

## The Future of Home Health Care: From Concept to Execution



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President & CEO  
VNA Health Group

**vna Health Group**  
Visiting Nurse Association Health & Hospice

**2<sup>nd</sup> Annual Home and Community Based Health Care: A Symposium for Health Professionals and Community Members**  
8:50AM – 9:50AM

## Introduction: VNA Health Group

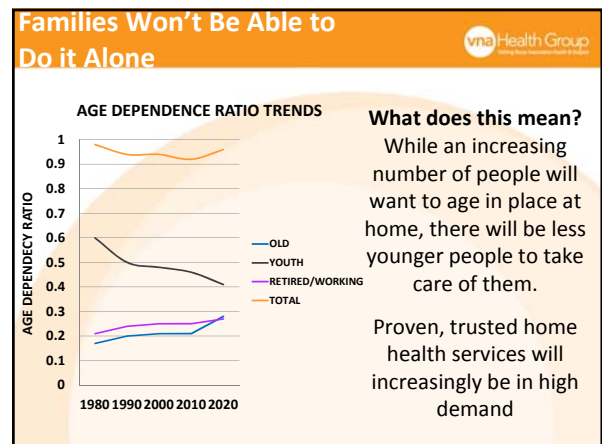
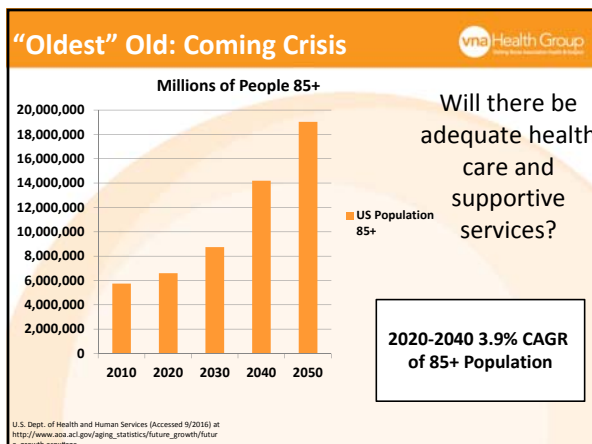
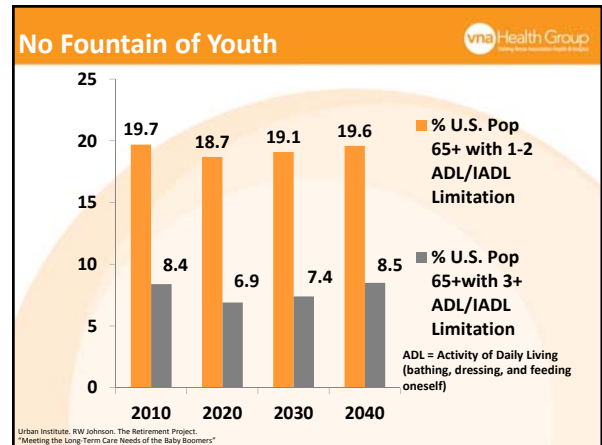
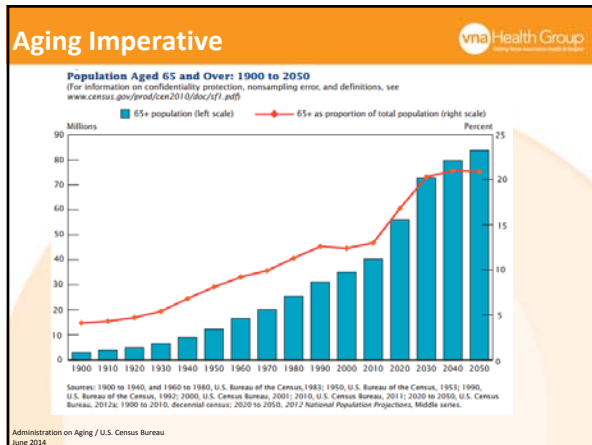
- Largest Home Care & Community Health Org in NJ
- 2<sup>nd</sup> Largest independent VNA in the Country
- 120,000 individuals & families receive care & support each year
- 10,000 cared for on any given day at home

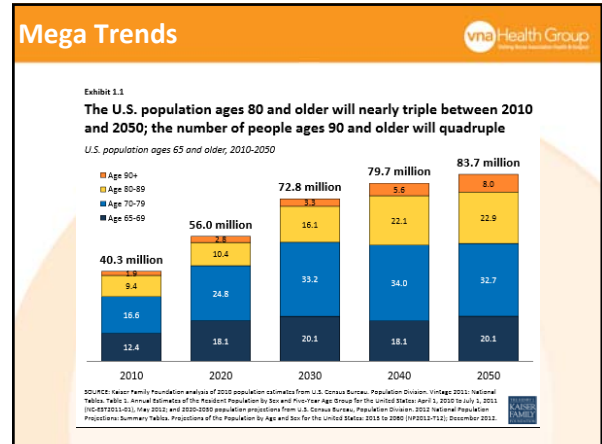
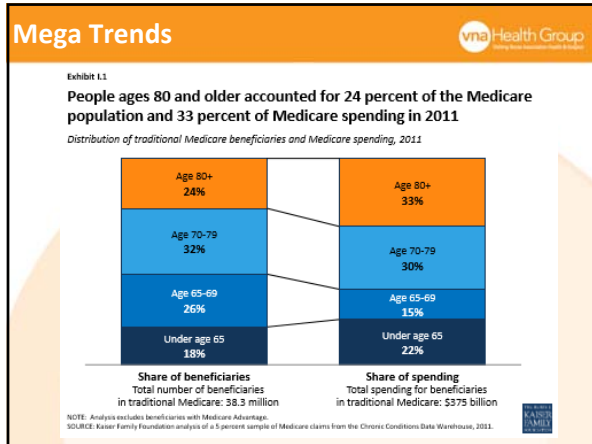
**Barnabas Health Home Care and Hospice**

**ROBERT WOOD JOHNSON VISITING NURSES**  
A VNA Health Group and RWJ University Hospital partnership

**vna** Visiting Nurse Association of England

**visiting physician**





### Mega Trends

“Elder abuse, including neglect and exploitation, is experienced by 1 out of every 10 people, ages 60 and older, who live at home. This statistic is likely an underestimate because many victims are unable or afraid to disclose or report the violence.”  
 -- US Centers for Disease Control




- ### “Secret Weapons of Home Care”
- Enhanced View of Patient and Caregivers
  - Breaks Down Barriers to Care
  - Strengthened Relationships
  - Can Avoid Hazards
  - Can Cost Less
  - Often Desired More
- 

- ### More Spending on Home Health
- 2012-2022 national home health spending projected to double from \$78B to \$157B
  - Estimated CAGR of 6.1%
  - Medicare and Medicaid represent 80% of current home health spending, with private pay and other sources accounting for remaining 20%
  - National health spending and projections may underestimate industry size by missing non “health” caregiving services such as basic chore doing and driving
- U.S. The Office of the Actuary in the Centers for Medicare & Medicaid Services (Accessed 9/2016) at <https://www.cms.gov/>

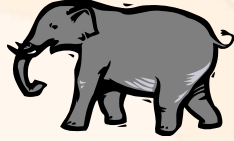
**Home Centered Care Can Help** 


- Substitutive Home Health
- Transitional Care Supports
- Long Term Care At Home
- Medical House Calls
- Hospital at Home
- Palliative and Advanced Illness Models




**Address Elephant in the Room** 

- **End of Life Care / Goals of Care**
  - Hospice Transitions
  - Home Palliative Care
- **Custodial Care Issues**
  - AAA Partnerships
  - Elder Protection
  - Counseling About Options
  - Home to Residential Transitions



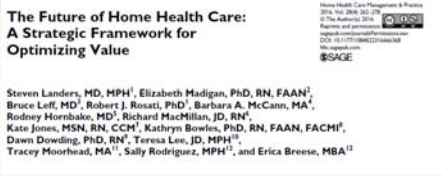
**Alternative Payment Models** 


- MACRA Physician Payment Reform
- Advanced Medical Homes
- Managed Care, Dual Integration
- Accountable Care Organizations
- Bundled Payments
- Independence at Home
- Readmissions Reduction Program
- Value Based Purchasing
- CMS “Innovation Center”

**The Future of Home Health Project** 

Home Health Care Management & Practice


- Methodology included:
  - Extensive literature review on value of home health care through scholarly and trade publications
  - 16 Interviews with key stakeholders and individuals from provider organizations



**The Future of Home Health Care: A Strategic Framework for Optimizing Care** 


Home Health Care Management & Practice

- Results yielded two major themes:
  - The future of the payment and delivery system reform
  - The future of home health care



**Home-Based Care Models Can/Do Provide Savings** 


- Targeted Home-Based Primary Care
- Transitional Care Concepts
- Home Hospice & Palliative Care
- Community-Based Long-Term Care
- Substitutive “Hospital” at Home
- Home Rehabilitation
- Home Infusion Therapy
- Home Geriatric Assessment

**Medicare Home Health Agency of Future** 

**Role Clarity-Who? What? When? Why?**

Rapid initiation of episodes of in-home skilled nursing, rehabilitation

Medicare program / health system's primary option for temporarily escalating health services at home for high-risk / low-mobility individuals during vulnerable times when there's concern for avoidable hospital days, emergency room visits, nursing home days, morbidity and mortality.

**Medicare Home Health Agency of Future** 


**"Use Cases"**

1. Acute and Post-Acute Episodes
2. Longitudinal Primary Care (office and home-based)
3. Long Term Care at Home

**Medicare Home Health Agency of Future** 

**"Characteristics"**

1. Person Centered
2. High Quality
3. Seamlessly Connected
4. Technology Enabled


**Medicare Home Health's Challenges** 

|   |  |
|---|--|
| <p><b>Carrying a Bullseye</b></p> <ul style="list-style-type: none"> <li>• Margins, Success</li> <li>• Prone to Manipulation</li> <li>• Low Barriers to Entry - Fraud</li> <li>• Series of Failed (or Failing Policies to Police) Creating Frustration</li> <li>• Others Want Catbird Seat of Episode Management</li> </ul> | <p><b>Needs Updating</b></p> <ul style="list-style-type: none"> <li>• Risk Based or Value Based Eligibility Vs "Benefit"</li> <li>• Role of Non Physicians</li> <li>• Electronic interfacing capabilities</li> <li>• Predictive modeling and triage technologies</li> <li>• Remote monitoring/ "virtual" encounters</li> </ul> |
|---|--|

**Aides and Family Caregivers** 

- Create more opportunities for home health aides to learn and grow
- Create stable private care jobs for home health aides by shrinking the black market
- Make home health care desirable work for healthy older people



**Prediction #1** 

- ✓ State and federal health reform implementation will continue over next decade with push toward higher acuity and complexity of care in home and community
- ✓ Organizations that can successfully manage high need / high cost populations at lower than historical cost with good outcomes will win. However, home and community elder care services that are marginal will lose

Prediction #2



- ✓ More “home health” will be done under the guise of managed care, accountable care, bundled payments in a way that disintermediates the episodic payment system and occasionally the home health agency
- ✓ This erosion (in episodic payments) could be mitigated or reversed with high levels of early success of home health agencies in alternative models and through advocacy efforts (that ultimately succeed because the fraud and abuse and profiteering concerns mitigated)

Prediction #3



- ✓ State and federal health reform will continue to create an environment where strategic partnerships, mergers, and joint ventures will be necessary for elder care organizations to grow and maintain relevance

Prediction #4



- ✓ The mismatch between private pay home care consumer expectations and the current realities of the private duty agency marketplace will continue spawn the growth of technological marketplaces and provisioning systems and alternative arrangements—in spite of these innovations in the absence of tax reform and immigration reform the black market will continue to grow
- ✓ Better technologies and efficiencies from consolidation will drive successful private pay models of future (cottage industry goes enterprise)

Prediction #5



- ✓ Technologies: mobile applications, telehealth monitors / sensors, videoconferencing to the home, home automation technologies, and robots, will help fill gaps in current home care options, and eventually make home care more effective, affordable, and accessible

Future is Bright



*“The future belongs to those who believe in the beauty of their dreams.”*  
**Eleanor Roosevelt**