

# USING HOME-BASED PRIMARY CARE TO IMPROVE QUALITY OF CARE & THE BOTTOM LINE

## HOME-BASED PRIMARY CARE (HBPC) – THE “MODERN-DAY HOUSE CALL”

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

Healthcare providers travel to the home of a homebound or home-limited patient (or place they call “home”) and deliver primary care, typically in an ongoing manner.

### BENEFITS

- Improves health outcomes
- Enhances quality of life for patients and caregivers
- Increases patient, caregiver, and provider satisfaction
- Reduces total cost of care by preventing unnecessary emergency room visits and hospitalizations



▲ CLICK OR SCAN TO SEE WHAT A HOUSE CALL LOOKS AND FEELS LIKE ▲

## WHY HBPC MATTERS TO HEALTHCARE LEADERS

### CHIEF EXECUTIVE OFFICERS

- Demonstrates innovation in healthcare delivery
- Provides more equitable access to healthcare
- Prepares organization for Value-Based Care

### CHIEF FINANCIAL OFFICERS

- Generates revenue by serving the right patients at the right time in the right place
- Avoids unnecessary hospitalizations
- Helps reduce readmissions and related penalties

### CHIEF MEDICAL OFFICERS

- Improves health outcomes for frail, elderly patients
- Drives an effective population health strategy for high-need, high-cost patients
- Improves provider performance/quality of care and in-patient mortality rates

Many organizations benefit from having an HBPC program (or partnering with one), including Age-Friendly Health Systems, Academic Medical Centers, Health Systems and Hospitals, and Accountable Care Organizations (ACOs).

*“Age-Friendly Health Systems were never intended to be just inside the four walls of the health system. Age-friendly care needs to branch into the community. One of the most effective ways to serve the highest-need older adults is through home-based primary care.”*

David Ansell, MD, MPH, Senior Vice President for Community Health Equity, Rush University Medical Center

## WHY HCCI AND RUMC DECIDED TO PARTNER

In 2017, Rush University Medical Center (RUMC), a 671-bed hospital in Chicago mainly serving the city’s West Side, recognized the need to re-engineer its delivery systems to address population health, reduce health inequities, and combat chronic diseases while controlling healthcare costs.

RUMC connected with the Home Centered Care Institute (HCCI), a national nonprofit dedicated to improving access to quality home-centered care for medically complex homebound and home-limited patients and their caregivers, and families. By 2018, HCCI and RUMC partnered to create the Rush@Home house call program.

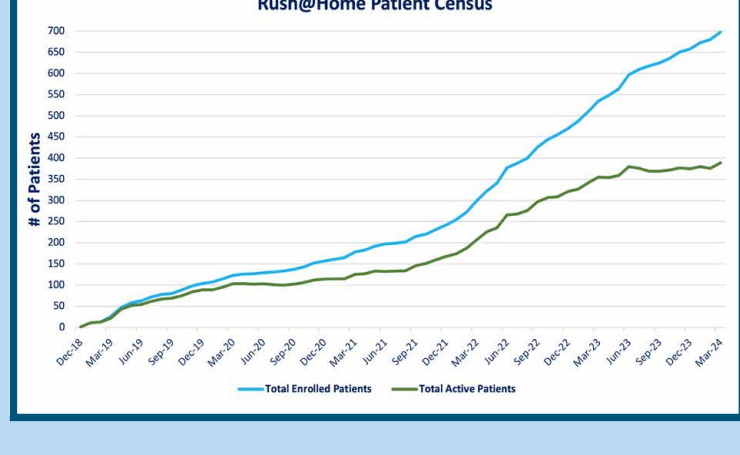


*“By providing the most comprehensive care to those who need it the most, home-based primary care is both an equity strategy and a population health strategy. It is a key pillar for health systems that are working to provide optimal care to high-risk patients. Both patients and health systems want to avoid preventable hospitalizations, and home-based primary care is a time-tested tool to achieve this goal. It is a win-win: better care for patients at a lower cost to health systems.”*

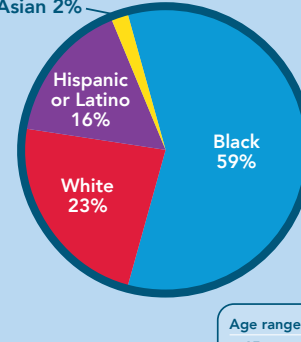
Elizabeth Davis, MD, Medical Director of Community Health Equity, Rush University Medical Center and Clinical Champion for Rush@Home

## RUSH@HOME PATIENT DEMOGRAPHICS

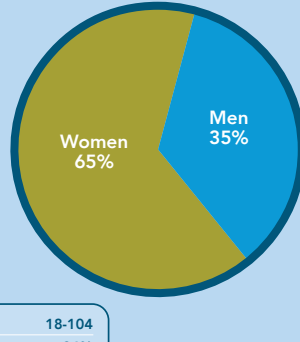
HCCI and Rush@Home worked collaboratively to identify, target, and effectively enroll patients most in need of HBPC in the most underserved communities in the program’s service area.



### Race/Ethnicity



### Gender

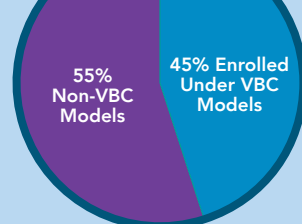


Age range: 18-104  
> 65yo: 84  
ACO-REACH patients: 151  
Medicare not aligned to ACO-REACH: 107

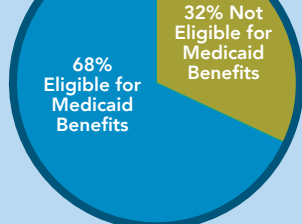
## PRELIMINARY SUCCESS INDICATORS FOR RUMC

Attributes that Positioned RUMC for Transition into Value-Based Care (VBC) and Success of Rush@Home Program

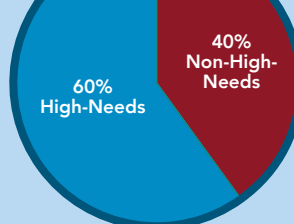
### Value-Based Care Enrollment



### Dual-Eligible for Medicare and Medicaid



### High-Needs Enrollment



### Frailty Index Ranking



Rush@Home’s Medicare population demonstrates considerable frailty, with an average frailty index of 0.32, placing it in the 82nd percentile nationally among house call programs.

### HCC Score Ranking



Rush@Home’s Medicare patients experience serious health challenges, as evidenced by their HCC scores. With prospective and concurrent HCC scores of 5.43 and 4.13 respectively, they rank in the 96th percentile in comparison to other national house call programs, indicating severe illness burdens.

### Readmission Rate Ranking



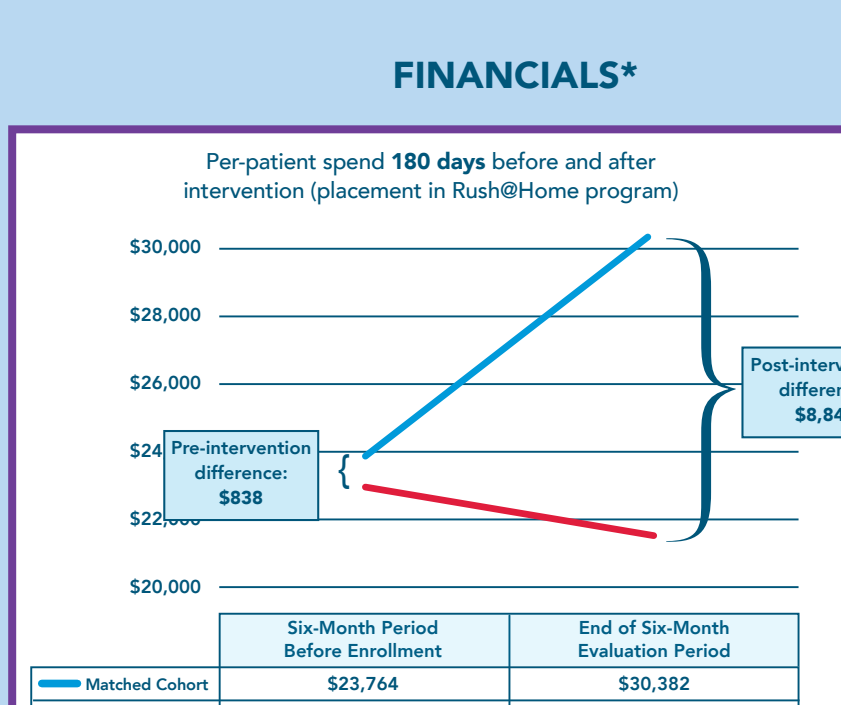
Rush@Home’s risk-adjusted readmission rates are low, ranking as the 89th best nationally among house call programs.

## THE RESULTS ARE STRONG. (Peer-reviewed studies have regularly proved out comparable results for HBPC programs.)

### KEY IMPACTS\*

- 34% potential lower cost
- 18% fewer hospitalizations
- 21% reduction in ED visits
- 4.6% fewer readmissions

### FINANCIALS\*



\*Compares MSSSP groups of 95 Rush@Home patients to 95 Matched RUMC patients with similar characteristics but not enrolled in Rush@Home. For Matched Cohort, for accuracy and validity, an initial patient visit date was randomly selected for the control group to begin the six-month cost evaluation period.

OVER \$3M SAVINGS

### Total Program Savings

- Total Actual Six-Month Savings: \$761K
- Total Potential Annualized Savings: Over \$1.5M

**CONCLUSION:** Considering how frail and seriously ill this Rush@Home patient population is, the savings are remarkable. Based on this six-month study, a program with 200 MSSP patients would generate over \$3M in savings. Imagine the savings you could realize serving your high-need, high-risk patients in their homes.

**HCCI CAN HELP.** Contact us at help@HCCIInstitute.org or (630) 283-9222.

## HOW HBPC HELPED RUSH@HOME PATIENTS

### PATIENT SATISFACTION SURVEY

- 96% would refer a family member
- 98% of patients who passed away died in the place of their choosing
- 75% of deaths were at home and/or hospice

### LUIS

**ISSUE:** 88-year-old male veteran with heart failure and diabetes was receiving medication from the local VA hospital but was hospitalized 12 times over two years.

**SOLUTION:** Rush@Home mitigated patient’s mistrust of medical providers by collaborating with VA hospital, and worked with home health RN to address his medical needs.

**RESULTS:** Patient did not need hospitalization for 18 months after enrollment in Rush@Home. When his heart failure and kidney function declined further, he enrolled in hospice based on discussions of what mattered to him and passed away peacefully.



*“My mother had a stroke over 20 years ago and is now mostly homebound, so it’s hard to get her to appointments, especially here in the city. Plus, I don’t have a lot of time to take off from my job. Fortunately, her primary care doctor referred her to the Rush@Home program. Dr. Davis can see what’s really going on in our home and has even been able to reduce some of my mother’s medications.”*

Caregiver (daughter of Rush@Home patient)

## HCCI CAN HELP YOU GET RESULTS

- As a nationally recognized authority on clinical and operational best practices for home-based care, HCCI is an ideal resource partner for house call programs of all sizes, and can offer customized solutions to meet your needs, including education, consulting, data analytics, and more.
- Contact HCCI at help@HCCIInstitute.org or (630) 283-9222 for more information about how we can work together to establish or expand a house call program for your organization.

*“HCCI and RUMC have created a strong relationship, and we commend them for their commitment to serving older adults. As an HCCI Practice Excellence Partner™, Rush@Home will now work alongside HCCI to teach other Age-Friendly Health Systems how to introduce and integrate HBPC into their system and how to demonstrate the value of home-based care from a clinical and financial perspective.”*

Julia Sacks, President and Chief Operating Officer, Home Centered Care Institute

For sources of this infographic, please visit hccinstitute.org.