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Home-Based Primary Care (HBPC): Local Efforts Have National Impact

Eric De Jonge, M.D.
Director of Geriatrics, MWHC

No Financial Disclosures
Objectives

• History- MWHC House Call Program
• Patients / Core Services
• Context- Demographics / Policy

• Program Results
• Impact of Local Program- Medicare Policy
• Future Success?
MWHC House Call Team

November 9, 2015

Knowledge and Compassion Focused on You

MedStar Health
MWHC Medical House Call Program

• **Goal:** Promote health and dignity of frail elders

• **Approach:** Home-based primary care, interdisciplinary team

• **Methods:** All medical and social services, 24/7, flexible access, across settings, mobile diagnosis and Rx

• **Interdisciplinary Team - MDs, NPs, SWs, Coordinators**
  - Each team serves 300 elders with serious chronic illness
  - Age range 66-110 (mean 83) - “Too sick to go to clinic”
Patient- Carolyn B.

• 69 year old with liver and heart failure, depression, falls, caregiver burden
  – **SIX admissions in 2011 in CO/AZ** (6 admits/ patient year)

• 2011: Daughter moved Mom to D.C. zip code to gain entry to HC program

• 2011 to 2015:
  – Terminal diagnosis of Liver CA reversed with GI Specialty care
  – Over 150 house calls, social services, home aides
  – Urgent same-day visits, Home X-rays, EKG, Echo, and wound care
  – Intensive medical, social, and emotional support
  – Life-saving Radiology procedure in ICU in August, 2014

  – **TWO admissions in 4 years** (0.5 admits/patient year)
Mission- Home-based Primary Care (HBPC)

Who are we?
- Expert mobile primary care teams
- Focus on the most ill, highest cost patients and their families
- Strong MedStar health system across mid-Atlantic

Why do we exist?
- Enhance health and dignity of frail elders, deliver peace of mind
- Provide better care to complex population at lower total cost
  - 5% with severe chronic illness (who expend 50% of budget)
Mission

What do we hope to create?

• Use HBPC model to build MedStar Total Elder Care (TEC)
• Scalable entity that serves ill elders across region and U.S.
• Sustainable long-term business model

How will we know we have succeeded?

• Replicate TEC effective teams- Integrity of clinical model
• Great patient/family experience and lower per capita costs
• Sustainable model with value-based sources of revenue
Highlights - 1999-2015

• 1999-2009 - Slow growth: 3 to 20 staff, 0 to 625 active patients

• **3200 total** enrolled in 8 zip codes: 20001-02, 09-12, 17-18

• 2012: MWHC Geriatrics named 1 of 15 Medicare Independence at Home (IAH) sites
Recent Published Results

• 2014: MWHC paper
  • 17% Medicare annual cost savings (> $4,000/ patient)
  • Similar mortality as “usual care” = 36-40% in 2 years

• 2015: Year 1 Medicare IAH results - In Top 2 in U.S.
  • MWHC → 6 of 6 quality metrics, 20% Medicare cost reduction
  • Medicare paid $1.1M to MedStar in “shared savings” (200 patients)
  • Congress and President extended IAH for 2 years (2016-17)
Core Services

- **Home-based primary care (HBPC) - routine and urgent visits**
- Mobile lab and radiology
- 24/7 on-call medical staff
- MedStar Transport
- ER/Acute Care: Coordinate transitions and directly oversee hospital care
- Coordinate subspecialty care
- Mental health and dementia care
- Pharmacy/DME Delivery
- Skilled Home Health - PT/OT/RN
- Inpatient rehab and SNF care
- End-of-Life / Hospice Care
- Mobile real-time Electronic Health Record (EHR)

- **Social work case management**
  - Caregiver counseling and support
  - Coordinate Home Health aides
  - Legal Counsel for Elderly / Guardianship
  - Home Modifications and Extermination services
  - Food and Utility Resources
  - Housing Transitions / Nursing Home Placement
Key Service Elements

- TEC Team
- MD/NP/SW Coordinators
- 24/7 Care
- ER and Hospital
- Aides, Food, Home Environment, Legal
- Sub-specialists, Inpatient Rehab
- Transport Labs, X-rays
- Home Pharmacy/DME
- Home PT/OT, Nursing, IV Rx, Hospice
Role of Philanthropy at MWHC Geriatrics

• Purposes
  – Matching funds → New doctors, NPs, SW, Admin.
  – Mobile technology and EHR
  – Program Evaluation / CQI
  – Charity Care / Staff Morale
  – Devise Sustainable and Scalable business model
Role of Philanthropy

1999-2015: Foundations, Donors → 20% of annual funding

- $50-500K: Jessie Ball duPont, Cafritz, Deerbrook, Meyer, Public Welfare, Otsuka, Thome


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Context - Population in Need

- Medicare -- 2 Million with severe chronic illness and disability (5% = 50% of budget)
- Now serve only 90,000 (1 of 22) with house calls
- 20% of Medicare patients readmitted in 30 days
  - Excess Cost of $17B
Context- Change to Value Payments

• CMS $\rightarrow$ Reward VALUE (over time)

  Patient/Family Experience $\times$ Clinical Outcomes
  Costs to Payor

• CMS $\rightarrow$ Independence at Home, ACOs

• Maryland All-Payer Waiver $\rightarrow$ Global payments for hospitals

• Guiding Principles
  – Value to Patient/Family, Long-term, Focus on Results
  – Disruptive Innovation $\rightarrow$ More convenient, lower cost, mobile
Value Proposition?

- **For Patients**, Prompt, compassionate and customized care at home.

- **For Families**, Peace of mind from single source for medical and social services at home

- **For Society**, restore community’s faith in health care system, lower costs

- **For Health System**
  - Foundation of community health, reputation as leader in elder care
  - Build capacity to take risk for complex and highest-cost populations
  - Prevent hospital admits and reduce total costs (17-20%)
Results - For Value

- Patient/ Family Experience
- Clinical Outcomes
- Cost Savings
"The House Call Program saved my mom’s life and mine. It restored my faith in the health care system, and gave my mom and me encouragement and support every day. The good days, hours, and moments I have with my mother are the result of the excellence, tireless passion, and commitment of those who created, support, and sustain the House Call Program” – Sylvia Trujillo (Dtr.)

*Permission granted from patient and family
## Results: Outcomes - Medicare IAH Demo

<table>
<thead>
<tr>
<th></th>
<th>MedStar/VCU/ Penn- MAC</th>
<th>Versus Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization Rate</td>
<td>8%</td>
<td>0.4</td>
</tr>
<tr>
<td>ER Visit Rate</td>
<td>3%</td>
<td>0.3</td>
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<tr>
<td>30-day Readmission</td>
<td>11%</td>
<td>0.7</td>
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<tr>
<td>Visit within 48 hours of discharge</td>
<td>76%</td>
<td>50%</td>
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<tr>
<td>Documented End-of-Life Preferences</td>
<td>95%</td>
<td>80%</td>
</tr>
</tbody>
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- N=318, Mean age - 83
Results: Annual Medicare Costs

- MWHC Study - 2014
  - Usual Care: $38,400
  - HBPC Model: $29,350
  - 17% reduction

- Year 1 IAH - 2015
  - Usual Care: $60,900
  - HBPC Model: $48,700
  - 20% reduction

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## Financial Model- Old to New

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>1999-2015</th>
<th>2015 and beyond</th>
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<tbody>
<tr>
<td>Medicare FFS</td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td>Philanthropy</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>MedStar/WHC Support</td>
<td>15%</td>
<td>Shared services</td>
</tr>
<tr>
<td>Monthly PMPM</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Shared Savings</td>
<td>0</td>
<td>40%</td>
</tr>
<tr>
<td>Private Pay- Premium services</td>
<td>0</td>
<td>10-20%</td>
</tr>
</tbody>
</table>
Impact

- Aging in place for 3200 elders and caregivers
- Enhance chronic and EOL care for seriously ill
- Model to Integrate Medical and Social services
- Changed Medicare payment policy
- MedStar scaling HBPC model in region
Summary - MedStar Total Elder Care (TEC)

- High-touch care for frail elders
  - PLUS high-tech care that helps quality of life and lowers costs

- Upend fee-for-service with value-based care/payment
  - Avoid the hospital
  - Total savings → Allow MedStar to scale in new areas

- National Impact
  - Model for the 2012-15 Medicare IAH program
  - 1st of 35 Medicare demos to have clear success (9 of 15 sites)
  - Year 1 - Saved $25M, with $12M back to providers
Questions? karl.e.dejonge@medstar.net
References


• http://www.wsj.com/articles/how-house-calls-can-cut-medical-costs-1443407612


• Video: http://www.youtube.com/watch?v=2fHOwEs6j3Q