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Innovation Programs within Home Health

Joseph Brence, PT, DPT, MBA,
FAAOMPT & Charles McDonough,
MHA

Presenters



Joseph B. Brence

Head of Home & Community Care Strategy at MedBridge LLC. & Professor at New York University



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Charles McDonough

CEO, Interim Healthcare of the Upstate

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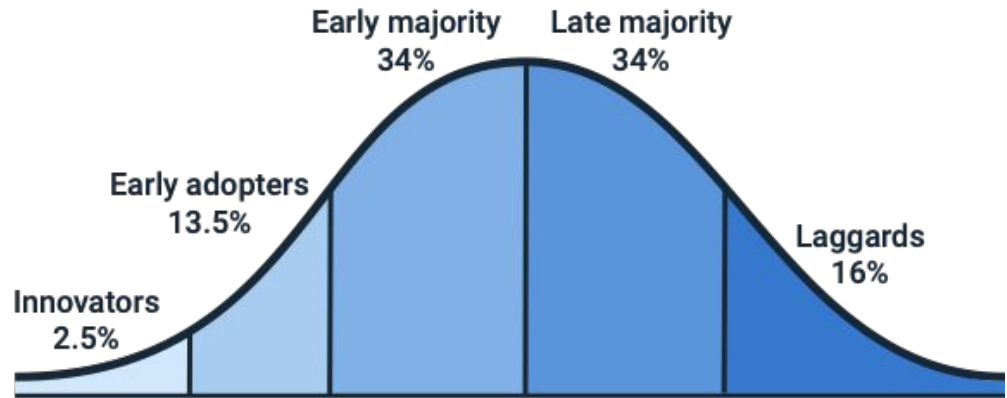
Objectives

- Identify what a global pandemic has taught us about the healthcare needs of our nation
- Explain current trends and opportunities shaping the environment for home-based care
- Outline the pros and cons of innovative payment models and if they are a risk worth taking



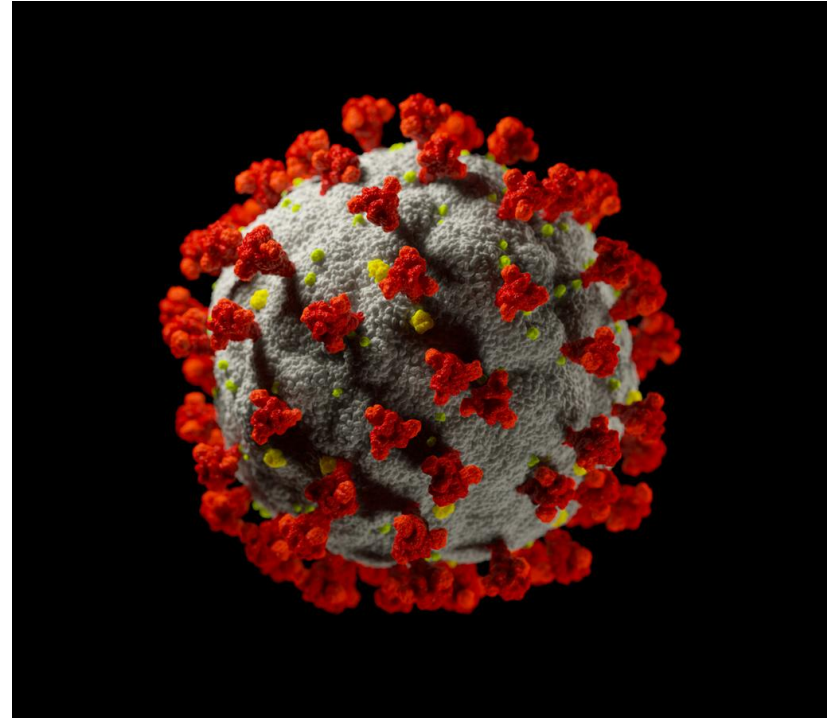
Law of Diffusion of Innovation

- **Dr. Everett Rogers in 1962**
 - *“Adoption of a new idea, behavior, or product (i.e., “innovation”) does not happen simultaneously in a social system; rather it is a process whereby some people are more apt to adopt the innovation than others.”¹*

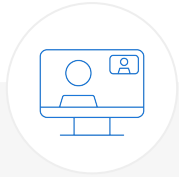


COVID: What Did We Learn?

- Consumers desired healthcare that was **accessible, safe** and **flexible**
- The “**walls**” surrounding traditional models of care are not always necessary
- PPE...



By the Numbers: The Impact of COVID19 on the US Healthcare System



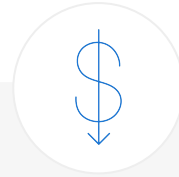
23%

The total percentage of all-provider telehealth visits in 2020, compared to 0.3% in 2019²



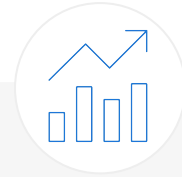
261,000

Total telehealth visits conducted in Q2 2020 by LHC Group⁴



15%

Total reduced percentage of US Medical Spend in 2020 (compared to 2019 spend)²



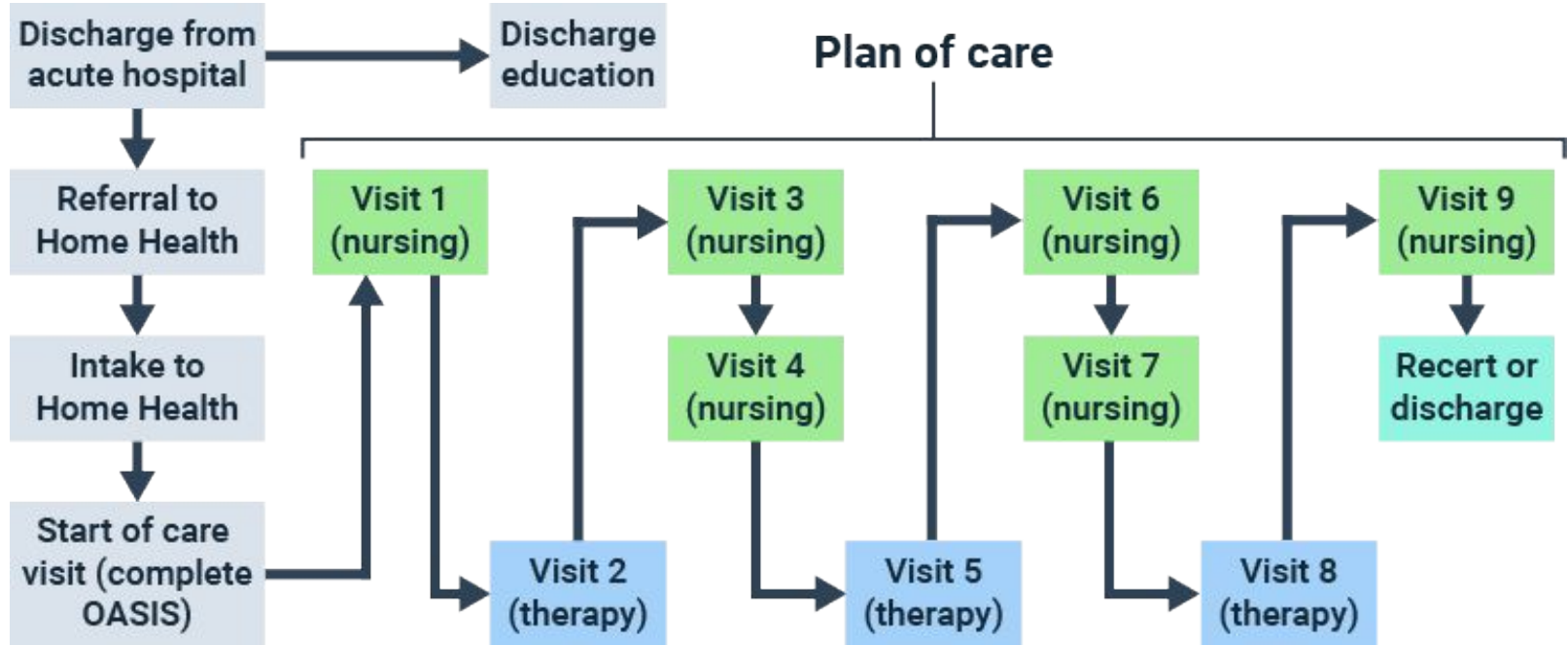
97%

Percentage of health plan executives in 2020 who believe more care needs to shift home³

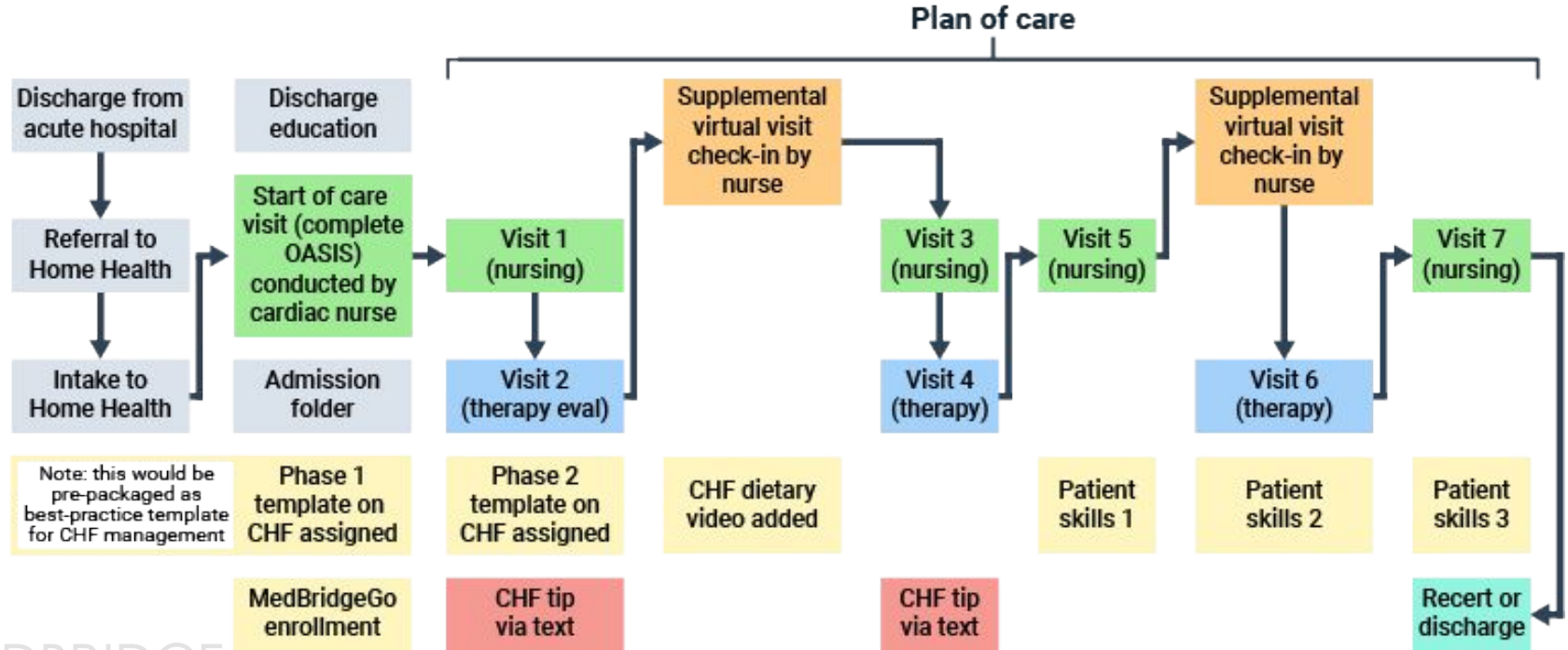
The Shift from Traditional to Hybrid POC

- COVID-19, along with increased traction of VBP/At-Risk models, are **disrupting** traditional Home Health delivery models
- Agencies need to begin thinking **beyond** “current state” and look forward at market trends
 - Telehealth
 - Patient engagement tools
 - Visit frequency optimization
 - Risk stratification
 - Etc.
- **Future state POCs will be hybrid** (blending the right tools, visits and technology to manage patients)

Traditional Plan of Care in Home Health



Hybrid Plan of Care in Home Health



Tear Down That Wall



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More Healthcare Is Coming Home



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Why Will More Healthcare Shift Home...

- **Macro drivers**

- Increased focus on total costs of care
- Evolving patient preferences and satisfaction
- Data and AI
- Adoption of virtual care
- Improved triage of patients (the right level of care at the right time)

Why Will More Healthcare Shift Home...(cont.)

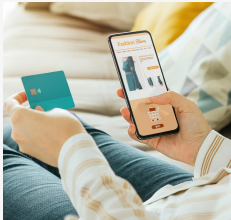
- **Agility** is an iterative concept that helps teams deliver value to their customers faster and with fewer headaches
- **Concept is moving healthcare**



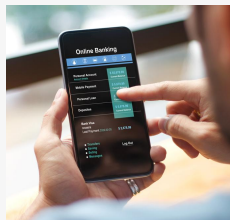
Why Will More Healthcare Shift Home...(cont.)

What else has become more “agile” and shifted home?

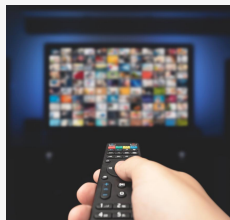
Commerce



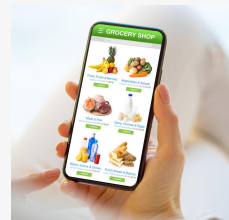
Banking



Entertainment



Grocery shopping



Working



The Story of Mrs. Jones: Version One



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The Story of Mrs. Jones: Version One (cont.)

On 6/15/21, Mrs. Jones had an exacerbation of COPD. Her husband rushed her to the hospital.

- **Name:** Mrs. Jones
- **Age:** 72-years-old
- **Medical HX:** COPD, smoker x 50 pack years
- **Employment:** Retired
- **Hobbies:** Golf, reading
- **Support:** 76-year-old husband (healthy)



ED triage



Observation



HH admission

← SNF ←



Hospital admission

This model is not “agile”

At what cost? 3 days hospital admission (\$19k), 10 days of SNF admission (\$6k), and HH admission (\$4k)
= **\$29k total cost of care for traditional workflow**

The Story of Mrs. Jones: Version Two



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The Story of Mrs. Jones: Version Two (cont.)

On 6/15/21, Mrs. Jones had an exacerbation of COPD. Her husband rushed her to the hospital.

- **Name:** Mrs. Jones
- **Age:** 72-years-old
- **Medical HX:** COPD, smoker x 50 pack years
- **Employment:** Retired
- **Hobbies:** Golf, reading
- **Support:** 76-year-old husband (healthy)



ED triage



HAH admission followed by HH

At what cost? ED triage (\$1k), Hospital-at-Home admission (\$11k), and HH admission (\$4k)
= \$16k for HAH Workflow (net savings of \$13k)

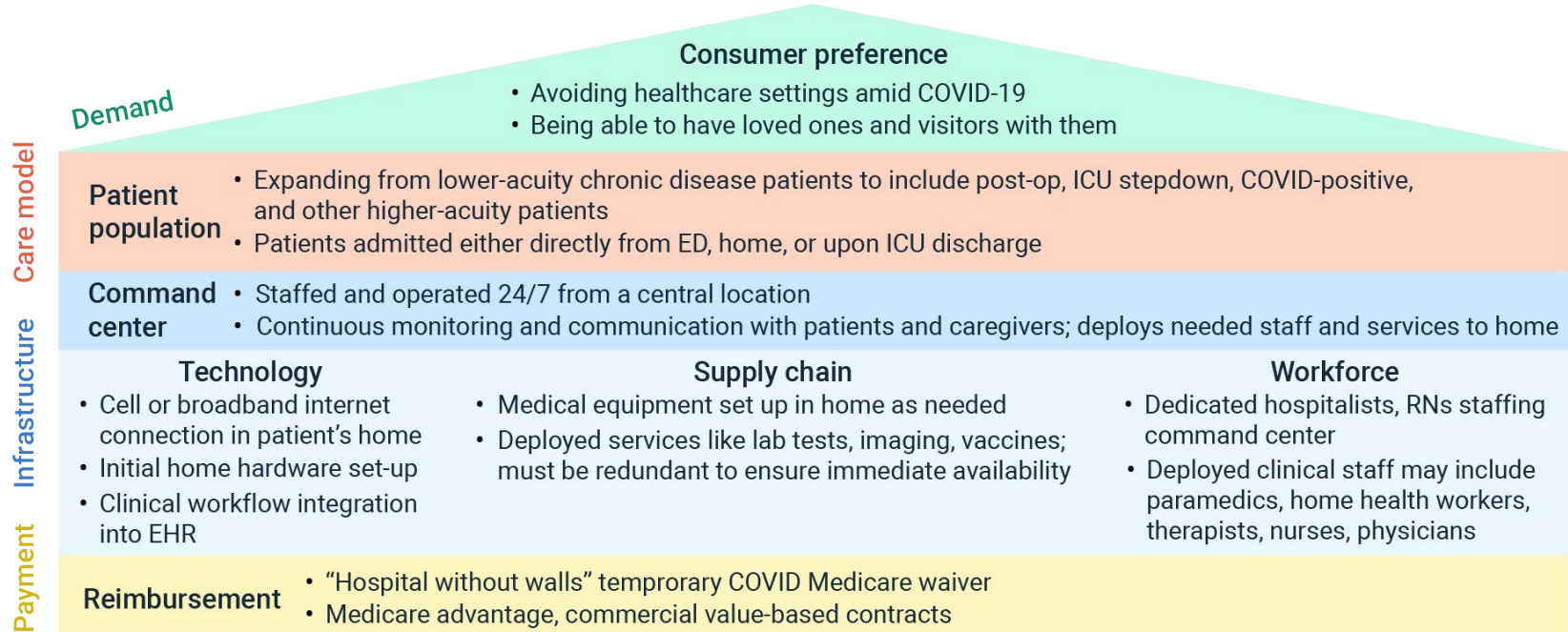
Agile Model: Hospital-At-Home

CMS launched Hospital Without Walls initiative
in March 2020

- **Goal:** Increase hospital capacity and allow for flexibility of care in patients home
- As of April 5, 2021, **116 Hospitals in 53 Health Systems across 29 states** have Medicare approved **“Hospital-At-Home”** model (including Northwestern Medical here in the Chicago, IL area)
- **Growth Potential:** Estimated 25-30% of patients could receive acute-level of care at home⁶



Hospital-At-Home: Key Components

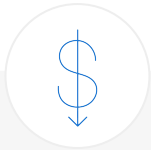


Hospital-At-Home: System-Level ROI

- **Hospital-Level Care at Home for Acutely Ill Adults⁵**

Annal of Internal Medicine

Dr. David Levine, Dr. Kei Ouchi and Dr. Bonnie Blanchfield of Partners Healthcare/Harvard
Randomized Controlled Trial Comparing Hospital-at-Home vs. Usual Care



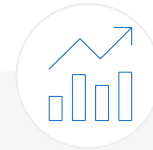
↓ Total cost of care

38% reduction in acute
care episode costs



↓ Readmissions

Readmission reduction
from 23% to 7%



↑ Patient function

50% reduction in
proportion of day being
sedentary

Agile Model: SNF-At-Home

- Designed for patients with conditions such as complex wound and intensive therapy needs could be managed at SNF-at-Home⁷
 - Traditionally went to SNF due to IV therapy, but that level of care is now provided in the home
- Consider similar core requirements at hospital-at-home
 - Needs to replicate the 24-hour component of SNFs
 - **Includes:** home-based nurses and therapists, aides, medical equipment, home infusion, remote patient monitoring, etc.
- Therapy-heavy
- **Growth potential:** estimated that 25% of patients in a SNF could be cared for in the home setting⁷

Key Considerations in Innovative Models

- Understanding our **role** in the model
 - Operationalizing the deployment of onsite upskilled nursing care quickly
- Find the right **partner(s)**
 - Not all at home-based programs are created equal...what's right for you?
- **Not** your **traditional** home health patient
 - Staff upskilling
- Have the right **technology**
 - EMR
 - Connectivity

Agency Reimbursement and ROI in Innovative Models

Revenue for agency

- Prepare to think outside the box
 - Per visit
 - Per patient
 - Shared savings
 - Combo

Cost vs. opportunity

- Cover your cost, but keep your eye on the prize
 - Improved satisfaction
 - Reduced inpatient readmission rate

Agency Capacity

- Staff early and often
- Not your traditional hire
- Not your traditional case manager staffing model
 - Caseloads
 - Salaries/wages
 - PPV vs. salary vs. hourly



Citations

1. Rogers, E. M. (1962). Diffusion of innovations. New York: Free Press of Glencoe.
2. Weiner, J. P., Bandeian, S., & Hatef, E. (2021). In-Person and Telehealth Ambulatory Contacts and Costs in a Large US Insured Cohort Before and During the COVID-19 Pandemic. JAMA Network Open, 4(3).
3. Holly, R. (2021, January 18). Top Home Health Trends for 2021. Home Health Care News. <https://homehealthcarenews.com/2021/01/top-home-health-trends-for-2021/>.
4. Donlan, A. (2020, September 20). Los Angeles Home Health Agency Using Telehealth to Drive Patient Referrals. Home Health Care News. <https://homehealthcarenews.com/2020/09/los-angeles-home-health-agency-using-telehealth-to-drive-patient-referrals/>
5. Levine, D.M., Ouchi, K., Blanchfield, B., et al. (2019). Hospital-Level Care at Home for Acutely Ill Adults: A Randomized Controlled Trial. Ann Intern Med. 172.
6. Breen, T., Cuello, M. (2020). Is it time for hospital at home? Gist Healthcare. <https://gisthealthcare.com/time-hospital-home/>
7. Famakinwa, J. (2020). The secret to setting up shop in the Snf-at-Home Space. Home Health Care News. <https://homehealthcarenews.com/2020/08/the-secret-to-setting-up-shop-in-the-snf-at-home-space/>



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