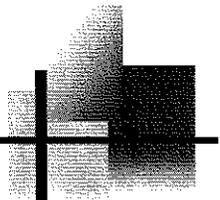
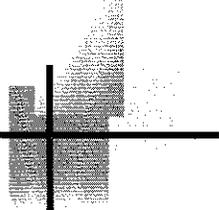


Home Based Primary Care (HBPC) Program



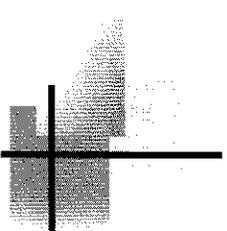
Laurie Wilson NP

8/31/2012



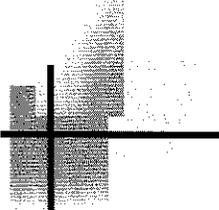
HBPC Defined

- Comprehensive, longitudinal primary care provided by a physician supervised interdisciplinary team of VA staff in the homes of veterans with complex, chronic, disabling disease for whom routine clinic based care is not effective



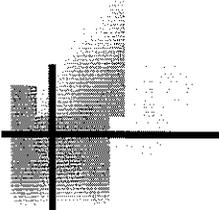
Target Population

- Longitudinal – patients with complex chronic illness requiring frequent assessment and care coordination in order to detect or prevent disease progression
- Palliative – requiring management and care coordination in the advanced stages of life limiting chronic illness
- Short term- home care needs are related to a focused problem, generally D/C'd after 10 visits



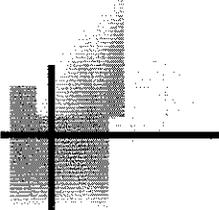
Interdisciplinary Team

- Medical Director
- Manager
- NPs
- RNS
- MSWs
- Physical therapists
- Dieticians
- Psychologists
- Pharmacist
- Chaplain



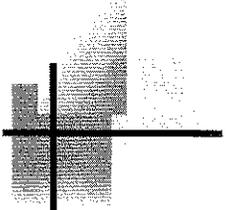
SERVICES PROVIDED

- NP screens the consult, replies to referral source and assigns case
- RN functions as care manager...first to see the patient...does the admission
- Nursing assessment including home safety, Braden, fall risk, Lawton and Katz functional assessments; nutritional, substance abuse, spiritual, abuse/neglect screenings; inquiry re: advanced directives; emergency planning; need for assistive devices



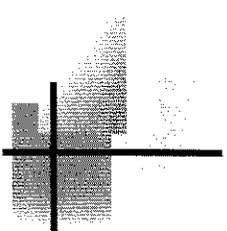
Services Provided

- RN generates referrals to:
- MSW – psychosocial assessment, initial and annual GDS or Beck inventory, MoCA, Zarit, advanced directives, placement if indicated, providing linkages to resources



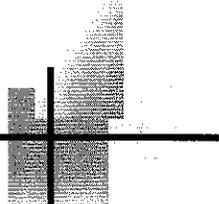
HBPC SERVICES

- **Physical Therapy:**
 - PT prioritized by risk level
 - An in depth functional assessment; determination and delivery of rehab needs - short term therapy, additional equipment, patient education
 - Maximize patient independence and patient/caregiver safety



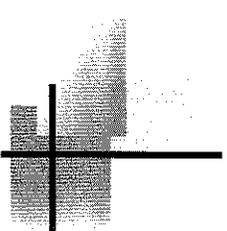
Services Provided

- NP for primary care in the home (long term patients only)
- Psychologist – if MSW screenings are positive or other needs identified



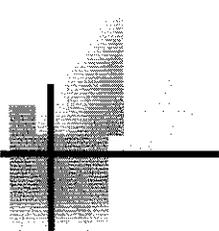
HBPC SERVICES

- **Psychologist:**
 - short term therapy, bereavement, concerns regarding cognitive function, neuropsych testing, behavioral health interventions such as weight management and smoking cessation; to develop specialized strategies for medical regimen compliance or the management of disruptive behaviors in dementia patients



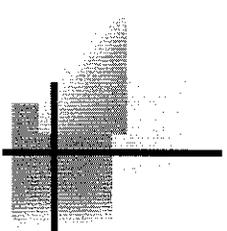
HBPC SERVICES

- **DIETITIAN:**
Dietician reviews each case and makes home visits as necessary
- **CRITERIA:** unexplained weight loss or gain; low albumin; difficulty swallowing, chewing, poor appetite; enteral feedings; patients with Stage II or greater pressure ulcers; patients with poorly controlled diabetes or blood pressure; diminished hydration or per provider request



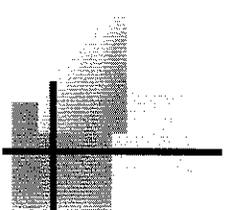
Services Provided

- Pharmacist reviews each case. Provides consultation services in terms of medication recommendations
- MD oversees care provided by the program
- Chaplain available



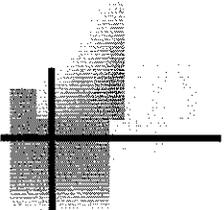
Eligibility Criteria

- **HBPC Program Admission Criteria:**
 - Veteran is included in one of the HBPC target populations:
 - 1) Veterans who have complex chronic disease not managed effectively by routine clinic-based care.
 - 2) Palliative care patients with advanced disease.
 - 3) Veterans whose homecare needs are expected to be of short duration or for a focused problem.



Eligibility Criteria

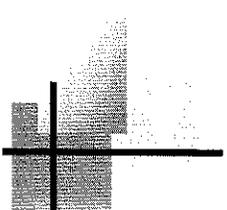
- **Patient does not require inpatient care**
- **Eligible for VA outpatient services**
- **Patients are often homebound**
- **Patient's home environment is safe and suitable for the well being of patient's caregiver and HBPC team members.**
- **Patient has an identified caregiver, if the need for one is determined by the HBPC team.**
- **Patient requires care by an interdisciplinary team, which could not be met by other less comprehensive, accessible and coordinated services on a continuing basis.**
- **Patient and caregiver are oriented to HBPC and are in agreement with care plan under HBPC and accept HBPC services.**



HBPC CONSULTS

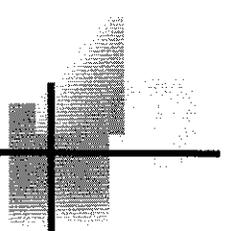
In CPRS go to:

- "add new orders"
- "local consults"
- "medical consults"
- "**HBHC**"



HBPC Benefits

- Comprehensive quality care for veterans
- Holistic approach
- High patient satisfaction per annual survey data
- Providence HBPC **decreases hospitalization by 40 – 45% annually** per VISN data.
- **Reduces inpatient days by 65%**
- Increases VERA revenue



Discharge Criteria

- maximum benefit derived from the HBPC program;
- patient care needs exceed the capability of the HBCP program, thus necessitating a referral to another home care agency;
- caregiver or patient requests discharge from the HBPC program;
- patient is admitted to hospital for 15 days or longer;
- patient is admitted to a VA Nursing Home or a community nursing home;
- patient's home environment is no longer safe for the patient/caregiver or the HBPC team members;
- patient and/or caregiver are not participating in a significant portion of the treatment plan.

HBPC

The answer to serving the LTC care needs of
Those Who Served



HBPC Program Admission Criteria:

- Veteran is included in one of the HBPC target populations:
 - 1) Veterans who have complex chronic disease not managed effectively by routine clinic-based care.
 - 2) Palliative care patients with advanced disease.
 - 3) Veterans whose homecare needs are expected to be of short duration or for a focused problem.
 - Veteran lives within HBPC's service area of 30 miles/30 min.
 - Veteran is at high risk of recurrent hospitalization and emergency care or nursing home placement. These patients are high utilizers of health care resources (e.g., two or more hospital admissions or emergency department visits in the last 6 months, or multiple unscheduled clinic visits) and have one or more of the following diagnoses: CHF, CAD, COPD, DM, CA, Neurological disease, end-stage liver disease.

Services Provided by HBPC:

- All patients receive an initial evaluation by a RN for admission into the program (nursing both med-surg and psych, functional, fall risk, home safety, Braden assessments; nutritional screening)
- All patients receive evaluation by a MSW (cognitive, depression, caregiver burden screenings; advanced care planning; alternative living arrangements)
- Referral to the Psychologist if appropriate for F/U on positive cognitive, depression, and caregiver burden screens; neuropsych testing, capacity evaluations, brief psychotherapy and behavioral health interventions.
- Referral to NP if appropriate for in-home primary care services (long term patients only)
- Referral for in-home PT if appropriate
- Referral for in-home dietician visits if appropriate
- Case management/care coordination services by a multidisciplinary team including MD and pharmacy
- In-home phlebotomy

Limitations of HBPC:

- Unable to do more than 3 visits per week
- Problems requiring daily visits or 24/7 coverage are best managed by a community VNA with a transition to HBPC at a later date
- Hospice care can be coordinated by HBPC but is not provided by the program
- Psych patients with intense outpatient needs may be more appropriate for the MHICM program
- Unable to provide IV therapy
- Not to be used for one discipline issue i.e. PT consult, social worker consult for placement

LAW