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Second-Year Results of The National Medicare Study, Independence At Home, Housecall Providers Saves \$830 Per Patient Every Month

Portland, Ore., August 9, 2016 – Second-year results from the five-year, Independence at Home (IAH) Demonstration Project revealed once again that medical providers that offer home-based primary care services to patients with multiple chronic conditions and impairments improves patient health and lowers health care costs. Second-year savings totaled more than \$10 million dollars for the 15 sites serving the 10,000 Medicare beneficiaries involved in IAH.

For the second straight year, Portland-based Housecall Providers was the site with the highest savings per patient. The nonprofit medical organization showed a 26% savings in patient health costs over the control group, which did not receive home-based primary care. This represents savings of \$830 per patient every month. For meeting all six-quality measures associated with the treatment of its 249 IAH patients, the nonprofit will receive approximately \$1.1 million as its share of the savings to Medicare.

"Now in its second year, Independence at Home is clearly a success story of health care done right," U.S. Senator Ron Wyden said. "This data shows that giving quality care to homebound individuals not only provides better care for those with serious chronic illnesses, but also holds down health costs."

While Housecall Providers' savings equaled year one's results, the demonstration as a whole did not achieve as much in total savings for the second year as it did in year one. Even though more patients took part in IAH in year two, revisions to the methodology changed the way that savings were calculated.

The complete study results are available here:

<https://innovation.cms.gov/initiatives/Independence-at-Home/>

Sen. Wyden, who co-sponsored the legislation that created Independence at Home, encouraged Housecall Providers to apply to the study.

"I'm proud of Housecall Providers for its continued leadership. Housecall Providers was my inspiration for authoring the Independence at Home in the Affordable Care Act, and I am going to push harder than ever to make this program permanent and expand it so older Americans

across the country can receive this kind of care in the comfort of their home,” Wyden said.

Housecall Providers is one of four organizations that met all six-quality measures required to be eligible to receive an incentive payment. The Center for Medicare and Medicaid Services (CMS) has agreed to share a percentage of the savings realized by the participants for meeting at least three quality measures.

“We are thrilled that we can save Medicare this amount of money and deliver what we know to be the best kind of care for the chronically ill - home-based primary care,” said Terri Hobbs, executive director of Housecall Providers. “I cannot say enough about the level of attention our clinical and support staff offers our patients every day. It is because of their compassionate, expert care that we continue to do so well in the demonstration.”

The quality measures tied to medical site payment are:

- **Hospitalizations and Emergency Room visits** - Must reduce the rate of emergency department (ED) visits and hospital admissions as a result of Ambulatory Care Sensitive Conditions, namely, COPD, CHF and diabetes. This is possible through appropriate care management of complex health problems.
- **30-day hospital readmission rates** - Must reduce the rate of all-cause hospital readmissions within 30 days of initial discharge to a rate below that of a clinically similar but unmanaged population as defined by CMS. This readmission rate is a key measurement of the cost to treat this patient population, and reducing it has been among CMS national priorities.
- **Medication management** - 50% or more of all ED visits and hospitalizations require medication reconciliation in the home within 48 hours of the patient returning home.
- **Contact with beneficiaries:**
 - 50% or more of all hospital admissions require a follow-up contact with the patient, caregiver or hospital.
 - 50% or more of all ED visits require a telephone call or in-home visit with the patient or caregiver within 48 hours of the patient returning home, while hospital discharges must have an in-home visit within that 48 hours.
- **Patient preferences for their treatment wishes** - Must include the patient’s preferences in care discussions in 80% or more of the IAH patients each year. This results in care guided by the patient and family.

The medical sites that participated in IAH were challenged to provide high-quality care while reducing the costs to treat the nation’s sickest patients, many of whom fall into the category of five percent of the Medicare population that uses nearly 50 percent of the funds. Individual participants in IAH must:

- Have two or more chronic conditions
- Have coverage from original, fee-for-service (FFS) Medicare
- Need assistance with two or more functional dependencies (e.g., walking or feeding)

- Have had a non-elective hospital admission within the last 12 months
- Have received acute or subacute rehabilitation services in the last 12 months

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About Housecall Providers

Housecall Providers is a Portland, Oregon-based nonprofit primary care medical practice and hospice service devoted exclusively to making home medical visits, or house calls, to patients who have great difficulty leaving their residence. A typical Housecall Providers patient is elderly, with complex medical issues and multiple chronic disorders such as Alzheimer's disease and chronic obstructive pulmonary disease. Founded in 1995, Housecall Providers is led by Executive Director, Terri Hobbs and Medical Director, Dr. Pamela Miner. It employs over 90 people and cares for nearly 2,000 patients annually. To date, its clinicians have made more than 150,000 house calls.

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