



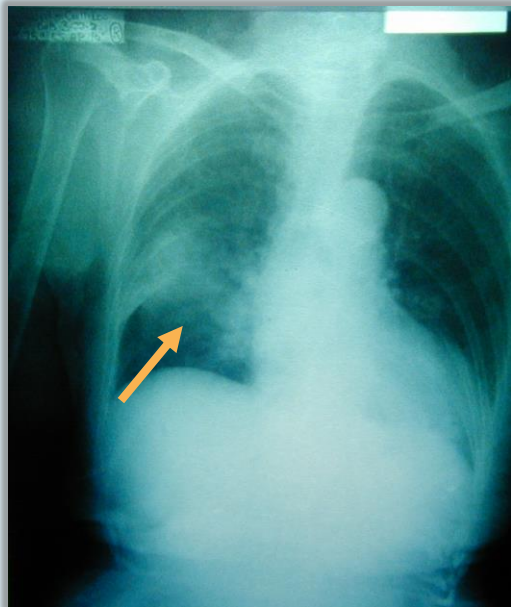
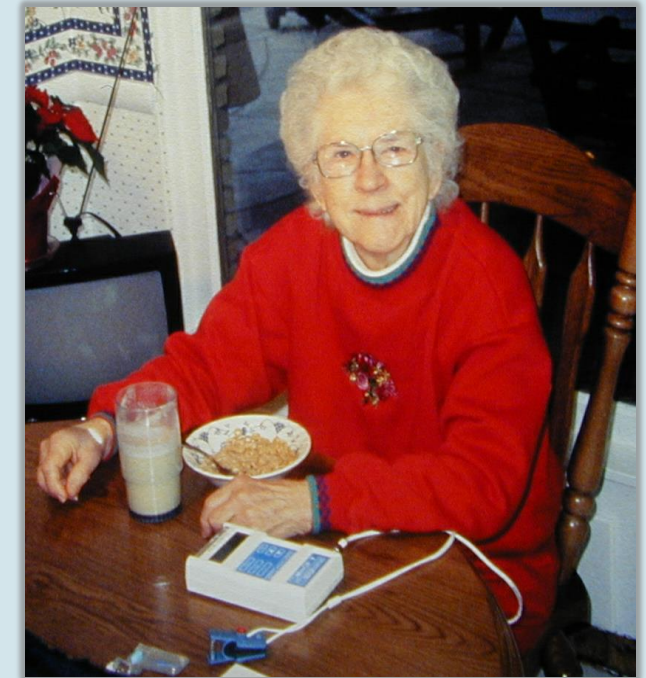
Session 2: Workforce Innovation to Transform Care Delivery

2023 Princeton Conference

October 3, 2023



The Value of Home-Based Care



The Value of Home-Based Care

VA Home-Based Primary Care 2002: N = 11,334

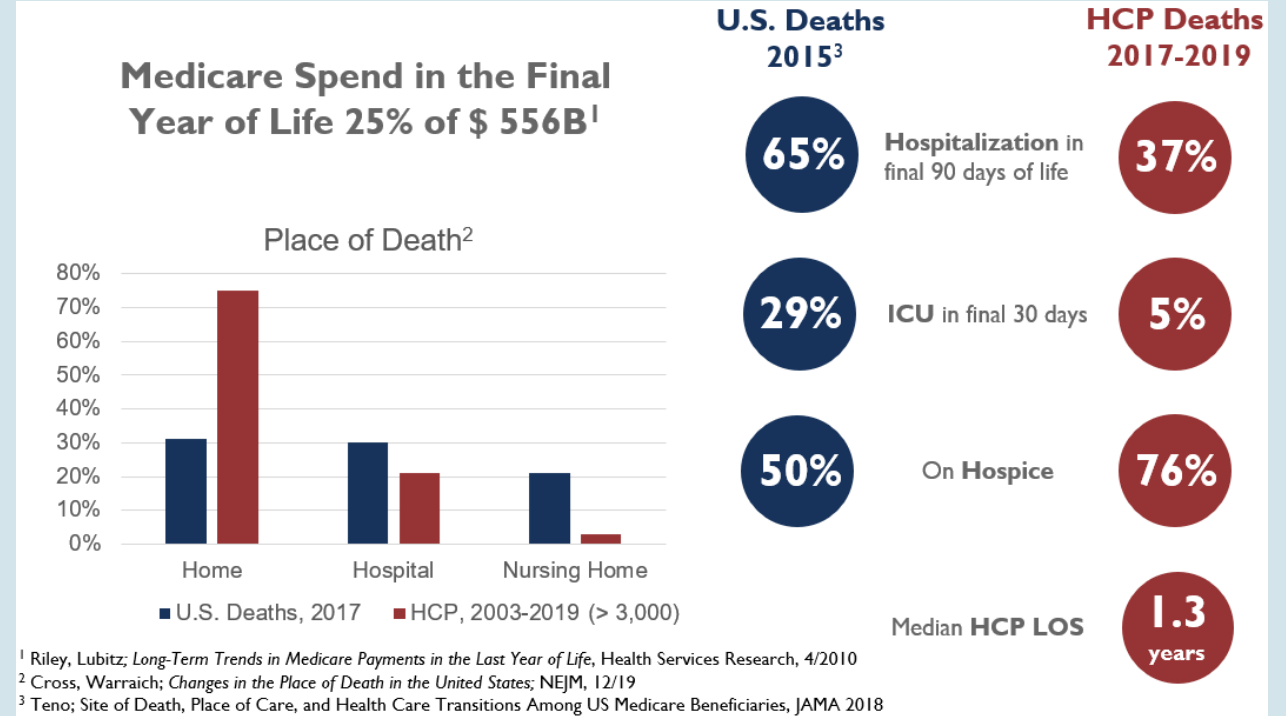
Site of Care	Before HBPC	After HBPC	(\$)	(%)
All Home Care	\$2,488	\$13,588	\$11,100	+460%
Outpatient	\$6,490	\$7,140	\$650	+10%
Nursing Home	\$10,382	\$1,382	(\$9,000)	-87%
Hospital	\$18,868	\$7,026	(\$11,842)	-63%
Total Cost VA Care	\$38,228	\$29,136	(\$9,092)	-24%

P < 0.0001

\$103,048,728 Savings

Better Access, Quality and Cost for Clinically Complex Veterans with Home-Based Primary Care; Edes, et al. JAGS 10/14

Home-Based Care & End-of-Life Care



HCP = HomeCare Physicians, house call program supported by Northwestern Central DuPage Hospital

The Polypharmacy Epidemic

- ≥ 65 y/o: 42% ≥ 5 meds, 18% ≥ 10¹; 16% population → 33% prescriptions → **56% of Adverse Drug Event (ADE) hospitalizations¹**
- ≥ 6 medications and very-high morbidity vs. low morbidity ⇒ **45X** risk of serious ADE²
- Proton Pump Inhibitor: ↓ Iron, Mg, Calcium; > 3yr ⇒ ↑ hip and vertebral fracture, 34% ↑ disability³; > 4yr ⇒ 33% ↑ dementia⁴

¹ Medication Overload: America's Other Drug Problem; How the drive to prescribe is harming older adults. Lown Institute, April 2019

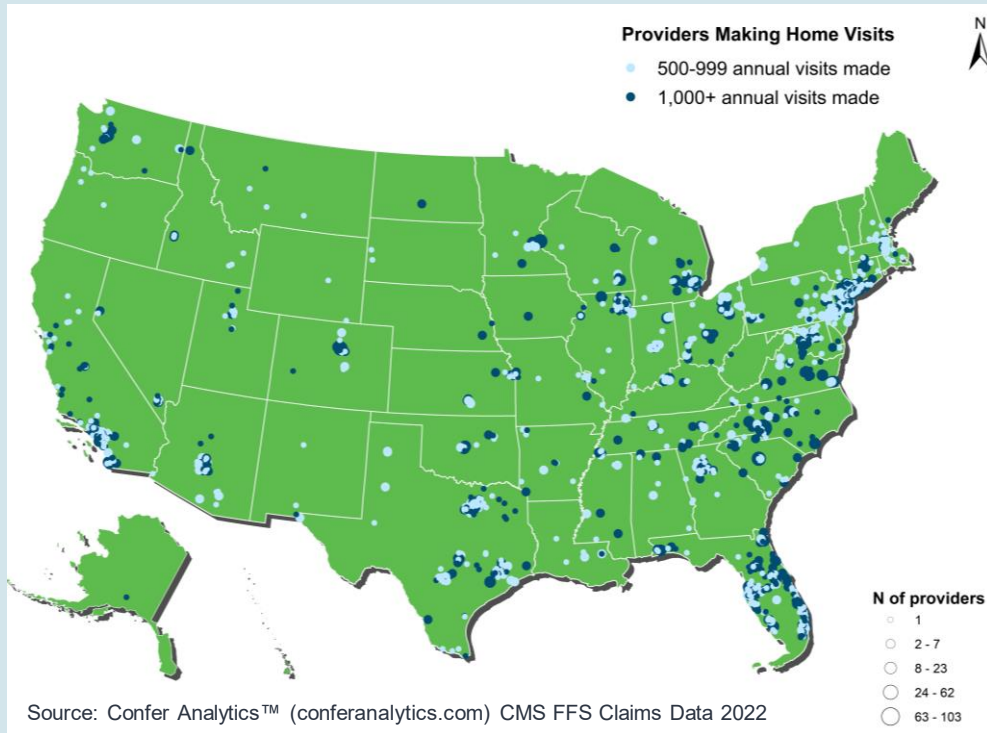
² Calderon-Larranaga A, et al. Multimorbidity, polypharmacy, referrals, and adverse drug events. British J of Gen Pract., Dec 2012

³ Lockery JE, et al. Potentially inappropriate medication use is associated with increased risk of incident disability in health older adults. J Am Geriat. Soc., Aug 2023.

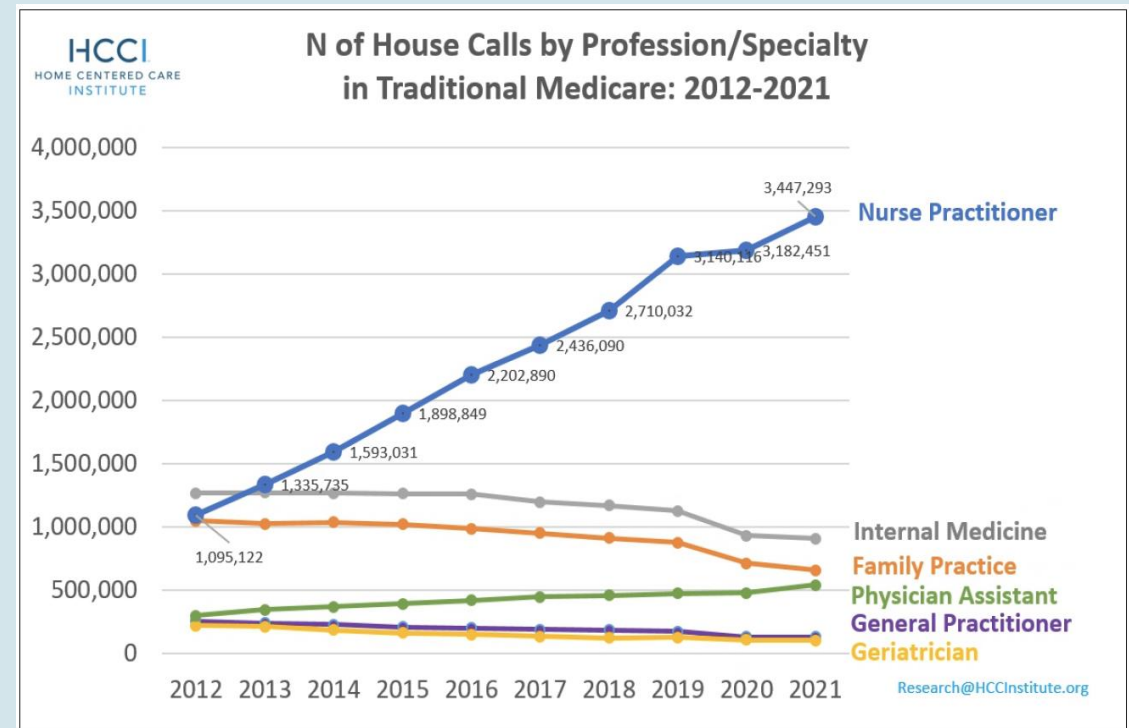
⁴ Northuis C, et al. Cumulative Use of Proton Pump Inhibitors and Risk of Dementia: The Atherosclerosis Risk in Communities Study. Neurology, Aug 2023

Home-Based Care Workforce Supply Quantity & Quality

High-Volume House Call Providers Distribution



House Calls by Profession 2012-2021



Source: Confer Analytics™ (conferanalytics.com)

- 2021 36K NP graduates; 88% certified in primary care (PC); 70.3% deliver primary care.¹
- 2023 37K Medical school graduates (27K U.S., 10K foreign MG); 40% matched in primary care.²

- 2012: 14 states without high-volume provider
- 2022: 3 states without: Hawaii, Rhode Island, Vermont

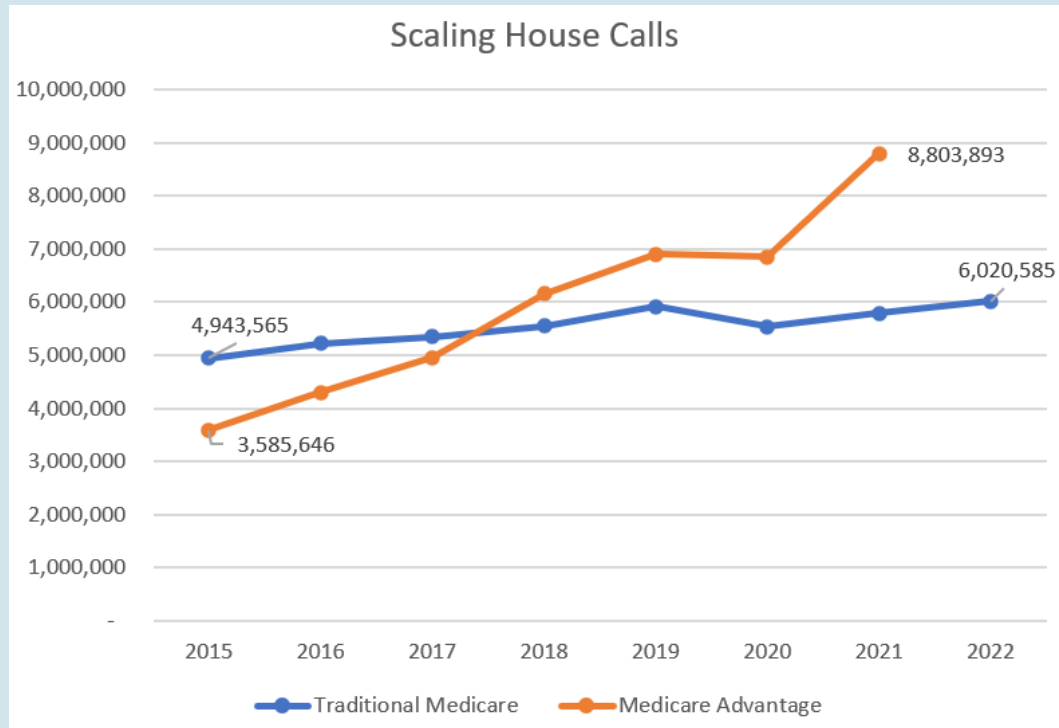


¹ NP Fact Sheet (aanp.org)

² National Residency Match Program: <https://www.nrmp.org/about/news/2023/03/nrmp-celebrates-match-day-by-publishing-the-results-of-a-record-breaking-2023-main-residency-match/>

Home-Based Care Workforce Supply Quality & Quantity

House Calls Growth MA vs. FFS

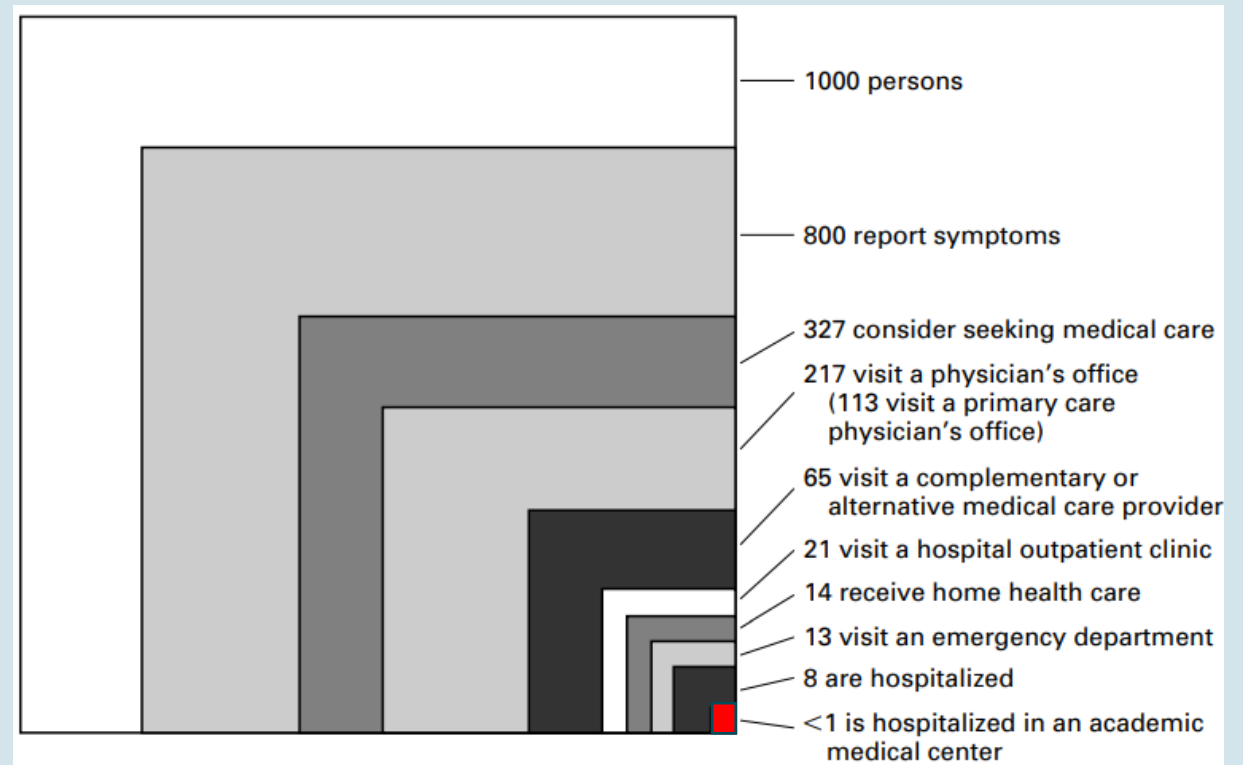


	% Increase	2015	2021
Patients with 4+ Visits FFS	↑ 8%	459,882	496,280
Patients with 4+ Visits MA	↑ 120%	166,663	366,951

Source: Confer Analytics™ (conferanalytics.com)

Incent and Train to the Needs and Desired Care

Majority of Medical Training @ Academic Health Centers



Green L, et al. *The Ecology of Medical Care Revisited*. NEJM June 2001

Home-Based Care Workforce Supply Quality & Quantity

Some Workforce Solutions

1. Invest in Primary Care

- Continue evolution from fee-for-service to value-based care payments
- Support primary care payments: Complex Care add-on code G2211
 - Additional \$16 for complex office visits
 - Specialists are fighting it because lowers the RVU Conversion Factor
 - Office visits will be reimbursed > home visits increasing the disincentive. Goal to correct this after G2211 is successfully implemented 1/1/24.
- Support effectiveness Research: AHRQ; PCORI

2. Teaching Health Centers

- Community-based; 70% in federally designated high-need areas
- Graduates: medically underserved 35% vs. 19%; rural 18% vs. 12%
- Incent with loan forgiveness, value-based contracts

3. Curriculum: Complex care focus in addition to single disease/organ

- Team-based: MD/DO, APP, PharmD, Care Managers, Social Workers
- Palliative Care / End-of-Life Care
- Medication Optimization → often deprescribing