IAH FACTS
(INDEPENDENCE AT HOME)

WHO?
Up to 10,000 Medicare patients with severe chronic illness and disability served by medical teams

Medicare Demonstration since 2012
17 IAH practices which provide Home-Based Primary Care

The IAH practices provide:
- Interdisciplinary medical and social services at home
- 24/7 access and visits within 48 hours of discharge from hospital or ER
- A mobile electronic health record (EHR)

WHY?
Many elders with severe chronic illness and disability have difficulty getting to the doctor’s office, forcing them to rely on the ER or hospital due to:

Cognitive
- Barriers
- IAH teams are required to meet quality metrics:
  - better medication management and advance care planning
  - follow-up visits within 48 hours after any hospital stay or ER visit
  - fewer ER visits and hospitalizations and 30-day readmissions

WHAT?
In Years 1 and 2, IAH sites successfully cared for more than 10,000 patients with savings totaling more than $35 million

FUTURE?
1-2 million Medicare patients with severe chronic illness and disability could benefit from national IAH program

A national IAH program could bring $10 to $15 billion in savings over the next 10 years.

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All 17 practices met at least three of six major quality metrics and four sites met all six.

9 of 17 exceeded minimum savings thresholds for either or both years. Practices received shared savings payments of nearly $17 million with medicare receiving nearly $19 million in two years.

All reduced ER visits and hospitalizations and 30-day readmissions.