



## Geriatric Care Models: Team Care in Home and Community

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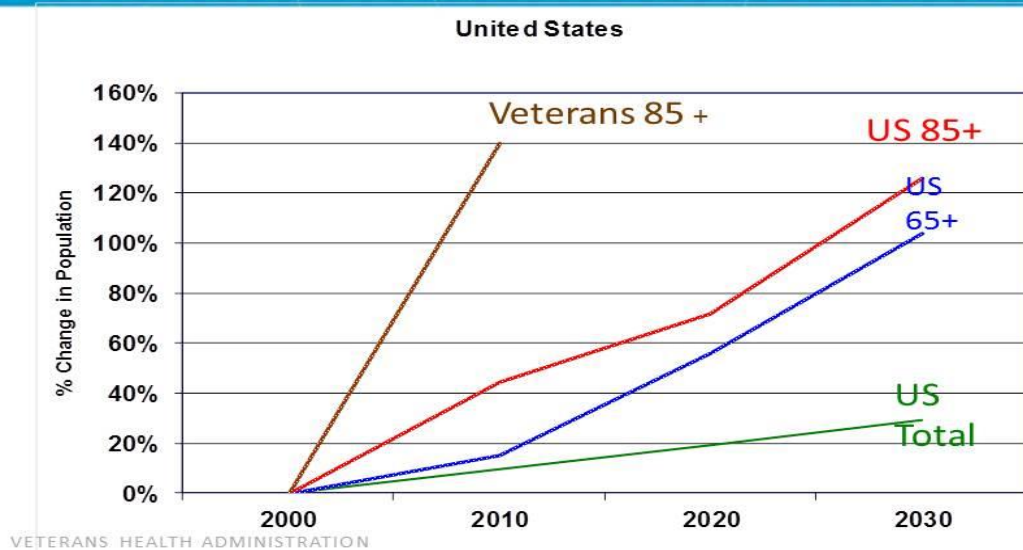


## Major Challenge, Potential Solutions

- Those who have the greatest need for the most frequent care often face the steepest challenges with access to care
- Potential solutions:
  1. Mobile interdisciplinary team care in the home
  2. Mobile adult day health care
  3. Option for those without family caregiver
  4. Technology

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## % Change in Population from 2000



2

## What is VA Home-Based Primary Care (HBPC) ?

- Comprehensive, longitudinal **primary care**
- Delivered in the Veteran's home
- By an Interdisciplinary team: **Physician Medical Director, Provider (MD, DO, NP, PA), Nurse, Social Worker, Rehabilitation Therapist, Dietitian, Pharmacist, Psychologist**
- For patients with complex, chronic disabling disease
- When routine clinic-based care is not effective

### *For those "too sick to go to clinic"*

- On average more than 8 chronic conditions; 15 medications
- 47% married; 30% of caregivers have serious disabling disease
- 48% dependent 2+ Activities of Daily Living (Dress, Toilet, Eat)
- 57% have diagnosis of dementia coded in problem list
- **Team provides evaluation, treatment, caregiver training in home**

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## HBPC Reduces Hospital Days and Total Costs to VA and Medicare

- **VA:** 6951 HBPC Veterans; VA+Medicare use and costs
  - 36% fewer VA+MC hospital days; 25% fewer admissions
  - **12% lower VA+MC costs**, including HBPC costs
  - Edes et al; J Am Geriatr Soc Oct 2014
- **Non-VA Study:** 722 in HBPC; 2161 controls over 2 yrs.
  - **HBPC resulted in 17% lower overall Medicare cost**
  - DeJong et al; J Am Geriatr Soc Oct 2014
- **Medicare Demonstration (Independence at Home):**
  - 8400 medically complex disabled beneficiaries enrolled in Medicare demo program shaped by VA's HBPC program
  - **\$35 Million saved two years** (\$2,100 / patient / year)

 JAGS 2014 Article

**HBPC increases access, improves quality, lowers total cost**

4

## VA Mobile Adult Day Health Care (ADHC)

- Interdisciplinary ADHC: patient-centered; focused on cognitive and physical function
- Access close to home of supportive therapeutic program for older or disabled Veterans needing daily assistance
- Once a week at each of five locations; Community service partners (Coatesville PA; Rochester NY); coordination with primary care
- Veterans engage in social, therapeutic and recreational activities with trained VA medical staff
- Caregiver benefits: Respite, hygiene, caregiver education, sleep, behaviors, medication management, self-care
- Helps rural Veterans with cognitive impairment remain at home, community engagement, more independent
- High caregiver and Veteran satisfaction

[http://www.coatesville.va.gov/services/mobile\\_adult\\_day\\_health\\_care.asp](http://www.coatesville.va.gov/services/mobile_adult_day_health_care.asp)

## VA Medical Foster Home (MFH): Safe Alternative to Nursing Home at Lower Cost

- For Veterans needing nursing home level of care and daily personal assistance, lack family caregiver
- Merges adult foster home with VA HBPC
- Person in community takes dependent veteran into their home, provides daily personal assistance and supervision
- VA HBPC provides comprehensive medical care; caregiver education, oversight
- VA MFH Coordinator finds caregivers, oversight
- Veteran pays for MFH, average \$2400 per month
- VA pilot 2001, currently in 43 states
- NBC Nightly News “Making a Difference” broadcast:  
<https://www.youtube.com/watch?v=2k1Xy7ETbSE>

## VA Medical Foster Home (MFH): Safe Alternative to Community Nursing Home (CNH) at Lower Cost

- Veterans enrolled in MFH: 65% dementia; similar dependency and utilization, higher comorbidity index than CNH. (C Levy et al, JAGS, 2016)
- Safety: 817 MFH residents each matched with 3 nursing home residents: MFH residents less likely to be hospitalized for adverse care event; similar rates of infections, falls and injuries.(C Levy et al, Gerontologist, 2016)
- In a quality control study of 714 MFH residents, 19% relative reduction in ambulatory care sensitive condition hospitalizations. (E Pracht et al, Am J Med Qual 2015)
- Budget impact analysis of MFH: substantially lower VA costs than CNH. (B Sutton et al, Population Health Management 2016)

## Research Recommendations for Care of Persons with Dementia

1. Impact of HBPC on nursing home utilization and total taxpayer costs for persons with dementia
2. Added value of mental health providers in HBPC
3. Can state-supported mobile ADHC be sustainable in rural settings?
4. Can state waiver program work with Medicare HBPC, and with VA MFH, for dementia population?
5. Is MFH advantageous over nursing home for persons with dementia? Traumatic Brain Injury?
6. Effectiveness of technology vs same resources applied to personnel, for dementia care in home

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