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THERE'S NO PLACE LIKE HOME

Home health providers look to new models to provide care to patients

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The home healthcare industry has experienced tremendous growth over the past three decades. That trend accelerated during the COVID-19 pandemic when healthcare organizations were forced to transition to new methods of providing care in the home.

New technology is making it possible to offer more care than ever before in home-based settings. A webinar titled “Get Prepared: New trends in at-home models of care” addressed the latest developments in the home



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health field and some alternative delivery models that are now being used to provide care. The webinar was sponsored by MatrixCare by ResMed and featured as part of the *McKnight's Home Care 2023 Online Expo*.

FACTORS DRIVING EXPANDED HOME CARE

Because of the flood of new hospital patients at the height of the COVID-19 pandemic in 2020, federal regulators approved a number of temporary rules changes that allowed healthcare providers to expand the use of telehealth and at-home care. One of those new home care models was the Hospitals Without Walls program,



which allowed approved providers to offer hospital-level acute care to patients in their homes. In the aftermath of the pandemic, both patients and providers have become more comfortable using virtual technology, such as remote patient monitoring and telehealth, to connect with each other.

As a result, more healthcare providers are exploring different alternative care models for providing home care, such as hospital-at-home, recovery-at-home and skilled nursing facility (SNF)-at-home, according to Rob Stoltz, senior director of strategic initiatives for home and hospice at MatrixCare, one of the webinar presenters.

Stoltz said multiple advocacy organizations, such as Moving Health Home and the Advanced Care at Home Coalition, are pushing the Biden administration to make a stronger commitment to clinical care in the home beyond 2024, when the Acute Care at Home waiver is set to expire.

“It's actually kind of refreshing to see bipartisan support for care in the home, and the timing is right,” Stoltz said. “Everybody talks about what change was brought on by the COVID pandemic and how people had to get used to remote care. As a result of that, the patients and providers are far more prepared to participate in these models than they were a couple of years ago.”

Patient demand for home health services is the major factor driving the push for new models of at-home care, according to Kathy Piette, CEO and co-founder of Corstrata, a telehealth company specializing in wound and ostomy care for home care, hospice and long-term care, who also presented at the webinar.

“COVID really produced substantial tailwinds that are really driving this at-home care movement,” she said. “A



lot of it is patient satisfaction. Patients want to be cared for in their homes.”

And more healthcare providers are recognizing the value to their organizations of expanding their home health offerings. Piette said some of the benefits that have been associated with at-home care include lower hospital readmission rates, lower risk of admission to long-term care facilities, cost savings, improved patient satisfaction and the ability to expand care to rural and underserved communities.

FINDING THE RIGHT HOME CARE MODEL

Currently, Piette said, there are four different evolving at-home care models being used by healthcare providers. Those models include:

- 1. Acute Care at Home:** This is essentially acute hospital-level care at home, which includes daily physician visits (in-person or remote); two daily in-person clinical visits from an RN, LPN or paramedic; vital sign monitoring; support services (in-person or remote) from nurse specialists, therapists, social workers and dietary staff; and on-demand emergency transport.
- 2. Continuing Care at Home:** This includes restorative and recovery care, such as skilled nursing care at home, rehab at home, hospice at home and palliative care at home.

3. On-Demand Care at Home: This involves encounter-based low-acuity services, such as mobile, in-home lab testing, X-rays at home and urgent care in the home.

4. Chronic Care at Home: This involves low-acuity, care management services over a short or long-time period, such as primary care at home,

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oncology at home, dialysis at home, infusion at home and virtual specialty care at home.

Of these models, the acute care-at-home and SNF-at-home models are garnering the most interest among providers and patients, according to Piette. These new models, however, also present significant challenges, as providers need to ensure they have the technology, equipment and staffing to provide the high levels of care these patients need.

“It's really about how to deploy the needed technology and staffing to provide this level of care in the home,” she said.

ARE HOME HEALTH PROVIDERS PREPARED?

With the continuing expansion of new and evolving home care models, a major question is: Are home health and hospice organizations prepared?

McKnight's and MatrixCare conducted an industry-wide survey of home health, long-term care and hospice organizations to gauge their level of interest and participation in alternative home care models.

The most popular models among the organizations surveyed were the SNF-at-home and primary-care-at-home models. The survey also found:

- 38% of organizations are actively participating in some sort of alternative care-at-home model. Of those not participating, 23% say they will likely do so in the next one to two years.
- Of those participating, 46% are reporting profitable programs.
- 80% of the providers say they also are still using segment-specific electronic health records that often lack connectivity with their remote care teams.

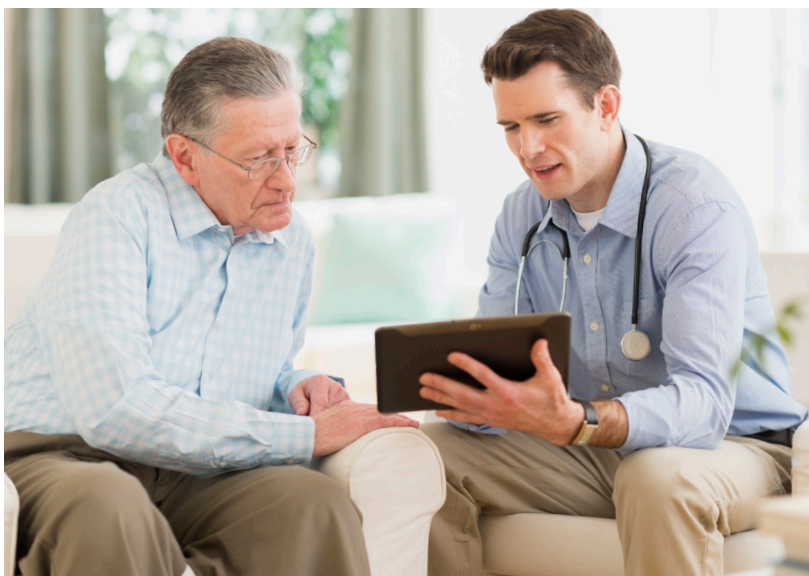


Photo: SDI Productions/Getty Images

The pandemic helped usher in a new era of advanced care in the home that includes hospital-at-home.



Photo: JG/Tom Grill/Getty Images



Obstacles to implementing advanced care in the home include adequate staff and workable technology.

Like with other healthcare organizations, the survey found one of the biggest challenges facing the early adopters of new home care models is staff recruitment and retention. The staffing challenges go beyond availability but also finding employees who are comfortable working in a home environment, according to Stoltz.

"For some people, working in the home may be great, but for others it may be a real challenge," he said.

Issues with technology were another big concern identified by survey respondents. In a clinical environment such as a hospital or skilled nursing facility, nurses and support staff are working in a controlled setting where they're always connected to their organization's computer network, but in a home health environment, they may be in someone's home who has poor cell service or no Wi-Fi, Stoltz said.

In addition, many organizations still rely on outdated electronic health record systems that are not able to interface with other systems, making the act of sharing information between staff an even greater challenge.

"The post-acute care community, the out-of-hospital networks, are hard to connect," Stoltz said. "They've been a challenge. You have to bridge those technologies so that the people who are involved in this care and collaborating really have the information that they need."

Reimbursement for services is another big challenge. Since many of the alternative home health models are

relatively new, there is often a lack of clarity about exactly what services payers will reimburse. Understanding what Medicare, Medicaid and insurance companies will and will not pay and being able to show and document the cost-saving benefits of these services to payers are key to making sure the program is viable and profitable in the long term, Stoltz said.

TAKING ACTION TO MOVE FORWARD

Stoltz identified several action steps providers should take to ensure their home care programs are successful. First, they should evaluate the readiness of their technology and work to ensure that their organization's EHR system is highly capable of interacting with multiple systems. Highly interoperable systems will enable care teams to deliver the best and most appropriate care possible to the patients, he said.

Home care providers should also explore potential partnerships with other health systems, payers and their referral sources. Stoltz said evidence of successful past performance, particularly in value-based care contracts, will be essential in earning the trust and confidence of other partnering organizations.

Finally, home health organizations should stay abreast of current regulatory issues and developments facing the industry. Numerous organizations, such as Moving

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Health Home and the Advanced Care at Home Coalition, are actively involved in policy discussions to ensure these new models of home care are safe and effective, according to Stoltz.

"Home care providers should designate someone to monitor these trends to make sure they remain compliant with the rapidly evolving requirements," he said. "You need to stay on the leading edge of these thought-provoking ideas and create solutions to them." ■