



HCCITM
HOME CENTERED CARE
INSTITUTE

Illinois House Call Project Cohort 2

Demystifying Value-Based Care for House Calls

Module 3 – Check-In

4/30/2025

Agenda

Topic	Time (min)	Presenter
Welcome & Introductions	10	Raabiah Ali
Module 3 Review: Managing Costs in Value-Based Care ○ Optimizing Value-Based Care for Homebound Patients ○ Managing Care Transitions in a Value-Based World ○ Evaluating Productivity and Staffing in the House Call Program ○ Hiring Right and Supporting the House Call Program	60	Tammy Browning Michael Helle Ina Li
Q&A	10	All
Next Steps & Conclusion	10	Raabiah Ali

Presenters



Tammy Browning, PA-C

Founder

Grace At Home

Consultant

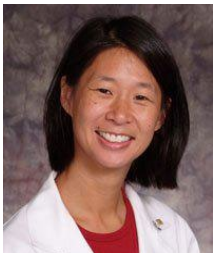
Home Centered Care Institute



Michael Helle, NRP/CCP, FF-C, MHA, MBA

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Ina Li, MD

Clinical Director of Advanced Primary Care

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Module 3: Ensuring Success in Value-Based Care

Module 3: Ensuring Success in Value-Based Care

Topics:

- Optimizing Value-Based Care for Homebound Patients
- Managing Care Transitions in a Value-Based World
- Evaluating Productivity and Staffing in the House Call Program
- Hiring Right and Supporting the House Call Program



Optimizing Value-Based Care for Homebound Patients

Tammy Browning and Michael Helle

Top 6 Components for Success in VBC:

1. Patient Identification

- Flagging Your Patient
- Locating Your Patient
- Using Technology
- Key Information Needed

2. Gaps in Care/Quality

- Understanding Data
- Utilizing Data
- Data Next Steps
- Major Limitations

Top 6 Components for Success in VBC:

3. Managing Cost of Care

- Financial Cost of Care
- Major Clinical Focus Areas
- Create PDSA Cycles

4. Data and Financial Considerations

- Efficient Utilization of Information
- Financial Statements Considerations
- Next Steps and Resources

Top 6 Components for Success in VBC:

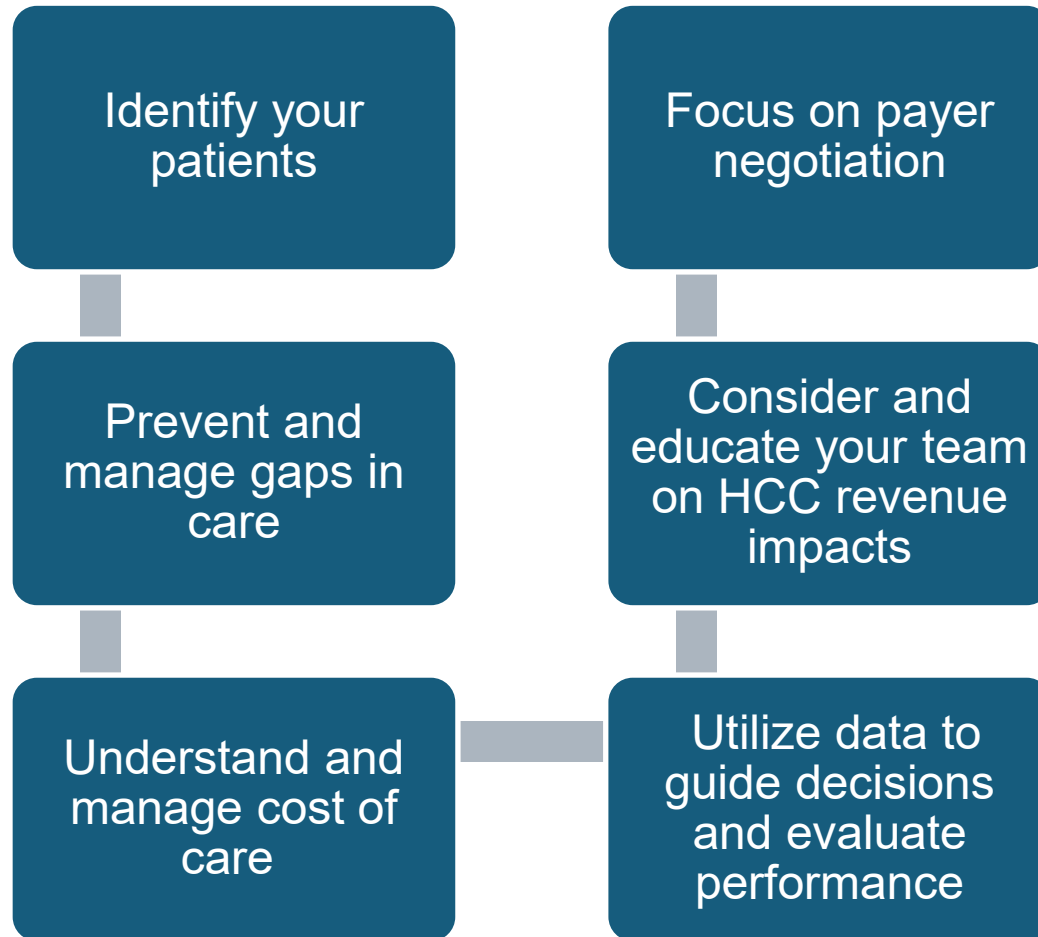
5. Revenue Capture in VBC Model (HCCs), and

- Medicare's one source of revenue is acuity-based
- HCC in Practice
- Create a culture that understands value of Medicare revenue model

6. Payer Negotiation

- Putting it all together in a VBC package
- Tactical Payer Partnerships
- Relationship-based Work
- Resources are available

Key Takeaways



Relationships and practice transformation is a "long game", but the time to prepare and transform is ***now***



Managing Care Transitions in a Value-Based World

Ina Li, MD

Factors that Impact Transitions

Prompt Notification of Discharge

Timeliness of follow-up

Prioritization of concerns

Medication Reconciliation or access to medications

Support at home

Care Management vs. Care Coordination

	Care Management	Care Coordination	Care Management and Coordination in HBPC
Duration	Episodic	Long-term	Long-term with episodic focus on specific medical conditions as needed
Focus	Managing a specific medical condition i.e., clinical pathway for CHF	Managing all medical, socioeconomic, psychosocial aspects of care	Development of mutually respectful relationships with pt for long-term coordination, employ targeted care mgmt. strategies when needed
Goals	Identify modifiable risks and needs of population being served and target interventions	Broader approach, focus on assessing all needs, sharing knowledge with other providers, connecting to resources, transition management	Identifying risk is important, but overarching coordination services need to be in place first, identifying what is most important to the patient, ensuring patient needs and goals are at the center of all medical decision making and whole care team knows goals of care

Essential Elements of Care Coordination and Management

Engagement

- Build trusting relationships and rapport

Proactive Strategies

- Use data and risk stratification to create preventative interventions

Team-based Approach

- Use communication to ensure patient and team members are on same page

Education

- Empower patients with tools and resources to feel in control

Best Practices

- Know your population and employ evidence-based practices

Identifying Gaps in Care

- Use health plan data
- Collect own data
- Use risk stratification at every visit – including nurse and SW visits
- Create thresholds for elevating risk levels

Interventions

- **Comprehensive Assessment**
- **Interdisciplinary Team Rounds**
- **Transition Management**
- **Proactive Communication**
- **Education**

Key Takeaways

- **Prompt attention and care interventions for patients during transitions is a key to preventing utilization.**
- **While there are many methods and interdisciplinary approaches to care coordination, be sure to develop your clinical model based on your patient population.**



Evaluating Productivity and Staffing in the House Call Program

Tammy Browning

Measures to Evaluate Needs/Productivity

- Avg. length of stay in HBPC
- Avg. number of visits per month/per patient (evaluate visit frequency needs)
- Avg. telehealth vs in-person encounters
- Provider time assumptions (avg. # of hours per new/est. Patients including prep, travel, non F2F interactions, documentation)
- Total patients served annually

Staffing Considerations

Reliability

- Time to new and TCM visits
- Wait lists
- Staff retention

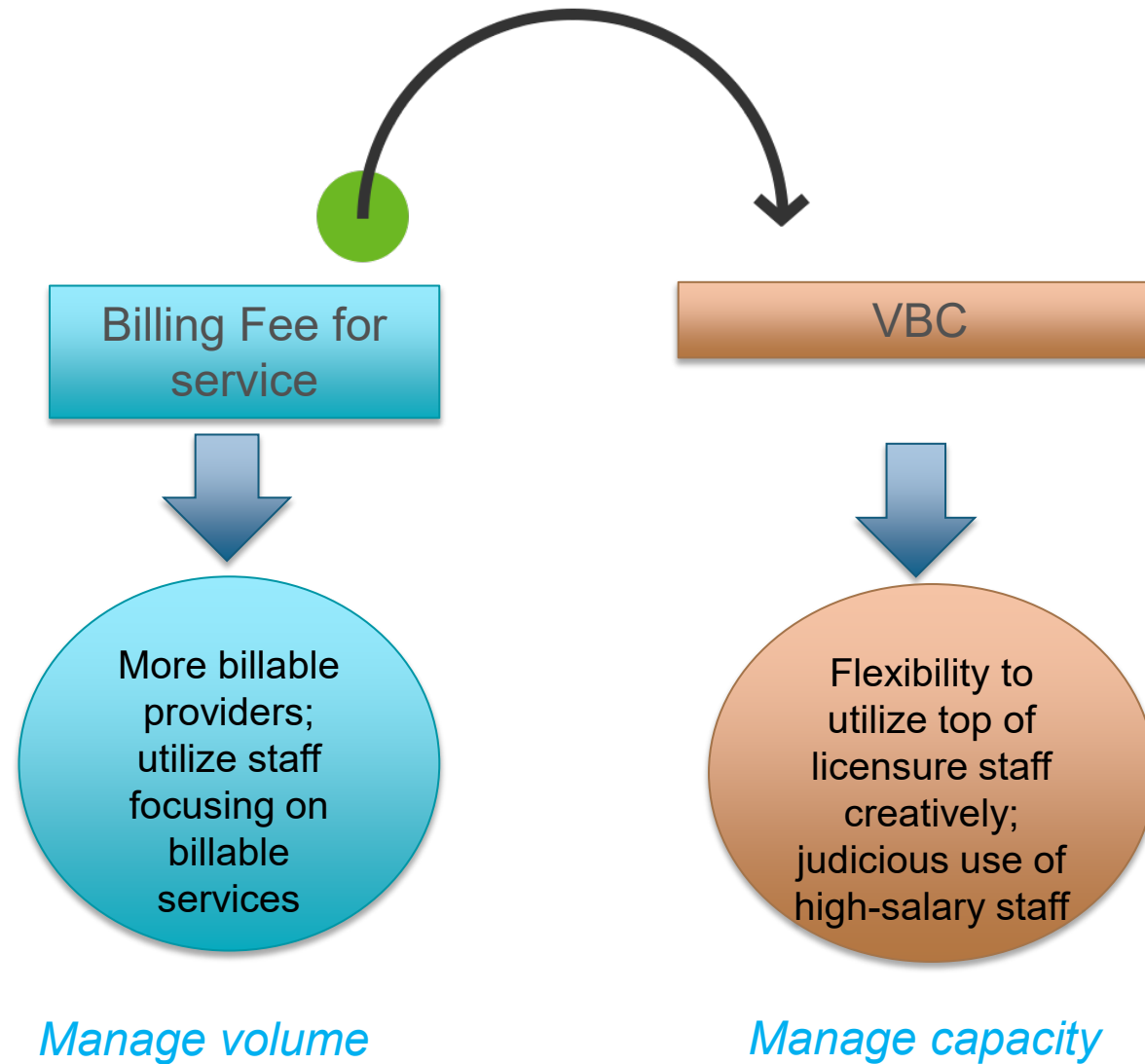
Understanding of service model

- Clear expectations and multiple pathways that promote ease of referrals
- Resources and response provided to those you can't serve
- Defined eligibility that targets the right patient without being too restrictive

Consistency

- Quality care in each interaction
- Staff competency and retention

FFS Staffing vs. Value-Based Care



Considerations for Adapting Care Models

- Consider various models for MD/NP/PA involvement
- Potential broader role for nurses, social workers and others
- Specialty programs or providers (e.g., behavioral health)
- Scheduled/proactive high-frequent communication focused on care management, health education, caregiver support etc.
- Expand virtual care opportunities or structure
- Consider utilization non-traditional staff (e.g., CHWs, paramedics, pharmacy)

Key Takeaways

- Understand the population you serve and your clinical model expectations and outcomes to guide staffing and productivity.
- Utilize interdisciplinary teams and ensure patients receive the right care, at the right time, from the right person/modality.
- Continue to evaluate opportunities for transformation in the future.



Hiring Right and Supporting the House Call Program

Michael Helle, NRP/CCP, FP-C, MHA, MBA

Hiring Practices in HBPC

- **Targeted Job Postings**
 - Create meaningful and targeted job postings to attract top talent.
- **Flexible Hiring Methods**
 - Adjust hiring methods based on market conditions and use staffing agencies to try employees at lower cost models.
- **Policy Review**
 - Ensure internal policies are equitable and simple, removing outdated policies that may hinder staff satisfaction.
- **Inclusive Benefits**
 - Offer expansive benefits to attract new employees.

Stress and Burnout

- **Common Stressors**

- HBPC providers face stressors like family conflicts, paperwork complexity, financial pressure, patient adherence, and scheduling logistics.

- **Burnout**

- Defined by long-term stress reactions leading to emotional exhaustion, depersonalization, and lack of personal accomplishment.

- **Outcomes**

- Burnout affects individual health, patient satisfaction, quality of care, and system innovation.

Grief and Loss

- **Stages of Grief**
 - Recognize the five stages of grief (denial, anger, bargaining, depression, acceptance) and help others move through them.
- **Finding Meaning**
 - Encourage finding meaning through gratitude, community support, action, and love.

Operational Strategies

- **Joint Visits**
 - Manage tensions by conducting joint visits and separate discussions with family members.
- **Documentation**
 - Allow time for paperwork and scheduling during work hours.
- **Financial Model**
 - Use lower overhead to provide flexibility in patient numbers.
- **Team Approach**
 - Continuously educate patients and families, reinforcing the Care Plan.
- **Administrative Support**
 - Provide support for scheduling and routing.

Key Takeaways

- Know the hiring market in your area and create meaningful practices that create top talent hiring strategies and long-term retention.
- HBPC professionals face many of the same stressors as other medical professionals, but the home environment is not as predictable as the "traditional office setting" and can increase the number of stressors and their level of intensity.
- Be proactive in developing coping strategies to address the unique stressors encountered in HBPC.
- Developing operational and administrative strategies that create a culture of support will benefit the team, patients/caregivers, and the organization.



Q&A

A group of five healthcare professionals, including doctors and nurses, are gathered around a table in a modern office setting. They are engaged in a collaborative discussion, with some looking at a laptop and others at documents or mobile devices. The image is overlaid with a semi-transparent blue filter.

Next Steps

DVBC CME Credit

Course Content

✓ Module 1: Demystifying Value-Based Care for House Calls

✓ Module 2: Demystifying Value-Based Care for House Calls

✓ Module 3: Demystifying Value-Based Care for House Calls

✕ Demystifying Value-Based Care for House Calls Questionnaire

Questions about CME Credits?

Contact Jeff Fraler, *Director of Education*

jfraler@hccinstitute.org

Illinois House Call Project: Upcoming Reports Due

Q1 Report Due Date: 4/30/2025
Reporting Period: 1/1/2025 - 3/31/2025

Data Points:

- # Active HBPC Patients between 1/1/2025 and 3/31/2025
- # New HBPC Patients between 1/1/2025 and 3/31/2025

Please send reports to Raabiah Ali, Program Manager
RAli@hccinstitute.org

Practice Implementation Model

HCCI Practice Implementation Model™ Dimensions



HCCI Practice Assessment Scorecard™ Core Components

Financials
Human Capital Management
Legal / Compliance
Operations
Quality / Performance
Marketing / Growth
Technology / Infrastructure

Assessment Process - Virtual

Time Required by Practice

- Kick-off Meeting (1 hour)
- Prep for Practice Assessment Discovery Sessions (8 hours)
- Attend Practice Assessment Discovery Sessions (2 hours)
- Review HCCI Practice Assessment Outcomes Report™ (2 hours)
- Review HCCI Chart Review Findings Report™ & conduct Training Sessions (2 hours)

Findings & Recommendations

- HCCI Practice Assessment Outcomes Report™
 - Discuss key strengths, opportunities for improvement, and recommendations
- HCCI Chart Review Findings Report™
 - Session with Leadership and providers to discuss HCCI™ Chart Review Findings Report, identify outliers, and discuss recommendations

HCCIntelligence™ Community Webinar Series

Telehealth 2025: What's Changing, What's Staying?

Objectives:

- Review telehealth policies and coding under the CY2025 Physician Fee Schedule and their impact on home-based medical care.
- Identify best practices for coding, billing, and compliance to maximize reimbursement while maintaining regulatory compliance.
- Explore evolving trends in virtual care, including policy shifts, technology integration, and strategies for sustaining telehealth in home-based care settings.

Goal: Give providers actionable insights on the evolving telehealth landscape, preparing them for the key changes and enduring practices in 2025 and beyond.

[Register Here](#)

May 22, 2025
1 pm CT

Contact HCCI



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