

Hope HouseCalls

In September of this year, Hospice & Palliative Care of Cape Cod underwent a comprehensive rebranding initiative, changing its name to HopeHealth. The HopeHealth brand reinforces the non-profit's 30-year legacy of providing services to enhance quality of life for people experiencing serious illness and loss, while also reflecting an expansion of services and geographic footprint. "It's a better reflection of our longstanding mission and our recent growth and evolution," says chief growth officer, Lise Lambert.

That growth has included the expansion of hospice services from one to six counties; an affiliation with the local dementia and Alzheimer's services organization; and the introduction of a home-based primary care practice called Hope HouseCalls. As a result, HopeHealth now serves significantly more people with chronic and serious illnesses. The organization has grown from caring for about 80 patients and families per day to 450 per day.

In this interview, Lambert discusses the Hope HouseCalls program.

The physician house call model has been gaining recognition around the country as an effective way to reduce rehospitalizations. What prompted your organization to establish your own program?

The introduction of Hope HouseCalls is entirely in keeping with our long-term strategic plan to broaden our services to address the unique needs of our aging population. As people are living longer, many of them are living for years with multiple chronic conditions. Patients with chronic illness, especially those with limited mobility or cognitive impairments, often lack regular access to primary care. Left untreated, their conditions worsen until they become acute and require emergency care or hospitalization, which are both traumatic and costly.

This is especially true on Cape Cod, which has one of the oldest populations in the country. Here on Cape Cod, there are estimated to be over 10,000 people living with some form of Alzheimer's or other dementia and over 5,000 who are considered homebound. In the other counties we serve, there is estimated to be an additional 35,000 homebound people.

Hope HouseCalls is expressly designed to care for this high-risk population—for those who have difficulty or may even find it impossible to get to the doctor's office. This kind of personalized

Quick Facts About HopeHealth

- Founded in 1981.
- Serves Eastern Massachusetts.
- Family of services includes:
 - Hope Hospice, including the McCarthy Care Center (inpatient care)
 - Hope HouseCalls (home-based primary care)
 - Hope Dementia & Alzheimer's Services (assessment, care plan development and support)
 - Hope Care for Kids (pediatric palliative and hospice care, bereavement and counseling)
 - Hope Community Care (individual and group bereavement and counseling services)
 - Professional Education and Training (for healthcare partners and providers).

home-based care is documented in national studies to improve outcomes and result in substantive savings.

These same patients consume a disproportionate share of healthcare resources—and they comprise the fastest growing segment of the U.S. population. According to the Congressional Budget Office, 5 percent of these chronically ill Medicare beneficiaries account for more than 43 percent of costs, and 25 percent account for 85 percent of costs. For non-Medicare patients, the challenge is the same: 10 percent of health plan members consume greater than 50 percent of the health plan costs.

Data increasingly demonstrates the cost effectiveness and greater patient/physician satisfaction of home-based primary care. According to the American Academy of Home Care Physicians, house calls prevent unnecessary and far-more-costly ER visits and hospitalizations. At \$1,500 per ER visit, the cost of 10 house calls is offset by the prevention of one ER visit. Some programs have demonstrated as much as 65 percent reductions in hospital days and as much as 50 percent in cost savings.

Can you briefly describe the service model and how it is staffed?

Our physicians visit patients in their homes, whether in private homes, assisted living facilities or other residential communities, and provide non-emergency, comprehensive primary care. Goals are to coordinate overall care, to provide single-point medication management, to improve overall health, and to reduce unnecessary hospitalizations and ER visits.

HouseCalls visits can be made on an interim basis and coordinated with a patient’s existing primary care physician, such as post discharge from a serious surgery when the patient cannot easily travel to the doctor’s office. Or, visits may be provided on an ongoing basis, with our physicians assuming the continual role as the primary care physician. In many cases, the patients we are seeing have no existing primary care physician, so we often fill that role.

In addition to the physicians, the practice is staffed by a general manager and a scheduler/office manager. Nurse practitioners will be added in the future and teamed up with the physicians. Back office and other administrative functions are provided by HopeHealth, leveraging organizational overhead.

How did you fund the start-up costs?

The program is being funded through HopeHealth’s financial reserves. Operational start-up costs are estimated to be \$500,000, with the majority of funding required in the first year. We are also seeking philanthropic support to offset the start-up costs.

How are the services paid for?

The visits are covered by Medicare, Medicaid and commercial insurers, and patient co-pays apply just as they would for office visits.

Are you using an electronic health record?

Yes. To ensure efficiencies in productivity and billing, and to enable us to begin tracking clinical and financial outcomes, using an electronic medical record is essential. Especially in light of the opportunity to align with new types of payor sources, such as Accountable Care Organizations (ACOs), Medical Homes and insurers, it’s critical to develop the ability to share health care information with other providers and payors.

How are you building your referral base?

1731 King Street, Alexandria, VA 22314 · newsline@nhpco.org

We are leveraging our HopeHealth sales and marketing teams and functions to generate visibility with professional healthcare referral sources and community agencies. We are also beginning to develop contractual relationships with ACOs, insurers with dual-eligible programs, and Medicare Advantage plans.

What have been some of the challenges, if any, so far?

The challenge in the start-up phase of a house call model is to develop geographic concentrations of patients. Developing concentration is important to productivity and adequate daily visit volume. Our target over the next year is to reach nine visits per day per physician. This will take some ramp-up time.

Are there any benefits to your hospice or other businesses?

Yes. While HouseCalls serves people earlier in their disease processes, some of our HouseCalls' patients will also be hospice-eligible. We also expect to identify HouseCalls patients who can benefit from our dementia and Alzheimer's support services.

What's next for HopeHealth?

We are focused on advancing our mission to care for more people who need our services—by building our new brand, deepening our relationships with existing healthcare partners, and developing new types of relationships with emerging delivery models and payor sources.