

Delivering Independence at Home with Home Health: Better Care for Frail Elderly and Homebound Patients

Featuring **Stephanie Bruce, MD**

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Innovation in health care, according to Stephanie Bruce, MD, involves cohesive communication and planning among multiple facets of health and personal care. As a faculty geriatrician at MedStar Washington Hospital Center, and the Practice Director of the center's Medical House Call Program, Bruce is at the forefront of an innovative model of care that brings together physicians and skilled home health nurses, as well as specialists, therapists, family caregivers and others to provide quality, all-inclusive care to an aging population that prefers to remain in their homes as they age.

About the Medical House Call Program

The Medstar Medical House Call Program is part of the Mid-Atlantic Consortium of the Centers for Medicare and Medicaid Services' (CMS's) Independence at Home (IAH) demonstration project. Originally founded in 1999, the MedStar program aims to bring high-quality geriatric care to the community surrounding the hospital through a collaboration of community resources—including Bruce's team and home health providers. While the MedStar house call team provides critical staffing from primary care physicians, nurse practitioners, and medical social workers, other team members are needed to treat homebound patients in the form of skilled nursing, wound care, and more. The resulting collaboration between physicians, specialists, and home health professionals is a key way in which this IAH demonstration is innovating the way care is delivered across the health care continuum.

MedStar serves over 600 patients through this program, with a total of five physicians, five nurse practitioners, six medical social workers, an office nurse, and three administrators on the team. Patients live within six miles of the practice, with the farthest

distance being a 15-minute drive. The program treats patients from enrollment to death, providing home-based primary care and bringing in skilled services as needed to address near falls, physical therapy, wound care, and other needs. Additionally, the program offers hospice care.

Although the Medstar Medical House Call program has existed for almost 15 years, MedStar's work under the IAH demonstration beginning in 2012 allows the Medical House Call Program to work with CMS to test an approach to payment and health care delivery within the Medicare program. The core principles of care delivery, however, were established long before the IAH pilot began.

Exploring New Models of Health Care for Frail Elderly Patients

Health care in the home often offers the most appropriate, tailored plan for many frail elderly patients, according to Bruce. The population she sees tends to include chronically ill and frail individuals who may struggle with simple tasks such as getting to a chair beside them. Hospitals, although often used as a default option for delivery of care, may not be always the best option for these types of patients, says Bruce. Hospitals are not designed for the longitudinal treatment of elderly patients with multiple chronic conditions and disabilities. When cared for at home, care can be more easily adapted to the patient's needs and skilled home health nurses can be brought into the home to provide ongoing support and medical attention. For frail elderly patients with multiple comorbidities who are seen by the MedStar program, this home-based environment and approach to care is particularly beneficial because being moved to a facility for care can often exacerbate their

conditions.

In describing what is necessary for quality health care delivery for the frail elderly, Dr. Bruce depicts a model of care with three critical and interdependent elements, analogizing model and its elements to a three legged stool. The three elements or “legs” are: what the family provides (through a caregiving agency, personal care from a family member, or personal care services), what

the MedStar team provides (primary care and medical social work services), and what home health and hospice provide (in the form of in-home, skilled nursing and therapeutic care). Each element must work together to form a strong base of care and without any one of these core components, the strength of the patient’s total care is reduced.

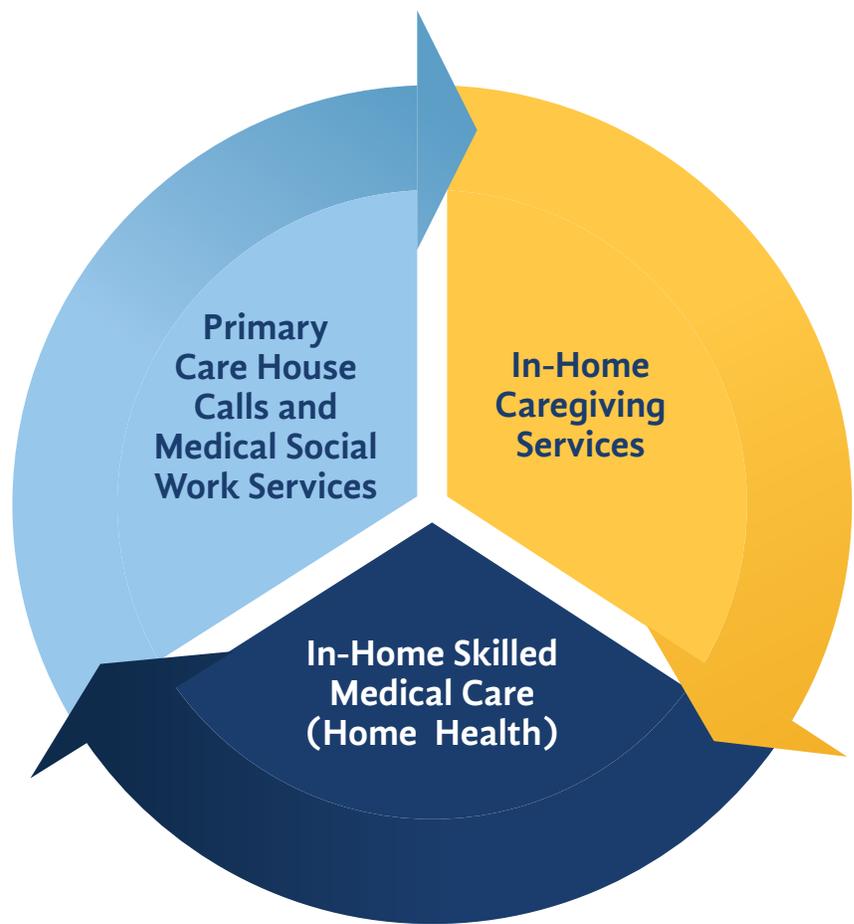
Providing patient specific care in the home setting, Bruce feels, is the way of the future for health care. “Medstar Washington Hospital Center supports us because they know it’s the right thing for the community. They know that by making the overall population healthier, they can do better financially in the long run.” She feels that this line of thinking is consistent with the move toward Accountable Care Organizations (ACOs), and that ACOs and hospital reimbursements will be linked in the future to the health and wellness of the community.

“I can’t say it enough,” expounds Bruce. “For an aging population, strong primary care accompanied with in-home supports in the forms of skilled home health and caregiving services offers the care that this population needs.”

The Patient’s Home as the Primary Setting of Care

MedStar’s program coordinates a diverse array of medical services through the health care team, which includes the primary care physician, specialists, home health or hospice care, and caregivers. Bruce explains that including home health professionals such as skilled nurses, ensures patients receive high

The Three Interdependent Elements of MedStar’s Medical House Call Program



quality care at home. Bringing care directly to the patient also improves efficiency by avoiding unnecessary and costly rehospitalizations that may also lead to unnecessary services.

When needed, the program even

facilitates access to specialist care in the home. One example Bruce uses is dermatology. There are three ways for her team at MedStar to consult with a dermatologist for patients being treated in the home. The first is a visual consultation,

where the bedside physician, or another team member, may take a picture, or even cell phone photos and video, and sends the encrypted information to a dermatologist to consult. Another option is for the care team to take the patient to the dermatologist's office through subsidized transportation. The care team will work with the dermatologist to avoid repeat visits, using the visit as both an evaluation and treatment visit if possible. Finally, in extreme cases, the MedStar team will try to arrange for an in-home consultation with the specialist where the specialist visits the patient's home for treatment. While rare, this last option is especially helpful for patients with very limited mobility.

Challenges and Opportunities for Home Health

In particular, Bruce sees how skilled home health services can be a partner in improving care for frail elderly and chronically ill patients. "I think the strength of home health is that it allows patients to get the care they want and need when they need it and where they want it," says Bruce. "Home health enables the right care at the right time, providing what patients want, and is medically appropriate." Bruce notes that home health care may also serve as a more cost-effective option than other care settings.

Logistical complications still exist in providing in-home care for high acuity patients, but Bruce is optimistic about the future of in-home medical technologies. Bruce cites mobile technology and handheld technology, including the decreasing size of cardiographs, as examples of where technology is catching up to the demand for an increase in home-based care. Boosts to mobile technology may help speed the adoption of community-based programs, facilitating the ability to bring more of health care into the home.

In the end, Bruce sees home-based care as the future of patient-centered care. "Care in the home aligns well with good quality outcomes and good medical measures, while often being less expensive and patient preferred," explained Bruce. "People who understand that will choose it more and more."

What is Needed in the Future

Education plays a critical role in positioning home health as a leader in care for older adults. Home health providers should educate physicians, nurses, and social workers on the benefits of home-based care and the unique ways home health can manage the care of older adults in the home setting. Physicians and nurse practitioners, says Bruce, need to see their peers working in the home to be able to see for themselves the benefits of home care.

Finally, workforce education for home-based clinicians is critical at all levels, from school to training to exposure. Getting members of the care team on board is the first step to achieving a more integrated approach to care, including seeing the home as an integral unit. As Bruce sees it, education is the key component of implementation for programs, such as hers, which emphasize a community and all-hands-on-deck approach to care. Even given the success of the MedStar Medical House Call Program and others in the IAH demonstration like it, Bruce says, "Nothing will change unless we have a prepared and educated work force that is ready to go out there and engage in high-quality, home-based care. "

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