

Exploring New Roles for Home Care Workers

An Innovator's View

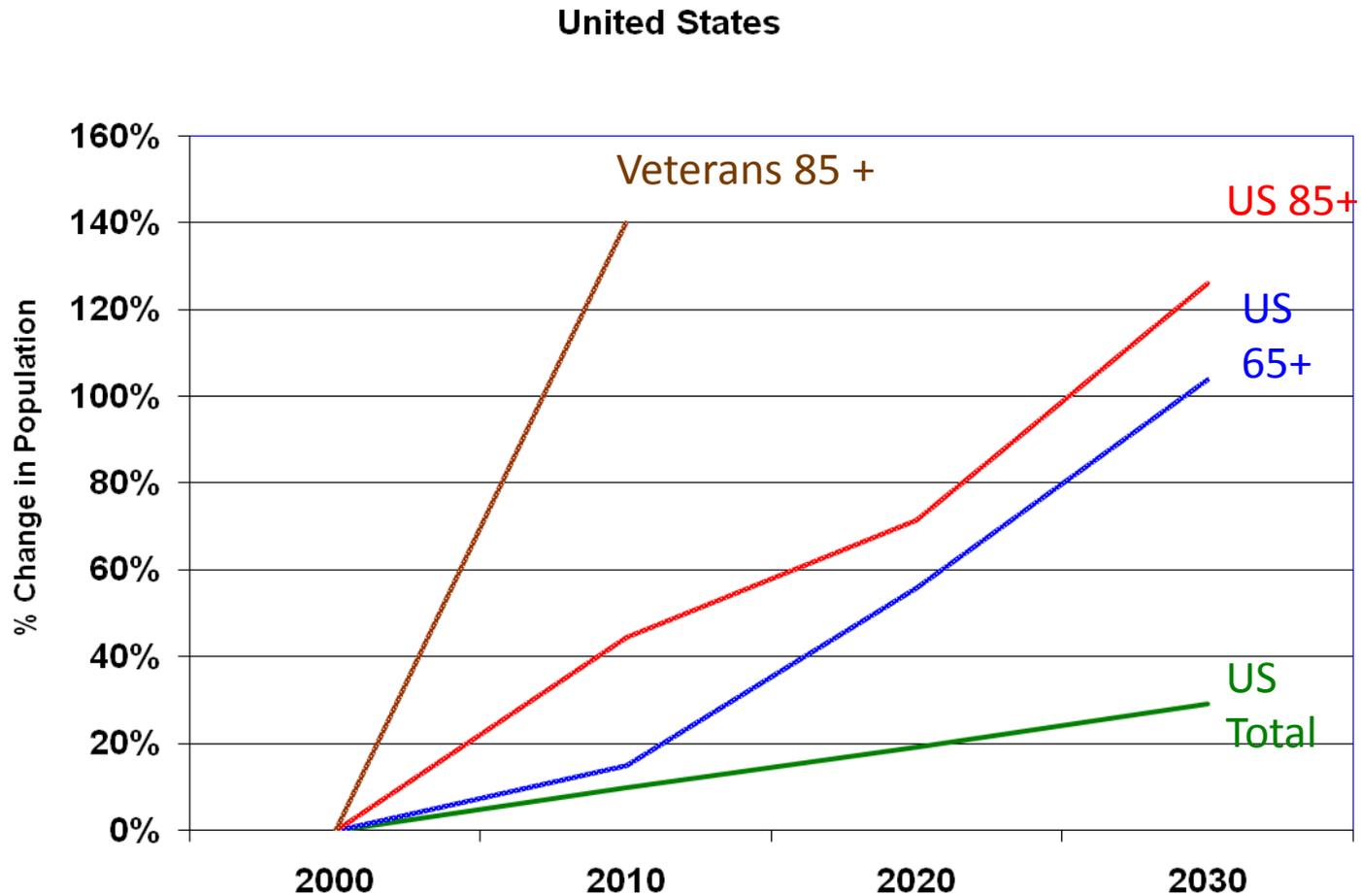
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New Models, New Roles

1. Can we increase access, improve quality, and reduce total costs of care?
2. *Can we achieve this through adding services, rather than restricting services?*
 - Aging population - need 24 hr supervision, personal assistance, family caregivers need help – NOT just when skilled nursing need, but every day, for years.
 - Home Based Primary Care (HBPC) – VA Experience; Emerging in Medicare as “Independence at Home”
 - Medical Foster Home: Where Heroes Meet Angels
 - Role for an enhanced direct care workforce

% Change in Population from 2000



Congressional Budget Office Report, Dec 2007

- **Increase in health care cost, 1998 - 2005**
 - Medicare(65+) costs/ patient rose **29.4%** (4.4% /yr)
 - VA costs/ patient: rose **1.7%** (0.3% /yr)
- **Highest cost:** chronic disabling disease; homebound.
- **Systems for chronic disabling disease:** Home Based Primary Care (HBPC), Medical Foster Home
- **HBPC focuses on the 7% that account for 50% of healthcare costs, not the 50% that account for 4% of healthcare costs**

What is VA Home-Based Primary Care (HBPC) ?

- Comprehensive, longitudinal primary care
- Delivered in the home
- By an Interdisciplinary team: Nurse, Physician, Social Worker, Rehabilitation Therapist, Dietitian, Pharmacist, Psychologist
- Targets patients with complex, chronic, disabling disease
- When routine clinic-based care is not effective

For those “too sick to go to clinic”

HBPC is NOT like Medicare (MC) Home Care

- Different target population
- Different processes
- Different outcomes
- HBPC provides **longitudinal comprehensive, interdisciplinary care** to Veterans with **complex chronic disease**

Characteristics of HBPC Population

“Too sick to go to clinic” -

Mean age 78.4 years; 96% male; 24% annual mortality

More than 8 chronic conditions; among 5% highest cost

48% dependent in 2 or more Activities of Daily Living (ADL)

47% married; 30% live alone; Caregivers: 30% limited ADL

Mean duration in HBPC 315 days; 3.1 visits/mo; 28 visits/yr

Medicare home care: 31 days; Home Hospice: 73 (2006)

Disease Prevalence in HBPC

<u>Disease</u>	<u>Percent of patients with disease</u>
Heart disease	72%
Diabetes	48%
Depression	44%
Heart failure	35%
Dementia	33%
Substance abuse	29%
Cancer	29%
Anxiety/Personality Disorder	24%
PTSD	21%
Schizophrenia	20%

Costs of Care Before vs During HBPC

for 2002 (per patient per year) *includes HBPC cost

	Before HBPC	During HBPC	Change
Total Cost of VA Care	\$38,168	\$29,036*	- 24% P < 0.0001
Hospital	\$18,868	\$7026	- 63%
Nursing home	\$10,382	\$1382	- 87%
Outpatient	\$6490	\$7140	+ 10%
All home care	\$2488	\$13,588*	+ 460%

Beyond VA: Impact of HBPC on VA + Medicare

- VA data strong, but are we sure not shifting to Medicare (MC)?
- 2006: 9625 Veterans in HBPC, 6951 used MC.
- Analysis of same Veterans, same time: While in HBPC, MC inpatient days dropped 9.5%, MC costs dropped 10.2%

Enrollment into VA HBPC associated with:

- 25% reduction in combined VA+MC hospital admissions
- 36% reduction in combined VA+MC hospital days
- 13.4% reduction in combined VA+MC costs
- a drop from \$45,980 to \$39,796 in total cost (after adding in the costs of HBPC \$9113 per pt/yr)
- Analyze using Hierarchical Condition Category (HCC) score

Independence at Home Act

Section 3024, Patient Protection and Affordable Care Act

- President signed March 23, 2010
- Model in Medicare like VA HBPC, with economic structure in CMS to support it
- Targets complex chronic disabling disease
- Interdisciplinary, longitudinal care in home
- Geriatric skills, EHR, quality, satisfaction
- Outcomes: Fewer inpatient days, lower cost, savings shared by home care team



What is Medical Foster Home?

- Merges adult foster home with VA Home Care – Home Based Primary Care or Spinal Cord Injury
- Angel in community takes dependent veteran into their private home, as MFH caregiver
- MFH caregiver provides daily personal assistance and supervision
- VA HBPC provides comprehensive medical care and management; caregiver education
- VA MFH Coordinator provides oversight
- Veteran pays for MFH

What is different about VA Medical Foster Home?

- ALL residents meet **nursing home level of care**
- ALL residents have **medical complexity**
- ALL residents are **enrolled in VA HBPC** or Spinal Cord Injury Home Care program
- This home is the MFH **Caregiver's home**
- **No more than 3 residents** receiving care
- **Personal care in a private home**, for persons with medical complexity and disability
- ***Higher quality, at half the cost of nursing home***

Current Status of MFH Implementation

- 2008: MFH at 3 cities (VA Medical Centers)
- Now: active in 55 cities, in 34 states
- 82 cities in 44 states, in a stage of MFH
- High satisfaction at half the cost of NH
- With Independence at Home, MFH opens beyond VA

Vision - New Roles for Home Care Workers

1. Accelerating need for long term care provided in a private home.
2. As with inpatient long term care teams, we need direct care workers as integral members of home care teams.
3. HBPC and MFH operators need more eyes, more ears, more hands on care, more communication, earlier recognition of when “something is not right” or “something has changed.”
4. We need direct care workers in the home
 - to be a consistent part of longitudinal care,
 - to have skills to recognize a change warranting evaluation or action
 - to be empowered to communicate as integral member of care team.
5. Through HBPC, MFH, and advanced role of direct care workers in the home, a vision emerges for increasing access, improving quality of life and reducing total costs of care – achieved by adding services, not by restricting services.