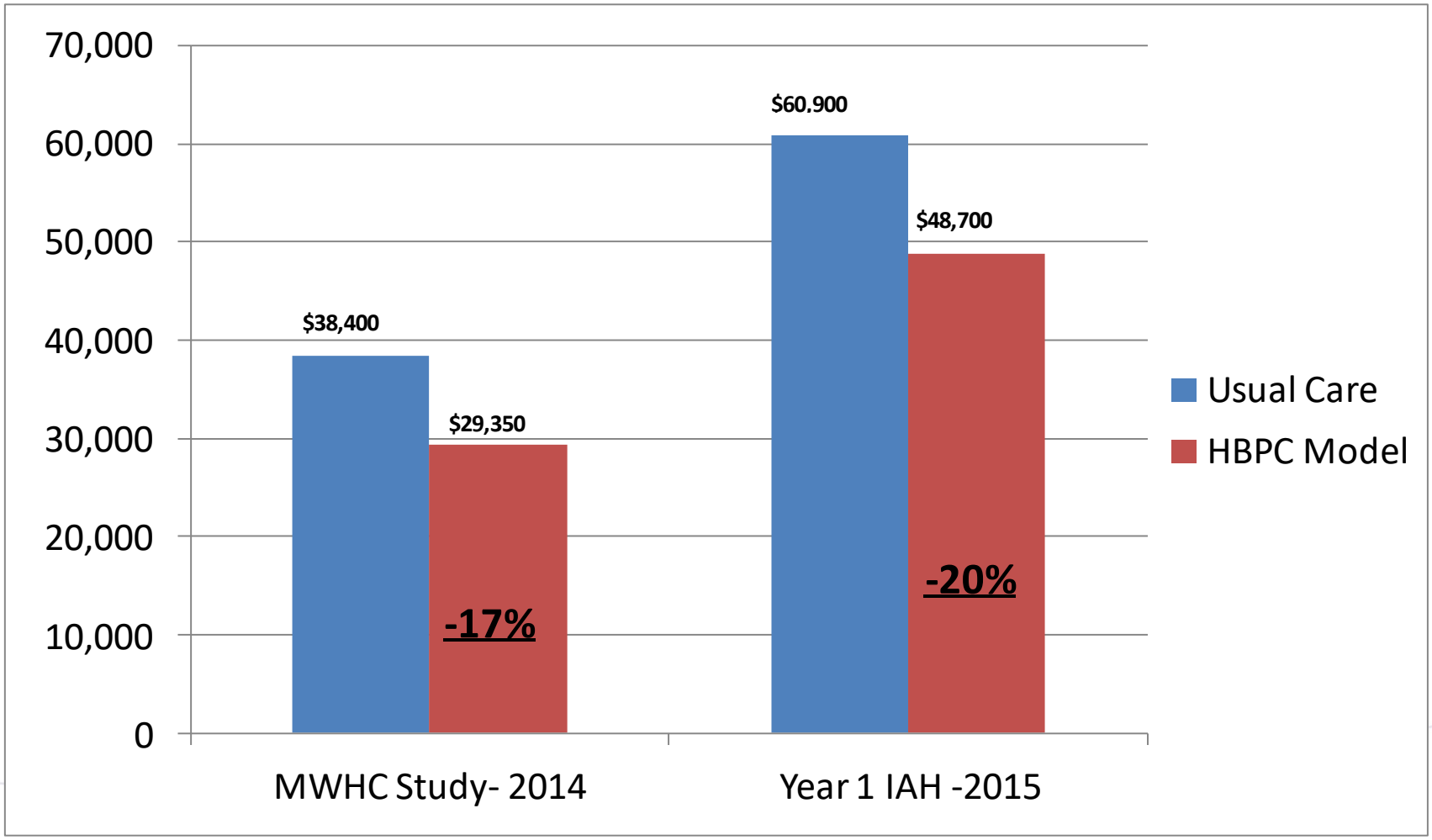
HBPC Results- VA, FFS, IAH

- **VA (n = 9,425)** (JAGS, Oct. 2014)
  - Highest satisfaction in VA- "83% outstanding"
  - VA + Medicare costs- 12% lower per capita

- **FFS Study- D.C. (722 cases, 2161 controls)** (JAGS, Oct. 2014)
  - High similar mortality (16.2 vs. 16.8 months)
  - Medicare cost reduced 17% ($4,200/patient year)

- **IAH Demo- 2012-17 (n= 11,000)** (CMS, July, 2016)
  - 9 of 15 programs paid savings (6-31% per capita)
  - Years 1 and 2- $32M saved, $16M to providers

Results: Medicare Per capita Costs



Challenges?

- **Funds for Time:** Travel, Family meetings, Coordination
- Attracting MDs and Interdisciplinary Workforce
- Training on Best Practices www.hccinstitute.org

Keys to Success

- **Build New HBPC teams**
  - Staff --- Attitude, Compassion, Skills
  - Lifestyle and Compensation concerns
  - Efficient and high-quality daily operations
  - Diverse sources of revenue

- **Policy Change → IAH Act -- S. 464 in U.S. Congress**

www.IAHnow.org

MWHC House Call Team- Questions?

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