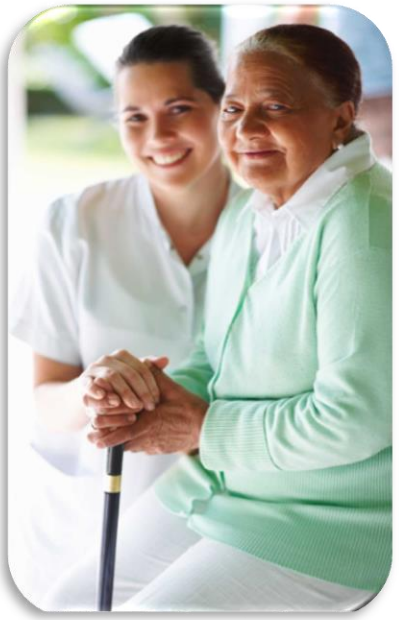
USF HEALTH

UNIVERSITY OF SOUTH FLORIDA

GERIATRIC WORKFORCE ENHANCEMENT PROGRAM (GWEP)

FACULTY DEVELOPMENT MASTERWORKS SERIES

Kathryn Hyer, PhD, MPP
Principal Investigator



AHEC GULFCOAST NORTH AREA HEALTH EDUCATION CENTER
Providers of Continuing Education

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.

ABCs of Housecall Medicine: A Primer

Lucy Guerra MD MPH FACP FHM
Division Director, Internal Medicine
University of South Florida

Learning Objectives

- To understand why the housecalls are increasing in number as a form of patient care
- To understand the demographic population served by housecalls
- To understand the benefits of housecalls
- To understand the logistics of a housecall visit

Background
“Blast" from the Past….
Marcus Welby MD

- https://youtu.be/9YYTxUWHYOE

The Mission of House Calls

1. Improve the quality of life of homebound patients
2. Improve the quality of life of caregivers
3. Decrease health care costs by enabling patients to remain at home and avoid expensive emergency departments, hospitals and nursing homes

Three Reasons for the Decline of the House Call

1. Increased office/hospital based technology
2. Fear of increased liability
3. Financial disincentives

?Dying Art?

- 1930 40% of patient encounters occurred in the home
- 1980 1% were house calls

Yet, Now it is the Fastest Growing Service Industry in US

- Since 1998 300% increase in home care employment
- Expenditures increased from $1 billion to $18 billion from 1980-1996
- >7 million individuals receive home care in the US
- For every patient >65 in a nursing home, 3 other similar patients are cared for at home

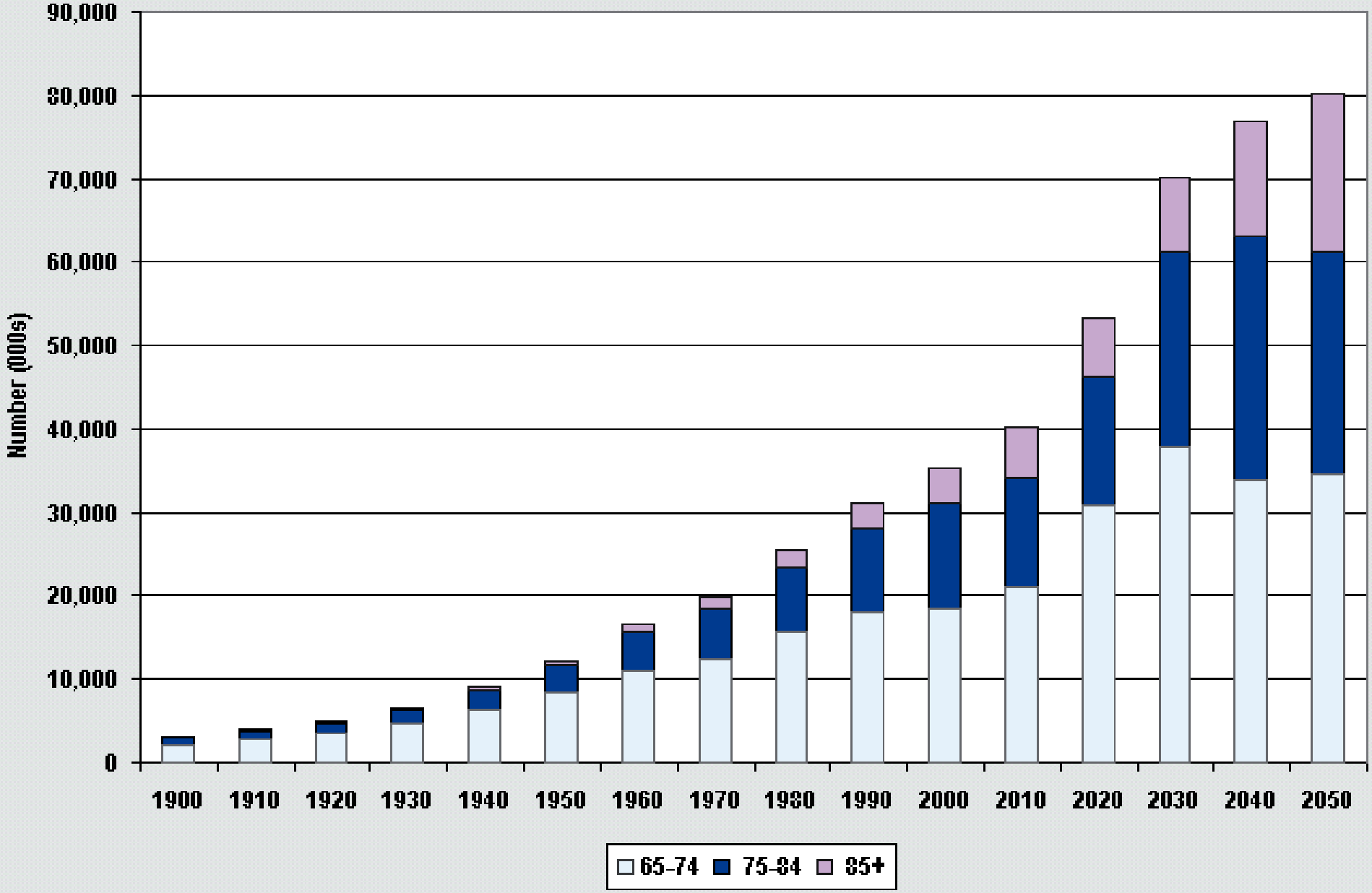
Why do Home Visits?

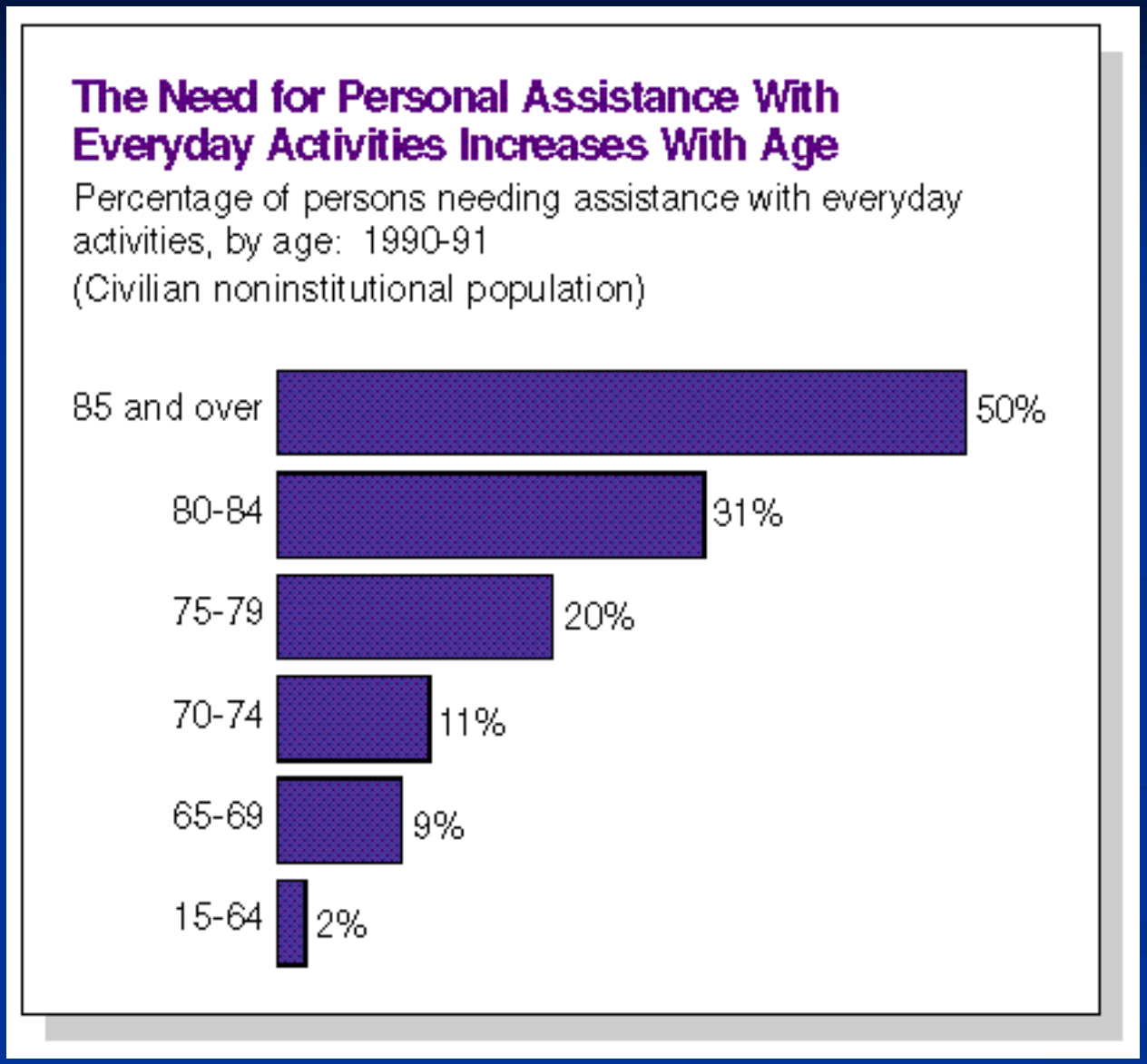
The Return of the House Call
Why?

- Demographics: Aging of Society
- Health Care Reform: The Affordable Care Act
  1. Readmission Reduction
  2. Accountable Care Organizations
  3. Independence at Home
- Medicare and Medicaid Fiscal Crisis
- Recent evidence of the value of house calls

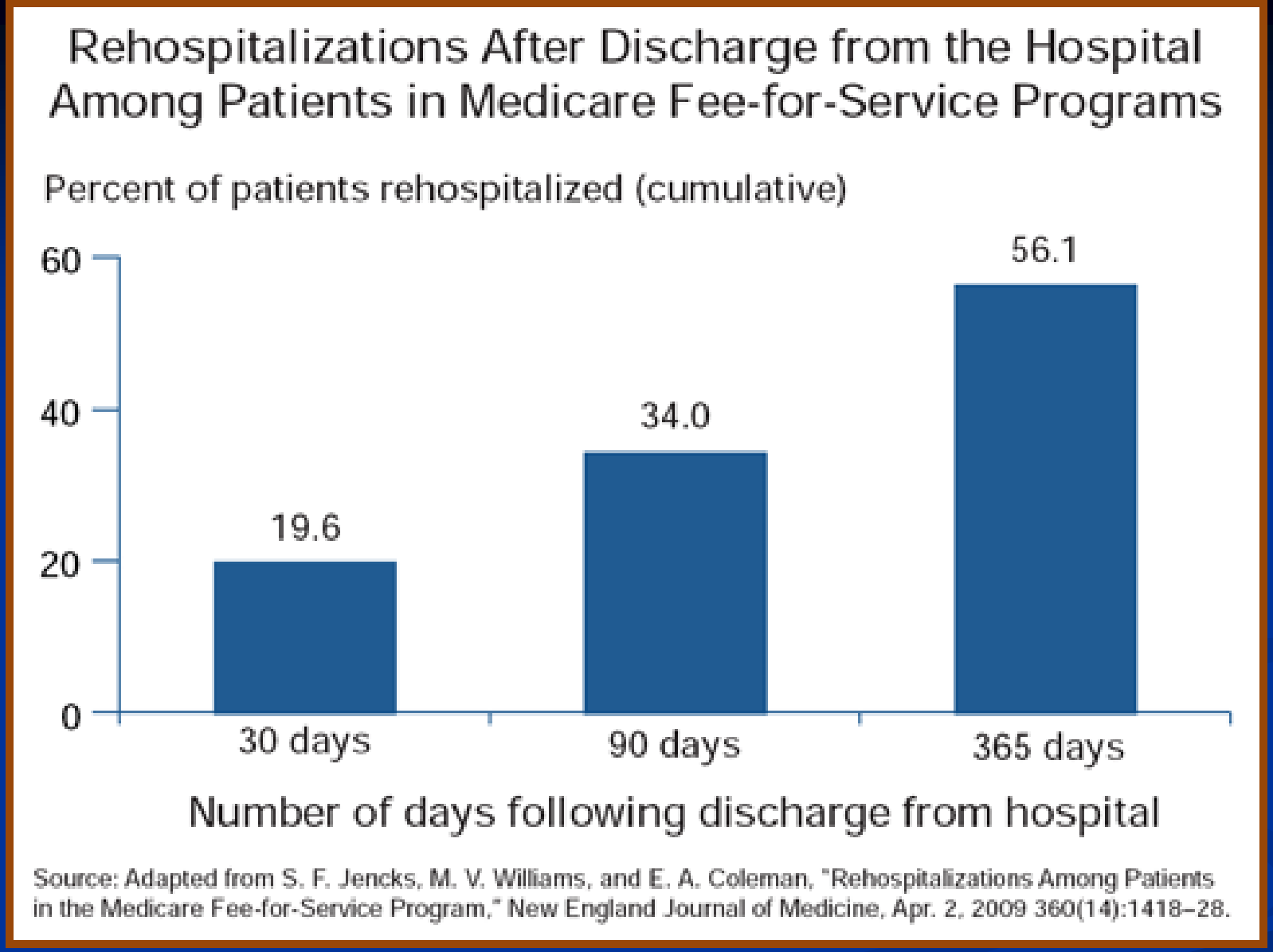
Older Population by Age: 1900-2050

Source: U.S. Bureau of the Census





Exploding Homebound Population!



For half of the patients readmitted within 30 days, there was no bill for a physician visit during that time.

Doctor Reasons

- Feels good (1 study = 70% of the time JAGS 48:677-681)
- Comprehensive care
- Learn a lot that can't be learned in the office (e.g patient's environment, support systems)
- Decrease excessive use of medical services
- Relationship building
- Assess adherence issues
- Cost containment - Less overhead
- Good PR for you
- Increase patient diversity

Patient Reasons

- Patients living longer and live at home longer
  - 13 % of the U.S. is > 65, and by 2025 it will grow to 20 %
  - 2030 >70 million US citizens will older than 65*
- Discharged from hospitals sooner
- Ease for patient (immobile, infirm)
  - 36% of 75-85 year olds can't walk 1 block*
- Patients desire home care
- Technologies and therapies are available for home use

* Unwin AFP 2011;83(8):925-931

Technology is Not a Barrier

Liability is Not a Barrier

Medicare Part B billings

- 1999 1.4 million visits
- 2009 2.3 million visits
- Why?
- Change in regulations
- 50% increase in reimbursement rates

Medicare House Call Codes/Payments

1997 New	1997	1998 New (Min)	1998	2014	IDPA[2]
99341	$62.51	99341 (20)	$57.53	$58.99	$27.95
99342	$77.71	99342 (30)	$77.58	$85.34	$37.40
99343	$101.62	99343 (45)	$110.19	$139.16	$54.90
		99344[1] (60)	$140.50	$193.94	$70.55
		99345[1] (75)	$166.24	$233.70	$85.55
1997 Estab.	**1997**	**1998 Est. (Min)**	**1998**	**2014**	**IDPA**[2]
99351	$46.66	99347 (15)	$45.43	$59.39	$24.25
99352	$59.37	99348 (25)	$65.54	$89.64	$31.30
99353	$74.80	99349 (40)	$94.92	$135.18	$47.50
		99350[1] (60)	$136.00	$189.15	$68.85

What is "home" to you? To others?

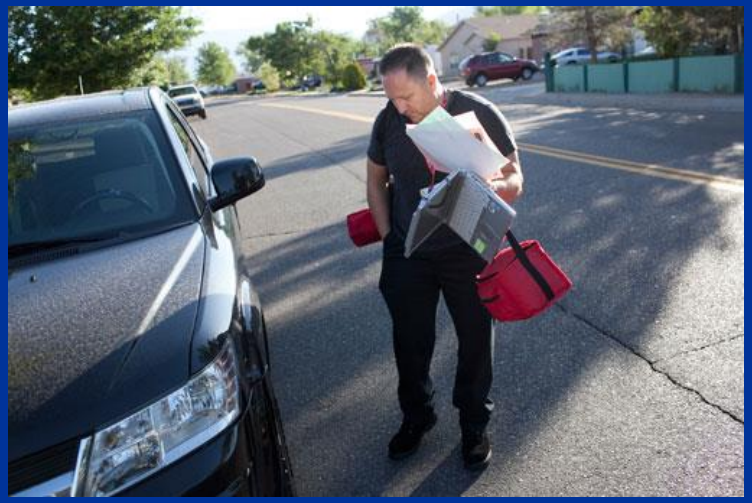
What is a Home?

- Home!
- Nursing home
- Group home
- Independent living home
- Assisted living home
- Family member's home
- Visiting family member

Types of Housecalls: Three examples

Protocol phone triage

Care coordination



Mixed model

Other examples of telehealth:

Site	Intervention	Outcome	Cost/Savings	comment
Partners Healthcare	CHF hospital f/u	51% reduction in readmission	net savings: $8,155 per patient	Increased patient independence
Centura Health	All admissions	62% reduction in readmission	Savings about $1500 per patient	
CMS pilot (1700pts)	Disease specific (DM, COPD, CHF)	Claims billing	Savings of 7-15% pppy	Cost about $120/mth

A. Broderick and D. Lindeman, Scaling Telehealth Programs: Lessons from Early Adopters, The Commonwealth Fund, January 2013

B. Integrated Telehealth And Care Management Program For Medicare Beneficiaries With Chronic Disease Linked To Savings Laurence C. Baker et al Health Affairs *September 2011 30:91689-1697*

Telephone triage: Safety and outcomes

Data	Results
Cochrane review 2009	- Phone triage decreases need for visit without increasing ED use
NHS (National Health Service)	-- safe -- may reduce ED use -- reduces cost (usually through decreasing doctor visit)

Telephone consultation and triage: effects on health care use and patient satisfaction (Review) :

Who?

Who?

- "Homebound" Status
  - Do not have to be bedridden
  - Need intermittent skilled nursing, PT, OT
  - Inability to leave home or leaving home requires a considerable effort
    - Wheelchair, walker
    - Blind
    - Demented
    - Post hospital stay – still debilitated
    - Psych illness
    - Can't leave home without assistance
    - Medical contraindication to leave home

Homebound patients

- Can leave home to:
  - Visit the doctor
  - Go to church
  - Attend adult day care
  - Go to family event
  - A haircut
  - Walk around the block

What to do during the visit?

Home Visit Assignment

- Select a patient
- Set up visit
- Perform visit
- Dictate note including function, safety, other aspects of contextual visit
- Highlight goal setting with patient
- Companion (short) essay:

  What did you learn that you could not learn in the office?

  How will you now care differently for your patient

  Write about one (or more!) success you had during the visit

What to do

- I – Immobility
- N – Nutrition
- H – Housing
- O – Other people
- M - Medications
- E – Examination
- S – Safety
- S – Spiritual Health
- S - Services

- ****Function****
  - ADLs, IADLs
  - Fall prevention
- Cognitive
- Psychosocial
- Nutrition

Who else can help?

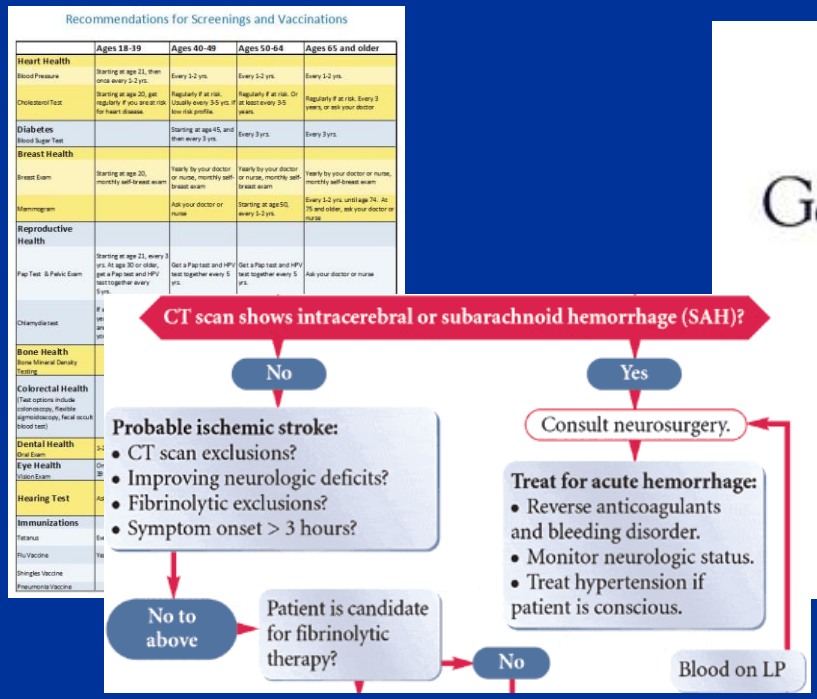
- Family members
- Office nurse
- Visiting nurse
- Social worker
- OT/PT
- PharmD
- Geriatrician or FP interested in Geriatrics
- Psychologist/Behavioral Health
- Chaplain
- Hospice team member
- Elder services

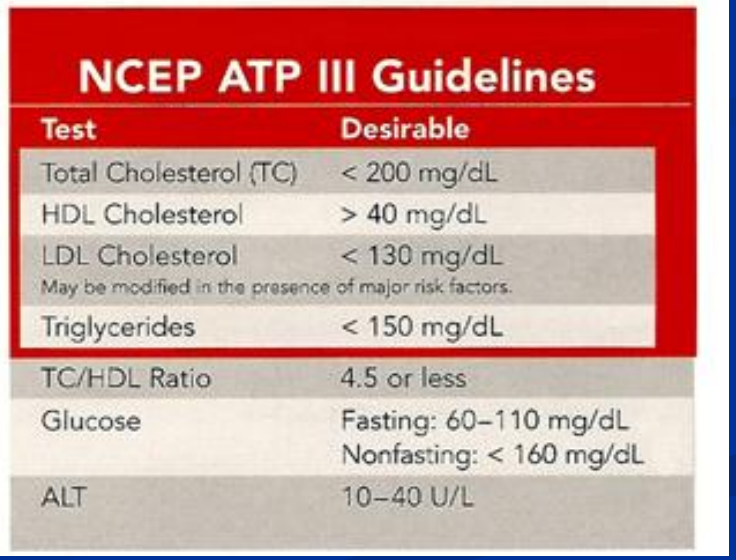
Lone Physician vs Team Based Care

- *"Good old days" health care was not a 'team sport': there was one all-knowing doctor who lived in the town, did house calls and was on call 24/7.*

Why Team Based Care?

- Today, a driving force behind health care practitioners' transition from being soloists to heading a health care team, is the complexity of modern health care: U.S. National Guideline Clearinghouse now lists over 2,700 clinical practice guidelines.





NCEP ATP III Guidelines

Test	Desirable
Total Cholesterol (TC)	< 200 mg/dL
HDL Cholesterol	> 40 mg/dL
LDL Cholesterol	< 130 mg/dL
May be modified in the presence of major risk factors.	
Triglycerides	< 150 mg/dL
TC/HDL Ratio	4.5 or less
Glucose	Fasting: 60–110 mg/dL Nonfasting: < 160 mg/dL
ALT	10–40 U/L

What to take "Black Bag"

- Stethoscope
- Oto/ophthalmoscope
- BP cuff (many sizes)
- Thermometer
- Tongue depressor
- Sterile cups
- Dipsticks/guaiac cards
- Lubricant
- Latex gloves
- Tape measure
- Reflex hammer
- Suture kit materials
- Sharps container
- Scissors
- Toe nail clippers
- Scale
- Med samples/vaccines
- Peak flow
- Glucometer
- Cellphone

Optional

- Pulse oximeter
- EKG machine
- Nebulizer

Issues?

- Poor nutrition
- Immobility
- Infection
- Contractures
- Little to no supports
- Anything else?

Billing……

Certification/Recertification

- Document:
  - Sign "Home Health Certification and Plan of Care"
  - Agree that skilled services are needed
  - Attest patient is homebound
  - Must see patient within 60 days then q 6 months
  - Consider brief note in chart

More on billing

- Office
- Established patient
  - 99213 = $121
  - 99214 = $181
  - Preventive Care
    40-64 y/o = $266

1 hour = $568

- Home
- New Patient
  - 99342 $78
  - 99343 $126
  - 99344 $165
- Established patient
  - 99348 = $79 (145)
  - 99349 = $115 (229)
  - 99350 = $160

1 hour = $374

Effectiveness of Home Care

Improvement in Care – Level B evidence

- Home assessment of healthy elderly patients found 4 new medical problems and 8 new health related recommendations

  Ramsdell et al, J Am Geriatric Soc 1989

- Home visits have been found to reduce mortality, re-hospitalizations, and nursing home admissions

  Bouman A et al, BMC Health Serv Res 2008

  Stuck AE et al, JAMA 2002

  Elkan R et alBMJ 2001

  Levine SA, et al JAMA 2003

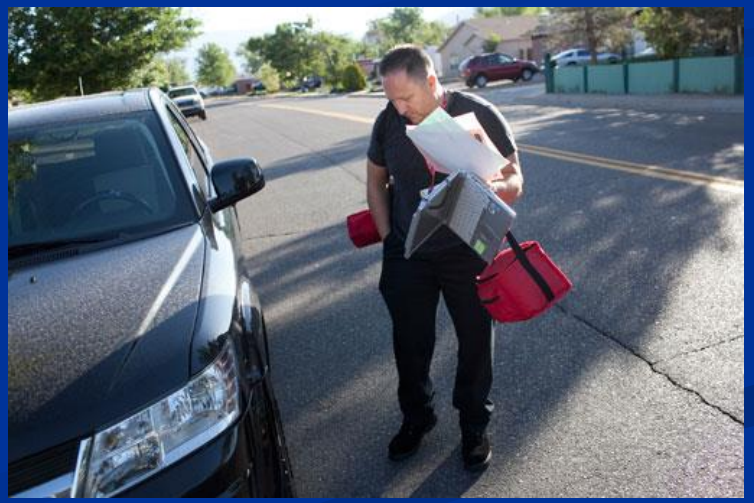
  Beales JL et al. Clin Geriatr Med 2009

Prevention

- **Home preventive visits:**
  - **delay the onset of disability**
  - **improve accuracy of medical information**

J Am Geriatr Soc 1999

J Gen Intern Med 2001



End-of-Life Care

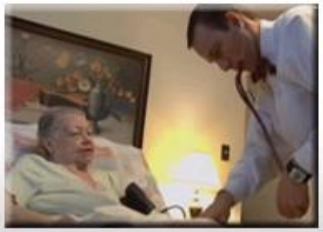
HomeCare Physicians Patient Deaths 2003-2013		
	Number	Percentage
Total	2049	100%
Home	**1,521**	**74%**
Hospital	389	19%
Nursing Home	102	5%
Unknown	37	2%

HomeCare Physicians and End-of-Life Care

- 9/1/12-8/31/13 215 deaths
  - 79% died at home
  - 71% where on hospice
  - Average length of stay 2.1 years
  - Median length of stay 0.56 years
  - 25 died in first 30 days
    - 23 (92%) died at home
- 25.1% of the $556 billion Medicare dollars goes to care in last year of life
- Riley, Lubitz; *Health Services Research* 4/2010

Resources

American Academy of Home Care Physicians


Home | About AAHCP | Join or Renew | Contact Us | Locate a Provider

- Clinical resources
- Running your practice
- Patient and family resources
- Members only resources
- Membership
- News room
- Policy and advocacy
- Publications
- Meetings
- Home care certification, training
- Awards and credentials
- Ordering publications and materials
- Career center

Home care medicine in America

Since 1984, the American Academy of Home Care Physicians has served the needs of thousands of physicians, other providers and agencies interested in improving the medical care of patients in the home. Click here to learn more about AAHCP.

Save the Date!

The AAHCP's two-day Annual Scientific meeting will be held

Latest News

New Face-to-Face Regulation Information

Order AAHCP's newest publication Advanced Issues in House Call Program Management

Learn more about IAH

IAH Brings VA Program Success to Medicare Patients

Join the Malpractice Program

Starting a House Call Practice

Click here to take a quick survey on how you would like to receive Practice Management materials

Find us on Facebook

References/ Acknowledgements

- Unwin BK, Tatum PE. House Calls. AFP 2011;83(8):925-931.
- Brand, AL Cashing in on House Calls, FPM, Feb 2006. http://www.aafp.org/fpm/20060200/67cash.html
- Giovino JM. House Calls: Taking the Practice to the Patient, FPM June 2000. http://www.aafp.org/fpm/20000600/49hous.html


GOD
BLESS
OUR
HOME