CASE STUDY

Collective Medical Helps Providers Establish Better Home Health Care

Housecall Providers met IAH metrics and saved Medicare over **$1.8 million in care costs,** receiving **80%** of those savings

"Some payers require a transition of care visit within three days to meet quality goals for bonus payments. If we are not informed that these patients had a hospitalization it would affect our numbers. We rely on Collective to know when our patients are going to the hospital, and which hospital they go to—especially since many have socially complicated lives and may not have a family member or other care giver to reach out and let us know."

- **Kelly Ambrose,**
BSN, RN, CHPN, Advanced Illness and Palliative Care Manager at Housecall Providers

Housecall Providers

The four million home-limited adults across the U.S. struggle to get primary medical care due to their multiple chronic illness. Many rely on emergency room visits and hospitalizations to access basic health care. These trips take a physical and emotional toll on these individuals and their families and are very costly to our health care system. For Housecall Providers—a member of the CareOregon family—bringing health care home means providing nearly 2,300 people a year with medical care right where they live.

The Challenge: Effectively managing advanced illness care

Meeting the needs of advanced illness patients can be difficult and expensive. Many of the patients that Housecall Providers serve also have chronic pain and mental or behavioral health issues. These conditions are treated in the patients' homes, rather than a post-acute or long-term care facility.

Some of these patients participate in the Medicare Independence at Home (IAH) demonstration project, designed to prove that home-based primary care can be effective and save money. IAH outlines standard criteria for measuring the quality of home-based care. These criteria include: hospitalizations and emergency room visits, 30-day hospital readmission rates, medication management, contact with beneficiaries, and patient preferences for their treatment wishes.

Determined to meet these metrics, Housecall Providers began routinely calling local hospitals and providers to try and keep track of their patients. But this process was long and labor intensive. Kelly Ambrose, BSN, RN, CHPN, the Advanced Illness Care Manager at Housecall Providers explains:

"Calling around to different hospitals—trying to coordinate these patients' care—was a lot of work. And in the process, we were still losing patients. A patient might turn up in the hospital, but because we didn't know about it, we couldn't follow-up in a timely manner."

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Housecall Providers implemented Collective's platform in hopes of automating this communication through real-time notification alerts. In turn, these alerts not only helped streamline patient follow-up but helped the organization meet other IAH standard metrics as well.

The Solution: Better communication for faster follow-up and better care

Although Housecall Providers was meeting or exceeding all the IAH quality metrics, staff wanted to find a better system for following up. With Collective, staff could receive real-time alerts and follow-up with patients within the allotted window—without having to call around to multiple different providers. For Housecall Providers staff, this was a game changer. Ambrose shares:

"Even though we were hitting our numbers before Collective's platform came along, it was a long and time-consuming process. Now, instead of spending all day on the phone, we have that time back to spend caring for our patients and helping more people get the care they need."

Spending less time on administrative tasks allows Housecall Providers staff to dedicate more time to patient care. Ultimately, this led to better patient outcomes and greater patient satisfaction. Naja Di Pilla, MBBS, MBA, Quality Manager at Housecall Providers, shares one story showcasing the importance of establishing consistent care and the IAH metric "patient preferences for treatment":

"We were working with one patient who had some issues with chronic pain. While this would normally be a case where a physician would prescribe opioids for the pain, the patient didn't want to take any. She felt comfortable talking with us about the issue, and we were able to put a note on her file letting physicians know the patient should not be offered opioids. Since then, she has been able to find alternative methods for pain management that not only help her feel better but that she feels better about."

By increasing collaboration, case managers and hospital staff know who to contact when these patients present in the emergency department and can work in tandem to get patients the help they need.

POLST Integration

As part of the best practice to account for patient preferences in treatment, Housecall Providers has implemented Oregon's state POLST registry into its Collective workflow. With this integration, staff can look up a patient's POLST records through Collective's platform, without having to log into another database. This saves time while ensuring that a patient's wishes are respected in caring for advanced illnesses.

While Housecall Providers still has its own POLST program in place, being able to see POLSTs through Collective has helped the staff catch patients they did not know had a POLST and would have otherwise fallen through the cracks.

Clinic Outcomes

Using Collective's platform to assist in care collaboration, Housecall Providers met the six quality metrics for the IAH demonstration, and *saved Medicare $1.8 million in care costs* over a risk-adjusted regional comparison group. In doing so, *Housecall Providers received 80 percent of those savings, totaling $1.2 million* that initial year. Their practice has earned between $500,000 and $1.2 million annually caring for about 200 eligible Medicare patients, reducing cost of care and improving patient outcomes.

About Collective Medical

Collective Medical provides the nation's largest and most effective network for care collaboration. Our risk-adjusted event notification and care collaboration platform spans across all points of care—including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. Collective helps providers identify at-risk, complex patients and share actionable, real-time information with diverse care teams, leading to better care decisions.