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Results of The National Medicare Study, Independence At Home, Validate Housecall Providers' Service Model

Portland, Ore., June 18, 2015 – First year results from a three-year Affordable Care Act study, Independence At Home (IAH) Demonstration, revealed that medical providers that offer primary care services in the home setting to patients with multiple chronic conditions and impairments saved Medicare more than \$25 million. Portland-based, Housecall Providers showed a 32% savings over the control group, which did not receive home based primary care. This represents savings of \$1,133 per patient every month. For meeting all six-quality measures associated with the treatment of its IAH patients, the nonprofit received approximately \$1.2 million as its share of the cost savings.

“The study results confirm what we have believed for 20 years – that home-based medicine for the highest utilizers of Medicare services delivers better care and better health at a lower cost,” said Terri Hobbs, executive director, Housecall Providers. “This is a turning point for the way this population receives medical care in the future.”

Portland-based Housecall Providers, a nonprofit primary and hospice medical provider dedicated to serving patients at home, was one of 17 medical sites included in the Independence at Home study, which served over 8,400 Medicare beneficiaries. The complete study results are available here: <http://innovation.cms.gov/Files/x/iah-yroneresults.pdf>

U.S. Sen. Ron Wyden, who co-sponsored the legislation that created Independence at Home, invited Housecall Providers to participate in the study. “The potential for billions in Medicare savings that Independence at Home represents will only be realized if the best healthcare practices are put in place,” Senator Ron Wyden said. “Housecall Providers is a national leader in home-based medicine and I congratulate their outstanding performance in this demonstration project.”

Housecall Providers is one of four organizations that met all six-quality measures¹ for reimbursement. Center for Medicare and Medicaid Services (CMS) has agreed to share a

¹ See table 1: https://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/downloads/IAH_Solicitation.pdf

percentage of the savings realized by the participants for meeting at least three quality measures.

The quality measures tied to medical site payment are:

- **Hospitalizations and Emergency Room visits** - Must reduce the rate of ED visits and hospital admissions as a result of Ambulatory Care Sensitive Conditions, namely, COPD, CHF and diabetes. This is possible through appropriate care management of complex health problems.
- **30-day hospital readmission rates** - Must reduce the rate of all-cause hospital readmissions within 30 days of initial discharge to a rate below that of a clinically similar but unmanaged population as defined by CMS. This readmission rate is a key measurement of the cost to treat this patient population, and reducing it has been among Medicare's [Centers for Medicare and Medicaid Services] national priorities.
- **Medication management** - 50% or more of all ED visits and hospitalizations require medication reconciliation in the home within 48 hours of the patient returning home.
- **Contact with beneficiaries** :
 - 50% or more of all hospital admissions require a follow-up contact with the patient, caregiver or hospital.
 - 50% or more of all emergency department (ED) visits require a telephone call or in-home visit with the patient or caregiver in 48 hours of the patient returning home, while hospital discharges must have an in-home visit within that 48 hours.
- **Patient preferences for their treatment wishes** - Must include the patient's preferences in care discussions in 80% or more of the IAH patients each year. This results in care guided by patient and family.

The medical sites that participated in IAH were challenged to provide high quality care while reducing costs to treat the nation's sickest patients, many who fall into the category of 5 percent of the Medicare population that uses 50 percent of the funds. Individual participants in IAH must:

- Have two or more chronic conditions
- Have coverage from original, fee-for-service (FFS) Medicare
- Need assistance with two or more functional dependencies (e.g., walking or feeding)
- Have had a non-elective hospital admission within the last 12 months
- Have received acute or subacute rehabilitation services in the last 12 months

"We want to recognize Senator Wyden for his leadership in moving this demonstration forward. These individuals will receive better care and the taxpayer will spend less to treat them where they are most comfortable – in their home," Hobbs stated.

About Housecall Providers

Housecall Providers is a Portland, Oregon-based nonprofit primary care medical practice and hospice service devoted exclusively to making home medical visits, or house calls, to patients who have great difficulty leaving their residence. A typical Housecall Providers patient is elderly

with complex medical issues and multiple chronic disorders such as Alzheimer's disease and chronic obstructive pulmonary disease. Founded in 1995 by Dr. Benneth Husted, Housecall Providers is led by Executive Director, Terri Hobbs and Medical Director, Dr. Pamela Miner. It employs 100 people who care for nearly 2,000 patients annually. To date its clinicians have made more than 135,000 house calls.

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