UNIVERSITY OF SOUTH FLORIDA
GERIATRIC WORKFORCE
ENHANCEMENT PROGRAM
(GWEP)
FACULTY
DEVELOPMENT
MASTERWORKS
SERIES

Kathryn Hyer, PhD, MPP
Principal Investigator

For additional information about this and other USF GWEP offerings, email amaynard@health.usf.edu

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health & Human Services (HHS), under grant #U1QHP28739, USF Geriatric Workforce Enhancement Program for $2.24 M. This information or content and conclusions are those of the presenter and should not be construed as the official position or policy of, nor should any endorsements be inferred by, HRSA, HHS or the U.S. Government.
House Calls: Their Value to Patients, Providers, Health Systems and Society

Thomas Cornwell, MD
Home Centered Care Institute
May 5, 2017

The Mission of House Calls

- Improve the quality of life of homebound patients
- Improve the quality of life of caregivers
- Decrease health care costs by enabling patients to remain at home, avoiding expensive ED visits, hospitals and nursing homes
Modern Day House Calls

Smart phone technology:
- Electronic medical records
- Search engines: Google and others
- Photos/scans
- Accessibility to patient, staff, other providers

Modern Day House Calls

Pocket mobile technology:
Modern Day Health Care

Pocket mobile technology:
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<td>$62.51</td>
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<td>99350 (60)</td>
<td>$136.00</td>
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Shaded payments are most frequently used house call codes.
Note: Medicare Payments vary by locality. These are for Locality 15.
Place of Service Code for Home = 12
### Domiciliary (Assisted Living) CPT Codes/ Payments

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<td>99325 (30)</td>
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<td>99323</td>
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<td>99326 (45)</td>
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<td>$34.85</td>
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<td><strong>99327 (60)</strong></td>
<td>$174.47</td>
<td>$187.26</td>
<td>$42.95</td>
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<td><strong>99328 (75)</strong></td>
<td>$215.85</td>
<td>$218.76</td>
<td>$51.05</td>
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<td><strong>99337 (60)</strong></td>
<td>$173.63</td>
<td>$194.42</td>
<td>$31.05</td>
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</table>

Shaded payments are most frequently used house call codes. Note: Medicare Payments vary by locality. These are for Locality 15. Place of service code = 13.
Other Revenue Streams

▪ Downstream revenue (ancillaries, home health, hospice, specialists, hospitalizations)
▪ Cost-Avoidance
  ▪ Readmission Reduction
  ▪ Shared Savings Programs
  ▪ Self-Insured Programs
  ▪ High-cost / low revenue patients
▪ Philanthropy / Grants

Increase Downstream Revenue

*The Positive Financial Contribution of Home-Based Primary Care Programs: The Case of the Mount Sinai Visiting Doctors*

▪ Total direct cost for HBPC for the patient cohort was $976,350. Direct billing from home visits generated revenues that covered 24% of total direct care costs.

▪ Over a 12-month period, the cohort had 398 inpatient admissions and 1,100 non-HBPC outpatient visits, generating an overall contribution to margin of nearly $2.6 million.
### 2003-2015 HomeCare Physicians’ Referrals to CNS Home Health and Hospice

<table>
<thead>
<tr>
<th></th>
<th>Home Health</th>
<th>Hospice</th>
<th>Private Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCP Referrals</td>
<td>3,934</td>
<td>1,307</td>
<td>195</td>
</tr>
<tr>
<td>CNS Total</td>
<td>51,299</td>
<td>10,190</td>
<td>2051</td>
</tr>
<tr>
<td>Percent</td>
<td>7.7%</td>
<td>12.8%</td>
<td>9.50%</td>
</tr>
</tbody>
</table>

- CNS Home Health and Hospice is owned and operated by Cadence Health which also owns and operates HomeCare Physicians.
- 2002-2014: 47% of 4,633 Dr. Cornwell’s certifications and recertifications for home health were with CNS, 53% were with >90 other home health agencies. In many of these cases the outside home health agency referred the patient to HCP.
- 2003-2015: 1,307 referrals (121,954 hospice days) to CNS Hospice – 36.2% died in the first two weeks of service vs. >50% nationally

### HomeCare Physicians’ Philanthropy / Grant Revenue

- Hospital Auxiliary: $900,000
  - Year 1 & 2: $60,000/year; Years 3 & 4: $100,000/year
  - Started Patient Assistance Fund
  - Year 6 started Endowment Fund: $300,000
- Individual Endowments (minimum $10,000): >$800,000
- 2001 Barr Endowment for Patient Assistance: $300,000
- Hospital Golf Event 2002-2009: $470,346
- Direct Mail to Patients 2004-2014: >$200,000
- 10th Year Gala: Net $140,000
- Grants: > $200,000
- Benedictine University AMSA 5K (7 years): >$30,000
Media Attention

- **Media Coverage**
  - Newspapers/Magazines: >70
  - Medical Publications: >20
  - TIME Magazine, Cover of UIC Magazine, New York Times
  - Television: PBS *Healthweek*, WGN, CBS, NBC, ABC News

- **Awards**
  - *House Call Doctor of the Year*
  - AMA *Pride in the Profession*—4 “heroes in health care” in America bringing pride to the medical profession
  - *House Call Nurse Practitioner of the Year*
  - American Geriatrics Society *Arnold P Gold Foundation Humanism in Medicine*
In the News

The Doctor Is In. In Your House, That Is.

Retiring
By SHERRY Y. MORIM
SEPT. 23, 2015

Dr. Thomas Cornwell with a patient, Mary Hanahan, at her home. ‘For the horribly sick, hospitals are the worst place,’ he says. Whittem Suttles for The New York Times
Health Care Reform and House Calls

- Shift from fee-for-service “volume-based” payments to “value-based”
- Readmission penalties
- Independence at Home Medicare Demonstration Program

The Medicare and Medicaid Fiscal Crisis

Health Spending Is Very Highly Concentrated Among the Highest Spenders

Source: KFF/Urban Institute analysis of data from the 2012 Medical Expenditure Panel Survey
Health Care Reform: ↓ Readmissions / ↑ Value-Based Care

- 5/14/09 – 2/18/11
- 1 year, 9 months (645 days)
- 44 Emergency Department Visits (avg 16 days between visits)
- 27 Hospitalizations—over half required ICU days (avg 25 days between stays)
- HCP First Visit 3/2/11 (365 Days)
- Expected: 25 ED Visits, 15 Hospitalizations

- **Actual:** 1 ED visit + 1 Hospitalization (May 2011)

Estimated savings $176,000 ($1,500/ED visit; $8,000/hospitalization)

### VA Home-Based Primary Care

2002 cost of care before vs during HBPC (annual cost per patient)

<table>
<thead>
<tr>
<th></th>
<th>Before HBPC</th>
<th>During HBPC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total cost of VA care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing home</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Outpatient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All home care</td>
<td>$2,488</td>
<td>$13,588*</td>
<td>$11,100 (+460%)</td>
</tr>
</tbody>
</table>

*includes HBPC cost
VA Home-Based Primary Care

2002 cost of care before vs during HBPC annual cost per patient

<table>
<thead>
<tr>
<th></th>
<th>Before HBPC</th>
<th>During HBPC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=11,334</td>
<td>$103,048,728</td>
<td>$91,948,060</td>
<td>($11,100,668)</td>
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<tr>
<td>Total cost of VA care</td>
<td>$38,228</td>
<td>$29,136*</td>
<td>($9,092) (-24%)</td>
</tr>
<tr>
<td>Hospital</td>
<td>$18,868</td>
<td>$7,026</td>
<td>($11,842) (-63%)</td>
</tr>
<tr>
<td>Nursing home</td>
<td>$10,382</td>
<td>$1,382</td>
<td>($9,000) (-87%)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$6,490</td>
<td>$7,140</td>
<td>$650 (+10%)</td>
</tr>
<tr>
<td>All home care</td>
<td>$2,488</td>
<td>$13,588*</td>
<td>$11,100 (-460%)</td>
</tr>
</tbody>
</table>

*includes HBPC cost

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

Better Access, Quality and Cost for Clinically Complex Veterans with Home-Based Primary Care; Edes, et al JAGS 10/14

Cost-Avoidance: Better Care at Lower Costs

- 2006 9,425 newly enrolled HBPC comparing VA and Medicare costs
  - 6,951 dually enrolled MC + VA: ↓ costs 13.4%
  - ↓ VA costs 16.7%; ↓ Medicare costs 10.8%;
  - ↓ Hospitalizations 25.5%
  - ↑ Patient and caregiver satisfaction (highest in VA)
- Washington DC 722 HBPC cases vs. 2,161 controls over two years
  - 17% lower Medicare Costs ($8,477 savings per beneficiary over 2 years; $6.1 million total savings)
  - ↓ Hospitalizations 9% ; ↓ ED 10% ; ↓ SNF 27%
  - ↑ Primary care visits; ↑ Home health; ↑ Hospice

Better Access, Quality and Cost for Clinically Complex Veterans with Home-Based Primary Care; Edes, et al JAGS 10/14
Effects of Home-Based Primary Care on Medicare Costs in High-Risk Elders;
DeJonge, et al JAGS 10/14
Independence at Home Demonstration

- Focuses on the highest cost Medicare beneficiaries:
  - ≥ two chronic conditions
  - Emergent hospitalization in past year + post acute care services
  - Functional dependence (≥ two ADL deficiencies) and frailty
- IAH provider organizations are accountable for:
  - Minimum savings of 5%
  - Good outcomes commensurate with the beneficiary’s condition
  - Patient/caregiver satisfaction

Independence at Home Demonstration

- Savings beyond 5% are split 80% practice/20% Medicare
- IAH Results
  - Year 1 (ending 5/13, released 6/15): $25M savings; $3,070 savings/beneficiary ($11.7M to nine practices)
  - Year 2 (ending 5/14, released 1/17): $7.8M savings; $747 savings/beneficiary ($5.1M to seven practices)
  - Improved quality
    - ↓ hospital readmissions/emergency department use
    - ↑ 48 hour hospital follow-up; medication reconciliation; advance directives
New Medicare Benefits

- 1972  End-stage renal disease (dialysis)
- 1986  Medicare hospice benefit (temporary 1982)
- 1997  PACE (Program of All-inclusive Care for the Elderly)
- 2006  Medicare Part D (prescription)
- 2017  Independence at Home
Cost Avoidance: End-of-Life Care

- **25.1%** of the **$556B** Medicare dollars goes to care in last year of life\(^1\)
- 2000 to 2009 deaths\(^2\)
  - Home: 30.7% to **33.5%**
  - Hospitals: 32.6% to 24.6%
  - Hospice: 21.6% to 42.2%
- **BUT**
  - ICU in last month: 24.3% to **29.2%**
  - Hospitalizations in last three months: 62.8% to 69.3%
  - Short hospice stays (<3 days): 22.2% to 28.4%
    - (40.3% were preceded by hospitalization with ICU stay)\(^2\)

\(\text{HCCI Home Centered Care Institute}\)

House Calls and End-of-Life Care

HomeCare Physicians—2015: 230 Deaths

- **80%** (184) died at home (**33.5% nationally**\(^1\))
- **76%** (175) were on hospice (**42% nationally**\(^1\))
- Average length of stay 1.9 years
- Median length of stay **1.2 years** (highest cost years)
- Decreased hospital mortality
  - 184 at home; expected = 33.5% = 77; **thus 107 additional deaths at home**
  - 2015 Central DuPage Hospital had 239 deaths

\(\text{HCCI Home Centered Care Institute}\)

\(^1\) Riley, L. \(\text{Health Services Research}\) 4/2010
\(^2\) Teno: Change in End of Life Care for Medicare Beneficiaries JAMA 2/2013
The Need for Home-Based Primary Care

- It is estimated that close to 2,750,000 Americans today could benefit from Home-Based Primary Care (HBPC)
- Only 15% (~400,000) of this population is currently being served
- ~1,000 HBMC providers (serving 200+ patients) operate today in the 48 continental states
- Increasing HBMC coverage from 15% to 50% of the eligible population will require an additional 5,000 HBPC providers

How is HCCI Helping to Close the Gap?

- Creating multi-modality curriculum and training for HBPC clinicians and practice managers
- Providing curriculum for medical schools, residencies, nurse practitioner and physician assistant programs
- Developing Centers of Excellence and Practice Excellence Partners for classroom instruction, training and shadowing opportunities
- Generating a Public Awareness Campaign aimed at increasing acceptance and demand for HBPC among providers, payers, policymakers and the public

Funded in part by The John A. Hartford Foundation
Modern Doctors’ House Calls: Skype Chat and Fast Diagnosis

Wow!