

Healthcare at Home: Establishing Partnerships

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- Statewide trade organization
- Represent 700 home-based care organizations across Pennsylvania
- Home health, hospice, non-medical homecare providers
- Services include:
 - Medical care – nursing, wound care, PT, OT
 - Personal care – assistance with activities of daily living
 - End-of-life care – patients with terminal illness and families
- Advocate for people who receive care at home, including seniors, adults with disabilities, children with complex medical conditions



Pennsylvania Homecare Association

THE FACTS ABOUT AGING IN PLACE

Aging in place: "The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."

<p>As of 2014, there are over 56 million people in the US over the age of 65.</p> <p>By 2030 this number will climb to 111 million.</p>	<p>90% of seniors want to stay in their own home as they age.</p>	<p>The NAHB reports that the aging in place market represents 10 percent of the \$214 billion home improvement industry.</p>
<p>70% of seniors have made modifications to their home for safety reasons.</p>	<p>A private nursing facility costs \$81,000 on average.</p> <p>Homemaker and adult care services cost just \$20,000.</p>	<p>Many businesses will typically see a 27% increase in their revenue by offering aging in place services.</p>

Home-Based Care

- Pre- and Post-Acute medical, non-medical care
- Help heal from illness, surgery, wound care
- Keep people out of hospital
- Transport to medical appointments, keep active in community

EMS

- Ambulance, paramedic services
- Treat illnesses and injuries that require an urgent medical response
- Providing out-of-hospital treatment
- Transport to ER



Mobile Integrated Healthcare

- Mobile integrated healthcare aims to deliver higher quality, cost-effective care by coordinating resources among EMS providers, hospitals, home-based care providers, and insurance companies
- Not a new concept – 1970s
- Community paramedicine and mobile-integrated health care programs in 20+ states
 - Reduce non-emergent EMS transport to hospitals
 - Lower hospital admissions
 - Provide more appropriate medical resources
- Assist in clinical care coordination between patients and providers
- Medication compliance, community resource navigation



Mobile Integrated Healthcare

Sound familiar?

- EMT not able to transport a patient, but contacted physician or a family member to follow up
- EMTs checked on patient they recently transported to ER
- EMT gets call from a neighbor and drives over to see if “Mom is all right”
- EMTs drive by drug store to pick up meds while transporting the patient home, or check fridge to see if patient has food





Partnership Opportunity:

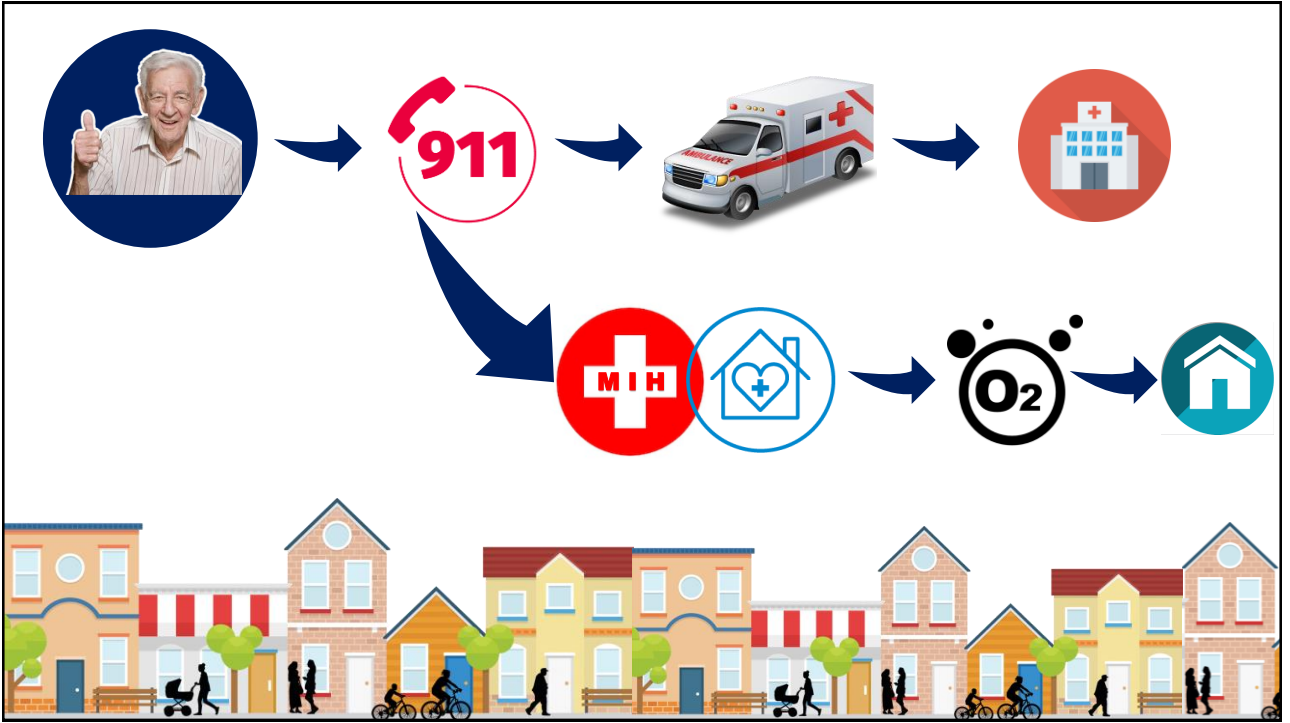
Home Health & EMS

- Integration across healthcare continuum
- Don't duplicate, navigate
- Community Paramedicine/Mobile Integrated Healthcare doesn't REPLACE home health, and vice versa
- Work together to help consumers and patients navigate complicated healthcare system
- Goal: Fill gaps
 - Some don't qualify for home health
 - Access issues in rural areas
 - 9-1-1 overuse – who to call?



Real-Life Scenario







Maryland



- Pilot program under Total Cost of Care Model Waiver
- Legislation directing Maryland Institute for Emergency Medical Services Systems (MIEMSS) and Maryland Health Care Commission (MHCC) to study reimbursement of three models of EMS care:
 - EMS treat and release/refer
 - EMS transport to alternative destination
 - EMS mobile integrated health services



Massachusetts



- Mobile Integrated Health (MIH) and Community EMS (CEMS) established through legislation
- Advisory Council convened to create regulatory framework, effective December 2018
- Home Care Alliance of Massachusetts opposed to CEMS providing home health services without regulatory framework
- Approved programs don't duplicate services, community needs assessment required to prove no duplication
- Pilot programs in place





Missouri



- Missouri Alliance for Home Care worked collaboratively with state nursing, paramedic, emergency, and ambulance associations to develop regulations
- Ad hoc work group: Partnership for Community Care, developed joint statement of principles
- No state funding



Nebraska



- State Board of Health approved application to establish Community Paramedicine Program
- Nebraska Home Care Association, EMS providers, Nursing Association working together to rewrite state regulations
- Goals:
 - Protect scope of practice
 - Clearly defined roles
 - Ensure licensure requirements for home health services





Texas



- MedStar Mobile Healthcare partners with Klarus Home Health to fill gaps in delivery system
- Serves >1 million people in Fort Worth area
- Program started in 2009 in response to 911 overuse
- 2008: 21 individuals transported to ERs more than 2,000 times
 - **\$962,429** in ambulance charges



Home Health Partnership:

- Home health patients enrolled into MedStar database
- Nurse is notified if enrolled patient calls 911
- MedStar and Klarus work together to determine most appropriate care

Numbers:

- **2,650** patients enrolled
- **1,901** called 911
- Only **714** required transport to ER





Hospice Partnership:

- Increased risk of patients/families revoking hospice election by calling 911 for trip to ER
- MedStar and VITAS connect when hospice-enrolled patient calls 911
- Work with patient/family to reduce hospice revocations

Numbers:

- **565** hospice patients called 911
- Only **102** disenrolled



Other programs:

- 911 Nurse Triage
 - Program has saved **\$6 million** in ambulance transport and ER costs
- High Utilizer Group
 - Program has saved **\$23 million** in ambulance transport and ER costs (**\$29,000** per enrolled patient)
- Readmission Avoidance
 - **52%** reduction in readmissions



Hurdles

- Avoid duplication of services
- Funding
- Regulatory Issues
- Not all patients qualify for home health services, or gap between discharge and services





**Thoughts?
Questions?**

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