

Care at Home: Meeting Patients Where They Are

KAISER PERMANENTE POLICY STORIES, VOL. 4, NO.2



A Win Win Situation

Care at home strategies seek to establish a win-win situation in which patient satisfaction goes up while use of health care services and spending go down. In some cases, seniors may be able to maintain their independence living at home longer, while reducing spending on nursing home care and hospitalizations. In other cases, the programs can help to avoid acute care episodes and readmissions.

To bring care to where patients are—and where they prefer to be—Kaiser Permanente Northwest has established an innovative program called Primary Care @ Home, and a ground-breaking pilot program called Mobile Health Partners (MHP). Primary Care @ Home originated as a pilot and is now an ongoing program. The MHP pilot has seen consistent growth since its inception in 2013, but has been hampered by regulatory restrictions (described below).

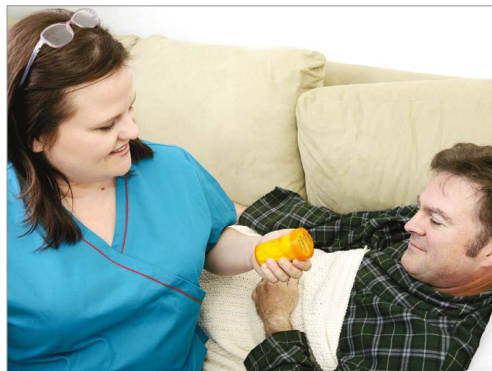
These initiatives have demonstrated that home-based primary care can provide personalized care that maintains patient comfort and dignity. It also offers safe, high-quality care in a way that patients and families prefer, and lowers costs.

WHAT YOU SHOULD KNOW

- For many patients, making a trip to the physician's office can be challenging or impossible.
- Offering primary care services in the home can improve access for these patients, increase satisfaction, and lower costs.
- Situations that otherwise might result in a 9-1-1 call and an emergency department visit, can sometimes be addressed in a less resource-intensive way.
- Kaiser Permanente has created innovative programs in these areas to address patient needs.

Medical Care at Home: Meeting the Needs of Patients

For decades, the house call was a central feature of the health care delivery system. By seeing patients in their homes, physicians gained a deeper understanding of patients' circumstances and their lives. Today, home health care is a sizable, heavily regulated industry that offers nursing care and services such as physical therapy and wound care. Medicare limits eligibility to seniors who are homebound (essentially unable to seek outside care).



Home care offering primary care services can help in reducing avoidable resource use, such as unnecessary ambulance calls and emergency department (ED) visits. For patients just released from hospital to home, a call from a nurse can help ensure that the patient is adhering to the medication program, possibly preventing a readmission.

Innovative Programs from Kaiser Permanente

Kaiser Permanente is examining a variety of ways to provide home-based care for KP patient populations. In the Northwest region (Oregon and Washington), we have developed a primary care at home model, and an approach that allows paramedics to deliver non-emergency care in the home.



Primary Care @ Home

The Primary Care @ Home pilot program began in response to patients in care homes who were having difficulty accessing outpatient primary care and were suffering high rates of ED and hospital use. Under the program, "office-less" clinicians would "round" on patients in their homes. The program

has since been expanded to include many types of residential facilities (including private homes, assisted living facilities, and others); the care team has expanded to include nurse practitioners, physician assistants, clinical pharmacists, geriatric psychiatrists, and others.

Patients in the Primary Care @ Home program now range from 22-107 years old, but most are in their 80s and are covered by Medicare. These are complex

cases—the most complicated, most fragile, and highest risk. Most are close to the end of life. Some participants have been on the program for as much as 5 years. On average, they are on the program 1.5 years. Some participants have been on the program for as much as 5 years. On average, they are on the program 1.5 years.

New members are assigned to a provider, who visits their place of residence as frequently as is needed by the clinical condition. The provider checks the status of their conditions, whether they are taking their medications, if they are eating properly, and other concerns. Nurses frequently check with patients over the phone.

Primary Care @ Home now has more than 1,300 members. Findings from the original pilot program showed that 94 percent of patients were satisfied or highly satisfied with the program and would recommend it to family and friends.¹ Results indicated that the program reduced the cost of care by about 25 percent (with the greatest reductions coming from inpatient facilities, outpatient facilities, and diagnostic services).²

Mobile Health Partners

In 2013, Metro West Ambulance sought to partner with Kaiser Permanente on a home-based care program utilizing paramedics. These providers could administer primary care services in the home, while off-duty from their 9-1-1-related emergency responsibilities. Under their existing scope of practice, paramedics are able to administer some medications, draw blood for lab tests, take EKGs, and perform other services. They are able to access KP's electronic health record system and can serve as "eyes and ears" in the field (for example, verifying if there is a spouse or other caregiver in the home).



Patient calls are fielded first by the KP advice line and then routed to the Regional Telephonic Medicine Center (RTMC), which seeks to match patients with the appropriate resources. These calls are outside the 9-1-1 system.

KP piloted this program in 2013 in the Northwest region under the name of Transitional Paramedicine Pilot (TPP). The pilot was relaunched in March 2014 as Mobile Health Partners (MHP), which remains a collaborative partnership between Metro West and Kaiser Permanente. A key distinction is that while TPP was able to see Primary Care @ Home and Medicare patients, MHP is not. The MHP program is currently restricted to those 18-64 years old. In addition, the program has operated in Oregon but not in Washington.

Results showed very high patient satisfaction in the TPP pilot program. The pilot estimated that it had avoided 75 emergency department visits, 12 hospital



admissions, and 5 readmissions.³ Over its first year, MHP has visited more than 100 patients and has prevented an estimated 50 office visits and 20 ED visits.

Policy Challenges and Potential Solutions

Overall, these programs have received high patient satisfaction ratings while reducing inappropriate utilization. However, current legal restrictions have hampered the growth of the MHP

program, specifically with Medicare enrollees. CMS has said that MHP must be able to provide the services to the entire Northwest service area (Oregon and Washington). However, Washington state scope of practice regulations for paramedics dictate they can only provide emergency, pre-hospital care. MHP interprets this to mean, care delivered through the 9-1-1 system. This scope of practice restriction does not exist in the state of Oregon.

A recently enacted law in Washington state enables EMTs and paramedics to participate in care models such as MHP through local fire departments. This will enable MHP to partner with local communities to expand into Washington state and serve the Medicare population.

1 Rahul Rastogi MD, Director of Operations for Continuing Care Services and Quality Value Management Systems Northwest Permanente Medical Group, “Primary Care @ Home and Mobile Health Partners, Transforming Care in the Home,” at Kaiser Permanente’s National Quality Conference (April 29 — May 1, 2014).

2 Ibid

3 Ibid

Follow us on Twitter: [@KPIHP](https://twitter.com/KPIHP)

