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# Home-Based Primary Care: How The Modern Day “House Call” Improves Outcomes, Reduces Costs, And Provides Care Where It’s Most Often Needed

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The numbers get our attention: More than [10,000 baby boomers turn 65 every day](#), with the 80-and-older segment growing the fastest and more likely to be homebound or home-

limited; the number of people ages 65 and older will more than double between 2010 and 2050, causing the number of homebound and home-limited patients to rise even higher; and only about 12 percent of the nation's [two million home-limited patients](#) currently receive home-based primary care.

But when you look behind the numbers at the patient stories, home-based primary care goes from being a compelling concept to a “no brainer.”

Like the 50-year-old man who suffered a brain injury from a motor vehicle accident. He's bedridden and completely dependent on his 81-year-old mother and other caregivers for support. Without home-based primary care, his only access to primary health care would be via an ambulance to the hospital.

Or the 38-year-old woman with congenital cerebral palsy and a seizure disorder. She's nonverbal, uses a feeding tube, and has a history of gastrointestinal bleeding. Like many homebound patients, she's cared for around the clock, mainly by her family, oftentimes by a father who works nights so he can take care of her during the day. Again, without home-based primary care, her only access to health care would be through the emergency department, which poses additional burdens for her caregivers.

Or the 78-year-old woman in an assisted living facility, who has a history of a stroke that resulted in tremors and an inability to verbalize her needs. She is wheelchair-bound and has emphysema. Although she has more access to onsite health care than some patients, she still needs ongoing primary care.

And, finally, there was the 82-year-old woman, who had previously been hospitalized 13 times for conditions such as heart failure and pneumonia, with multiple rehabilitation stays following these hospitalizations. She was reliant on her 86-year-old husband as the primary caregiver and wanted to avoid being hospitalized again. With home-based primary care in place, she only required one more hospitalization over the course of eight months and, in the end, was able to pass away at home, something she also wanted, after transitioning to hospice care.

These are just a handful of the stories home-based primary care providers are privileged to see unfold as part of our work. The benefits of home-based primary care are myriad, but obstacles must be addressed to ensure the model is available to all patients who could benefit from it.

## Reviving The House Call

Home-based primary care—or the modern-day “house call”—delivers primary care to the most medically complex (and costliest to the health care system) homebound or home-limited patients in society. These patients typically have no continuous follow-up care, which continues the cycle of poor health management and is even more expensive and exhaustive for patients and their caregivers.

The “house call” concept isn’t new. At one time in our country’s history, it was very common for physicians to make house calls, showing up with their iconic black bags. According to the *New England Journal of Medicine*, in the 1930s, 40 percent of health care was delivered in the home. Then, over time, patient care moved to physician offices, clinics, hospitals, and emergency departments.

A key enabler of today’s home-based primary care is technology. Electronic medical records allow access to patient charts virtually anywhere. Blood and lab tests can be done in the home in minutes, or drawn and spun down in a centrifuge in the car and taken to a lab. Portable x-rays and ultrasound equipment are now available, and a smartphone can function as an electrocardiogram, an ultrasound console, a portal to medical references (such as textbooks and drug databases), and a means of transmitting paperwork with remote scanning and printing.

As a home-based primary care provider, I have more technology available to me in a patient’s living room than I would if I provided care in the office.

One of the common misconceptions about home-based primary care is that it is the same as Medicare home health care, but they differ. Home health care is often provided following a hospitalization (such as post-surgery) by nurses and physical, occupational, and speech therapists. Home health care is also intermittent; patients must have a Medicare-skilled need and a licensed provider; and home health care usually does not last longer than two months. Home-based primary care, on the other hand, is longitudinal and cares for the patient as long as needed. While it is not uncommon for home-based primary care patients to have home health care for additional nursing and therapy services, the former often stabilizes patients so they no longer have a skilled need requiring the latter. Home-based primary care also provides significant palliative care services and commonly partners with palliative and hospice providers.

## Understanding The Benefits

In addition to enhancing the quality of care for patients and supporting caregivers, home-based primary care can significantly reduce medical emergencies, fragmented care, missed appointments, and the poor control of chronic conditions—the factors most

frequently cited for emergency department visits, readmissions, acute hospitalizations, and institutionalization for this population. Home-based primary care also helps alleviate stress and other challenges for everyone involved in a patient's care.

In addition, home-based primary care can enable accountable care organizations (ACOs) and Medicare Advantage programs to improve the coordination and quality of patient care on their most costly patients. It significantly reduces expensive nursing home services while boosting patient satisfaction.

The [Independence at Home \(IAH\) Medicare house call demonstration program](#), which began in 2012, was designed to test the ability of a home-based primary care model to improve care, reduce Medicare costs, and help complex patients age in place. It is completely funded through cost savings generated by the house call practices taking part in the initiative.

In its first four years, IAH realized millions of dollars in savings, including **\$32.9 million** – an average reduction of \$2,819 per beneficiary – in its fourth year. Beneficiaries had fewer 30-day readmissions, hospitalizations, and emergency department visits. Quality of care also increased in all measured areas, such as follow up within 48 hours of hospitalization, medication reconciliation, and documentation of advanced care preferences.

Adding to these overall benefits, home-based primary care offers specific benefits to several specific groups. For home-limited patients, it provides improved quality of life and comfort. For clinicians, it provides a rewarding care experience. Many providers feel that home-based primary care brings compassion and meaning back to their medical practice. For family caregivers, it brings support and peace of mind. Caregivers often say that it is very reassuring to know that a caring home-based primary care provider is one phone call away, versus having to call 911. For health systems, home-based primary care has many advantages, including reductions in 30-day readmissions and in reduced hospitalizations of complex, frail elders who are often poor surgical risks and produce long lengths-of-stay. With the move to a new value-based paradigm, home-based primary care can also lower costs for ACOs and bundled payments.

## Obstacles And A Path To Sustainability

Despite the strong results and powerful patient stories, home-based primary care has been slow to scale, mainly because the predominant fee-for-service payment system rewards volume over value. For instance, an office-based provider might see double the number (or more) of patients daily than a home-based primary care provider. This,

however, is changing with the increasing prevalence of value-based payments and programs, such as the IAH demonstration.

At the same time, the supply of home-based primary care providers has not been keeping up with demand. [Medicare data from 2012 and 2013](#) show there were a little more than 1,000 providers who performed 500 or more medical care home visits. Without more home-based primary care providers and practices, we can't significantly address that additional 88 percent of the nation's [two million home-limited patients](#) who are not currently accessing home-based care.

For this reason, with philanthropic support, I founded the [Home Centered Care Institute \(HCCI\)](#). The HCCI partners with leading academic medical centers, health systems, and industry experts to raise awareness of and advocate for expanding the home-based primary care model by growing the needed workforce. The organization is working to accomplish this by delivering expert-led education and customized technical assistance aimed at building or growing sustainable house call programs that provide high-quality care, at reduced costs, for the top 3–5 percent of high users.

## The Necessary Skillset Of A Home-based Provider

As more providers are added to the home-based primary care workforce, it's important to consider the characteristics of a successful home-based primary care provider (as identified by the HCCI)—or, as we call them, the “Eight C's”:

- **Competent with Complexity:** Providers should be comfortable caring for patients with complex medical conditions, who are often on numerous medications and have extensive medical records. The provider often needs to navigate complex psychosocial needs and challenging family dynamics. And, all of this must be done without the availability of specialists.
- **Communicate Comprehensively:** Caring for patients in the home involves not only caring for their multiple medical problems but also caring for the needs of others involved in the patient's care. As such, it also requires a strong focus on goals of care and end-of-life conversations. Providers should be skillful communicators who are able to guide discussions on medical care and treatment with patients, caregivers, and other involved professionals.
- **Character and Composure:** Home-based primary care providers often work alone and need to demonstrate the highest integrity to ensure safe and quality care for the patient. Provider composure is essential because the medically and socially



complex scenarios encountered at home, sometimes in neighborhoods with higher crime rates, may be challenging.

- Considerate and Compassionate: Home-based primary care providers are guests in the patient's home, which is a very different dynamic than the office setting. Providers need to be highly considerate of this shift in "power" and of the patient's personal and cultural wishes. Overall, just stepping into a patient's home can be very informative and shows real compassion that can be reassuring to the patient and family in their difficult times.

How many people in our circle of family, friends, and others we care about have needed, or will need, primary care in their homes? How many moments of confusion and worry might be avoided if, in these already emotional situations, we would better know how to fill any gaps in care? Finally, when the time comes, and we're at an advanced age, won't we prefer to be cared for in our own homes? I know I will.

### **Author's Note**

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