The Role of Technology in Enabling the Home Health Agency of Tomorrow

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Dorothy Tillman Cared About Her Aunt’s Personal Health Information (PHI)

Overview
I. MANY technologies are vying for market adoption.
II. Today, your Personal Health Information (PHI) is scattered, frozen, and it’s not really yours.
III. Value-Based Purchasing: Payment systems are on the cusp of reform
IV. Government, employer and tech companies are forging a new business ecosystem based on collaboration and integration
V. HHAs have opportunities to emerge out of the box!
MANY technologies are vying for market adoption.

Technologies are Converging

**CONSUMER TECH INFRASTRUCTURE**

- Internet
- Smart houses
- Personal communications devices -- PDAs, cell phones, etc.
- Broadband -- cable, DSL, satellite
- Digital cameras, video
- Wireless -- 802.11, Bluetooth, RFID, etc.
- Voice recognition, etc.

**eHEALTH APPLICATIONS**

- Electronic Health Records (EHRs)
- Personal Health Records (PHRs)
- Remote patient monitoring
- Fitness/wellness/prevention
- Self care support
- Physician/patient secure messaging
- Home telehealth/telecare
- Decision support systems
- e-Prescribing
- e-Disease Management
- e-Clinical Trials
- Predictive modeling
- Computerized Physician Order Entry
- Quality evaluation web sites
- Patient reminder systems, etc.
II. Today, your PHI is scattered, frozen, and it’s not really yours.

Your Personal Health Information Today

- Scattered
- Frozen – not accessible using broad computer industry and Internet standards
Who’s PHI is it?

“Institutions and provider practices treat health data as a business asset over which these organizations can exert property rights.”

Center for Studying Health System Change. Creating Sustainable Local Health Information Exchanges: Can Barriers to Stakeholder Participation be Overcome? 2008

The Traditional Healthcare Universe

CONSUMER

CONSUMER

CONSUMER

CONSUMER

CONSUMER

CONSUMER

FACILITY
III. Value-Based Purchasing: Payment systems are on the cusp of reform

Problems With Current Payment Systems

Types of Payment Systems

- **Fee for Service**
- **Capitation**

Encourages over-use of procedures
Penalizes providers with sicker patients

While We Don’t Know ALL the Details of Likely Payment Reforms, Some Things Are Almost Certain

Hybrid Payment Systems

- Encourages over-use of procedures
- Encourages efficiency & coordination of care
- Penalizes providers with sicker patients

- **Fee for Service**
- **Episode-of-Care Payment**
- **Risk-Adjusted Global Fees**
- **Capitation**
IV. Government, employers and tech companies are forging a new business ecosystem based on collaboration and integration.

Healthcare’s “Copernican Shift”

State of Personal Health Record (PHR) Adoption
- Typical: 2-5%
- Best Practice: 30-50%
The PHI Ecosystem - multiple, interoperable platforms

Adapted from a framework developed by the Markle Foundation by Vince Kuraitis JD, MBA and David C. Kibbe MD, MBA
Better Health Technologies, LLC and The Kibbe Group

Consumer Access Services
V. HHA's can emerge out of the box!

Let's Look Outside the Box

Today's HHA

The Center of Health and Care: A Patient's Home

2015 care delivery model is consumer-centric:

- Patient and care settings, will now
- Personalized care, mobile
- Integrated primary care and specialty care
- Acute care and continuing care systems
- Interoperability
- Tree structures, not hierarchies
- NURSING
- Integrate business and care delivery
- Centrally located care
- Care coordination
- Patient engagement
- Patient centricity
- Provider engagement
- Wearables

Integration and long-term care
- Involvement, care and coordination
- Different perspectives
- Integration of others
- Care and care
- Centrally located care
- Care coordination
- Patient engagement

Utilization
- Clinical and health
- Integrated care
- Continuity of care
- Care coordination
- Patient engagement

Safety and outcomes transitions
- Care transitions, the human
- Different perspectives
- Integration of others
- Care and care
- Centrally located care
- Care coordination
- Patient engagement

The provider shares information and IF
- Engagement
Payment Reforms Create Opportunities

Bundled Payments to Groups of Providers

Emergence of Collaborative Care Management Networks

- Characteristics
  - Multi-payer participation
  - Common clinical guidelines/shared care processes
  - Common IT infrastructure enabling information exchange and shared workflow (Highly desirable today, essential in the future)
  - Aligned financial incentives and shared accountability across providers
  - Trust and shared responsibility
- Many embryonic examples
  - Institute for Clinical Systems Improvement, Minnesota
  - State Chronic Care Initiatives: Iowa, Pennsylvania, Vermont, Washington, Rhode Island, Colorado, others
  - Improving Performance in Practice initiatives
  - Accountable Care Organizations (Elliott Fisher, Dartmouth)
  - Patient Centered Medical Home (PCMH) initiatives

Legislative/Regulatory Options to Enable HHAs

1. Expand the definition of home health skilled nursing need to include an ongoing care and continuity relationship that extends beyond the 60-day episode window.
2. Ensure a loose interpretation of homebound requirements to include high-risk beneficiaries with multiple chronic conditions.
3. Provide a payment mechanism to hospitals and home health agencies for “hospital at home” services.
4. Expand access to personal home health aide care through a long-term care indemnity benefit or through a benefit analogous to that provided in the Medicaid waiver programs.
5. Replace the requirement that hospice beneficiaries be certified as having 6 months’ prognosis with lower criteria.
6. Revise the physician self-referral law, as it applies to home health agencies, to reflect the current situation for hospice care.
7. Require that home health agencies have active medical directors.
8. Empower medical directors, referring physicians, and collaborating nurse practitioners by eliminating the submitting, supervising, and authorizing “incident-to-billing” policies when home visits are made to certain high-risk beneficiaries.
9. Enhance the role of geriatric principles and interdisciplinary team managed care in continuing medical education and residency training programs funded by Medicare.
New Business Models

• Today’s PHR – done “by” patients
• Tomorrow’s PHR opportunity – done “for” patients

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END
Better Health Technologies, LLC

Technology and health care delivery are shifting:
- From: Acute and episodic care delivered in hospitals and doctors’ offices
- To: Chronic disease and condition management delivered in homes, workplaces, and communities

BHT provides consulting, business development, and speaking services to assist companies in:
1) Understanding the shift
2) Positioning – what’s the right strategy, tactics, and business model?
3) Integrating your offering into the value chain – what are the right partnerships?

BHT Clients

Pre-IPO Companies
- HealthPost
- Concert
- Seavus
- Monarx
- Medwire

Established organizations
- Intel Digital Health Group
- Samsung Electronics, South Korea
- Global Research Group
- Samsung Advanced Institute of Technology
- Samsung Advanced Institute of Technology
- Amedisys
- Amedisys Health System
- Medtronic
- – Neurological Disease Management
- – Cardiac Rhythm Patient Management
- Siemens Medical Solutions
- Philips Medical Systems
- Sanofi-Aventis
- Johnson-Davis Center
- CCR
- Disease Management Association of America
- HCS Health Systems
- Varian Medical Systems
- VHI
- Vertex Health System
- SII Systems
- Gryphon
- Physicians IPA
- Centaur