Growth and Impact of the Department of Veterans Affairs Home Based Primary Care Program

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Growth and Impact of VA HBPC

- What is VA Home Based Primary Care (HBPC)?
- How is HBPC different from other home care?
- How does HBPC impact utilization and cost, in both VA and Medicare?
- How does HBPC impact the lives of Veterans and their family caregivers?
What is VA HOME BASED PRIMARY CARE (HBPC)?

- Comprehensive, longitudinal primary care
- Delivered in the home
- By an Interdisciplinary team: Nurse, Physician, Social Worker, Rehabilitation Therapist, Dietitian, Pharmacist, Psychologist
- Serves Veterans with serious chronic, disabling disease
- When routine clinic-based care is not effective

For those “too sick to go to clinic”
HBPC is **NOT** like Medicare (MC) Home Care

- Different target population
- Different processes
- Different outcomes

HBPC provides *longitudinal* (not episodic) *comprehensive* (not specific problem), *interdisciplinary care* to Veterans with *complex chronic disabling diseases* (not remediable)
Increase in health care cost, 1998 – 2005
- Medicare(65+) costs/patient rose 29.4% (4.4% /yr)
- VA costs/patient: rose 1.7% (0.3% /yr)

Highest cost: chronic disabling disease; homebound.

Elements of VA healthcare system
- Electronic medical record
- Quality and performance measures
- Programs specifically for chronic disabling disease: Home Based Primary Care

NOTE: HBPC cares for those among the 7% that account for 50% of healthcare costs, not the 50% that account for 4% of healthcare costs
Characteristics of HBPC Population

“Too sick to go to clinic” –

Mean age 78.4 years; 96% male; 24% annual mortality

More than 8 chronic conditions; among 5% highest cost

48% dependent in 2 or more Activities of Daily Living (ADL)

47% married; 30% live alone; Caregivers: 30% limited ADL

Mean duration in HBPC 315 days; 28 visits/yr

# 2002 Utilization Before vs During HBPC

All HBPC programs; n=11,334
Care days or visits per patient per year

<table>
<thead>
<tr>
<th></th>
<th>Before HBPC</th>
<th>During HBPC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital BDOC</td>
<td>14.8</td>
<td>5.6</td>
<td>- 62% P &lt; 0.0001</td>
</tr>
<tr>
<td>Nursing home BDOC</td>
<td>26.8</td>
<td>3.2</td>
<td>- 88%</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>31.6</td>
<td>32.2</td>
<td>+ 2%</td>
</tr>
<tr>
<td>All home care visits</td>
<td>20.6</td>
<td>73.8</td>
<td>+ 264%</td>
</tr>
</tbody>
</table>
## Costs of Care Before vs During HBPC for 2002 (per patient per year) *includes HBPC cost*

<table>
<thead>
<tr>
<th></th>
<th>Before HBPC</th>
<th>During HBPC</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Cost of VA Care</strong></td>
<td>$38,168</td>
<td>$29,036*</td>
<td>- 24% P &lt; 0.0001</td>
</tr>
<tr>
<td>Hospital</td>
<td>$18,868</td>
<td>$7026</td>
<td>- 63%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>$10,382</td>
<td>$1382</td>
<td>- 87%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$6490</td>
<td>$7140</td>
<td>+ 10%</td>
</tr>
<tr>
<td>All home care</td>
<td>$2488</td>
<td>$13,588*</td>
<td>+ 460%</td>
</tr>
</tbody>
</table>
Veterans Served Daily in HBPC 2000 to 2010

Avg Daily Attendance

<table>
<thead>
<tr>
<th>Year</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>7,312</td>
</tr>
<tr>
<td>2004</td>
<td>9,825</td>
</tr>
<tr>
<td>2006</td>
<td>12,546</td>
</tr>
<tr>
<td>2007</td>
<td>14,428</td>
</tr>
<tr>
<td>2008</td>
<td>16,514</td>
</tr>
<tr>
<td>2009</td>
<td>21,065</td>
</tr>
<tr>
<td>2010</td>
<td>24,257</td>
</tr>
</tbody>
</table>
Impact of HBPC on VA + Medicare

- VA data strong, but are we sure not shifting to Medicare (MC)?
- 2006: 9625 Veterans in VA HBPC, 6951 also used MC.
- Analysis of same Veterans, same time: While in HBPC, MC inpatient days dropped 9.5%, MC costs dropped 10.2%

Enrollment into VA HBPC associated with:

1. 25% reduction in combined VA+MC hospital admissions
2. 36% reduction in combined VA+MC hospital days
3. 13.4% reduction in combined VA+MC costs

- a drop from $45,980 to $39,796 in total cost (after adding in the costs of HBPC $9113 per pt/yr)
- Analyze using Hierarchical Condition Category (HCC) score
Average Observed & Predicted Costs by CMS–HCC Risk Adjustment Decile:  
A) all Veterans (N= 6.6 M) and  
B) 10th Docile (N=660,000)
Average Observed, Predicted & Post Enrollment Annualized Costs by Risk Adjustment Decile: HBPC (942 participants per decile); n = 9,425 for total

- Annualization Adjusted for 1-yr Mortality of 24%
- Mean Observed $45,980 +/- $34,383 ; Mean Predicted $45,948 +/- 3,692
Veterans’ View of HBPC

- Ethnographic evaluation by external organization – Intel Corporation
- Visited Veterans and their family caregivers
- How does HBPC impact your daily life?
- How does HBPC compare to clinic-based care?
- How does HBPC affect your decisions when facing an urgent health issue?
- What can be done to improve HBPC?
Veterans and caregivers value personalized care of HBPC. “Just like family”

Early awareness of and response to symptoms by HBPC care team helps Veterans avoid ED visits

HBPC staff educate Veterans and caregivers about important symptoms

“They kept me out. Yeah, I haven’t even had to go to the emergency room, not one time that I remember. As far as I remember, I wasn’t in there at all. So I’m just thrilled, you know. When you go from five [ER visits] to none, somebody is doing their job.” (Vietnam Veteran)
Keeping Veterans in Their Homes

HBPC makes it possible for Veterans to remain independent at home.

“[HBPC} makes a great difference. Because I get good care. I’m not in a nursing home. I thought I was going to have to go into one. But I’m not. I’m still out.” (WWII Veteran)

“There would have been a lot of times, like now, that I couldn’t hardly make it…. But now in this program, I believe that I can keep him right here in the house.” (Caregiver of WWII Veteran)
Benefits to Caregivers

Caregivers reported

• less stress because they are supported in caregiving
• they value education about caregiving, as well as medications management and oversight of the Veterans’ medical needs
• reduced stress meant they felt better and were in better health

“Well, [HPBC] just about saved my life. I’d a went down sooner, if it hadn’t of been for them coming out here. It’s a wonderful program. Because if I need anything, all I have to do is tell one of them….It’s done wonders for me.” (Caregiver of WWII Veteran)
Summary – Home Based Primary Care

- HBPC helps persons with serious chronic disease remain in their homes with optimal independence, safety, health and purpose.

- VA HBPC reduces inpatient utilization and total costs in both VA and Medicare, while improving patient and family satisfaction.

- Through HBPC in Independence at Home, we can increase access, improve quality and lower total health care costs.

- Success and growth in VA HBPC strongly support expansion of Independence at Home in Medicare.