Why We Need Home Based Primary Care

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Why We Need Home Based Primary Care (HBPC)

- Driving forces shifting care to the home for persons with serious chronic disabling diseases
- How HBPC differs from Medicare home care in target population, processes and outcomes
- Population in need of longitudinal interdisciplinary HBPC
- Benefits of HBPC to the population, the health system and trainees of all disciplines
Converging or **COLLIDING** Public Health Challenges

- Increasing population over age 75: 46% increase 2016 to 2026
- Escalating prevalence of chronic disabling disease
- More needing assistance; Relative decrease in family caregivers
- Unsustainable rise in healthcare costs

Factors

- Longer life expectancy: 78 years, up from ? in 1900
- Those with the greatest need for the most frequent care often face the steepest challenges with access to care
- By 2035, 76% increase in older households with a disability (Joint Center for Housing Studies, Harvard Univ 2016)
- High utilization and cost in last year of life. Goals of care?
- 5% of population accounts for 50% of health care costs. Who is this 5%?

% Change in Population from 2000

![Graph showing percentage change in population from 2000 to 2016 for different age groups.](image-url)
% Change in Population from 2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Veterans 85+</th>
<th>Male 65+</th>
<th>Female 65+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>2010</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
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<tr>
<td>2020</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>2030</td>
<td>4%</td>
<td>4%</td>
<td>4%</td>
<td>7%</td>
</tr>
<tr>
<td>2040</td>
<td>5%</td>
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<td>5%</td>
<td>7%</td>
</tr>
<tr>
<td>2050</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
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</table>

**Challenge**

- The convergence of a burgeoning population with serious chronic diseases and escalating health care costs is creating a compelling need for successful models of care and training in home based primary and palliative care.

**Costs of Chronic Disease**

- 68% of Medicare $ for 20% with 5+ chronic conditions
- 75% of health expenditures for chronic disease (CDC)
- 5% of beneficiaries account for 50% of healthcare costs
- **Focus on the 5% who account for 50% of cost**
  Not the 50% who account for 4% of healthcare costs
Why Shift Care to the Home? **ACCESS**

- **ACCESS:** for those who want convenience?
- **ACCESS:** for those with greatest need for frequent care, who face greatest challenges to access care

- Those with serious chronic medical diseases and disabling conditions: too sick to go to clinic
- Among 5% account for 50% of health care costs
- We can increase access, improve quality and lower total costs of care

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**What is VA Home-Based Primary Care (HBPC)?**

- Comprehensive, longitudinal primary care
- Delivered in the home
- By an Interdisciplinary team: Nurse, Physician, Social Worker, Rehabilitation Therapist, Dietitian, Pharmacist, Psychologist

- For patients with complex, chronic disabling disease
- When routine clinic-based care is not effective

  *For those “too sick to go to clinic”*

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**HBPC is NOT like Medicare (MC) Home Care**

- Different target population
- Different processes
- Different outcomes

- HBPC provides longitudinal comprehensive, interdisciplinary care to veterans with complex chronic disease
  - LONGITUDINAL – not episodic
  - COMPREHENSIVE – not problem-specific
  - INTERDISCIPLINARY – not one discipline
  - CHRONIC DISEASE – not remedial conditions
Characteristics of HBPC Population

“Too sick to go to clinic” -
Mean age 78.4 years; 96% male; 24% annual mortality
More than 8 chronic conditions; among 5% highest cost
Heart disease, diabetes, depression, dementia, cancer, lung
disease, schizophrenia, PTSD, stroke, neurologic
48% dependent in 2 or more Activities of Daily Living (ADL)
47% married; 30% live alone; Caregivers: 30% limited ADL
Mean duration in HBPC 315 days; 3.1 visits/mo; 28 visits/yr

Disease Prevalence in HBPC

<table>
<thead>
<tr>
<th>Disease</th>
<th>% of patients with disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>72%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>48%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>35%</td>
</tr>
<tr>
<td>Dementia</td>
<td>33%</td>
</tr>
<tr>
<td>Cancer</td>
<td>29%</td>
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<td>35%</td>
</tr>
<tr>
<td>Dementia</td>
<td>33%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>29%</td>
</tr>
<tr>
<td>Cancer</td>
<td>29%</td>
</tr>
<tr>
<td>Anxiety/Personality Disorder</td>
<td>24%</td>
</tr>
<tr>
<td>PTSD</td>
<td>21%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>20%</td>
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</table>
Effects on Health & Wellbeing
Keeping Veterans Independent at Home

- HBPC provides a level of care that allows the Veteran to feel comfortable at home
- Caregivers feel supported and able to continue caring for loved ones

"[HBPC] makes a great difference. Because I get good care. I’m not in a nursing home. I thought I was going to have to go into one. But I’m not. I’m still out.” (WWII Veteran)

"There would have been a lot of times, like now, that I couldn’t hardly make it…. But now in this program, I believe that I can keep him right here in the house.” (Caregiver of WWII Veteran)

HBPC Reduces Hospital Days and Total Costs to VA and Medicare

- VA: 6951 HBPC Veterans; VA+Medicare use and costs
  - 36% fewer VA+MC hospital days; 25% fewer admissions
  - 12% lower VA+MC costs, including HBPC costs
- Non-VA Study: 722 in HBPC; 2161 controls over 2 yrs.
  - HBPC resulted in 17% lower overall Medicare cost
- Medicare Demonstration (Independence at Home):
  - 8400 medically complex disabled beneficiaries enrolled in program based on VA’s HBPC program
  - $35 Million saved two years ($2,100 / patient / year)

Effects on Health & Wellbeing
Avoiding ER Visits and Hospitalization

- Early awareness of and response to symptoms by HBPC care team helps Veterans avoid exacerbations
- HBPC staff educate Veterans and caregivers about important signs and symptoms

“They kept me out. Yeah, I haven’t even had to go to the ER, not one time that I remember. As far as I remember, I wasn’t in there at all. So I’m just thrilled, you know. When you go from five [ER visits] to none, somebody is doing their job.” (Vietnam Veteran)
Independence at Home Act
Section 3024, Patient Protection and Affordable Care Act
- Model in Medicare like VA HBPC, with economic structure in CMS to support it
- Finished third year of Medicare demonstration
- Targets complex chronic disabling disease
- Interdisciplinary, longitudinal care in home
- Geriatric skills, EHR, quality, satisfaction
- Shared savings: 5% to CMS, then 80% to team
- **First year results**: 8400 of Medicare’s most chronically ill and disabled beneficiaries, HBPC lowered total cost by $25 million

Why take care to the home?
- Too sick to go to clinic: No show, pain, complex
- Clinic-based care not effective: hospital, ER
- Require interdisciplinary care at variable times
- HBPC reduces total cost of care: Net 12% to 17%
- Their comfort zone, not ours
- Establish trust
- See and feel their care needs in their home
- Earlier palliative care
- Gold standard of medication reconciliation happens at the kitchen table
What does HBPC mean to you?

TRUST

Future of Health Care

• More care in home and community
• Less hospital and nursing home
• More interdisciplinary team care
• Less physician dominated
• More complex chronic disease focused
• Less acute care focused
• More inclusive of medical and social determinants
• Less medical oriented
• More person-centered: Values, goals, preferences
• More individualized: Precision Medicine
• More focused on quality of life

Why Establish Home Based Primary Care at Academic Institutions?

• Benefits to those with serious chronic disease
• Benefits to trainees of all disciplines
• Benefits to health systems
• Benefits to taxpayers

• Benefits to those with serious chronic disease
  – Supports remaining at home, optimal independence
  – Less time in hospital and nursing home; lower cost
  – Care is more accessible, more comfortable, less arduous
  – Trusted, personalized, responsive care
  – Earlier, stronger, comprehensive palliative care
  – Improved quality of life
Effects on Health & Wellbeing

Benefits to Caregivers

• Feel less stress because they are supported in caregiving
• Value education about caregiving
• Value the care team’s oversight of Veteran medical needs
• Feel their health is better because of reduced stress

“Well, [HPBC] just about saved my life. I’d a went down sooner, if it hadn’t of been for them coming out here. It’s a wonderful program. Because if I need anything, all I have to do is tell one of them….it’s done wonders for me.”

(Caregiver of WWII Veteran)

Home Based Primary Care and Palliative Care: The Veteran Experience

• Home Based Primary Care
  – “They kept me out. ….When you go from five [ER visits] to none, somebody is doing their job.”

• Hospice/Palliative Care
  – “All the love I’ve ever needed in my life is here. …I could get to a point where I really don’t care about much of anything. And the people here provide me with the love to never have to go in that direction. It keeps me alive that love.”

Why Establish Home Based Primary Care at Academic Institutions?

• Benefits to trainees of all disciplines
  – Experience dynamic interdisciplinary team
  – Interprofessional training for all disciplines
  – Learn what other disciplines offer
  – Address non-medical elements
  – Better understand patient’s environment and challenges
  – Recognize difference between clinic and home
  – Experience provision of care in the home
  – Exposure to a model of earlier palliative care
Why Establish Home Based Primary Care at Academic Institutions?

• **Benefits to health systems**
  – Progressive, innovative model of care
  – Appreciation by patients, families, community
  – Attractive to trainees
  – Early adopter of new Medicare benefit
  – Offer earlier, stronger, comprehensive palliative care
  – Integrates with technology; home telehealth
  – Center for “aging in place”
  – Foundation for innovation: Hospital in Home, Medical Foster Home, Transitional Care, Palliative Care not limited by prognosis nor preferences

Why Establish Home Based Primary Care at Academic Institutions?

• **Benefits to taxpayers**
  – Lower Federal and State healthcare costs
  – Lower out of pocket costs
  – Community health
  – Envision future of health, well-being, care that honors personal preferences, for self and for loved ones
  – Anticipate care that increases access, improves quality and lowers total cost care – achieved by adding services, not restricting services.

• Who is that 5% who account for 50% of costs?