

Interprofessional Geriatrics Training Program

Community-Based Interprofessional Home Care of the Older Adult



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HHA GERIATRIC WORKFORCE ENHANCEMENT FUNDED PROGRAM Grant #19Q01970  
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Acknowledgements

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Learning Objectives

- Upon completion of this module, learners will be able to:
1. Identify the range of home care and community-based services available to older adults to be provided by the interprofessional team
  2. List criteria for patients to qualify for skilled home care services
  3. Differentiate between community services that do and do not require a change in residence

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**Concepts and Demographics**

**The Older Adult Living in the Community**

- The 2010 American Community Survey (ACS) found that 38.6% of those aged 65 and older had one or more functional disabilities/impairments (Medina-Walpole et al., 2016)
- The most common functional disabilities were difficulty walking or climbing stairs (25.8%) and difficulty doing errands alone (18.5%) (West et al., 2014)
- Functional impairment is often not recognized at the physician office visit and may require the help of others to continue living at home (Medina-Walpole et al., 2016)



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**Concepts and Demographics**

**The Older Adult Living in the Community**

- Functional impairment may result in failure to access conventional medical sites (Medina-Walpole et al., 2016)
- The best next step is to provide care at home (Medina-Walpole et al., 2016)



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**Concepts and Demographics**

**Types of Care Provided in the Home**

- Home and community-based services (HCBS)
- Home health/home health care (HHC)
- Home-based medical care (HBMC)



(Medina-Walpole et al., 2016)

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**Utilization and Costs of  
Home and Community-Based Services (HCBS)**

**Providing Care in the Home**

- The need to reduce the costs of care for the chronically ill has led practitioners to explore increasingly more complex care in the home, rather than extending hospital stays or institutionalization
- The National Home and Hospice Care Survey found that more than 1,459,900 patients receive in-home services on any given day, with home health and hospice care agencies as the major providers of formal, community-based care



(Caffrey et al., 2011)

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**Utilization and Costs of  
Home and Community-Based Services (HCBS)**

**Providing Care in the Home**

- Health care costs for hospital and institutional care are rising, and older adults use both at a high rate
- The system needs to find ways to reduce these expenses, yet provide care to older adults with complex medical needs, including older adults who are homebound
- The solution is to provide more complex care in the home



(Caffrey et al., 2011)

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**Utilization and Costs of  
Home and Community-Based Services (HCBS)**

**Homebound Seniors**

- Over 2 million adults are homebound, half of them seniors
- By 2020, an estimated 2 million seniors will be homebound due to functional impairment
  - Homebound population included 400,000 people who were completely homebound
  - 1.6 million people who rarely went out

(Orinstein et al., 2015)

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**Utilization and Costs of Home and Community-Based Services (HCBS)**

**Homebound Seniors**

- There is an increasing need to provide home and community-based services to these medically complex homebound older adults, yet services are not being provided to meet the needs of all homebound older adults
  - Demonstrated by the fact that in the U.S., physicians billed Medicare for only 1.5 million home visits annually

 (Orinstein et al., 2015)

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**Home Care**

*"The provision of equipment and services to the patient in the home for the purpose of restoring and maintaining his or her maximal level of comfort, function and health" - American Medical Association (Scott et al., 1996, p.1)*

- In 2014, the U.S. spent \$83.2 billion on home care (De-Jonge et al., 2014)
- Primary care delivered at home to Medicare patients saved 17% in health spending by reducing the patients' need to go to the hospital or nursing home (De-Jonge et al., 2014)



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**Home Services**

**Interprofessional Team**

- Home services may include:
  - A visiting nurse checking vital signs and helping with pill trays
  - A physician or nurse practitioner evaluating and treating different medical conditions
  - A speech therapist providing language rehabilitation



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**Home Services**

**Interprofessional Team**

- Home services may include (continued):
  - An aide bathing an advanced or terminally ill patient in home palliative hospice
  - A social worker helping patients and caregivers identify and coordinate community services to help keep patients in their homes instead of moving into institutional long-term care




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**Interprofessional Home Care Services: Levels of Care**

First Level: Personal Care	Second Level: Skilled Home Care	Third Level: Medical/House Calls
Bathing	Nursing	Primary Care
Dressing	Therapy	Podiatry Care
Feeding	• Physical	Palliative Care
Toileting	• Occupational	Hospice Care
	• Speech	
	Medical	
	Mental Health	
	Social Work	




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**Assessment Question 1**

**The range of home care services available to older adults include:**

- Family caregiver services
- Dental services
- Home repairs
- Skilled home care




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**Assessment Question 1: Answer**

**The range of home care services available to older adults include:**

- a) Family caregiver services
- b) Dental services
- c) Home repairs
- d) Skilled home care (Correct Answer)**

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**Home Care Costs**

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**Home Care Reimbursement**

**Medicare**

- Medicare is the major insurer for older Americans
- Only pays for skilled home care if the patient is homebound
- “Skilled” care is “reasonable and necessary” on an intermittent basis and does not cover personal care, unless it is in the context of skilled care

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(Levine, 2009)

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Home Care Reimbursement	
Medicare Spends	Annual Expenditures
Skilled Home Care	\$34.7 billion (2014) <small>(Centers for Medicare &amp; Medicaid Services, 2016)</small>
Home Hospice	\$14.9 billion (2012) <small>(Pfeiffer M et al., 2014)</small>

 (Centers for Medicare & Medicaid Services, 2016)

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Types of Payment for Home Care Services	
Payers for Home Services	Payment
Medicare/Medicaid	Medicare as primary covers 77% of total home health services
Private Insurer/Social Service/ VA	Covers 23%
Family/Friends	Non-paid caregivers

 (Centers for Medicare & Medicaid Services, 2016)

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Home Health Spending
<ul style="list-style-type: none"> <li>Spending growth for home health care accelerated in 2014, increasing 4.8%, following growth of 3.3% in 2013</li> <li>The faster growth in 2014 was attributable to increased spending by the two largest payers of home health, Medicare and Medicaid</li> <li>Combined, both payers of home health care spending represent 77% of the total home health spending</li> </ul>

 (Centers for Medicare & Medicaid Services, 2016)

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### Home Certification Medical Provider Visit

- Since 2011, a physician must have certified that a patient is homebound and has a skilled need in order for a Medicare certified agency to receive reimbursement for skilled services
- Medicare requires a face-to-face medical visit at the time of initial certification to confirm the necessity of skilled home care, which needs to occur in the 90 days before or 30 days after the initiation of skilled home care services
- A nurse practitioner, physician assistant, or trainee physician may perform the visit on behalf of the certifying physician



(Centers for Medicare & Medicaid Services, 2012)

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### Home Certification Medical Provider Visit

- The physician needs to sign the document of face-to-face visit, as well as home health certification orders
- Nurse practitioners and physician assistants can sign orders for durable medical equipment, such as canes, walkers, or bedside commodes



(Centers for Medicare & Medicaid Services, 2012)

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### Home Certification

- To qualify for home care, patients are evaluated by a medical provider
- The assessment to qualify for services may include a patient history and medical examination, including screening for functional and cognitive impairments



(Centers for Medicare & Medicaid Services, 2012)

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**Patients Who Qualify for Home Care**

- Patients eligible for home care services include those who:
  - Leave home infrequently (< 3 times per month) for reasons other than obtaining medical care or treatment or for short periods of time
  - Leaving home requires considerable and taxing effort on the part of the patient or the caregiver or both
  - Have mobility impairments
  - Have a terminal illness

 (Centers for Medicare & Medicaid Services, 2015)

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**Patients Who Qualify for Home Care**

- Patients eligible for home care services include those who (continued):
  - Exhibit multiple medical, psychiatric, and social problems
  - Are considered to be medically complex or have medical conditions refractory to the usual office-based management

 (Centers for Medicare & Medicaid Services, 2015)

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**Home-Based Medical Care (HBMC)**

- Patients who qualify for HBMC:
  - May not qualify as homebound, but do qualify for HBMC based on medical necessity
  - Exhibit multiple medical, psychiatric, and social problems
  - Are considered to be medically complex or have medical conditions refractory to the usual office-based management

 (Centers for Medicare & Medicaid Services, 2015)

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**Assessment Question 2**

*The criteria for a patient to qualify for SKILLED home care services include all the following EXCEPT:*

- a) Patients for whom leaving home would be inconvenient
- b) Patients who have mobility impairments
- c) Patients who have terminal illnesses
- d) Patients who exhibit multiple medical, psychiatric, and social problems



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**Assessment Question 2: Answer**

*The criteria for a patient to qualify for SKILLED home care services include all the following EXCEPT:*

- a) Patients for whom leaving home would be inconvenient  
(Correct Answer)**
- b) Patients who have mobility impairments
- c) Patients who have terminal illnesses
- d) Patients who exhibit multiple medical, psychiatric, and social problems



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**Community-Based Services**



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**Medical Home Visits and House Calls**

- Comprise a small but growing proportion of provider visits
- The number of physician home visits to Medicare beneficiaries more than doubled from 2000 to 2006 (Peterson et al., 2012)
- 2006 to 2011 saw another small increase in total number of home visits and a substantial increase in domiciliary care visits made to Medicare beneficiaries (Sabreji et al., 2016)




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**Medical Home Visits and House Calls**

- House calls can occur in different types of practice structures:
  - Some office-based medical providers make occasional routine or urgent home visits for patients who need it
  - Some other practices have dedicated house call sessions integrated into their schedules
  - Others have mobile practices that make house calls exclusively, privately, or as part of larger academic or institutional practices



(Peterson et al., 2012)

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**Limitations of Home Care**

- Most older adults prefer to remain at home, but certain situations and conditions make long-term care (i.e., assisted living facilities, nursing homes) a more appropriate choice than in-home care
  - Caregivers not available to address the needs of the patient
  - Caregiver burnout and stress
  - Unstable medical situations that require frequent laboratory testing, respiratory interventions, or intravenous medications
  - Household social disruptions (i.e., alcohol or drug abuse)
  - Inadequate room for equipment or environmental modifications



(Medina-Walpole et al., 2016)

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**Benefits of Home-Based Medical Care**

- Several studies of home-based preventive care and medical home visits in the United States showed improvements in:
  - Health care use
  - Emergency department visits and nursing home placement (Mantzer et al., 2013)
  - Satisfaction of patients, caregivers, and physicians (Jackson et al., 2013)
  - Quality of life (Edes et al., 2014)




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**Benefits of Home-Based Medical Care**

- Interdisciplinary teams providing coordinated patient-centered care have the opportunity to change the face of Medicare for the type of community-dwelling, frail, medically complex older adults who spend the majority of the Medicare budget




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**“Hospital at Home” Care**

- An intensive form of home care
- May include invasive treatments, IVs, or chemotherapy
- Physicians, nurses, other providers, and home caregivers *collaborate* to provide hospital-level care in a patient’s home for common, uncomplicated acute illnesses that can be diagnosed and treated safely, efficiently, and effectively in the home



(Cryer et al., 2012)

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**“Hospital at Home” Care**

**Conditions Appropriate for “Hospital at Home” Treatment**

- Congestive heart failure (CHF)
- Pulmonary embolism (PE)
- Chronic obstructive pulmonary disease (COPD)
- Cellulitis
- Dehydration
- Deep vein thrombosis (DVT)
- Urinary tract infection/urosepsis
- Volume depletion



(Cyber et al., 2012)

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**“Hospital at Home” Care**

- Patients show comparable or better clinical outcomes compared with similar inpatients, and they show higher satisfaction levels
- “Hospital at Home” care is also less expensive

(Cyber et al., 2012)

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**Community-Based Services Not Requiring a Change in Residence**

**Adult Day Care** (Department of Health and Human Services, 2015)

- A community-based option that provides a wide range of social and support services in a congregate setting
- May offer different services from nonskilled custodial care to more advanced skilled services
- Can also serve as a form of respite for caregivers




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Community-Based Services Not Requiring a Change in Residence

**Day Hospitals**

- Provide many skilled nursing care services, like parenteral antibiotics treatment, chemotherapy, and intensive rehabilitation
- Often used for those needing multidisciplinary rehabilitation and those with psychiatric illnesses



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Community-Based Services Not Requiring a Change in Residence

**The Program of All-Inclusive Care for the Elderly (PACE)**

- Provides comprehensive medical and social services to certain frail, community-dwelling, elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits
- An interdisciplinary team of health professionals provides PACE participants with coordinated care
- For most participants, the comprehensive service package enables them to remain in the community, rather than receive care in a nursing home



(Centers for Medicare & Medicaid Services, 2017)

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Community-Based Services Not Requiring a Change in Residence

**The Program of All-Inclusive Care for the Elderly (PACE) (Continued)**

- PACE is currently available in 31 states
- <http://www.npaonline.org/pace-you/find-pace-program-your-neighborhood>



(Centers for Medicare & Medicaid Services, 2017)

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Community-Based Services Not Requiring a Change in Residence

**Home Hospital**

- Gives more complex care at home to older adults who would have been hospitalized for an acute care need, with access to nurses and physicians on a regular basis



(Centers for Medicare & Medicaid Services, 2017)

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Assessment Question 3

*Community-based services which do not require a change in residence include:*

- a) Long-term care
- b) Adult day services
- c) Assisted living facility
- d) Supportive living facility



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Assessment Question 3: Answer

*Community-based services which do not require a change in residence include:*

- a) Long-term care
- b) Adult day services (Correct Answer)**
- c) Assisted living facility
- d) Supportive living facility



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**Changing Residence**




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**Community-Based Services Requiring a Change in Residence**

**Assisted Living**

- A long-term senior care option that provides personal care support services such as meals, medication management, bathing, dressing, and transportation
- The costs vary, depending on the type of residence, size of the apartment, types of services needed, and location




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**Community-Based Services Requiring a Change in Residence**

**Assisted Living (Continued)**

- The average cost for a one bedroom assisted living apartment in the U.S. in 2014 was \$3,500 per month
- Also provides social activities, health-related services, and supervision services in a home-like atmosphere that supports autonomy and privacy




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Community-Based Services Requiring a Change in Residence

**Group Homes**

- Houses or apartments in which four or more unrelated people live together
- Residents share a dining room, living room, and kitchen, but usually have their own bedroom

**Adult Foster Care**

- Provide room, board, and some assistance with ADLs by the sponsoring family or by paid caregivers



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Community-Based Services Requiring a Change in Residence

**Sheltered Housing**

- Funded by the Older American Act, and is an option for housing subsidized through Section 8
- Gives older people the independence of having their own apartment, with the security of having an alarm system and a manager
- The apartments are usually small, self-contained units, or single rooms in a complex, which often have communal social areas



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Community-Based Services Requiring a Change in Residence

**Supportive Living Facilities**

- Alternative to nursing home care for low-income older persons, usually 65 years old and older, and persons with disabilities under Medicaid
- Illinois and other states developed the program as an alternative to nursing home care for this segment of the population
- By combining apartment-style housing with personal care and other services, residents can live independently and take part in decision-making
- Personal choice, dignity, privacy, and individuality are emphasized



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Community-Based Services Requiring a Change in Residence

**Supportive Living Facilities (Continued)**

- The Department of Healthcare and Family Services has obtained a waiver to allow payment for services that are not routinely covered by Medicaid
  - Services include personal care, homemaking, laundry, medication supervision, social activities, recreation, and 24-hour staff to meet residents' scheduled and unscheduled needs
- The resident is responsible for paying the cost of room and board at the facility



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Community-Based Services Requiring a Change in Residence

**Continuing-Care Retirement Communities**

- Usually have a variety of living options, ranging from apartments or condominiums to assisted living and skilled nursing home care
- Often residents enter at the more independent care level and progress through more dependent care as they age



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Assessment Question 4

***Community-based services which require a change in residence include:***

- a) Day hospitals
- b) Program of All-Inclusive Care for the Elderly (PACE)
- c) Assisted living facility
- d) Adult day services



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**Assessment Question 4: Answer**

***Community-based services which require a change in residence include:***

- a) Day hospitals
- b) Program of All-Inclusive Care for the Elderly (PACE)
- c) Assisted living facility (Correct Answer)**
- d) Adult day services



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**Interview with Expert: Thomas Cornwell, MD**



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**Expert Interview: Thomas Cornwell, MD  
Technology and Home Care**

**Listen to Our Expert Discuss:**

- Technology enables practitioners to provide quality care in the home
- Smartphone apps can serve as EKGs, Snellen eye charts, and drug databases
- Apps can be used to perform visual acuity and color blindness tests, and allow medical records to be accessed anywhere
- Pocket ultrasound machines are also available, and are helpful in preventing hospitalizations
- Digital X-rays allow for faster diagnoses and can be cost-effective



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Community-Based Interprofessional Home Care



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Summary

**Community-Based Interprofessional Home Care**

- Care provided in the community by an interprofessional team
- Includes personal care, skilled home care, and medical/house calls
- Provides home-based care to older adults preferring to live in the community
- There are many payment, support, and housing options available for older adults who require caregivers



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Resources

[https://www.cms.gov/Medicaid/Health\\_Plans/nace/Overview.html](https://www.cms.gov/Medicaid/Health_Plans/nace/Overview.html) Accessed March 20, 2017

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/Suppncert.pdf> Accessed March 20, 2017

[http://www.alberta.ca/FILEDCARE-NET/Public/Resources/FactSheet/Adult\\_Day\\_Care.aspx](http://www.alberta.ca/FILEDCARE-NET/Public/Resources/FactSheet/Adult_Day_Care.aspx) Accessed March 20, 2017

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