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HOME CENTERED CARE
INSTITUTE

Bridging the Gap with Home-Based Primary Care

The HAP Foundation: Symposium of Serious Illness Care

October 17, 2023 • Naperville, Illinois



**Advancing home-based primary care
to ensure medically complex patients
have access to high-quality care
in their homes**

EDUCATION | CONSULTING | RESEARCH | ADVOCACY

What We Do



HCCIntelligence™ Resource Center



Hotline

Call 630.283.9222 or email
Help@HCCInstitute.org
9:00 am-5:00 pm (CST)
Monday through Friday



Webinars

HCCI hosts free and premium webinars on topics relevant to Home-Based Medical Care. Visit the HCCIntelligence™ Resource Center for upcoming dates and topics.



Tools and Tip Sheets

Downloadable tools, tip sheets, sample forms and how-to guides on a variety of Home-Based Medical Care topics.



The
John A. Hartford
Foundation

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Meet HCCI at the Crossroads of Care (free series)

Managing Serious Illness in the Home

Next Session:

Optimizing Efficiency in House Call Operations

Wednesday, December 6 – 4:00-6:00pm (a light dinner will be served)

Schaumburg, IL

Featured Presenter:

Alicia Bobak, FNP-C

Register
Here

To learn more about the
Crossroads of Care series and view
recordings of previous sessions, go to
bit.ly/crossroads-of-care-series



Objectives

- Describe the unique aspects of Home-Based Primary Care (HBPrIC) and Home-Based Palliative Care (HBPaIC), as well as the ways in which these two models of care are aligned.
- Discuss the value and opportunities of bringing together HBPrIC and HBPaIC to provide a full-service solution for managing serious illness and chronic disease.
- Identify strategies to successfully implement a complex illness management model incorporating both HBPrIC and HBPaIC.

Speaker



Paul Chiang, MD

Medical Director, Northwestern Medicine, HomeCare Physicians
Senior Medical and Practice Advisor, Home Centered Care Institute

- Boarded in Internal Medicine and Hospice/Palliative Medicine
- 37,000+ house calls to more than 3,600 patients

A photograph of a male doctor with a beard and a stethoscope around his neck, sitting on a bed and talking to an elderly woman. The scene is set in a home, likely a bedroom, with a bed and a chair visible. The entire image is overlaid with a semi-transparent blue filter.

Home-Based Primary Care

How does it help patients with serious illness?

What is Home-Based Primary Care (HBPrIC)?

- **A model of care that brings providers and modern technology to patients in the comfort of their homes**
- **Improves quality of life for medically complex patients and their caregivers**
- **Prevents avoidable hospitalizations and nursing home placements**
- **Dramatically reduces health care costs**

What Does HBPrIC Offer?

The Quadruple Aim

- Better outcomes
- Improved patient experience
- Lower cost of care
- Greater job satisfaction for providers and staff



HBPrIC Comes in Many Forms

- **Academic Medical Centers**
- **Large Health Systems**
- **Community Hospitals**
- **Independent Group Practices**
- **Home- and Community-based Veteran Services**
- **Community-based Hospice and Palliative Care Organizations**
- **Value-based Managed Care Organizations**

HBPrIC Patient Characteristics

- **Transitional Care**

- Seniors with high likelihood of admission/readmission
- Chronic or non-adherent patients of any age
- High-risk patients of any age

- **Longitudinal Care**

- Seniors with advanced and chronic illness
- Younger people with chronic conditions, physical or emotional disability
- Disruptive to PCP office flow

A caregiver wearing a headset is assisting an elderly person in a home care setting. The caregiver is leaning over the person, who is sitting up in bed. The scene is overlaid with a blue tint.

The Recipe for a Rise in Home-Based Care

The Recipe for a Rise in Home-Based Care

**Changing Demographics:
Aging and Chronic Illness**

**Healthcare Reform/
Medicare Fiscal Crisis**

Advances in Technology

COVID and Reimagining Care



Health Care's Perfect Storm

<https://www.hccinstitute.org/about/health-cares-perfect-storm/>

The Aging Demographic

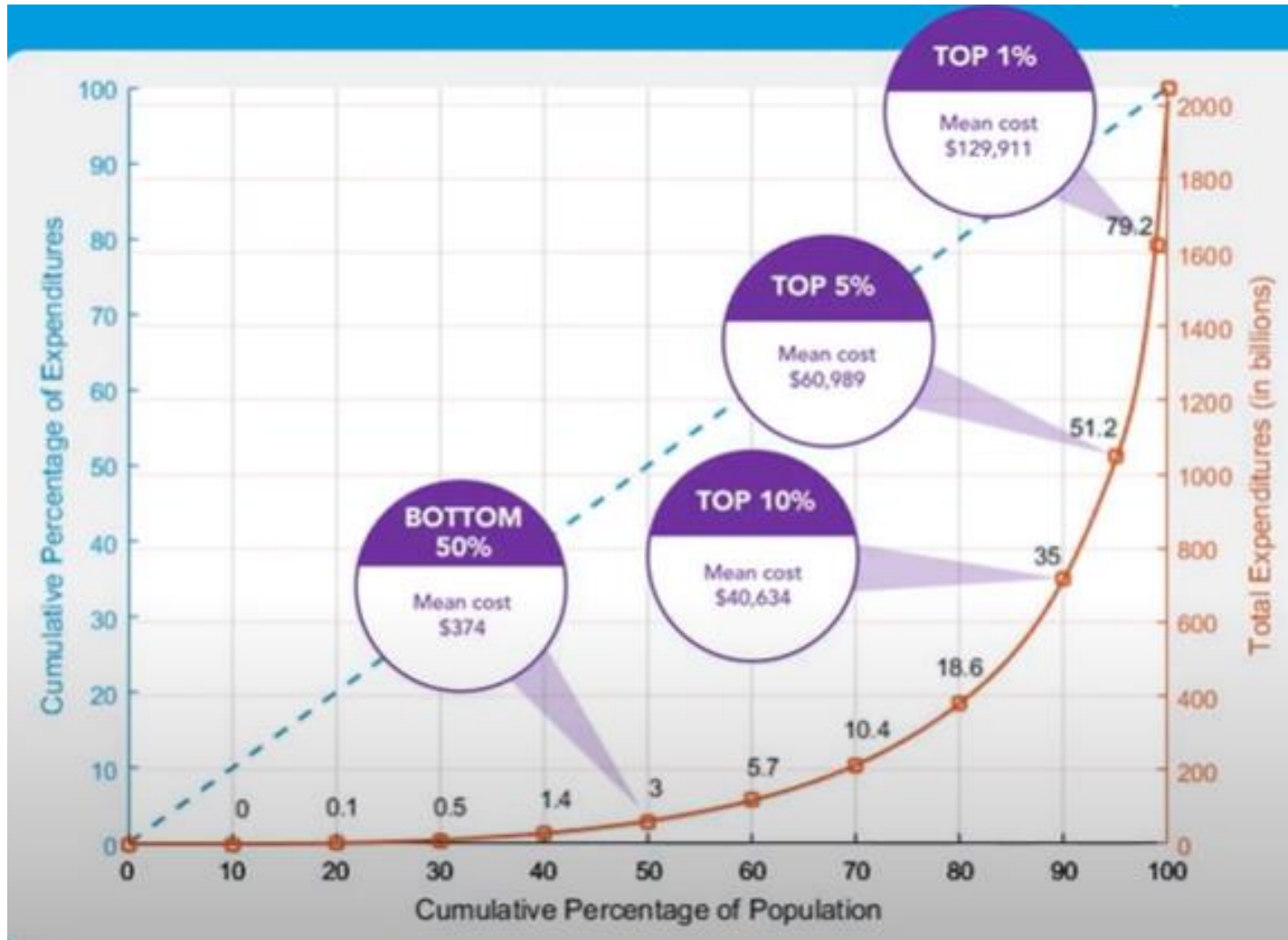
It is estimated that by 2050, people over 65 will represent more than 20 percent of the population.

That shift may not sound significant, but it represents about *40 million additional* Medicare-age patients flooding the already beleaguered U.S. healthcare system.

This surge will be driven partially by advances in medicine that are helping people live longer, but also by the Baby Boomers.

Cost of Aging and Chronic Illness

Health Care Spending is Highly Concentrated Among a Small Portion of the US Non-Institutionalized Population



Source: AHRQ, MEPS 2019
research@hccinstitute.org
Sept 2021

Health Care Reform

- Growing interest in value-based care
- Models of home-based medical care have emerged as clinically effective and cost saving
- The increasing cost of health care may lead to the Medicare insolvency by the year 2029

Learnings from the VA HBPrIC program (11,334 patients)

Improves Care, Lowers Costs

Site of Care	Before HBPrIC	During HBPrIC	Change
All home care	\$2,488	\$13,588	\$11,100 (+ 460%)
Outpatient	\$6,490	\$7,140	\$650 (+ 10%)
Nursing home	\$10,382	\$1,382	(\$9,000) (- 87%)
Hospital	\$18,868	\$7,026	(\$11,842) (- 63%)
Total cost VA care	\$38,228	\$29,136*	(\$9,092) (- 24%) P < 0.0001

*includes HBPrIC cost

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Payment Reform: Value-Based Models

Independence at Home (IAH) Medicare Demo

Programs

- Experienced and ≥ 200 patients

Patients

- ≥ 2 Chronic Conditions
- ≥ 2 ADL deficiencies Emergent hospitalization and post-acute care in past year

Payments

- First 5% of savings to Medicare
- Additional savings: 80% practices/20% Medicare

RESULTS

- ↑ Quality
- ↑ Patient Satisfaction
- ↓ Hospital/ED
- ↑ Savings

\$8,342 PBPY (Year 7) saved over usual care group

The Impact of a HB PallC Program in an ACO¹

Retrospective analysis of 651 decedents: 82 enrolled in HB PallC and 569 receiving usual care

- Cost of care last three months ↓ \$12,000 (\$20k vs. \$32k)
- Medicare Part A costs ↓ 35% (\$17k vs. \$26k)
- Medicare Part B costs ↓ 37% (\$3.1k vs. \$4.9k)
- Hospital Admissions ↓ 34% in final month
- Hospice Admissions ↑ 35%
- Median Hospice LOS ↑ 240% (34 days vs. 10 days)

¹ Lustbader D, et al. The Impact of a Home-Based Palliative Care Program in an Accountable Care Organization. J Palliat Med. 2017 Jan 1; 20(1): 23-28.

COVID Pandemic

**Medical care outside of traditional brick and mortar facility,
including telehealth**

Access to medical care, reducing barriers

Patient and caregiver comfort and satisfaction



The Workforce: A Key Ingredient

Providers Making Home Visits

Approx. 3,000 Providers make 1,000+ visits annually





Patient Story

Caring for Patients ... at the Crossroads

Meet Christina

Christina is a 68-year-old Romanian woman who lives with her 50-year-old daughter, Veronika, an experienced hospital Med Tech. You are asked to see Christina by the Home Health agency that has been in the home following her surgery and hospital discharge three weeks ago. Up until three years ago, Christina lived in Romania, but after she became ill for several months, her daughter brought her to the US because of the lack of what Veronika considered adequate care.

At that time, Christina was seen in the ED for evaluation of significant abdominal pain, nausea, and obstipation. Her abdomen was somewhat firmly distended with a protruding umbilicus; there are prominent lymph nodes around the umbilicus as well. She had evidence of ascites on exam. She was diagnosed with Stage 3 Ovarian Cancer, underwent debulking surgery and then subsequently had chemotherapy for about six months. She did well for a period of many months, but her tumor markers had lately begun to increase. She had a recent surgery for small bowel obstruction caused by adhesions.



Meet Christina (cont'd)

Christina's functional status has remained limited, and she is very fatigued; if she goes to see her primary care provider, she is exhausted. Her care has been managed only by an Oncologist; she does not have a primary care provider.

CHIEF COMPLAINT (CC)

Seeing patient at home due to increasing weakness, fatigue, 3 weeks post abdominal surgery as well as a rash that started yesterday. Language translator was used during the visit since the patient speaks only Romanian.

HISTORY OF PRESENT ILLNESS (HPI)

68 year old patient with history of stage 3 ovarian cancer s/p debulking surgery and chemotherapy who is seen at home 3 weeks post op for small bowel obstruction and lysis of adhesions. She is complaining of exhaustion and fatigue. Patient also noted a rash on her chest that started yesterday. She has a history of ovarian cancer, hyperlipidemia, hypothyroidism, and hypertension.

PAST, FAMILY, AND SOCIAL HISTORY (PFSH)

Limited information as grew up in Romania; Hypothyroidism; Hypertension; Hypercholesterolemia.

Immunizations: Influenza - no; Pneumovax - no; Prevnar - no; Tdap before the age of 40;
Zostavax/Shingrix - no

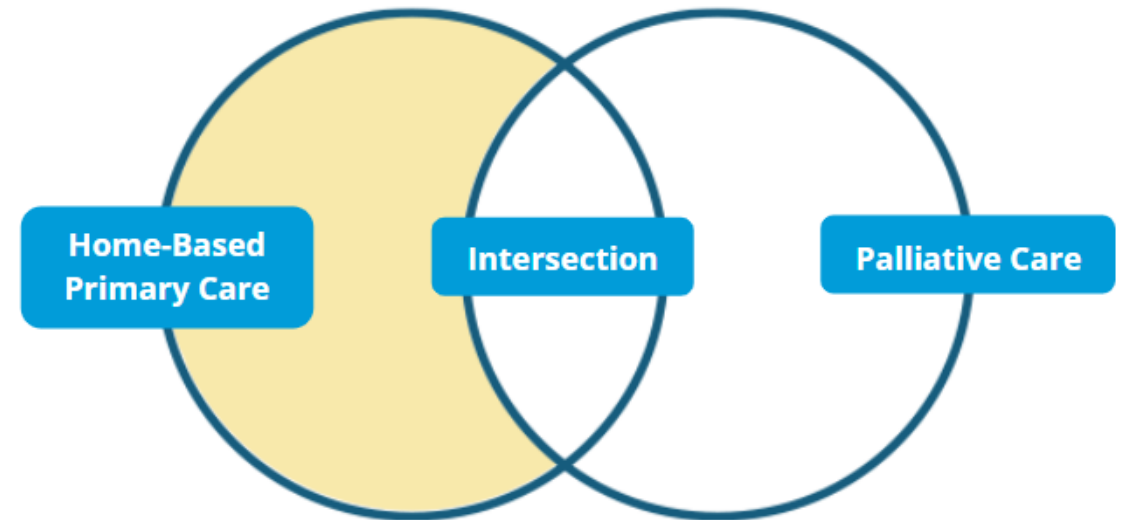
Past Surgical History: TAH/BSO 3 years and debulking surgery 3 years ago; Repeat debulking surgery 3 weeks ago.

Family History: Father died in WW2; Mother died at 80 probably of breast cancer; Sister-72, alive and well in Romania; Daughter Veronika 50 works as a lab tech; Son Constantin 48, lives in California.

Social History: Nonsmoker, no ETOH; Worked as a secretary in Romania.

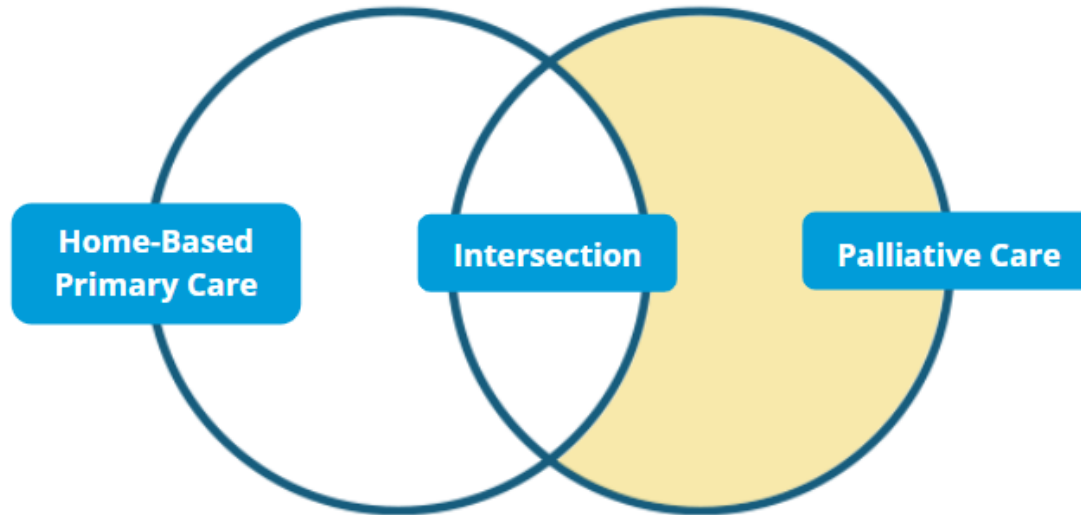
Home-Based Primary Care (HBPrIC)

- Primary Care
- Geriatric Syndromes
- Chronic Disease Management
- Medication Management
- 24/7 Availability, Acute/ Urgent Care
- Post-Acute Care and Management of Transitions
- Preventive Care, Annual Wellness Visits, Immunizations
- Wound Care and Other Procedures
- Coordination of Ancillary Services
- In-Home Laboratory and Diagnostic Testing



Adapted from the New England Journal of Medicine (NEJM) Catalyst (The Intersection of Home-Based Primary and Palliative Care).

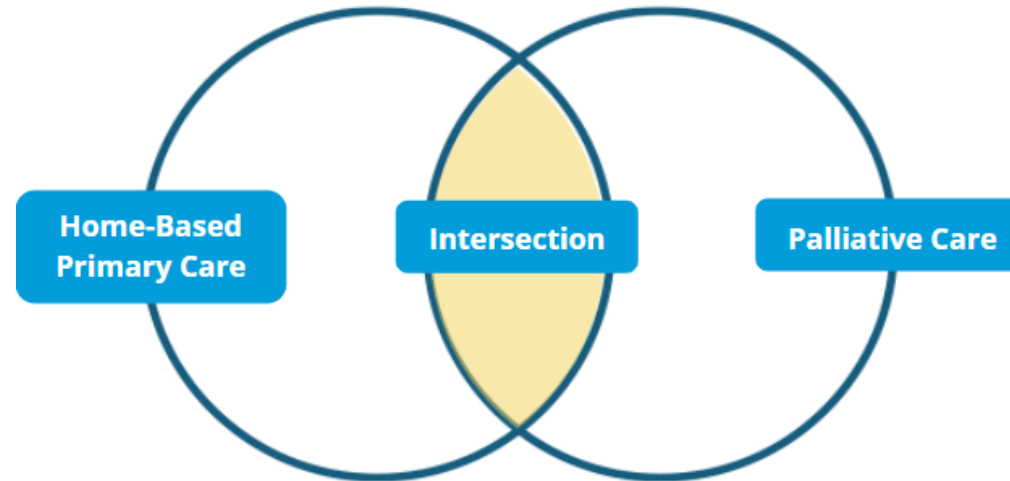
Home-Based Palliative Care (HBPaIC)



Adapted from the New England Journal of Medicine (NEJM) Catalyst (The Intersection of Home-Based Primary and Palliative Care).

- Hospital Consults
- Outpatient Consults
- Nursing Home Care
- Pain and Symptom Management Consults
- Refractory Symptoms in Serious Illness
- Complex Family Meetings
- Patient Advocacy
- Assistance Through Complex Enrollment Processes
- Care Delivery with a Focus on Financial and Non-medical Needs
- Psychosocial and Spiritual Support Through Interdisciplinary Team

The Intersection of HBPrIC and HBPaIC



Adapted from the New England Journal of Medicine (NEJM) Catalyst (The Intersection of Home-Based Primary and Palliative Care).

- Patient/Family/Caregiver Support
- Social and Spiritual Needs
- Communication and Care Coordination
- Symptom Management
- Diagnostic and Prognostic Support
- Functional Support and Safety
- Interdisciplinary Team Meetings
- Referrals to Hospice
- Goals of Care
- Advance Care Planning and End-of-Life Discussions

Christina – Goals of Care

What is the full-service solution for Christina's care?

... Christina speaks Romanian almost exclusively, so Veronika shares....

- Veronika hopes for Christina to have more energy and improved functional level
- Veronika want Christina to restart chemotherapy as soon as possible as the CA-125 is not as low as they hoped post-operatively
- Veronika needs to return to work full-time; she used FMLA and then returned part-time, but needs the health insurance

Christina – Social Determinants of Health

What is the full-service solution for Christina’s care?

Social Determinants of Health (SDOH)	
Access to medical care, medicines, supplies	Patient depends on Veronika to pick up medications from pharmacy.
Health literacy	
Family or social support	Daughter, Veronika Popa is emergency contact and a seasoned Med Tech in the hospital for the past 15 years.
Communication capabilities (<i>phone, computer, video</i>)	Phone (Veronika)
Preferred language (<i>potential barriers</i>)	Pt. speaks Romanian almost exclusively; Daughter speaks English and Romanian.
Adequate housing and functioning utilities (<i>in COVID, separate bedroom for patient</i>)	Patient sleeps in a separate bedroom from Veronika.
Financial status	Patient is dependent on daughter’s income, but daughter is not able to care for pt. and work full-time. Daughter has exhausted FMLA and must continue to work at least part-time to keep health insurance.
Transportation	Increasingly difficult to get patient out of her home due to increasing weakness.

Christina – Other Factors

What is the full-service solution for Christina's care?

- **ADLs:** Needs help in the shower, feels unsteady, everything is slow. No longer cooking, not even if she can sit down on a stool. Too tired.
- **Environment:** Throw rugs in hallway; no bars or bath bench in shower.
- **DME:** bedside commode, walker, and wheelchair.
- **Spiritual:** Part of Orthodox faith community, which is important to her.
- **Caregiver:** Veronika's Zarit Burden Interview Short Form scored at 12, indicating mild to moderate burden.

Discussions

1. In what way(s) would Christina be supported by palliative care in the home?
2. In what way(s) would Christina be supported by primary care in the home?
3. Are there other types of patients who might benefit from receiving both palliative and primary care in the home?
4. How might having a “full-service solution” for seriously ill patients impact providers and other members of the interdisciplinary care team?

A group of healthcare professionals, including doctors and nurses, are gathered around a table in a meeting. They are looking at a laptop and a tablet, and one doctor is holding a smartphone. The entire image is overlaid with a semi-transparent blue filter.

Applying a Complex Illness Management Model

Benefits of Complex Illness Management Model

1. Serve broader population, additional revenue opportunities [e.g., chronic care management (CCM), transitional care management (TCM)]
2. Fully meets the needs of patients and caregivers over time by coordinating all medical services
3. Focus on what matters most to patients, symptom management, caregiver support, advance care planning
4. Appropriate and timely referral to hospice services

Case Example: Quality End-of-Life Care

- **25% of \$556B Medicare dollars for care in final year¹**
- **U.S. Deaths 2009²**
 - At home 33.5%; Hospice 42%
 - ICU last 30 days 29%; Hospitalization last 90 days 69%
- **Northwestern Medicine HomeCare Physicians 2014-18: 1,022 Deaths**
 - 76% died at home
 - 77% on hospice
 - Median house call LOS 1.3 years
 - Reduced hospital mortality: 435 additional deaths at home (Total hospital deaths = 1,280)
 - ICU use 30 days before death 8.15%; Hospitalization 90 days 42% (2017-18)

¹ Riley, Lubitz; Health Services Research 4/2010

² Teno: Change in End of Life Care for Medicare Beneficiaries JAMA 2/20/13

Questions

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