



HCCI
HOME CENTERED CARE
INSTITUTE

The Future of Primary Care: Home-Based Primary Care

Thomas Cornwell, MD
CEO, Home Centered Care Institute

Tcornwell@hccinstitute.org

Objectives

Wow You

- With home-based primary care's (HBPC) dramatic impact on patients, caregivers and costs

Excite You

- About new payment models

Inspire You

- To provide more HBPC

HCCI

A collaborative nonprofit focused on advancing home-based primary care (HBPC).

Mission

Create universal access to best practice house call programs and make home-based primary care the national standard for treating medically complex patients best cared for in the home.



Why Home-Based Primary Care?

Increases

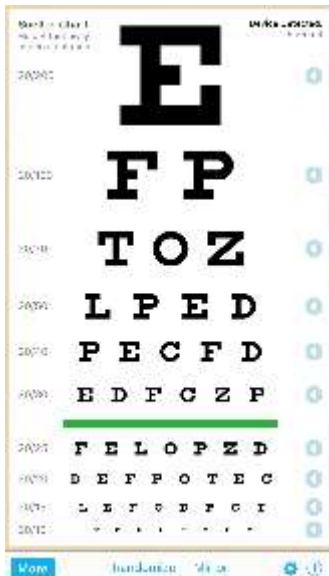
- Quality of life for patients and caregivers
- Compliance with patients' goals of care including end-of-life care
- Successful care transitions

Decrease

- Overall health care costs
- 30-day readmissions
- Hospital mortality rate
- Nursing home placement

Why Home-Based Primary Care?

Smart Phone



Portable Lab



X-Rays



Ultrasound



Improved Financial Incentives

Increased Medicare House Call / Domiciliary (ALF) Payments

House Calls (CPT)	1997	2018
Follow-up (99349)	\$59.37	\$131.04
New (99344)	\$101.62	\$186.12

Assisted Living (CPT)	2005	2018
Follow-up (99336)	\$48.30	\$137.88
New (99327)	\$75.00	\$189.72

Incentives Becoming Aligned

New Medicare Codes/Payments

Year	Service	Payment
2013	Transitional Care Management (TCM)	\$170 → \$235
2015	Chronic Care Management (CCM)	\$42 – 20 min
2016	Advance Care Planning	\$85 – 1 st 30 min
2017	Complex CCM	\$95 – 60 min
2017	Non-face-to-face prolonged evaluation & mgmt. service before and/or after direct patient care	\$115 – 1 st hour
2017	Cognitive Assessment and Care Plan Services	\$240

Incredible Appreciation

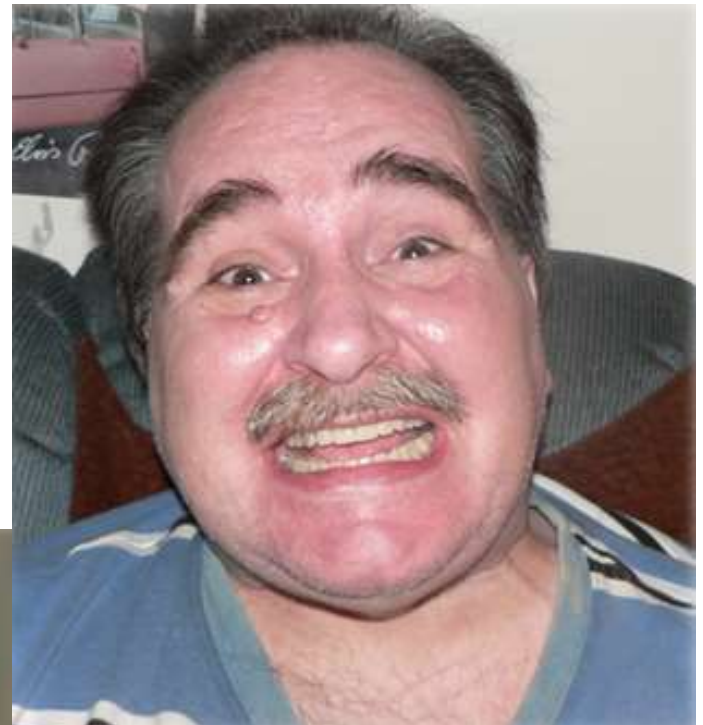


Incredible Impact

Before...



After...



HCCI
HOME CENTERED CARE
INSTITUTE

Improves Quality / Lowers Costs

VA Home-Based Primary Care

	Before HBPC	During HBPC	Change
Total cost VA care			
Hospital			
Nursing home			
Outpatient			
All home care	\$2,488	\$13,588	\$11,100 (+ 460%)

Improves Quality / Lowers Costs

VA Home-Based Primary Care

11,334 \$103,048,728	Before HBPC	During HBPC	Change
Total cost VA care	\$38,228	\$29,136*	(\$9,092) (- 24%) P < 0.0001
Hospital	\$18,868	\$7,026	(\$11,842) (- 63%)
Nursing home	\$10,382	\$1,382	(\$9,000) (- 87%)
Outpatient	\$6,490	\$7,140	\$650 (+ 10%)
All home care	\$2,488	\$13,588	\$11,100 (+ 460%)

*includes HBPC cost

2007: ↓ hospital days 59%; ↓ NH days 89%;
↓ 30-day readmission 21%¹

Improves Quality / Lowers Costs

MedStar Washington Hospital Study ¹

- 722 home-based primary care patients (vs. 2,161 controls)
 - ↓ Medicare Costs (\$8.5K / beneficiary over 2 years; \$6.1M total savings)
 - ↓ Hospitalizations 9%
 - ↓ Emergency department visits 10%
 - ↓ Skilled Nursing Facility 27%

- ↑ Primary care visits
- ↑ Home health
- ↑ Hospice

Improves Quality / Lowers Costs

Quality End-of-Life Care

- **25%** of **\$556B** Medicare dollars for care in final year¹
- U.S. Deaths (2000 to 2009) ²
 - ↑ Home: 30.7% to **33.5%**
 - ↓ Hospitals: 33% to **25%**
 - ↑ Hospice: 22% to **42%**

 - ↑ ICU in last month: 24% to **29%**
 - ↑ Hospitalizations in last three months: 63% to **69%**
 - ↑ Short hospice stays (< 3 days): 22% to **28%**
(**40%** were preceded by hospitalization with ICU stay)

¹ Riley, Lubitz; *Health Services Research* 4/2010

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

Improves Quality / Lowers Costs

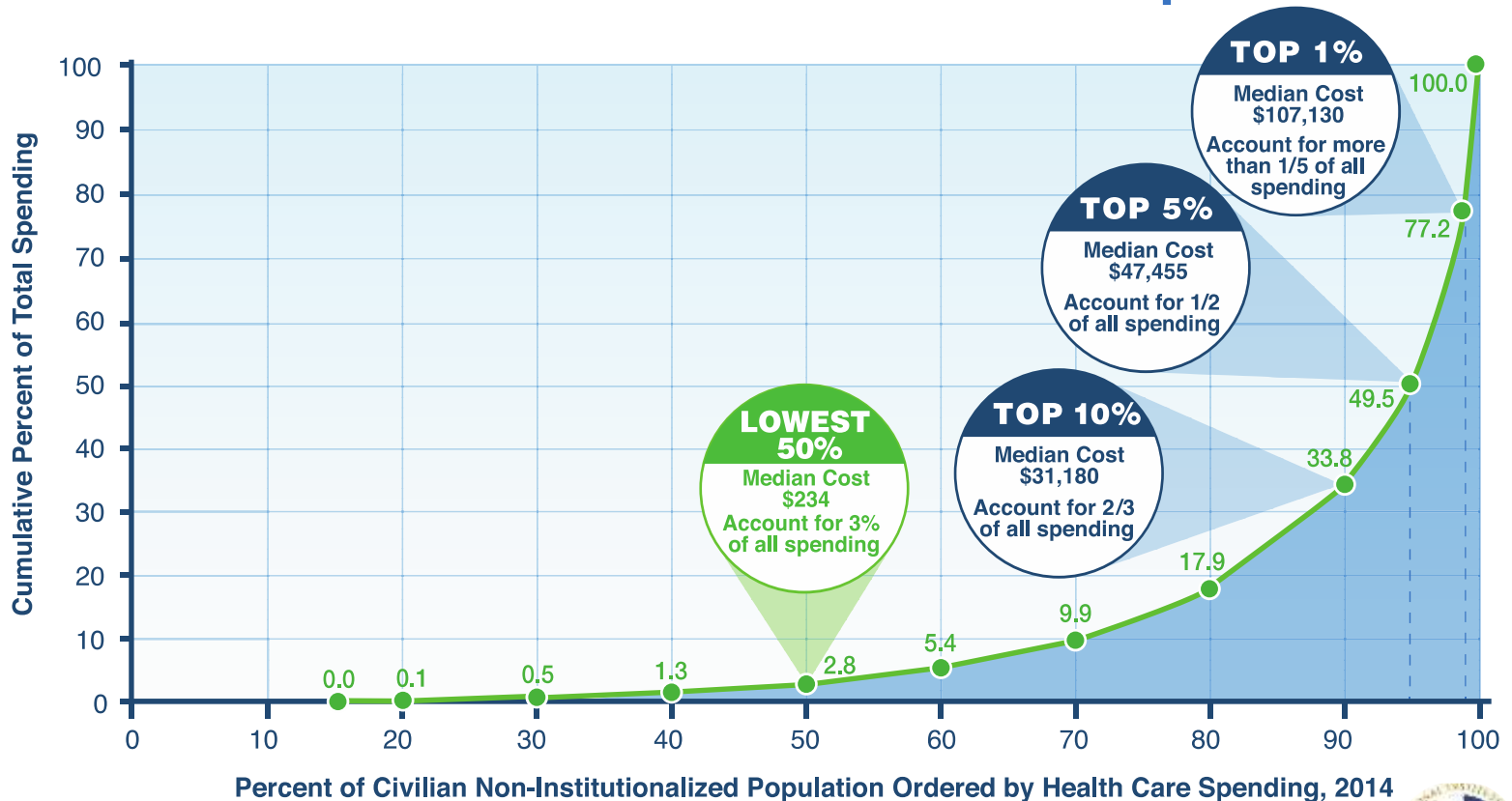
Northwestern Medicine / HomeCare Physicians

- 833 deaths (2014-2017)
 - **76%** died at home
 - **74%** on hospice
 - **Median LOS 432 days**
- Decreased hospital mortality
 - **358 additional deaths at home** (948 hospital deaths)

Payment Reform and the Shift to Value

Why Payment Reform?

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



Source: NIH Foundation analysis of data from the 2014 Medical Expenditure Panel Survey



Payment Reform Impacting HBPC

1. Comprehensive Primary Care Plus (CPC+)

- i. Comprehensive care for complex patients
- ii. Two Tracks to accommodate practices at different levels of transformation readiness
- iii. Delivery System Reform: Better care, Smarter spending, Healthier people

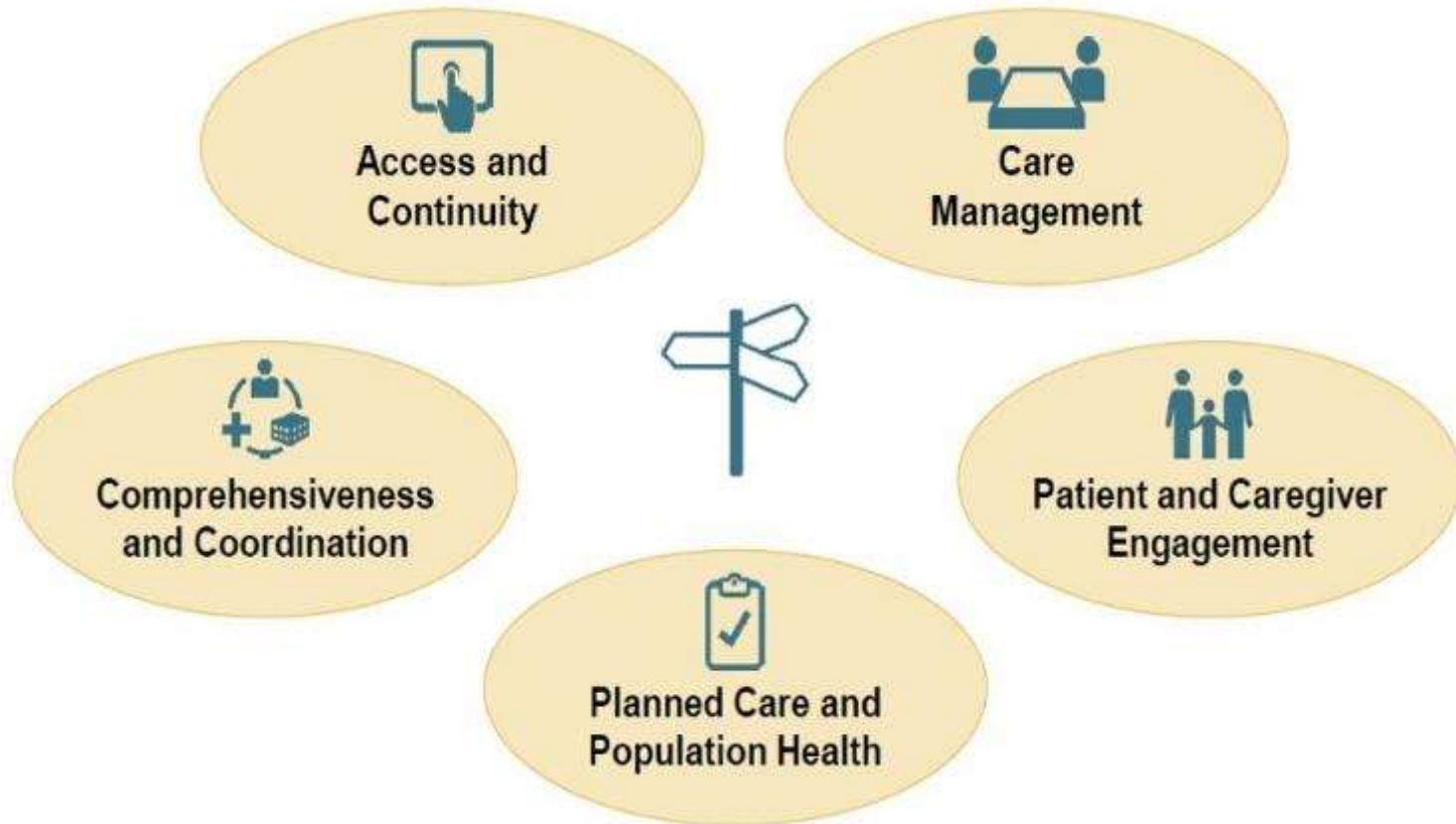


Source: Centers for Medicare & Medicaid Services

- **3,000 Practices**
- **18 Regions**
- **61 Aligned Payers**

HCCI
HOME CENTERED CARE
INSTITUTE

CPC+ Functions



CPC+ Payments Support Transformation



	Care Management Fee (PBPM)	Performance-Based Incentive Payment	Underlying Payment Structure
Track 1	\$15 average	\$2.50 opportunity	Standard FFS
Track 2	\$28 average; including \$100 to support patients with complex needs	\$4.00 opportunity	Reduced FFS with prospective "Comprehensive Primary Care Payment" (CPCP)

- Track 3 Proposal: IAH-eligible beneficiaries; \$200 PMPM +/- shared savings

Payment Reform Impacting HBPC

2. Alternative Payment Models

- Hospital at Home Plus Model¹
- Coalition to Transform Advanced Care (C-TAC):
Advanced Care Model²: Last year of life; \$400 PMPM /
bonus \$250 PMPM
- American Academy of Hospice and Palliative Medicine
(AAHPM): Patient and Caregiver Support for Serious
Illness³: Complex patients two tiers: \$400/\$650 PMPM

3. National HBPC Accountable Care Organization

4. Independence at Home

¹ (<https://aspe.hhs.gov/system/files/pdf/255906/MtSinaiHAHReportSecretary.pdf>)

² (<https://www.thectac.org/acm/>)

³ (<https://aspe.hhs.gov/system/files/pdf/255906/ProposalAAHPM.pdf>)

Independence at Home Medicare Demonstration (IAH)¹

Patients

- \geq two chronic conditions and \geq two ADL deficiencies
- Emergent hospitalization in past year + post acute care services

Providers

- Minimum savings of 5%
- Good outcomes and patient/caregiver satisfaction

Proceeds

- Savings beyond 5% split; 80/20 Practice/Medicare

Independence at Home Medicare Demonstration

Year 1 & 2 Results¹

- Cost savings
 - \$33M Savings
 - \$1,800 savings/beneficiary
 - \$17M to practices
- Improved quality
 - ↓ hospital readmissions/emergency department use
 - ↑ 48 hour hospital follow-up; medication reconciliation; advance directives

Independence at Home Medicare Demonstration

2010

- Amendment in ACA
- 100% bipartisan support in House Ways & Means and Senate Finance Committee

2015

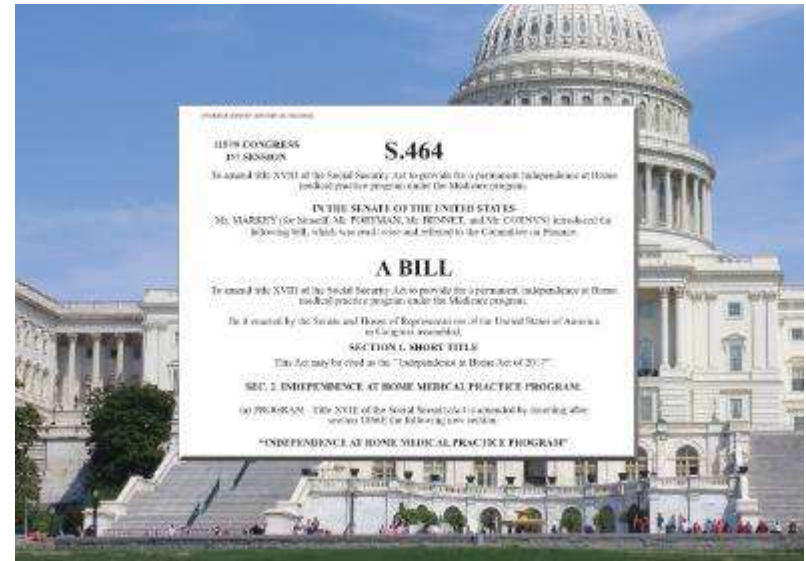
- 2-Yr Extension (Fast Track)
- 100% Senate / House Support

2017

- Senate Bill 464: IAH Act of 2017

2018

- Senate and House pass 2-Year extension



Independence at Home Medicare Demonstration

Will IAH Be the Next Medicare Program?

- 1972 Dialysis
- 1986 Hospice
- 1997 PACE (Program of All-Inclusive Care for the Elderly)
- 2006 Medicare Part D
- **2019 Independence at Home...?**

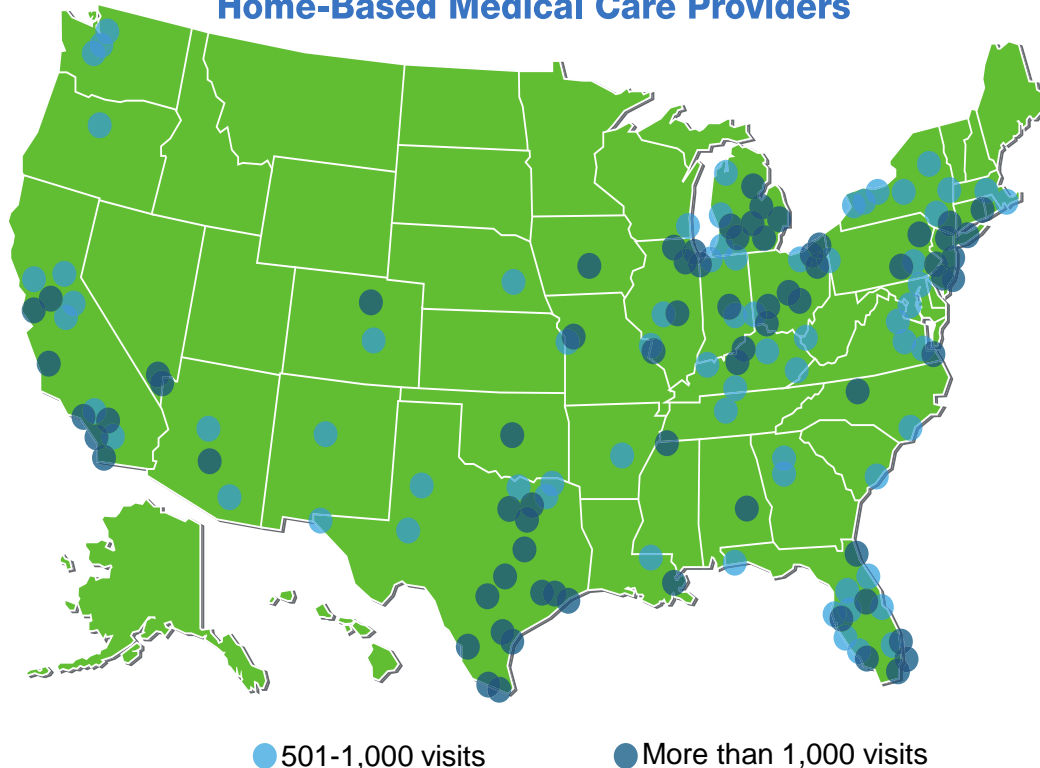
Value of Home-Based Primary Care

Bringing the Story to Life: About Elsa



Why Workforce Development?

Geographic Concentration Of Home-Based Medical Care Providers



3-4 million could benefit
15% currently served

Only 1,000 providers
5,000 providers for **50%**

Sources: Leff B, et al. The invisible homebound: setting quality of care standards for home-based primary and palliative care. *Health Affairs*. 2015; 34(1): 21-29

Yao N, et al. Geographic Concentration Of Home-Based Medical Care Providers, *Health Affairs* 2016; 35(8):1404-1409

HCCI Centers of Excellence



University of California
San Francisco



HCCI Programs and Services

Education and Training



I Hope you've been...

Wowed

Excited



Inspired

Questions



TCornwell@HCCInstitute.org
630-283-9200

HCCI
HOME CENTERED CARE
INSTITUTE