



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

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# House Calls: Their Value to Patients, Providers, Health Systems and Society

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Thomas Cornwell, MD  
*Home Centered Care Institute*

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May 5, 2017

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## The Mission of House Calls

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- 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

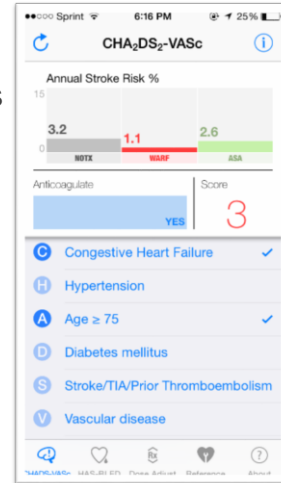


## Modern Day House Calls

### Smart phone technology:

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

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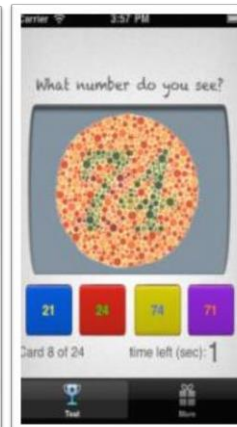
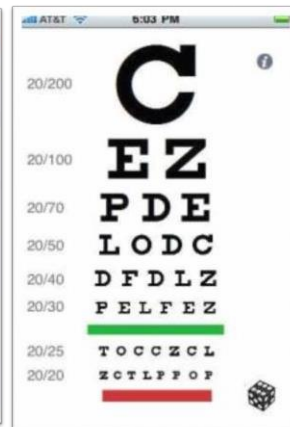
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## Modern Day House Calls

### Pocket mobile technology:



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4



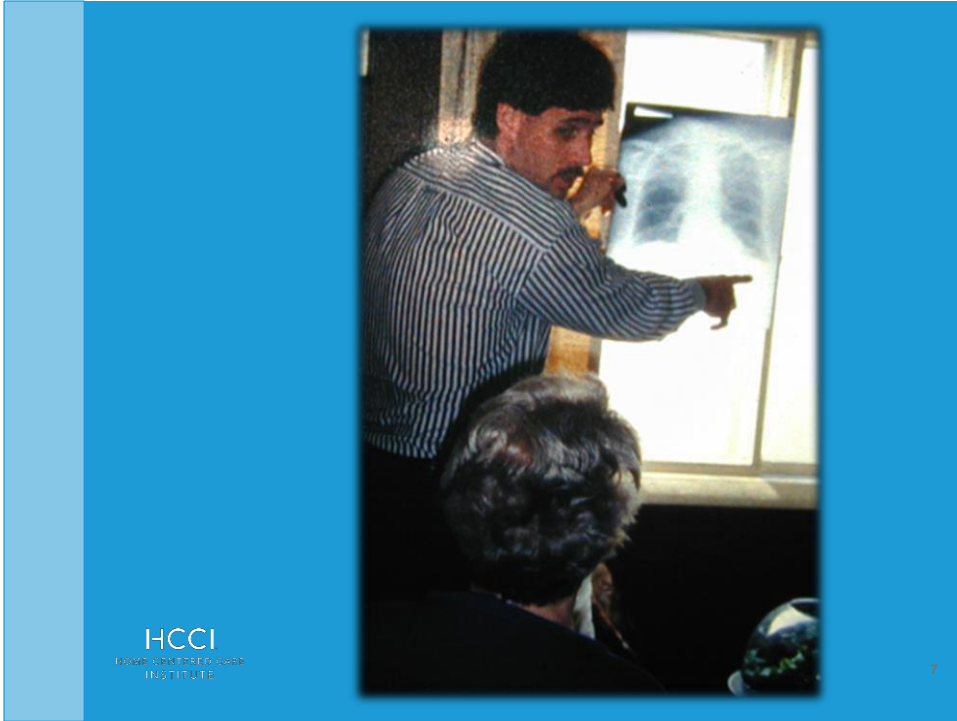
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6



## Modern Day Health Care

Pocket mobile technology:





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## Medicare House Call Codes/Payments

| 1997 New    | 1997     | 1998 New (Min)    | 1998            | 2016            | IL Medicaid    |
|-------------|----------|-------------------|-----------------|-----------------|----------------|
| 99341       | \$62.51  | 99341 (20)        | \$57.53         | \$55.50         | \$27.95        |
| 99342       | \$77.71  | 99342 (30)        | \$77.58         | \$79.84         | \$37.40        |
| 99343       | \$101.62 | 99343 (45)        | \$110.19        | \$131.04        | \$54.90        |
|             |          | <b>99344 (60)</b> | <b>\$140.50</b> | <b>\$183.68</b> | <b>\$70.55</b> |
|             |          | <b>99345 (75)</b> | \$166.24        | \$222.70        | \$85.55        |
| 1997 Estab. | 1997     | 1998 Estab. (Min) | 1998            | 2016            | IL Medicaid    |
| 99351       | \$46.66  | 99347 (15)        | \$45.43         | \$55.85         | \$24.25        |
| 99352       | \$59.37  | 99348 (25)        | \$65.54         | \$84.86         | \$31.30        |
| 99353       | \$74.80  | 99349 (40)        | \$94.92         | \$128.25        | \$47.50        |
|             |          | <b>99350 (60)</b> | \$136.00        | \$179.38        | \$68.85        |

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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

| 2005 New    | 2005    | 2006 New (Min)    | 2006            | 2016            | IL Medicaid    |
|-------------|---------|-------------------|-----------------|-----------------|----------------|
| 99321       | \$43.19 | 99324 (20)        | \$62.80         | \$55.85         | \$18.60        |
| 99322       | \$60.92 | 99325 (30)        | \$91.76         | \$81.28         | \$26.70        |
| 99323       | \$75.00 | 99326 (45)        | \$132.71        | \$140.35        | \$34.85        |
|             |         | <b>99327 (60)</b> | <b>\$174.47</b> | <b>\$187.26</b> | <b>\$42.95</b> |
|             |         | <b>99328 (75)</b> | \$215.85        | \$218.76        | \$51.05        |
| 2005 Estab. | 2005    | 2006 Estab. (Min) | 2006            | 2016            | IL Medicaid    |
| 99331       | \$38.14 | 99334 (20)        | \$48.73         | \$60.87         | \$16.00        |
| 99332       | \$48.30 | 99335 (30)        | \$76.88         | \$95.96         | \$21.00        |
| 99333       | \$59.10 | 99336 (40)        | \$118.22        | \$135.70        | \$26.05        |
|             |         | <b>99337 (60)</b> | \$173.63        | \$194.42        | \$31.05        |

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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 = 13

11



12

## Other Revenue Streams

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- 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

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## Increase Downstream Revenue

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### *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.

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Desai NR *J Am Geriatr Soc.* April 2008



## 2003-2015 HomeCare Physicians' Referrals to CNS Home Health and Hospice

|               | Home Health | Hospice | Private Duty |
|---------------|-------------|---------|--------------|
| HCP Referrals | 3,934       | 1,307   | 195          |
| CNS Total     | 51,299      | 10,190  | 2051         |
| Percent       | 7.7%        | 12.8%   | 9.50%        |

- 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

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## 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
- 10<sup>th</sup> Year Gala: Net \$140,000
- Grants: > \$200,000
- Benedictine University AMSA 5K (7 years): >\$30,000

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## Media Attention



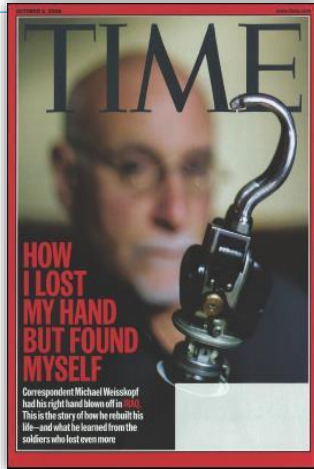
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## Media Attention

- **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*

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# In the News



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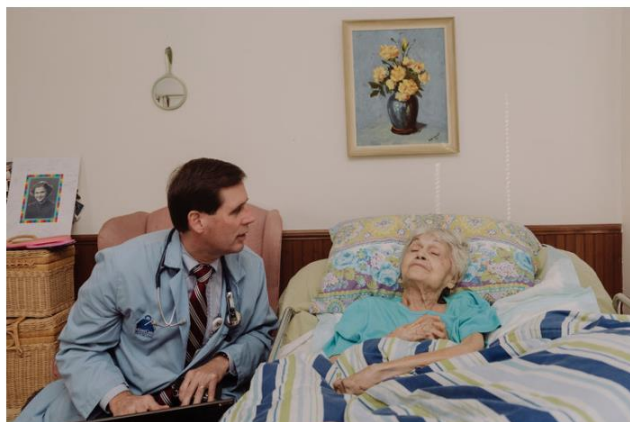
19

HOME SEARCH **The New York Times**

RETIRING **The Doctor Is In. In Your House. That Is.** YOUR MONEY ADVISER **A New Cost at College: Digital Access Codes** YOUR MONEY ADVISER **Think a 401(k) Is Not a Sexy Benefit? Competition May Change That** YOUR MONEY ADVISER **Former ITT Tech Counseling at Ne**

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

**Retiring**  
By JOHN F. WASIK SEPT. 23, 2016



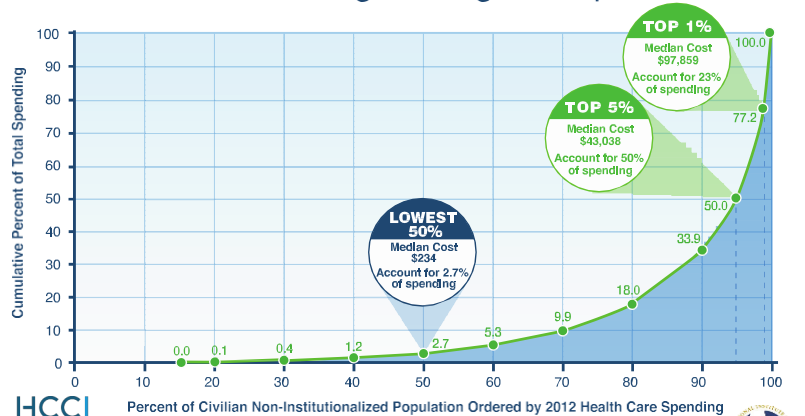
Dr. Thomas Cornwell with a patient, Mary Hanrahan, at her home. "For the horribly sick, hospitals are the worst place," he says. Whitten Sabbatini for The New York Times

## 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



## 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)



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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)

|                       | Before HBPC | During HBPC | Change            |
|-----------------------|-------------|-------------|-------------------|
| Total cost of VA care |             |             |                   |
| Hospital              |             |             |                   |
| Nursing home          |             |             |                   |
| Outpatient            |             |             |                   |
| All home care         | \$2,488     | \$13,588*   | \$11,100 (+ 460%) |

\*includes HBPCcost

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24

## VA Home-Based Primary Care

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

| N=11,334<br>\$103,048,728 | Before<br>HBPC | During<br>HBPC | Change                         |
|---------------------------|----------------|----------------|--------------------------------|
| Total cost of VA care     | \$38,228       | \$29,136*      | (\$9,092) (-24%)<br>P < 0.0001 |
| Hospital                  | \$18,868       | \$7,026        | (\$11,842) (-63%)              |
| Nursing home              | \$10,382       | \$1,382        | (\$9,000) (-87%)               |
| Outpatient                | \$6,490        | \$7,140        | \$650 (+10%)                   |
| All home care             | \$2,488        | \$13,588*      | \$11,100 (+460%)               |

\*includes HBPCcost

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**2007: ↓ hospital days 59%; ↓ NH days 89%;  
↓ 30-day readmission 21%<sup>1</sup>**

25

<sup>1</sup>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

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*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

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27

[www.iahnow.com](http://www.iahnow.com)

## Independence at Home Demonstration

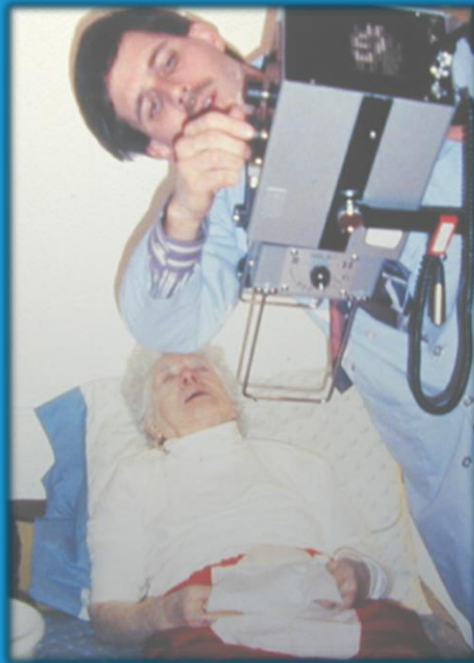
- Savings beyond 5% are split 80% practice/20% Medicare
- IAH Results
  - Year 1 (ending 5/13, released 6/15): **\$25M savings;**  
**\$3,070 savings/beneficiary** (\$11.7M to nine practices)
  - Year 2 (ending 5/14, released 1/17): **\$7.8M savings;**  
**\$747 savings/beneficiary** (\$5.1M to seven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

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[www.iahnow.com](http://www.iahnow.com)





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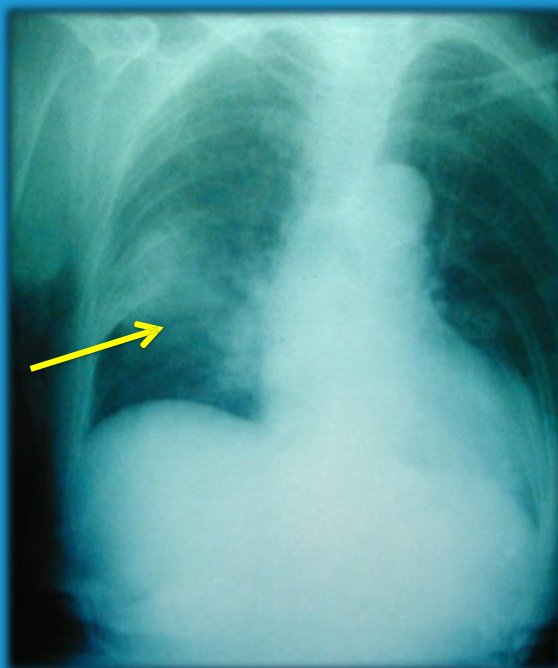
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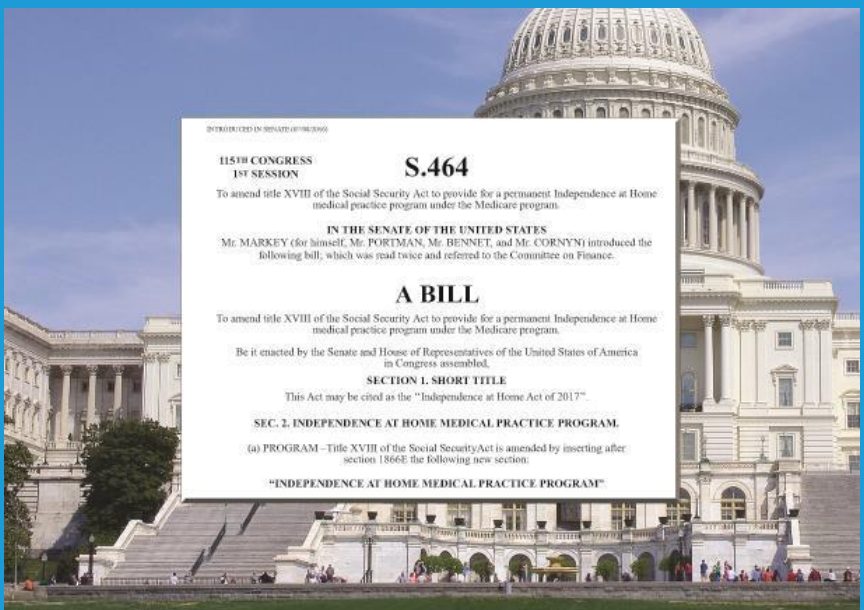
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34



INTRODUCED IN SENATE 07/06/2016

**115TH CONGRESS**  
**1ST SESSION**

**S.464**

To amend title XVIII of the Social Security Act to provide for a permanent Independence at Home medical practice program under the Medicare program.

**IN THE SENATE OF THE UNITED STATES**  
Mr. MARKEY (for himself, Mr. PORTMAN, Mr. BENNET, and Mr. CORNYN) introduced the following bill, which was read twice and referred to the Committee on Finance.

**A BILL**

To amend title XVIII of the Social Security Act to provide for a permanent Independence at Home medical practice program under the Medicare program.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

**SECTION 1. SHORT TITLE**  
This Act may be cited as the "Independence at Home Act of 2017".

**SEC. 2. INDEPENDENCE AT HOME MEDICAL PRACTICE PROGRAM.**

(a) PROGRAM—Title XVIII of the Social Security Act is amended by inserting after section 1866E the following new section:

**"INDEPENDENCE AT HOME MEDICAL PRACTICE PROGRAM"**

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## 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 drugs)
- **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<sup>1</sup>
- 2000 to 2009 deaths<sup>2</sup>
  - 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)<sup>2</sup>

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<sup>1</sup> Riley, Lubitz; *Health Services Research* 4/2010 <sup>37</sup>  
<sup>2</sup> Teno; Change in End of Life Care for Medicare Beneficiaries JAMA 2/20/13

## House Calls and End-of-Life Care

### HomeCare Physicians—2015: 230 Deaths

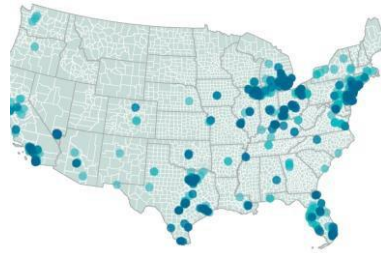
- **80%** (184) died at home (**33.5% nationally**<sup>1</sup>)
- **76%** (175) were on hospice (**42% nationally**<sup>1</sup>)
- Average length of stay 1.9 years
- Median length of stay **1.2 years** (highest cost years)
- Decreased hospital mortality
  - 184 at home; expected = 33.5% = 77; **thus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

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<sup>1</sup> Teno; Change in End of Life Care for Medicare Beneficiaries JAMA 2/20-13 <sup>38</sup>

## The Need for Home-Based Primary Care

- It is estimated that close to **2.75M** 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



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Nengling Yao, et al., Geographic Concentration of Home-Based Medical Care Providers; *Health Affairs* 35, no.8 (2016)

39

## 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

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Funded in part by The John A. Hartford Foundation



40





*Modern Doctors' House Calls: Skype Chat and Fast Diagnosis*



Source: The New York Times, Abby Goodnough, July 11, 2015<sup>12</sup>





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**Wow!**

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45