



EDUCATIONAL RESOURCES

Specialized Care in Home Health: a Transformation in Patient Services

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 HOME HEALTH



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Learning Objectives

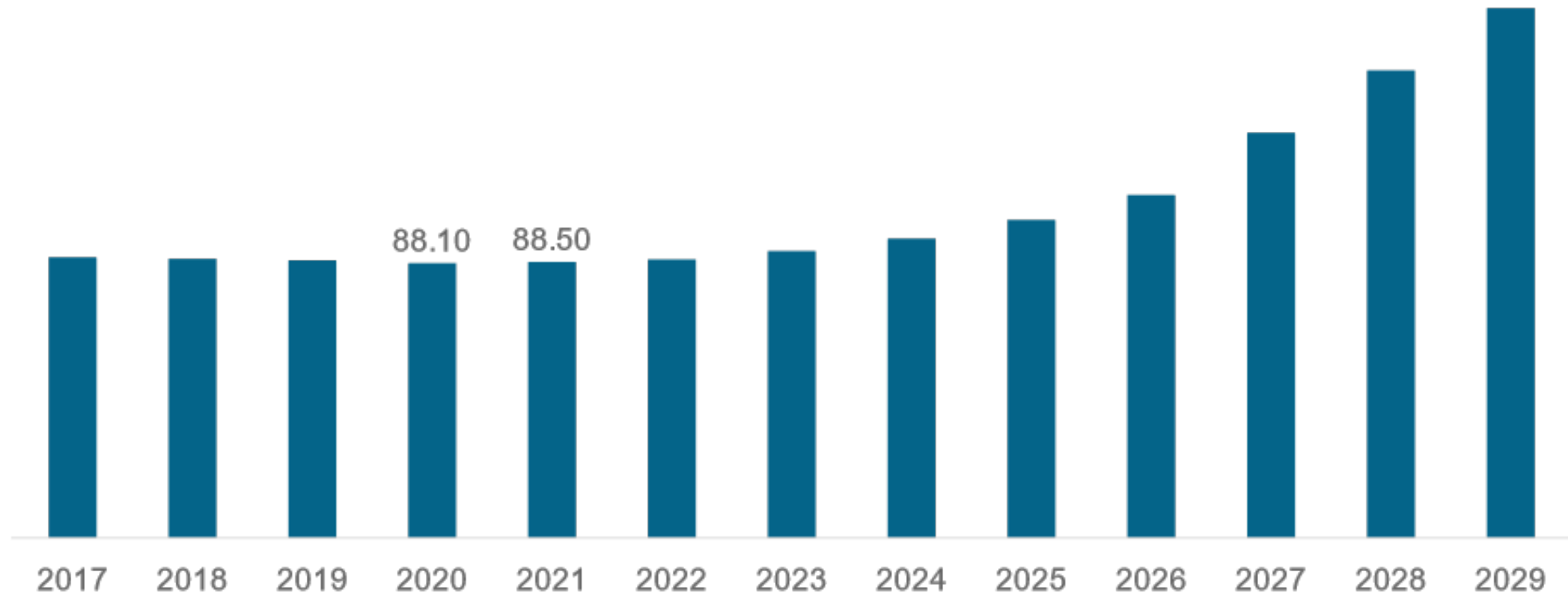
- Identify best practices for implementing specialized care services in home health agencies.
- Discuss how developing specialized care approach can improve patient outcomes and agency performance.
- Discover how applying specialized care in home health can improve staff retention, HHVBP performance, and return on investment.

Home Health Financial Trends



- Reimbursement cuts
- More difficult fee-for-service Medicare environment.⁽²⁾
- Increase in cost of care.
- In 2022, national health expenditures on home health services were an estimated \$131.5 billion.
- Average annual growth is estimated to be 7.5% in 2023 and 5.5% in 2024 – and 7.7% from 2025 to 2031. ⁽²⁾⁽³⁾
 - Providers
 - CMS
- Mainstream HHVBP
 - HHVBP will trigger more value-based care arrangements outside of fee-for-service Medicare⁽²⁾
- Increased utilization of home health care is projected (home health is still cheaper than inpatient care).

U.S. Home Healthcare Services Market Size, 2018-2029 (USD Billion)



www.fortunebusinessinsights.com⁽⁹⁾

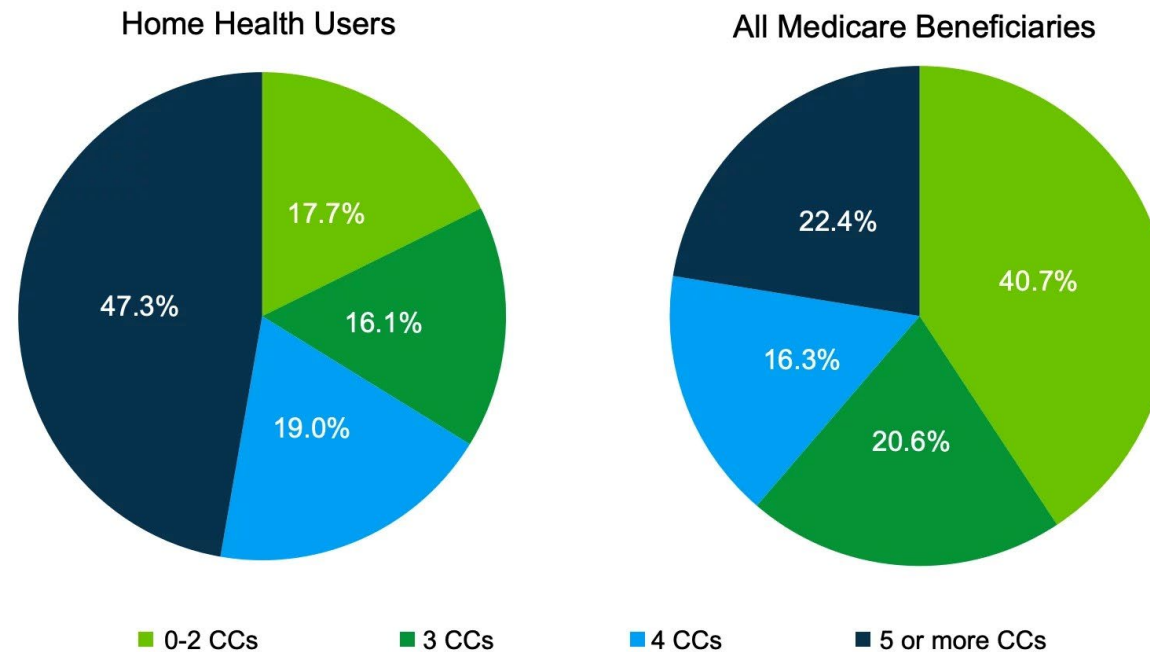
Home Health Patient Demographics Patient Population Trends⁽²⁾⁽⁴⁾

- Higher acuity patients (advanced care needs)/more patients with chronic conditions.
- Change in demographics
 - Shift from elderly patients to young; behavioral health needs, end of life needs.
- Shift from inpatient care to home care.



Demographics of Home Health Users⁽⁶⁾

- Percentage of All Medicare Beneficiaries and Home Health Users by Number of Chronic Conditions (CCs), 2017



Source: Avalere analysis of the Medicare Current Beneficiary Survey, Access to Care file, 2017.
Totals may not sum to 100 percent due to rounding.

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Clinical Profile of Home Health Users⁽⁶⁾

Table 2.2: Top 20 Primary International Classification of Diseases, Version 10 (ICD-10) Diagnoses for All Home Health Claims, 2019

ICD-10 Diagnosis	Number of Medicare Home Health Claims, 2019	Percent of Total Medicare Home Health Claims, 2019
Type 2 diabetes mellitus	444,729	6.93%
Orthopedic aftercare	415,393	6.47%
Encounter for other postprocedural aftercare	279,134	4.35%
Other chronic obstructive pulmonary disease	277,715	4.33%
Hypertensive heart disease	243,122	3.79%
Pressure ulcer	225,406	3.51%
Essential (primary) hypertension	224,527	3.50%
Sequelae of cerebrovascular disease	213,487	3.33%
Hypertensive heart and chronic kidney disease	180,467	2.81%
Chronic ischemic heart disease	128,381	2.00%
Fracture of femur	127,621	1.99%
Atrial fibrillation and flutter	106,048	1.65%
Parkinson's disease	104,271	1.62%
Other disorders of muscle	100,460	1.57%
Other disorders of veins	96,884	1.51%
Other disorders of urinary system	94,575	1.47%
Dorsalgia	85,418	1.33%
Osteoarthritis of knee	84,233	1.31%
Hypertensive chronic kidney disease	83,673	1.30%
Heart failure	74,345	1.16%
Total for Top 20 Primary ICD-10 Diagnoses	3,589,889	55.93%

Source: Avalere Health analysis of Medicare Standard Analytic Files, 2019.

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Home Health Workforce Trends

- Shrinking workforce
- Retention/recruitment challenges
- Specialty training
- Increased investment in training and technology



Change in Care Delivery

Specialty Care in Home Health

- “Generalist’ Home Health Agencies Will Be Squeezed Out of the Market”
 - Home Health Care News⁽⁶⁾
- Three-quarters of respondents plan to either expand upon, or initially offer specialized care services (directly focusing on the care or treatment of specific disease states or conditions).
 - Definitive Healthcare⁽¹⁰⁾
- Specialized Clinical Programs – The Future of Home Health?
 - Partnership for Quality Home Healthcare⁽⁸⁾

Case Scenario I: Choose Control Program – LHC Group⁽⁸⁾

- Diabetes management program:
 - “Historically, home health has operated as a generalized practice – we all provided essentially the same set of services to all of our patients, regardless of their diagnosis. But that can lead to mediocre outcomes as patient complexity increases. We know that a diabetic patient is different than a heart failure patient. So why would we treat them the same?”
— Kyle Lavergne, LHC Group, Director of Clinical Programs⁽⁸⁾

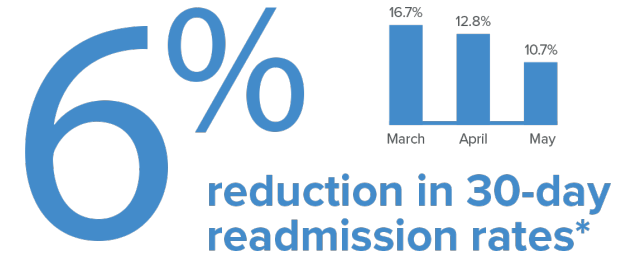
Case Scenario I: Choose Control Program – LHC Group⁽⁸⁾

- Diabetes management program designed specifically for patients with type 2 diabetes with the goal of learning how to self-manage the disease and avoid hospital readmissions.
 - Around 10% of patients have a primary or secondary diagnosis of type 2 diabetes.⁽⁸⁾
 - The prevalence of diabetes as a comorbid condition is around 20 % on a daily basis.⁽⁸⁾
- Key components of the program:
 - One-on-one patient education
 - Evidence-based clinical pathways aligned with patient education needs
 - Disease-specific management standards and protocols
- Cost:
 - Focused disease management training for clinicians
 - Ongoing training
 - Performance metrics collection and analysis

Case Scenario I: Choose Control Program – LHC Group⁽⁸⁾

Outcomes:

- 3-months pilot study: 6% reduction in 30-day hospital readmission rate ⁽⁸⁾
- Standardization/accuracy of documentation
- Easy tracking of performance metrics (readmission rates, ED utilization, etc.)
- Evidence of outcomes that lower cost
- Alignment with HHVBP (value relative to the disease or problem)



Future Use:

- According to the international diabetes federation, there were about 32.2 million adults with diabetes in the U.S., the number is expected to reach 36.2 million by 2045. ⁽⁸⁾

Case Scenario II: In-home orthopedic rehabilitation GrandCare Health Services

- “Our mission in life is to be the best at one thing. ...Home health businesses are 99% generalists, and that simply is not our approach.”
— David Bell, CEO GrandCare Health Services ⁽⁵⁾

Case Scenario II: In-home orthopedic rehabilitation GrandCare Health Services

- In-home orthopedic rehabilitation program designed specifically for patients post joint replacement and spinal surgeries requiring post surgical orthopedic rehab. ⁽⁵⁾
- Patient mix - 35% to 40% orthopedic 5 years ago, now, >90% orthopedic ⁽⁵⁾
- Key components of the program:
 - Optimization of in-home care for orthopedic patients
 - Individualized care and training
- Cost: Development of proprietary technology (streamlining, metrics tracking)

Case Scenario II: In-home orthopedic rehabilitation GrandCare Health Services

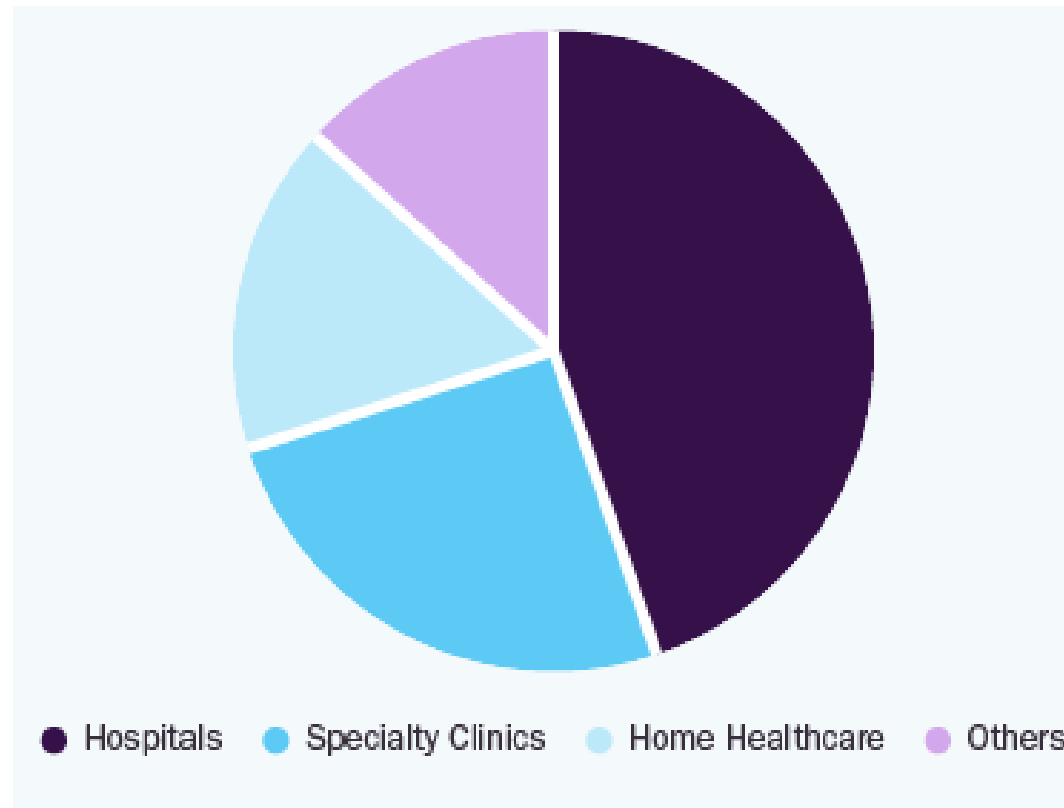
- Outcomes:
 - Readmission rates that are less than half of the state and county averages ⁽⁵⁾
 - Ability to participate in bundled payment programs
 - Alignment with HHVBP (scores in top 10%) ⁽⁵⁾
- Future Use:
 - Anticipated growth in volume

Case Scenario III: Home Health Wound Care Program

- The U.S. advanced wound care market size was valued at USD 2.7 billion in 2022 and is expected to grow at a compound annual growth rate (CAGR) of 5.43% over the forecast period from 2023 to 2030. ⁽⁷⁾
- Factors contributing to the market growth:
 - Rising incidence of chronic wounds
 - Increasing demand for reducing hospital stay
 - Increasing incidence of chronic diseases such as diabetes, cancer, and other autoimmune diseases
- Nationally, 8.2 million Medicare beneficiaries (15%) are suffering from a wound, with roughly 1-out-of-3 home health patients requiring treatment for a wound. ⁽¹¹⁾
- 5,869,044 national annual volume of paid wound claims in home health ⁽¹¹⁾
- Wounds are the leading risk factor for home health hospitalizations – increasing the risk of readmission by 52%. ⁽¹¹⁾

U.S. Advance Wound Care Market⁽⁷⁾

- Share, by End-Use, 2022 ⁽⁵⁾



Case Scenario III: Home Health Wound Care Program

- Financial incentives of the wound care program :
 - Out of the 12 clinical groupings under PDGM, wounds present the highest potential reimbursement opportunity.
 - Under PDGM, wounds are the clinical grouping with the highest base reimbursement, with the average wound care episode generating over \$4,000 in revenue. ⁽¹⁾
 - Comorbidity adjustments- a patient with a wound care needs is likely to have a comorbidity (diabetes, cardiovascular conditions, cancer, etc.). A patient with a “high” comorbidity score may have their payment increased by \$339.8 ⁽¹⁾
- HHVBP Incentive of the wound care program:
 - Specialty –trained clinicians are set to provide the most efficient and effective care, which will produce the best outcomes.
 - Wound care is a frequent reason for rehospitalization, so with program in place, quality improvement is a goal. The outcome should result in decrease of the hospitalization rates. ⁽¹⁾
 - As unintended hospital use is the most heavily weighted quality measure under HHVBP, wound care hospitalization rate will have a meaningful impact on agency’s scores.

How to build a wound care program?

- Obtain buy-in from the stakeholders
- Designate a program lead
- Make a plan that includes the following considerations:
- Assessing patient population
 - Case-mix (what % of your patients have wounds (likely 1/3 or 33%) ⁽¹¹⁾)
 - Inclusion/exclusion criteria
- Staffing considerations:
 - All vs. selective participation
 - IDT staff members
- Ensuring access to wound care experts
 - Hire an expert/wound certified nurse
 - Support a staff member to go through the training (promotes professional development and retention)

How to build a wound care program?

- Developing standardized, evidence-based policies and guidelines
 - Standardized best practices (protocols, clinical guidelines and pathways, patient education, formulary)
 - Standards of clinical care (Wound Healing Society, Wound, Ostomy and Continence Nurses Society, National Pressure Ulcer Advisory Panel, Cochrane Database, Wound Care Education Institute, Peer-reviewed paper in reputable medical journals (i.e., Journal of Wound Care; JAMDA, etc.)) ⁽¹⁾
 - Documentation standards
- Delivering ongoing education and training (staff and patient)
 - Bring experts, utilize available resources/vendors
 - Competency
 - Ongoing education
 - Analytics (i.e., assess performance, outcomes, healing times among nurses) ⁽¹⁾
 - Patient education (assess literacy level, focus on self-management, caregiver training)

How to build a wound care program?

- Building relationships with institutional care providers
 - Ability to deepen relationship with referral sources ⁽¹⁾
 - Increase market share/referrals
 - Bundles/partnerships with best in class
 - Gather metrics to demonstrate your strength

How to build a wound care program?

- Leveraging wound management technology and analytics ⁽¹⁾
- Why?-right digital tools can help you streamline your clinical operations, provide valuable insight into your patient population and enable you to deliver higher quality, lower cost care.
 - Technology for wound assessment and measurements
 - Technology for better documentation
 - Technology for better projections and analytics (i.e., identification of high- risk patients, proactive care, education)
 - Technology for better information sharing (i.e., improved communication and care coordination/virtual consultation)
- Vendors: Swift Medical, Corstrata, PixaMed, WoundZoom, etc.

How to build a wound care program?

- Additional steps:
 - Complete Return on Investment (ROI) Analysis
 - Develop Policies and Procedures associated with your plan, if adopted
 - Include wound care program in your QAPI
 - Data collection
 - Metrics



Risks of specialized care?

- Areas of consideration:
- Cost (becoming a cost center-inefficient, low quality wound care is expensive)
 - Additional resources
 - Additional training
 - Technology
 - Supplies

Advantages of Specialized Care

- Areas of consideration:
 - Revenue (becoming a revenue center)
 - Lower costs (shorter length of stay)
 - Increased team competency
 - Alignment with value-based care models
 - Quality of care and clinical outcomes are central
 - Focused care approach results in increased patient satisfaction
 - Standardization (allows for better projections)
 - Opportunities (multiple specialties)
 - Heart Failure, COPD, Dementia, Neurological disorders, post-stroke care, telehealth, behavioral health



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Thank you

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