

HOME-BASED PRIMARY CARE FOR CALIFORNIA'S SENIORS



THE NEED

Today, 70 percent of Californians aged 65 or older have at least one chronic condition.¹ As California's senior population expands by four million people through 2030, the challenges associated with proper care coordination will be significantly magnified. Addressing California seniors' care coordination needs will extend beyond medical treatment – and will be essential for ensuring the best health and well-being outcomes for older individuals.

Many seniors are less mobile, have inadequate access to transportation, experience social isolation, struggle with behavioral health issues, can't afford housing and lack access to nutritious meals. In addition, long-term, coordinated nursing home care can cost \$90,000 per year, putting it out of reach for most seniors.² Addressing these needs through integrated, community-based care and supportive services models must involve coordination of both the medical and social aspects required for older adults – especially our most vulnerable seniors – to age safely in place with dignity.

WHAT IS HOME-BASED PRIMARY CARE?

Home-based primary care (HBPC) is a multidisciplinary ongoing care strategy for providing in-home treatment primarily to medically complex homebound seniors. Recent studies have demonstrated that HBPC can be a cost-effective strategy for delivering care to frail patients while maintaining or improving quality of care and patient satisfaction. With the growing senior population in the U.S. and amid cuts to Medicaid and Medicare, many healthcare providers and senior health advocacy organizations are working to ensure more seniors will have access to HBPC, which allows them to experience seamless transitions among their team of care providers in their homes, avoiding the expense and disruption of institutional care.

KEY FACTS: HOME-BASED PRIMARY CARE

- California's senior population is entering a period of rapid growth; by 2030 the over-65 population in the state will grow by four million people.³
- Approximately 90 percent of seniors plan to stay in their homes as they age.⁴
- CMS cut payments for home health care by \$260 million in 2016, \$60 million in 2015 and \$200 million in 2014.⁵
- Successful HBPC programs have been shown to reduce Medicare costs by up to 20 percent, with CMS showing savings of \$3,070 per patient per year through its CMMI Independence at Home Demonstration project, saving \$25 million total.
- A study conducted in 2015-2016 by MedStar Washington Hospital Center found that home-based primary care incurred 17 percent lower overall Medicare costs over a course of two years.
- A report published in the Journal of American Geriatrics Society found patients who received home-based primary care had:
 - 10 percent fewer ER visits
 - 9 percent fewer hospitalizations
 - 27 percent fewer stays in a nursing home

TAKING ACTION

Through a combination of applied medical research, supportive policy, effective advocacy and outcomes-based philanthropy, West Health is working to create and foster new integrated care models that improve health outcomes and better address both the medical and non-medical needs of seniors and their families. Our institute, policy center and foundation all work together under the umbrella of West Health with a shared mission to enable successful aging for our nation's seniors.

Below are examples of our HBPC research studies:

- From 2016-2018, West Health conducted an analysis of the shared savings methodology for CMS' Independence at Home (IAH) demonstration program, where the CMMI works with medical practices to test the effectiveness of delivering comprehensive primary care services at home for Medicare beneficiaries with multiple chronic conditions. West Health conducted analyses to determine the appropriate risk adjustment and savings model for practices and recommended improvements to the payment model for HBPC practices.
- From 2015-2017, West Health collaborated with MedStar Washington Hospital Center's Medical House Calls Program to determine how their successful program could be scaled with a sustainable infrastructure to effectively reach increased numbers of seniors.
- In 2016, the National Home-Based Primary Care and Palliative Care Registry was created in collaboration with the American Academy of Home Care Medicine, West Health and Premier, Inc. to track and develop a set of custom, quality measures specific to home-bound care for frail seniors. These quality measures enable HBPC practices to participate in value-based care and the Quality Payment Program, as paths to payment through the Medicare Access and CHIP Reauthorization Act.
- In 2017, West Health began collaborating with Northwell Health in Long Island, New York, in a project to test the use of telehealth and continuous process improvement within their HBPC House Calls program. Senior homebound patients will be provided with computer tablets with a telecommunication application so they and their healthcare providers have real-time interaction to monitor health and anticipate and respond to changing needs. This project will ultimately scale the House Calls practice to accommodate more patients over the next four years by utilizing innovative technologies and by maintaining excellent quality and patient care without adding more staff.

1 Meng Y, Ahman T, Picket M. Californians with the Top Chronic Conditions: 11 Million and Counting. California Health Care Foundation. April 23, 2015.

2 2015 Cost of Care Survey California. Genworth Financial, Inc., 2015, 2015 Cost of Care Survey California, www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/cost-of-care/118928CA_040115_gnw.pdf.

3 Beck, Laurel, and Hans Johnson. Planning for California's Growing Senior Population. Public Policy Institute of California, 2015, Planning for California's Growing Senior Population, www.ppic.org/publication/planning-for-californias-growing-senior-population.

4 The United States of Aging Survey. National Council on Aging, USA Today, WPBT 2, UnitedHealthcare, 2012, The United States of Aging Survey, www.aarp.org/content/dam/aarp/livable-communities/learn/research/the-united-states-of-aging-survey-2012-aarp.pdf.

5 Dickson, Virgil, and Lisa Schencker. "CMS Proposes \$180 Million Reimbursement Cut for Home Health." Modern Healthcare, 27 June 2016, www.modernhealthcare.com/article/20160627/NEWS/160629911?utm_source=modernhealthcare&utm_medium=email&utm_content=20160627-NEWS-160629911&utm_campaign=am.

WHY HOME-BASED PRIMARY CARE WORKS

HBPC provides an ideal way to address the needs of this specific population by serving as the clinical hub that coordinates the various clinical and non-clinical services. The evidence to justify longitudinal and holistic HBPC is growing – both in terms of cost savings, as well as patient outcomes and satisfaction. In fact, HBPC has gained enough momentum as a primary care transformation effort to warrant inclusion in the Center for Medicare & Medicaid's (CMS) groundbreaking Center for Medicare & Medicaid Innovation (CMMI) demonstration programs – alongside other care models such as accountable care organizations (ACOs).

WEST HEALTH'S HOME-BASED PRIMARY CARE ADVOCACY EFFORTS:

- Advancing longitudinal HBPC payment models for dually-eligible populations
- Advancing regulations that expand originating sites to home and community-based settings so that telehealth services can effectively manage chronic conditions



West Health and The SCAN Foundation's "We Stand With Seniors...Will You?" public awareness and education campaign focuses on the specific challenges seniors and their families face in accessing high-quality, affordable healthcare, dental care and supportive services and the cost to the state if these challenges are not addressed. Visit www.WeStandWithSeniors.org for more information. Keep up with [#StandWithSeniors](https://www.facebook.com/WeStandWithSeniors) on social media via Facebook [@WeStandWithSeniors](https://www.facebook.com/WeStandWithSeniors) and Twitter [@WeStandWSeniors](https://twitter.com/WeStandWSeniors).