

HOME HEALTH LINE

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House-calls bill could mean new referral opportunities for agencies

An about-to-be-introduced bill to test cash rewards for house-call physicians that trim Medicare outlays for high-cost patients with multiple chronic conditions also could help HHAs the physicians work with when patients need standard home health services. One benefit would be a steady stream of new referrals, but the legislation also would allow agencies to share in the savings reward by partnering with house-call practices.

The Independence at Home Act, which has Democratic and Republican sponsors in the House and Senate, calls for a three-year, 26-state demonstration aimed at showing that Medicare beneficiaries with multiple chronic conditions can “remain as independent as possible for as long as possible and . . . receive care in a setting that is preferred by the beneficiary.”

With increased lawmaker interest in better care coordination as a Medicare cost-cutter, prospects for the legislation’s inclusion in the major Medicare reform bill Congress is expected to consider next year look bright, say congressional aides involved in its development. But it won’t be the only care-management proposal Congress gets next that has a home health component, one home health lobbyist predicts.

Cut Medicare’s costs and share savings

What house-call practices and their partners stand to gain from participation in the demo would be 80% of Medicare savings on the enrolled patients after the government receives an initial 5% of the savings. That could prove to be low hanging fruit, given that 10% of all Medicare patients – most of them with multiple chronic diagnoses – account for two thirds of Medicare expenditures.

One example of an HHA already benefiting from an existing physician house-calls program is 30,000-patient VNS of New York. Its related program usually provides Medicare home health services for 250 or more permanently homebound patients, nearly all referred by the Manhattan based Mt. Sinai Visiting Doctors Program, says Ruth Marcus, head of VNS unit. Without physician home visits and referrals to home health, many of the HHA’s patients “wouldn’t have hit the system” until they were admitted to acute hospital care,” Marcus says.

TLC Home Health, with offices in San Diego and Vista, Calif., gets patients referred by Call Doctor Medical Group, a 1,000-patient house-calls group with four physicians and four physician assistants. The San Diego group generally accounts for up to 20% of the Vista office’s 110- patient average census, says Colette Armstrong, director of operations there. Call Doctor favors TLC Home Health partly because it has certified wound nurses to treat the diabetic patients that account for a large share of its referrals, Armstrong says. About 7% of Call Doctor house calls result in a certification or recertification for Medicare home health, says Gresham Bayne MD, president of the medical group.

Call Doctor refers to TLC and other preferred agencies because they can receive HIPAA-compliant e-mail messages generated by the customized wireless system it helped create. That system also gives its practitioners easy access to patient records while at visit sites, Bayne notes. Another reason: TLC usually gets its clinicians to patients’ homes within 24 hours of a Call Doctor request for admission or additional services. That’s an important consideration, given that in home-visit situations, the physician usually makes on-the-spot judgments about the patient’s needs rather than waiting for the home health nurse to suggest plan of-care changes, Bayne says.

In anticipation of Congress authorizing the 26-state demo, Call Doctor now is developing protocols for additional responsibilities it would assign collaborating HHAs. One would be the ability to respond 24/7 to patient crises. Another would be doing blood tests that Call Doctor's practitioners now have to administer. Such services would be paid out of the Medicare savings share Call Doctor believes it would receive, Baynes says.

If the congressional Medicare committees need solid evidence of potential savings from a home-visit program, they need look no farther than the VA health program. Its home-based primary care teams physicians, nurses, social workers, rehab therapist dieticians and other professionals based at 126 VA facility sites now are visiting approximately 16,000 veterans at home three times a month, most of them eligible for Medicare home health. That's more than twice the number of veterans who got home visits from teams at 74 facilities in 2000, says geriatrician Tom Edes, the program's head.

Those helped by the program are deemed too sick to go to VA clinics for care; are more than 76 years old, on average; and have more than eight hierarchical chronic conditions. They also average 315 days in the home-care program, during which they receive an average 65 days of Medicare-paid home care. Among some 8,200 veterans enrolled for home visits in 2007, combined hospital and nursing home days per year fell 78% to an average 4.6 from the pre-enrollment level, while the rate for readmissions within 30 days dropped 18%, Edes relates.

A separate VA analysis found a 24% net savings on total care for home-based primary care patients, even with the cost of the home-based program included.

Within the home health industry, the Independence at Home bill has the full backing of Visiting Nurse Associations of America, which sees it providing "a significant breakthrough in Medicare policy" that would yield substantial savings," VNAA President Andy Carter wrote in a recent letter to Sen. Ron Wyden (D-Ore.), one sponsor of the legislation. The National Association for Home Care & Hospice also agrees with the bill's general premise that case management can save "significant expenditures in Medicare." But NAHC has misgivings about the prime role the bill would give physicians and nurse practitioners.

Care management services should be managed by an interdisciplinary team that includes nurses, therapists and social workers, NAHC President Val Halamandaris wrote in his own letter to Wyden. NAHC also wants enough of the demo projects "centered in" Medicare HHAs to test "agencies of varying size and in geographic areas with varying densities," the Halamandaris letter states.

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