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**Marketing Toolkit for Home-Based Primary Care:
Strategies to Grow, Engage, and Elevate Your Practice**



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Introduction

This Marketing Toolkit is designed for healthcare providers, health systems, and independent practices focused on delivering home-based primary care (HBPC). This toolkit offers practical resources and strategies to help practices grow, connect meaningfully with patients and caregivers, and communicate their unique value to various stakeholders. Use these resources to elevate your practice's marketing efforts, engage patients, and demonstrate the impact of your home-based primary care program in your community.

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Harnessing the Power of Storytelling in HBPC

Explore how storytelling can humanize the healthcare experience, deepen patient relationships, and support empathy-driven care.

Tips for Developing Your Unique Value Proposition (UVP)

Craft a compelling UVP to clearly articulate your practice's unique benefits to patients, caregivers, and partners.

Website Design for HBPC: Key Elements and Visuals

Best practices for designing a welcoming, professional, and informative website that reflects your practice's expertise.

II. DRIVING REFERRALS

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STORYTELLING

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Harnessing the Power of Storytelling in Home-Based Primary Care

Purpose

Storytelling is a powerful tool that can help healthcare providers connect with patients, caregivers, and the wider community in a more meaningful way. It humanizes the healthcare experience and strengthens the patient-practitioner relationship. By telling stories, your practice can foster greater empathy, improve patient engagement, drive education, and support behavior changes. This document outlines the key benefits of storytelling in healthcare and offers practical steps for leveraging storytelling to grow your HBPC practice.

Why Stories Matter in Healthcare

Stories have the ability to engage, inspire, teach, and advocate, while also being 22 times more memorable than facts. For patients and caregivers, receiving stories helps them feel listened to, cared for, and respected, which can directly impact their healing and overall satisfaction with your practice. For healthcare providers, sharing stories provides opportunities to teach, inspire trust, and elevate patient care.

Key Benefits of Storytelling in HBPC

- 1. Humanizes Healthcare:** Stories keep care patient-centered, ensuring that the human aspect of healthcare is always front and center.
- 2. Elevates Unheard Voices:** Storytelling offers an avenue to amplify the experiences of patients who might otherwise be unheard.
- 3. Redefines ROI:** By improving patient engagement and loyalty, storytelling adds new dimensions to what you consider a return on investment.
- 4. Promotes Behavior Change:** Through compelling stories, you can influence patient behavior, making them more likely to follow care instructions and take proactive steps in managing their health.

Steps for Using Storytelling in Your Practice

- 1. Identify Your Core Story:** Every practice has a unique origin story. Consider the journey of your practice—what inspired its creation, what problem it solves, and how it continues to grow. Sharing this narrative humanizes your practice and resonates with patients.
- 2. Balance Emotion with Information:** Successful stories in healthcare are not purely emotional or purely factual. A compelling story strikes a balance between emotion and information, ensuring that it is both engaging and informative.

The most impactful stories combine elements from both.

- **Fact-Based Stories:** These focus on healthcare outcomes and medical achievements.
- **Emotion-Based Stories:** These center on patient experiences, emotions, and life changes.

3. Apply Storytelling Across Multiple Platforms: Storytelling isn't just for face-to-face interactions.

Your story can be communicated across various channels:

- **Website:** Share patient testimonials and your practice's story to build trust with visitors.
- **Social Media:** Use platforms like Facebook or Instagram to post videos or written stories about patient care experiences.
- **Employee Engagement:** Train your staff to use stories when interacting with patients and caregivers to make them feel seen and valued.
- **Marketing Materials:** Incorporate storytelling into your marketing collateral to build emotional connections with potential patients.

4. Measure the Impact of Storytelling: How do you know if your storytelling efforts are working?

Look for improvements in:

- **Brand Awareness:** Are more people aware of your practice?
- **Patient Engagement:** Are patients more involved in their care?
- **Customer Loyalty:** Are your patients returning and recommending your services to others?
- **Employee Engagement:** Are your staff more motivated and connected to the practice's mission?


Practical Application

To effectively implement storytelling, consider a simple experiential exercise, or use the template provided in the HCCI marketing toolkit:

- Start by defining your practice's mission and values. Ask yourself: What inspired the creation of your practice? What problem do you solve for your patients? What are your core values?
- Translate this into a clear, relatable story that can be shared with patients, caregivers, and even the media.
- Regularly update your stories based on new experiences, patient outcomes, and staff contributions.


Final Thoughts

Storytelling is more than just a marketing tool; it's a method to deepen the emotional connection between your practice and the people you serve. By understanding the power of storytelling and integrating it into every aspect of your practice—from patient care to marketing—you can drive growth and create lasting impact in your community.



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Unique Value Proposition

A Unique Value Proposition (UVP) explains quickly and concisely how your practice solves a customer's problem or improves their situation. It identifies the specific benefits a customer can expect from you. It explains why a customer should work with you versus another practice. The term "customer" in this context refers to anyone to whom your practice provides a service. This could be a patient, a caregiver, a referral source, or a community-based service provider. As a business owner, almost everyone with whom you form a relationship is a customer, potential customer, or source of future opportunities. It's vital that you effectively communicate your value to each one.

A UVP is not a slogan or a tagline. Slogans and taglines are fun to write, but while they can be memorable and attention-grabbing, they would not typically convey the benefits of the services a practice provides.

Just like your Mission and Vision statements, each member of your staff should be able to consistently articulate your practice's UVP.

The challenge in crafting a UVP for a house call program is that a typical practice serves more than one type of customer. Your UVP for a physician who refers patients to you, for example, is different than your UVP for a patient or family member.

Writing Your Unique Value Proposition

To create your practice's UVP, think about what you do for each of the audiences you serve. Answer the following:

1. How do you solve your customer's problems or improve their situations? Think about it from the perspective of each of your customers. The benefits to the families of your patients are not the same as the benefits to your referral sources. If your UVP is too general, you run the risk of appearing "out of touch" and not understanding the real needs of your customers.
2. What specific services do you provide? Think about how each of the services benefits your customers.
3. Is the benefit quantifiable? Is it a number? Say, "We can help you reduce readmissions by 15%." Is the benefit qualitative? Is it a value? Say, "We're just a phone call away, so you can worry a little less about your loved one."
4. Why should someone work with you versus the competition? Remember, sometimes your biggest competition is when your customer chooses to do nothing at all. Say, "If your hospital is concerned about the resource implications of visits from too many frequent users of your emergency department, we can help you change that."

Your UVP needs three components:

1. **Headline:**

Describe the end-benefit you offer in one short sentence.

2. **Sub-headline:**

A brief 2-3 sentence paragraph describing the specifics of what you offer, to whom, and why it is of benefit.

3. **Three bullet points:**

List the key benefits to your audience. Again, this may vary depending upon whom you are speaking with. If you are writing a UVP for your website, have a general headline sentence, and then tailor it for each audience.

Example:

ABC House Calls keeps chronically ill, medically complex patients at home, where they most want to be and where they can receive the care they need most. We do this by providing expert primary care driven by a care plan tailored to the unique needs of each patient. An interdisciplinary team works together to make sure the care plan focuses not just on the patient's physical needs, but on emotional, mental, and spiritual needs as well.

For family members and caregivers, this means:

- **A**
- **B**
- **C**

For our referral partners, this means:

- **A**
- **B**
- **C**



Conclusion

Writing a Unique Value Proposition is challenging. You may find yourself writing and rewriting it more than once. By doing so, you become able to quickly and effectively communicate the value of your practice. There will be many occasions when you must describe – to patients, family members, payers, your staff and potential staff, referral sources, and potential funders – why your practice is so worthwhile and fills such an important need in your community. A strong UVP effectively positions you to do just that.



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Purpose

To provide guidance on designing a user-friendly, informative website for a home-based primary care (HBPC) practice, the layout should include sections that clearly communicate the practice's services, values, and team expertise, while leveraging visuals to create a welcoming and professional online presence.

Home Page

Headline:

- Simple, clear statement about the practice (e.g., "ComfortMed Housecall Physicians").

Subheading:

- Highlight key benefits (e.g., "Expert care in the home, personalized for you and your family").

Visuals:

- Background image or banner featuring home visits or patient care at home.
- Pictures of healthcare providers interacting with patients in a home setting.

Call to Action (CTA):

- Clear buttons like "Schedule a Visit" or "Learn More" and phone number & email.

Key Features:

- Introduction to the practice (what HBPC is and why it matters).
- Summary of services offered (e.g., chronic disease management, preventive care, etc.).
- Patient eligibility criteria

About Us

Practice Overview:

- Mission, vision, and values of the practice.
- Commitment to improving access to care, patient-centered approach.

Meet Our Team:

- **Bios and Photos:** Include professional headshots of the medical team with short bios. Highlight their experience in home-based care.
- Optional: showcase staff at work or community events.

Graphics:

- Icons or infographics explaining the team's roles and experience.

Services

Detailed Services Offered:

- Outline of specific services (e.g., annual wellness visits, chronic disease management, lab work at home).
- FAQs about services (e.g., who qualifies for home care, insurance coverage).

Visuals:

- Icons representing each service for quick recognition.
- Images of healthcare professionals during home visits, consultations, etc.

Patient Resources

Information Hub:

- Guides on how to prepare for a home visit.
- Educational content on managing chronic conditions.
- Optional: Frequently Asked Questions (FAQs) about home-based primary care
- Caregiver resources

Patient Portal Access:

- Link to a secure patient portal for appointment booking, medical records, and communication.

Visuals:

- Diagrams or interactive tools illustrating home-based care steps.
- Photos of healthcare equipment used in home settings (e.g., mobile diagnostics).

Testimonials

Patient Reviews and Stories:

- Written and/or video testimonials from patients and families highlighting positive experiences with home-based care.

Visuals:

- Candid photos of patients and caregivers sharing their stories.
- Graphics showing star ratings or badges of excellence.

Contact Us

Form for New Patient Inquiries:

- Easy-to-use form for scheduling visits, asking questions, or requesting information – must be a secure form.

Office Locations & Service Area Map:

- Map showing coverage area for home visits.

Visuals:

- Images of the team's headquarters or vehicles branded with the practice's logo.

Blog/News

Educational Articles:

- Content about home-based care trends, innovations in telemedicine, or provider-written pieces.

Practice Updates:

- Announcements about new services, team members, or recognition.

Visuals:

- Graphics illustrating home-care tips, or photos of events/team activities.

Graphics and Design Elements


Consistency:

- Color palette
- Icons represent services and patient benefits.
- Videos of provider-patient interactions.

Accessibility:


- Ensure the website is mobile-friendly and accessible for older users (e.g., large fonts, simple navigation).

This structure ensures the website is comprehensive, visually appealing, and easy to navigate for both potential and current patients, as well as caregivers seeking more information



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Recruiting Patients for your Home-Based Primary Care Program

Purpose

This resource is intended for home-based primary care (HBPC) providers and practice staff to assist practices that are starting, growing or adding a home-based primary care (HBPC) program to their services with recruiting and talking to potential new patients. These tips guide practices on appropriately and effectively relaying their program's vision and mission and the rationale for someone becoming a patient.

Initial Internal Preparation

- Define your vision and mission statement. Identify the goals of your program and why home-based primary care is an important benefit.
- Make sure every member of your team understands and is able to articulate the vision and mission of the practice and how it benefits patients and caregivers. Reinforce this message regularly to ensure consistent use. Everyone on your team needs to understand their role and what benefit and outcomes your program can provide to the community. The message needs to be understood so it's consistently communicated by each member of the team.
- Develop and practice your own script. The script should be unique to your practice and describe what makes your program different from others or what gap it fills in your community.

Talking Points for Home-Based Primary Care Benefits

- Bringing comprehensive, compassionate care to the comfort of the patient's home.
- Removes the burden of arranging transportation, parking, maneuvering wheelchairs, or walking through a busy hospital or medical building to arrive at the doctor's waiting room.
- Allows patients to form a unique and personal bond with the provider, leading to a deeper understanding of the physical, financial, environmental and social conditions that may be impacting the patient's health.
- HBPC focuses on a team approach, which means patients have a devoted "care team" including multiple providers and/or clinicians with access to medical records. The care team communicates regularly to develop a plan that best meets the patient's needs and goals.
- Many outpatient tests, procedures, and treatments can be done in the home, which alleviates the travel burden.

Scripting Samples

Scenario 1

Potential new patient contacts your office to find out additional information and possibly arrange for a visit:



“Our practice has the ability to travel to your home for your visits and our care team would take on the role of your primary care physician. A provider would evaluate you during the first visit and make recommendations, manage medications, connect you with any additional resources, if needed, and determine when you require a follow-up. You can contact our office 24/7. We would arrange for certain treatments and procedures to be done in the comfort of your home. Our goal is for our team to work collaboratively with you and your family to develop a plan that aligns with your wishes and prevent unnecessary hospital admissions.”

Scenario 2

A patient is referred to your program and you are contacting them for the first time:


“Good Morning, my name is (X), I’m a (position) with (name of program). Dr X or (referral source) has referred you to our home-based primary care program because she feels you would benefit from being cared for at home. Did she discuss this with you at your last visit?”

Yes – Review the points outlined in the script above.

No – *“Let me tell you a bit about our program and then you can call her office to confirm her wishes/intent or let me know if you want to proceed with our services.”*

Additional Talking Points: Services your program includes


- You can reach us 24/7 at phone number (XXX-XXX-XXXX). We will be your first point of contact for all your care needs, but rest assured that we will always collaborate with the other specialists involved in your care.
- We will see you for sick visits, manage chronic conditions, refill medication and order any supplies or medical equipment you will need.
- We will track your care needs and work to keep you as healthy and independent as possible, for as long as possible.
- We will work to empower both you and any family members or caregivers to understand and help manage your medical needs, (e.g., how to use inhalers, change dressings, how to do exercises to help with leg swelling, and/or advice on how to avoid pressure sores).
- Our practice works closely with many community agencies and we will ensure that we connect you with them as appropriate.



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Securing Referrals for your Home-Based Primary Care Program

Purpose

This resource is intended for home-based primary care (HBPC) providers and practice staff to provide suggested talking points and topics of discussion for practices that recently started or are trying to grow their home-based primary care (HBPC) program. These are intended to be used in conversations with providers who are known to the practice and to assist providers when reaching out to new referral sources.

Getting Started

First, identify and create a list of the following:

- Hospitals, medical groups or practices with whom you have an existing relationship,
- Community referral partners, such as home health, palliative, hospice, senior services or other specialty providers with whom you have partnered in the past.
- New or centrally-located assisted living facilities, group homes or senior living apartment buildings in your service area,
- Community agencies that directly serve your target population.


Talking Points

Think about the referral source and tailor your talking points to their specific needs. A busy physician will have different reasons for referring to your practice than a hospital with an overcrowded Emergency Department (ED) or a mission-driven community-based service. Develop a thorough understanding of their needs and potential challenges before you make the calls.

- Home-based primary care is ideal for the “sickest of the sick” when it’s no longer safe or feasible for them to come into the office for medical appointments.
- Home-based primary care has proven to be an effective model for keeping people at home who would otherwise rely on the 911 network when their conditions worsen.
- Effective home-based primary care has proven to lead to improved health outcomes and greater patient and caregiver satisfaction.


Topics of Discussion

- Prompt the provider to think about patients for whom they are refilling medications but have not seen in over a year; prompt the provider to consider patients who frequently cancel appointments because they have difficulty getting to the office.
- Ask if any family members or caregivers have shared how difficult and taxing an effort it is to bring the patient to the office.
- Prompt the provider to think about patients who frequently end up in the ED or hospital requiring additional assistance. Explain how HBPC can help with the time burden that comes along with caring for that population.
- Ask the provider if they would consider referring patients with two or more chronic diseases to your practice.



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Home-Based Primary Care: A Powerful Solution for Home-Limited, Medically Complex Patients

What is Home-Based Primary Care (HBPC)?

- HBPC provides in-home primary medical care, typically ongoing, to medically complex patients for whom office visits are either difficult or impossible.
- Also known as the “modern-day house call,” HBPC is exactly what it sounds like – physicians, nurse practitioners, and physician assistants travel to a patient’s home, or to the place they call “home,” to deliver primary care services.
- These providers also often function as part of an interdisciplinary team to manage both medical and non-medical needs (e.g., social factors, environmental needs).
- HBPC has been proven to improve health outcomes, enhance the quality of life for patients and caregivers, and reduce the total cost of care by preventing unnecessary emergency room visits and hospitalizations.

What types of services does HBPC provide?

By providing medically complex patients the same services they would receive in a primary care office, HBPC is markedly different from other types of in-home care, such as home health care. HBPC visits can include:

- Routine medical care and management of chronic diseases
- Annual wellness visits
- Addressing urgent medical needs
- Vaccinations
- Management of cognitive and neurological disorders
- Advance care planning (e.g., goals of care conversations, end-of-life preferences)
- Wound care and other procedures
- Care coordination with community services and other healthcare providers, including specialists in psychiatry, podiatry, optometry, dentistry, and more
- Coordination of diagnostic testing (e.g., blood tests, EKGs, ultrasounds, x-rays)
- Medical visits at assisted living facilities, group homes, foster care homes, and similar settings
- Caregiver support and guidance on managing the patient’s complex medical and social needs



Is HBPC covered by insurance?

- For Medicare beneficiaries, services delivered by the HBPC provider are covered under the same Medicare benefits that apply when seeing a provider for an office visit, e.g., Medicare covers 80% while the remaining 20% is subject to deductibles and copays.
- Certain Managed Care or Health Maintenance Organization (HMO) health insurance plans may require a referral or for the HBPC provider to be selected as the primary care provider. As available, an HBPC practice in your area can answer specific questions regarding coverage.



Is HBPC right for you or someone you care for?

- Patients do not need to be formally considered “homebound” to qualify for HBPC.
- Here are some examples of when HBPC might be in a patient’s best interests:
 - The patient has difficulty leaving the home due to medical conditions such as dementia or physical mobility limitations
 - The patient requires medical devices or special assistance/transportation accommodations to leave the home
 - Leaving the home can adversely affect the patient’s physical and/or mental health
 - Caregivers and/or other family members are not available or able to transport the patient
 - Patients transitioning from one healthcare setting to another need assistance with “bridging a primary care gap”

Talking to Your Primary Healthcare Provider about HBPC

- If HBPC seems like a good fit for you or someone you care for, discuss it first with your primary healthcare provider or healthcare system. They may be able to refer you to an HBPC provider.
- The following “conversation starters” may help during that discussion:
 - *Leaving the home is very difficult for me/the person I care for and prevents me/them from coming to see you as often as needed. What are the options for receiving primary medical care at home?*
 - *My medication refills are out. It’s been more than a year since I last visited the clinic, and I am unable to get there due to my medical condition(s).*
 - *Can you recommend or refer me to a home-based primary care provider so that I can continue to receive the primary medical care I need at home?*

What other in-home services are available besides HBPC?

- *Skilled home health services* provide patients in-home nursing, physical therapy, occupational therapy, or other support services under the direction of a primary care provider. These services are covered by Medicare when the patient is deemed “homebound” and is certified to have a skilled need by a provider.




- *Concierge healthcare* is a subscription-based program that guarantees patient access to medical professionals 24/7.
- *Hospital at Home*[®] provides hospital-level care to acutely ill older adults in their home; contact your local hospital/health system to inquire about availability.
- *Palliative care* is team-based consultative care focused on symptom management and advance care planning.
- *Hospice care* is non-curative support focused on providing comfort and end-of-life care when a patient is diagnosed with a terminal illness.

Connecting with Community Services

In addition to addressing your primary medical needs or those of the patient through HBPC, you or they may need community resources or social support. The resources below can be used to locate community programs and social services in your area:


- *Eldercare Locator* to find your local Area Agency on Aging – https://eldercare.acl.gov/Public/About/Aging_Network/AAA.aspx
- The *Aunt Bertha* network connects people seeking help and verified social care providers – <https://company.auntbertha.com>
- The *National Care Planning Council* helps families recognize the need for, and implement, long-term care planning – https://www.longtermcarelink.net/eldercare/ref_state_aging_services.htm
- The *U.S. Department of Health and Human Services (HHS)* provides a collection of resources by state for older adults and caregivers – <https://www.hhs.gov/aging/state-resources/index.html>

**If you or someone you care for is receiving skilled home health or hospice services, you can also ask your home health or hospice agency social worker about additional community resources.*



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Do you have a loved one who – due to serious illness or complex medical condition(s) – rarely or never leaves their home? Or if they do leave their home on occasion, can only do so with considerable assistance?

It's estimated that more than 7 million older adults in the U.S. are homebound or home-limited (nearly homebound), relying on in-home caregivers (usually family members) to assist with their day-to-day needs and general care. In these cases, it's often extremely difficult – if not impossible – for these medically complex patients to access primary care services in a traditional office or clinic setting, which only adds to their caregiver's burden.

In-Home Caregivers: The Unsung Heroes

- The demands on in-home caregivers can be significant, as homebound, frail elders require a high level of care – everything from changing and maintaining feeding and tracheostomy tubes, monitoring vital signs, and administering medications – to basics such as skin and wound care, and ordering supplies.
- The role of an in-home caregiver for a medically complex patient blends high-level nursing-type care and administrative skills with personal, intimate knowledge of the patient and their holistic needs.
- Whether a caregiver is a paid worker or a family member, their availability to provide safe, compassionate in-home care is what makes it possible for many older adults to age in place and maintain some degree of independence in the place they call “home.”

Home-Based Primary Care (HBPC) Supports Patients and Caregivers

What is HBPC?

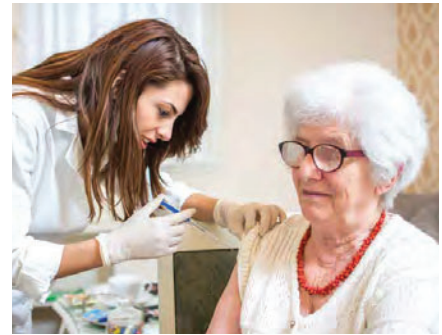
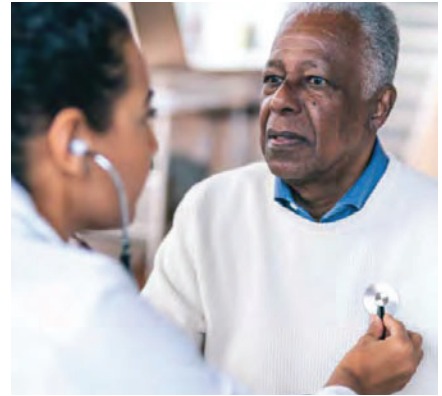
- HBPC provides in-home primary medical care, typically ongoing, to medically complex patients for whom office visits are either difficult or impossible.
- Also known as the “modern-day house call,” HBPC is exactly what it sounds like – physicians, nurse practitioners, and physician assistants travel to a patient's home, or place they call “home,” to deliver primary care services.
- HBPC providers typically function as part of an interdisciplinary team to manage both medical and non-medical needs (e.g., social factors, environmental needs).

How does HBPC help?

- HBPC has been proven to improve health outcomes, enhance the quality of life for patients and caregivers, and reduce the total cost of care by preventing unnecessary emergency room visits and hospitalizations.
- HBPC can also help caregivers by eliminating the stress and time involved with transporting the patient for primary care visits while still receiving support and guidance on managing the patient's complex medical and social needs.

What types of services does HBPC provide?

- By providing medically complex patients the same services they would receive in a primary care office, HBPC is different from other types of in-home care, such as home health care. HBPC visits can include:
 - Routine medical care and management of chronic diseases
 - Annual wellness visits
 - Addressing urgent medical needs
 - Vaccinations
 - Management of cognitive and neurological disorders
 - Advance care planning (e.g., goals of care conversations, end-of-life preferences)
 - Wound care and other procedures
 - Care coordination with community services and other healthcare providers, including specialists in psychiatry, podiatry, optometry, dentistry, and more
 - Coordination of diagnostic testing (e.g., blood tests, EKGs, ultrasounds, x-rays)
 - Medical visits at assisted living facilities, group homes, foster care homes, and similar settings
 - Caregiver support and guidance on managing the patient's complex medical and social needs



Is HBPC covered by insurance?

- For Medicare beneficiaries, services delivered by the HBPC provider are covered under the same Medicare benefits that apply when seeing a provider for an office visit, i.e., Medicare covers 80% while the remaining 20% is subject to deductibles and copays.
- Certain Managed Care or Health Maintenance Organization (HMO) health insurance plans may require a referral or for the HBPC provider to be selected as the primary care provider. An HBPC Practice in your area can answer specific questions regarding coverage.

Consider if Home-Based Primary Care (HBPC) is the Right Solution for Your Loved One(s)

Is HBPC right for someone you care for?

- Patients do not need to be formally considered “homebound” to qualify for HBPC.
- Some examples of when HBPC might be in a patient's best interests:
 - The patient has difficulty leaving the home due to medical conditions such as dementia or physical mobility limitations
 - The patient requires medical devices or special assistance/transportation accommodations to leave the home
 - Leaving the home can adversely affect the patient's physical and/or mental health
 - Caregivers and/or other family members are not available or able to transport the patient
 - Patients transitioning from one healthcare setting to another need assistance with “bridging a primary care gap”

Where should you start?

- If HBPC seems like a good fit for someone you care for, you can discuss it with the patient’s primary healthcare provider or healthcare system. They may be able to refer you to an HBPC provider.
- The following “conversation starters” may help during that discussion:
 - *Leaving the home is very difficult for the person I care for and prevents them from coming to see you as often as needed. What are the options for their receiving primary medical care at home?*
 - *The patient’s medication refills are out. It’s been more than a year since they last visited the clinic, and I am unable to get them there due to their medical condition(s).*
 - *Can you recommend or refer me to a home-based primary care provider so that I can help the person I care for receive the primary medical care they need at home?*

What other in-home services are available besides HBPC?

- *Skilled home health services* provide in-home nursing, physical therapy, occupational therapy, or other support services under the direction of a primary care provider. These services are covered by Medicare when the patient is deemed “homebound” and is certified to have a skilled need by a provider.
- *Concierge healthcare* is a subscription-based program that guarantees access to medical professionals 24/7.
- *Hospital at Home*[®] provides safe, high-quality, hospital-level care to older adults in the comfort of their own homes. Contact your local hospital/health system or health plan to inquire about availability. Learn more at <https://www.hospitalathome.org/>
- *Palliative care* is team-based consultative care focused on symptom management and advance care planning.
- *Hospice care* is non-curative support focused on providing comfort and end-of-life care when a patient is diagnosed with a terminal illness.



What You Can Expect with Home-Based Primary Care (HBPC)

Caregivers are an essential part of the care team.

- The HBPC provider (together with an HBPC practice team, if applicable) is typically the primary resource for the caregiver and patient, including planning and coordinating care with specialists, home health, and other community resources.
- Caregivers serve as patient advocates; they are often in the best position to describe the patient and their needs, and the daily challenges the patient may be facing in their home environment. Therefore, they need to remain in close communication with the HBPC team and play a key role in determining a care plan best aligned with the patient’s wishes.
- In addition to providing medical care and answering clinical questions, your HBPC provider and practice team can provide patient and caregiver education, conduct regular checkups, coordinate bloodwork and other labs, and so forth.
- Your HBPC practice team can also help with obtaining insurance approvals or providing guidance on available coverage options, as well as connecting the caregiver to other providers, as needed.

Help is available for navigating Durable Medical Equipment (DME).

- Home-limited and homebound patients often need medical equipment and supplies known as “Durable Medical Equipment” or “DME” from different suppliers (e.g., wheelchairs or motorized scooters, hospital beds, walkers, home oxygen).
- Your HBPC practice team will explain which DME will be covered through insurance and/or which DME will require purchase as an out-of-pocket expense.
- Ordering DME can be a complex process, and caregivers are encouraged to advocate on behalf of the patient as needed, and keep track of company names, phone numbers, order status and anticipated delivery.



Connecting with community services is worthwhile.

- In addition to addressing the patient’s primary medical needs, you may need community resources or social support. Check out the following resources to locate community programs and social services in your area:
 - *Eldercare locator* to find your local Area Agency on Aging – https://eldercare.acl.gov/Public/About/Aging_Network/AAA.aspx
 - *The Aunt Bertha network* connects people seeking help and verified social care providers – <https://company.auntbertha.com>
 - *The National Care Planning Council* helps families recognize the need for, and implement, long-term care planning – https://www.longtermcarelink.net/eldercare/ref_state_aging_services.htm
 - *The U.S. Department of Health and Human Services (HHS)* provides a collection of resources by state for older adults and caregivers – <https://www.hhs.gov/aging/state-resources/index.html>
- If you or someone you care for is receiving skilled home health or hospice services, you can also ask your home health or hospice agency social worker about additional community resources.

Important Tips for Caregivers

- The level of care required by the patient will dictate how much of your time and energy will be needed on an ongoing basis. Taking care of someone confined to a bed is typically more time- and energy-consuming than caring for someone more mobile.
- You learn by doing. When you first begin caregiving, there will be many things you need to learn. Be easy on yourself. Ask for help and ask as many questions as necessary so you feel comfortable.
- Have individual calendars for the patient and yourself to make it easier to remember if someone is coming over, when to order supplies, when appointments are (both the patient’s and yours), and so on.
- Reach out for counseling/mental health support for the patient and, as needed, yourself – to help with issues like anxiety, depression, loneliness and stress.
- Arrange for support from family members, friends, and other caregivers. If you do rely on someone else, document all the processes/schedules you follow for the patient and make sure the person supporting you knows how to do it all. You can also let them know they can call you with questions and in an emergency. This will allow you to confidently take a much-needed break from caregiving.
- Remember to practice self-care. If you don’t take time for yourself, you won’t be able to provide the best care for the person you are caring for. Know there are options available such as respite care, to give you a break when needed. Learn more at <https://www.nia.nih.gov/health/what-respite-care>.



- Stay in regular contact with family and friends by phone, online and, when possible, in person. Consider joining caregiver support groups online and in-person. Having a pet in the home can also provide companionship for you and the patient.
- Reenergize and refresh by taking part in physical activities (e.g., walking outside, using a treadmill or indoor bike) or going on small trips (while ensuring that another caregiver is available).


Be sure to check out the government programs available for caregivers.

- Many government programs allow family members of veterans and people with disabilities to get paid for caring for them. The Medicaid Self-Directed Care program lets qualified people manage their own health services. It also lets them hire family members as caregivers in some states. For more information on getting paid as a caregiver for a family member, go here: http://bit.ly/USA_caregiver_support.
- A Federal Savings Account (FSA) for dependents is available for adult dependents and children. It is a pre-tax saving account (usually offered through an employer) that may also be available for family members caring for adult dependents to help with costs such as adult day programs. More information on dependent care FSAs is available at <https://fsastore.com/learn/eligibility/elderly-dependent-care-fsa>.

From a caregiver


“Home-based primary care is a very personal experience. It makes the patient feel special and the patient and caregiver more comfortable. It’s so much easier to have the provider come to you, where you don’t have to get the patient out of bed and arrange for transportation. Plus, it helps you remember that, though the patient may be diminished in their capacities, that does not mean you only need to see the loss in the situation. There are still many joys to be found.”

– Long-time caregiver for a homebound patient



The HCCIntelligence™ Community provides exclusive access to a wealth of resources tailored for home-based medical care professionals. Benefit from free access to all HCCIntelligence™ Premier Resources, free and discounted pricing for online courses, and webinars led by industry experts. Engage in 1-on-1 Office Hour sessions with a nationally Certified Professional Coder (CPC)® and connect with peers to enhance your practice’s performance and stay on the leading edge of home-based medical care.

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Purpose

This resource is designed for home-based medical care providers and practice staff to develop effective strategies for meeting with healthcare payers by accurately and persuasively communicating the unique value of the services they provide. It aims to help practices communicate their value proposition to entities contracting for value-based care, including, but not limited to health plans, health system Accountable Care Organizations (ACOs), and third-party convening ACO organizations.

Preparation

- **Unique Value Propositions:** Identify and articulate your unique value proposition, considering patient geography, age, frailty, business model, quality measures, technology. Positioning yourself as uniquely qualified to care for your patient population is key.
- **Size Matters:** Regardless of size, smaller organizations can engage in value-based care contracting. The approach applies to any size of organization; however, smaller practices may have fewer direct examples and operate on more assumptions to make a unique business case. No matter the size, emphasize your strengths and do not let assumptions hinder your unique business case.
- **Identify Partners:** Improving patient care and quality often results in a reduction of overall healthcare costs. Oftentimes excellent patient care financially benefits a specific entity, such as a health plan or your local health system ACO. Sourcing these partners can be challenging at times, but you have found the right partner when your value proposition is something that aligns with their mission and goals.
 - Ways to research and identify your potential partners:
 - Exam your fee for service (FFS) billing to identify any significant concentration of one or two payers.
 - Evaluate your geographical connections, focusing on the main hospital systems you frequently engage with or refer patients. Also, check if there is a prominent multi-specialty clinic system for specialty referrals.
 - Analyze your referral sources to understand how most patients discover your services and research their business model.
 - Review your overall network and identify any major hospice or senior living organizations you commonly refer your patients to after your primary care needs have ended. (Many post-acute organizations are moving upstream into value-based care, especially the larger ones).
 - Consider larger third-party convening value-based organizations if no common themes emerge. These organizations are looking to include home based medical care organizations in their contracts and can offer helpful resources, insight, and benefits.

- **Contact Connections:** Utilize your existing contacts to connect with health plans. If you have a significant business relationship with an organization, that is an ideal starting point. If health plans seem intimidating, begin by reaching out to your FFS account representative. Research key leaders online and contact your account representative to schedule meetings with the head of contracting, finance, or clinical departments. Attend any available meetings to share your story and persistently try to progress up the chain of command.
- **Partner Considerations:** Do your homework! Research your potential partners thoroughly. Understand their organization's structure, including whether it is non-profit or for-profit. Identify their primary patient population and any special focuses on care. Delve into their mission, vision, and values on their website. Align this information with your own goals for the future meeting. Demonstrate that you are well-informed about their organization and that your objectives align seamlessly with their long-term goals.


The Meeting

- **Compelling Opener:** Start with a clinical story that demonstrates personalized and impactful care. If possible, involve a provider-to-provider connection. Attendance by the Chief Medical Officer would be rare; however, health plans and health systems have medical directors or clinical leaders who can attend. Bring Materials: Prepare a 1-2 page summary of your value proposition, outlining your business, population, and impact on improving quality of care and lowering cost.
- **Focus on Value:** The discussion should be focused on the two key components of value-based care: improved quality of care and reduced total cost of care.
 1. Improved quality of care – ideal for any value-based organization and the entire healthcare system. This improvement can translate to increased revenue from Medicare for meeting value metrics, a better community reputation leading to higher volume, and ultimately, a reduction in total care.
 2. Improved the overall cost of care. Emphasize your organization's excellence in quality care, highlighting key metrics, to segue into discussions about reducing total care costs for patients. Connect these elements using data – make informed and reasonable estimates. For instance, if you prevented hospital stays for 10% of patients last month, extrapolate the financial impact and apply it to demonstrate your annual cost-saving impact.
- **Volume Matters:** Emphasize alignment with community goals, showcasing how your unique value proposition contributes to the partner's mission. Position your partnership as a positive disruption in the market.
- **Clear Asks:** Clearly state 1-3 specific requests. This may include volume increase, financial support, or a combination. Provide operational details and a clear understanding of your proposal.
 - Volume increase: If you aim to expand your HBPC work with a partner, specify the preferred patient profile, address current patient assignments, assess the impact on existing models, evaluate operational capacity for growth, and outline the benefits of handling more patients.
 - Money increase: Seek additional funds beyond traditional fee-for-service (FFS), for your current patient population. Clearly outline your expectations regarding the economic arrangement. Determine if you prefer a per-enrollee-per-month (PEPM) payment for specific tasks or if you aim to share in the overall savings generated from your patient pool.
 - Volume and Money: If you are seeking increased funds and volume, ensure your request is clear and that you understand the dynamics of such a proposition. A lack of clarity in your business plan could lead to confusion for your potential partner regarding your true request. In addition, you would like to start in the driver's seat for these negotiations.

- **Ask Questions:** Inquire about decision-makers, processes, existing relationships, and satisfaction levels. Ask probing questions to gain insights into the partner’s perspective.
 - ▶ Who is their decision maker? What is their process? Do they have other organizations in similar arrangements? What other types of value-based relationships do they have and are they happy with them?
- **Closing Statement:** Conclude the meeting by reiterating the opening clinical story, summarizing your ask, leave materials, and setting a date to follow up.


Follow Up

- **Materials and Thanks:** Follow up via email, sharing electronic materials, restate your ask, express gratitude for their time, and reiterate your desire for a future partnership. If you agree on next steps, this should also be included.
- **Meet with Multiple Organizations:** Engage with various payers to leverage partnerships and enhance negotiations. Identify and meet with multiple payers where there is existing patient saturation, or you want greater saturation. Explore opportunities with local health systems involved in value-based care. Finally, do not forget to meet with national conveners, these partnerships can often offer alternative perspectives.
- **Continuous Learning:** Stay informed about changes in value-based care Medicare contracts and payer relationships. Attend conferences, webinars, and keep abreast of industry changes and advancements.



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