# Expanding Home-Based Primary Care's Value in Illinois



Thomas Cornwell, MD Older Adult Services Advisory Committee February 22, 2021

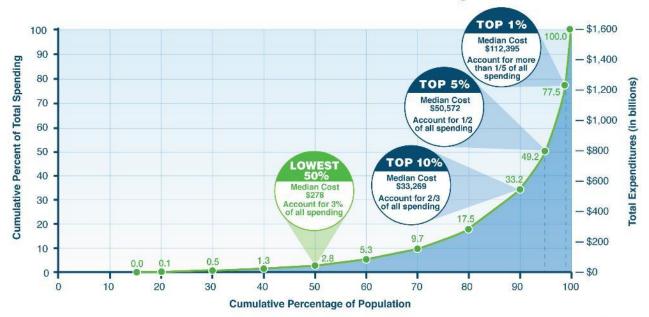


# The Forces Behind the Return of the House Call

- Aging and Chronic Illness
- Technology
- Home & Community Based Services
- The Value of House Calls
- Payment Reform

## Aging and Chronic Illness: Cost

## Health Care Spending Is Highly Concentrated Among a Small Portion of the US Non-Institutionalized Population



Percent of Civilian Non-Institutionalized Population Ordered by Health Care Spending, 2015





## Technology

## **Diagnostic**

**Smart Phone** 



X-rays



**Ultrasound** 



Labs



## **Therapeutic**

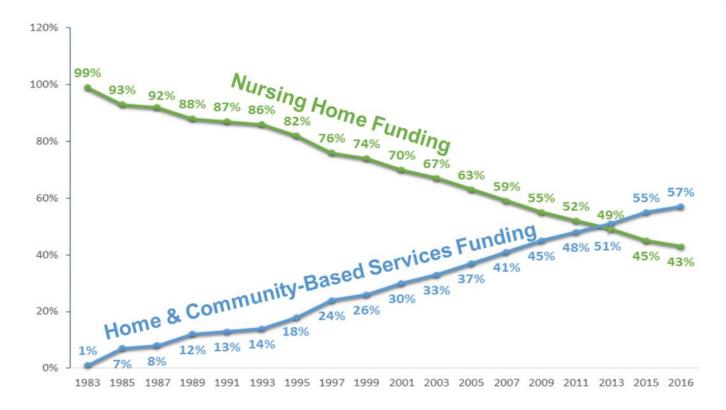
**Dialysis** 



**Smart Pump** 



## Home & Community-Based Services





## Payment Reform: Fee-for-Service

Medicare House Call/Domiciliary (ALF) Payments

House Calls

CPT	1997	2021	IL Medicaid
<b>Follow-up</b> (99349)	\$59.37	\$128.39	\$47.50
<b>Follow-up</b> (99350)		\$178.65	\$68.85
<b>New</b> (99344)	\$101.62	\$182.14	\$70.55

Assisted Living

СРТ	2005	2021	IL Medicaid
<b>Follow-up</b> (99336)	\$48.30	\$134.40	\$26.05
<b>Follow-up</b> (99337)		\$193.81	\$31.05
<b>New</b> (99327)	\$75.00	\$185.33	\$42.95



## Value of Home-Based Primary Care









Elsa

COVID

## Value of Home-Based Primary Care

VA Home-Based Primary Care (2002: 11,334 Patients)

Site of Care	Before		Change	
Site of Care	HBPC	After HBPC	(\$)	(%)
All Home Care	\$2,488	\$13,588	\$11,100	+460%
Outpatient	\$6,490	\$7,140	\$650	+10%
Nursing Home	\$10,382	\$1,382	(\$9,000)	-87%
Hospital	\$18,868	\$7,026	(\$11,842)	-63%
Total Cost VA Care	\$38,228	\$29,136	<b>(\$9,092)</b> P < 0	<b>-24%</b>

\$103,048,728



## Value of Home-Based Primary Care

Independence at Home (IAH) Medicare Demo

### **Programs**

Experienced and ≥ 200 patients

#### **Patients**

≥ 2 Chronic Conditions ≥ 2 ADL deficiencies Emergent hospitalization and post-acute care in past year

### **Payments**

First 5% of savings to Medicare
Additional savings: 80% practices/20% Medicare

### Results









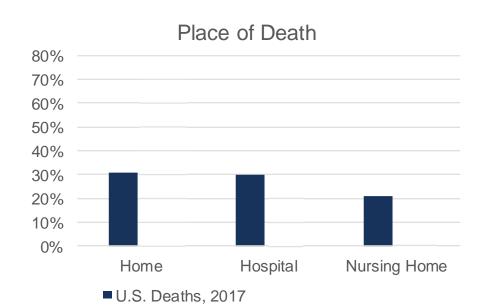
\$100M Savings (Year 1-5) \$2,000 per beneficiary/yr



## **VALUE OF HBPC: END-OF-LIFE-CARE**

Medicare Spend in Final Year

25% of \$556B







**HCP Deaths** 2017-2019





**ICU** in final 30 days



### Home Care Physicians (HCP) 2014-2019



On **Hospice** 



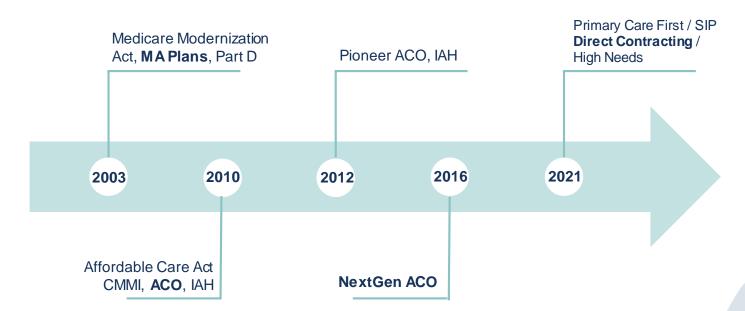
Median HCP LOS





Riley, Lubitz; Long-Term Trends in Medicare Payments in the Last Year of Life, Health Services Research, 4/2010 Cross, Warraich; Changes in the Place of Death in the United States; NEJM, 12/19 Teno; Site of Death, Place of Care, and Health Care Transitions Among US Medicare Beneficiaries, IAMA 2018

## Medicare Payment Evolution from FFS to Value-Based Care



MA: Medicare Advantage

CMMI: Center for Medicare and Medicaid Innovation

ACOs: Accountable Care Organizations

IAH: Independence at Home SIP: Serious Illness Population



## Direct Contracting Entity (DCE) Revenue Example

\$55,000

DCE: 10,000 lives, 5% At Home = **500 patients** 

### **Fee-for-Service Annual Revenue**

•	10 visits/pt.avg.\$150/visit	\$750,000
•	CCM 90% pts. once per month	\$227,000
•	ACP twice a year	\$84,000
•	TCM (250)	\$55,000
•	Before/After (250)	\$29,000

Estimated Revenue: \$1.2M

Other (RPM, procedures)

(APPs get 85% = \$IM)

### **Direct Contracting Annual Revenue**

- CMS Financial Methodology
  - I. Historical baseline
  - 2. Trending baseline forward
  - 3. Blending the baseline with regional expenditures
  - 4. Risk adjustment
  - 5. Discount, quality and retention withhold

Estimated Revenue: \$16.3M



## DCE Benefit Enhancement

### **Current Benefit Enhancements (from NextGen)**

- 3-Day SNF Rule Waiver
- Telehealth Expansion
- Post-Discharge Home Visits by RNs and Therapists
- Care Management Home Visits by RNs and Therapists
- Chronic Disease Management Reward Program
- Cost Sharing Support for Part B Services

### **New Benefits Enhancements**

- Waiver of Homebound requirement for Home Health
- Concurrent Care for Patients that elect hospice benefit Waives hospice requirement that beneficiaries stop curative care
- Beneficiary engagement incentives



## Village Medical Value-Based Care Tools: Quality



6 OT visits + 4 RN visits + Handy Worker +

\$1,600 for home modification / adaptive equipment

### **Direct Contracting Beneficiary Engagement**



**OTC Medications** 



Diet and exercise programs



Transportation



Electronic alert systems, air conditioners, stair railings



Dental care



Home health aide



## Venture Capital and Home-Based Primary Care





- Emphasis on home-based primary care
- Former Sen. Bill Frist & HHS Sec. Kathleen Sebelius BOD



- 82 clinics in eleven states, Chicago start-up 2013
- >\$100M venture capital
- Went public August 2020 raising >\$350M



- >3,000 PCPs in nine states, Chicago start-up 2013
- >\$200M VC; 7/20 Walgreens \$1 billion investment
- Dr. Zeke Emanuel on BOD



- >\$50M VC, Chicago start-up 2018
- Emphasis on home-based primary care
- Dr. Jeff Kang, CEO, former CMS CMO, CIGNA CMO, Walgreens SVP, ChenMed President



### Home Centered Care Institute



### **Mission**

 Develop the provider/practice network required to scale homebased primary care so those in need of house calls...get them.

### **Accomplishments**

- 1623 professionals trained in 2020
- Pilot programs: UIC, U of C, Northwestern and Rush
- Florida House Call Project (Retirement Research Foundation)
- Marketing/PR campaign

### 2021-2022 Goals

- 2,000 professionals trained
- 50-75 Illinois-based practices engaged
- Value-based payment education





## HCCIntelligence<sup>™</sup> Resource Center











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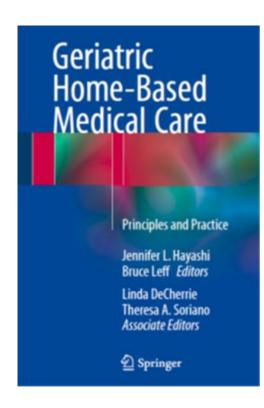
## Working Together to Expand HBPC in Illinois

- Potential Savings in Illinois
  - 2019 Population 12,671,821;  $16.1\% \ge 65 = 2,040,163$ ; 5.6% homebound = **114,249** in need
  - VA saved \$9,092/patient ⇒ \$1,038,751,908; \$9,000/patient in NH costs = \$1,028,241,000
  - IAH saved \$2,000/patient ⇒ \$228,498,000
- Expanding physician led/nurse practitioner driven HBPC programs in Illinois
  - Nurse Practitioner Revenue Assumptions
    - Case load 150; 4.5 visits/day, 5 days/wk, 48 wk/yr; Total Visits: 1,029 (978 Established, 51 New)

Revenue Source	Revenue	
Visits	\$150,481	
Ancillaries*	\$37,301	
Total	\$187,782	
NP Revenue = 0.85 x Total	\$159,615	



<sup>\*</sup> Billable ancillary services: Advance Care Planning, Non-F2F before after time, Cerumen removal, Chronic Care Management



Chapter 3

Care Planning and Coordination of Services

Thomas Cornwell and Kara Murphy

Thank You!

**Questions?** 

