Current Issues and Trends in Home Care

Cyndi Shook, RN, BS
Division Director Quality and PI
CHANGING DEMOGRAPHIC

Reaching 90 - chances have doubled in past 40 years

55 years and older - volume will almost double between now and 2030
Rising Illness Burden in an Aging Population

Figure 1: Number of Persons 65+, 1900 - 2030 (numbers in millions)

Year (as of July 1)


3.1 4.9 9 16.6 25.5 31.2 35 40.3 54.8 72.1

US Admin on Aging, DHHS
Cost Concerns are Driving Huge Changes in Healthcare Delivery

- $1 trillion annually and could reach $6 trillion by 2050
- 95% of all health care spending is for the chronically ill
- Failure to contain the containable undermines
  - Potential of extending health care coverage (the ACA)
  - Ability to cope with medical costs of aging population
- The U.S. spends more for health care than any other developed country but does not have better outcomes

US Admin on Aging, DHHS
More common among older adults

About 117 million Americans—nearly 1 in 2 adults—one or more

Approximately one-fourth of persons living with a chronic illness experience significant limitations in daily activities

(Centers for Disease Control and Prevention [CDC], 2015)
### Figure 1: Prevalence of Chronic Conditions Among Medicare Fee-For-Service Beneficiaries: 2012

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>55%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>45%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>29%</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>29%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>27%</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
<td>15%</td>
</tr>
<tr>
<td>Depression</td>
<td>15%</td>
</tr>
<tr>
<td>Heart failure</td>
<td>15%</td>
</tr>
<tr>
<td>COPD</td>
<td>11%</td>
</tr>
<tr>
<td>Alzheimer’s Disease/Dementia</td>
<td>10%</td>
</tr>
<tr>
<td>Cancer</td>
<td>8%</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>8%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>6%</td>
</tr>
<tr>
<td>Asthma</td>
<td>5%</td>
</tr>
<tr>
<td>Schizophrenia/Psychotic Disorders</td>
<td>4%</td>
</tr>
<tr>
<td>Stroke</td>
<td>4%</td>
</tr>
<tr>
<td>Autism spectrum disorders</td>
<td>0.1%</td>
</tr>
</tbody>
</table>
Figure 13: Distribution of Medicare Fee-For-Service Beneficiaries and Medicare Spending by Number of Chronic Conditions: 2012

- 0 to 1 condition: 34%
- 2 to 3 conditions: 30%
- 4 to 5 conditions: 26%
- 6+ conditions: 18%

- Percent of beneficiaries
- Percent of Total Medicare Spending

CMS.gov
Figure 14: Distribution of Medicare Fee-For-Service Beneficiaries and 30-Day Medicare Hospital Readmissions by Number of Chronic Conditions: 2012

- 0 to 1 condition: 34%
- 2 to 3 conditions: 30%
- 4 to 5 conditions: 21%
- 6+ conditions: 14%

Percent of beneficiaries

- Percent of 30-day Medicare Hospital Readmissions:
  - 0 to 1 condition: 2%
  - 2 to 3 conditions: 7%
  - 4 to 5 conditions: 17%
  - 6+ conditions: 74%
Desired Destination - The Triple Aim

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Institute for Healthcare Improvement
How Do We Achieve the Triple Aim?

Six Priorities

- Make care safer by reducing harm caused in the delivery of care
- Ensure that each person and family are engaged as partners in their care
- Promote effective communication and coordination of care
- Promote effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
- Work with communities to promote wide use of best practices to enable healthy living
- Make quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.
“We must shift the focus from the volume and profitability of services provided” – physician visits, hospitalizations, home care visits, procedures and tests structured around the silo approach – “to the patient outcomes achieved” through integration.

Dr. Michael Porter, Institute for Strategy and Competitiveness – Harvard Business School
Reform in the Healthcare Industry

➢ Declines in margins and revenues due to payment reform
  • Risk sharing, bundled payments, ACOs, consolidation of health systems and providers

➢ Integration of providers across the continuum – care model changes
  • Care coordination/communication/interoperability
  • Specialized clinical programs that cross between multiple service lines and settings of care
  • Chronic disease management (includes reducing avoidable hospitalizations)
  • Focus on right care in the right setting at the right time
Reform in the Healthcare Industry

➢ Value Based Purchasing
  • Shift from pay for service to pay for patient outcomes
  • On January 26, 2015, Secretary Burwell announced HHS goal of having at least 50% of Medicare’s payments be based on quality, not quantity, by 2018
  • Quality measures across the continuum

➢ Increased understanding of the value of PAC – cost effective, desirable for patients to age in place

➢ Wellness and prevention focus

➢ Accountability:
  • Quality and efficiency, risk sharing

➢ Increasing dependence on technology
Reform in the Healthcare Industry

- **Patients engaged and actively participate in care**
  - Focus on solving the problems that the medical condition causes through good care, self-care information and behavior change support (in contrast to patient education)

- **Health Literacy** — The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions
  - Risk for Limited Health Literacy increases in individuals with:
    - Lower education or socioeconomic level
    - Older adults with vision, hearing or memory disorders
    - Limited English proficiency (when the providers speak only English)
CMS understands that if everyone works together, patient care improves and costs go down.