Objectives

• Identify national trends driving the need for cross-continuum partnerships

• Discuss regulatory limitations and opportunities for partnership within each segment of the care continuum

• Describe potential growth opportunities that result from selecting the most operationally and clinically compatible partners
National Trends

• Demographic changes create urgent need

• Chronic conditions offer strong economic incentive for action

• Health care costs growth continues to require attention

• Growth in dementia far outpacing other diagnoses
National Trends

- Medication mismanagement has serious financial and health implications that can be further addressed
- Mobility issues present area of opportunity to enhance quality of life
- Health literacy creates unique challenges to overcome

67% of the US population over 65 years old is living with multiple chronic conditions.

75% of the US population over 80 years old is living with multiple chronic conditions.
National Trends

• Loneliness, helplessness and boredom are associated with increased health risks that can be avoided

• Non-adherence often has origins that can be impacted

National Trends

• ACA driving increased utilization of home-based services & coordination of care
  – Accountable Care Organizations (ACOs)
  – Comprehensive Primary Care initiative
  – Bundled Payments for Care Improvement Initiative
  – Community-Based Care Transition Program
  – Independence at Home
  – Hospital Readmissions Reduction Program
  – Quality Measures & Reporting
OPPORTUNITIES

Hospice

- Patients looking for assistance but not eligible for hospice
- Patients discharged live
- Families that want continuous care but do not qualify
- Families needing more assistance with meals, transportation, and/or housekeeping
Home Health

- Patients that are no longer considered homebound but need assistance
- Lack of patient progress due to non-adherence to diet, medications, &/or exercise between home health visits
- Patients at risk for wandering

Home Health

- Patients at risk of (re)hospitalizations who are trying to manage meal prep, ADLs, &/or driving with assistive device
- Patients needing transportation & communication to/from physician appointments; missing Face-to-Face documentation
- Absence of a willing & able caregiver
Physicians

• Patients struggling with adherence to diet, exercise, &/or medications

• Patients with questions, excessive phone calls, &/or missed appointments

• Communication on patient status related to quality measures

SELECTING A PARTNER
Aligned Values

• Mission

• Vision

Complimentary Care Specialties

• Dementia

• Fall prevention

• Post-surgical – Orthopedic

• Diabetes

• Heart Failure

• Pediatrics

• Cultural groups
Parallel Strategic Initiatives

• Participation in special projects
• Geographic coverage
• Mergers and acquisitions
• Targeted referral source segments

Parallel Strategies Initiatives

• New specialties development
• Operational improvements
• Target populations
• Payor sources
Partnership Process

• National
• Regional
• Local
  – Management
  – Office Staff
  – Field Staff

Keys to Partnership

• Cross-education
• Processes
• Routine communication
• Outcomes
• Co-marketing
SHARED OUTCOMES

Increased Admissions

• Staff trained to recognize needs for services
  – more appropriately provided by partners (upon referral)
  – complimented by partners (upon referral or during course of care)

• Attraction of customers to one-stop shopping and partners that ensure most fitting services are provided

• Warm introductions to new referral sources
Improved Client Retention

- Incorporation of services that help avoid hospitalizations or higher level of care
- Pro-active communication re: changing service needs, avoiding unnecessary complications
- Coordinated care transitions back to partner in instances of care interruptions

Enhanced Operational Efficiencies

- Communication fostering effective scheduling, limiting non-billable visits
  - Clients overwhelmed from multiple appointments in the same day
  - Clients not home to receive services
- Maximize resources by providing the appropriate service by the appropriate partner
- Reduced calls or emails from clients & family with questions since care plans are reinforced by partners
Improved Health & Reduced Unplanned Healthcare Costs

- Increasing adherence
  - Medications
  - Diet & lifestyle
  - Exercise
  - Follow-up appointments

- Avoiding re-hospitalizations, as well as emergency, urgent care and unplanned physician visits

Increased Satisfaction

- Clients
- Family
- Other Healthcare Providers
- Employees
- Each Other
Q & A

To Contact Me

Jennifer Ramona
National Director of Business Development
HomeWatch Caregivers International

Phone: 303-953-7451
Email: jramona@homewatch-intl.com