

The FUTURE of HOME HEALTH CARE

The home health care agency of the future will play three critical roles in the healthcare system:

■ Post-Acute Care & Acute Care Partners

In post-hospital care, home health agencies partner closely with hospitals and their staffs (including hospitalists, case managers, specialty physicians, and other professionals), community physicians, and caregivers. Home health agencies provide skilled clinical care (skilled nursing and/or therapy), care coordination (including connecting the patient with community resources), health education (for both the patient and caregivers), and other services to support the patient's safe care transition to the home and community. The vignette below describes home health's role in the context of post-hospital care; please note that home health agencies serve key roles as well in care that is post-emergency department, and care that is provided in the context of hospital-at-home programs.



Educates its case managers (discharge planners) about home health services



Works with HHA to determine eligibility requirements and develop a rapid response approach for a seamless hand off from hospital to home health



Electronically sends the patient's information via health-information technology



Utilizes evidence-based practices for care transitions:



Medication reconciliation and management



Coordinating appointments and transportation for a visit with the patient's primary care physician



Remote monitoring and telehealth technologies

And connects the patient to community resources:



Caregiving



Meal service



Transportation



Personal care assistance



Patient and person centered health education



Hospital

Seeking to avoid readmissions and achieve health care system efficiencies

Seamlessly connected and coordinated

Shared savings to align incentives

Home Health Agency

High quality home health agency



The HHA is seamlessly connected and coordinated with the hospital, the primary care physician, the caregivers, and various community resources to enable the patient to be (and remain) independent at home, and avoid an unnecessary hospital readmission.

The FUTURE of HOME HEALTH CARE

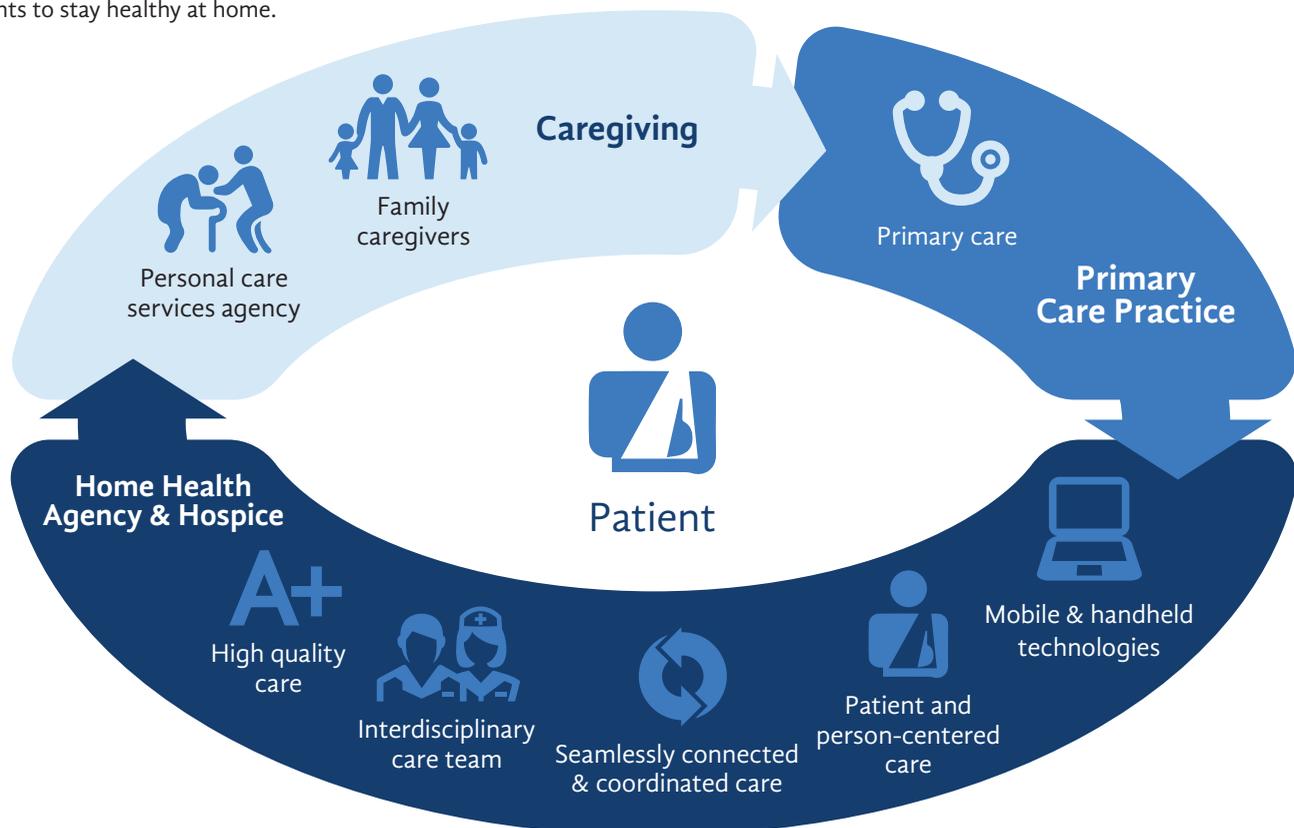
The home health care agency of the future will play three critical roles in the healthcare system:

■ Primary Care Partners

Home health agencies partner closely with primary care medical homes (office-based primary care) and home-based primary care programs, with responsive skilled nursing, care coordination, therapy, and related services during time limited episodes where care recipients need an escalation in home-based care to avoid hospitalization or other undesired outcomes. The vignette below illustrates how home health agencies work with home-based primary care programs; it is important to note, however, that home health agencies also partner closely with office-based patient-centered medical homes to enable patients to stay healthy at home.

Home-based Primary Care (the “HBPC Practice”) has created a legal entity that operates a site of the Independence at Home demonstration project (the “IAH Entity”) that the Center for Medicare and Medicaid Innovation (CMMI) is testing. The HBPC Practice has a staff of physicians, nurse practitioners, medical social workers, and administrators. The HBPC Practice serves chronically ill and frail elderly patients with significant functional limitations (activity of daily living limitations). The HBPC Practice seeks to provide longitudinal care to these patients, rather than episodic care, to manage chronically ill and frail elderly well enough to prevent unnecessary exacerbations of their conditions.

The HBPC Practice is using a model with three critical and interdependent elements of care. Together, this health care team is able to make the patient’s home the primary setting of care.



The HHA provides skilled nursing and therapy to ensure care is brought directly to the patient to support efficiency by avoiding unnecessary and costly hospitalizations. Moreover, the HHA’s services also support patient and person-centered care by allowing patients to obtain the skilled nursing and therapy care that they want and need, when and where they would like to receive it.

The FUTURE of HOME HEALTH CARE

The home health care agency of the future will play three critical roles in the healthcare system:

■ Home-Based Long-Term Care Partners

Home health agencies should be partners in home-based long term care and social support models (i.e., formal and informal personal care providers) with responsive skilled nursing, therapy, and related services during episodes where care recipients need a brief escalation of home-based care to avoid hospitalization or institutionalization. Occasionally, home health agencies will provide limited ongoing skilled nursing services that enable ongoing long-term care in the community (e.g., catheter care, ostomy care, etc.).

The Home-Based Long-Term Care model is based on meeting the social needs of the care recipient, but will be unsuccessful in avoiding premature nursing home admission if the medical and chronic illness care needs are not addressed. Therefore, a home health agency partners with a Managed Long Term Care (“MLTC”) Medicaid Plan to care for clinically complex patients who are in need of additional services.

