



FOX

Geriatric House Calls: An Innovative Solution to an Age-Old Problem

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Agenda

- **Geriatric House Calls 101: Home-based outpatient therapy**
 - Reason to attend #1: Outline an innovative model of home-based outpatient therapy (Geriatric House Calls)
 - Reason to attend #2: Summarize valuable post-acute clinical pathways that deviate from current paradigms
- **Legislation and compliance of House Calls**
 - Reason to attend #1: Outline an innovative model of home-based outpatient therapy (Geriatric House Calls)
 - Reason to attend #2: Summarize valuable post-acute clinical pathways that deviate from current paradigms
- **Typical patient profile**
 - Reason to attend #2: Summarize valuable post-acute clinical pathways that deviate from current paradigms



Agenda

- Clinical advantages

- Reason to attend #3: Recognize high quality and properly dosed rehabilitation (physical, occupational and speech therapy)

- House Calls: Proof of Concept

- Reason to attend #4: Demonstrate a Geriatric House Calls proof of concept (N=800,000) in reducing downstream healthcare costs (9.5% savings) via a partnership with Optum Advisory Services.

- Role within a COVID-19 environment

- Reason to attend #5: Consider the role of Geriatric House Calls within a COVID-19 environment

- Questions



Geriatric House Calls 101: Home-Based Outpatient Therapy

A third option exists within the post-acute continuum of care

NAVIGATING THE MEDICARE MAZE OF REHABILITATIVE SERVICES	HOME HEALTH AGENCY	GERIATRIC HOUSE CALLS	OUTPATIENT REHABILITATION
PAYOR SOURCE	Medicare Part A	Medicare Part B	Medicare Part B
LOCATION OF SERVICE	Patient's home	Patient's home	Clinic
MEDICARE REGULATORY QUALIFICATIONS	Homebound status required	Homebound or non-homebound patients accepted	NO homebound status required
EASE OF ACCESSIBILITY TO SERVICES IN RELATION TO REGULATORY QUALIFICATIONS	Good—homebound status required	Excellent—no requirements	Good—travel to clinic required
PATIENT'S INITIAL FUNCTIONAL STATUS	Poor, moderate, good, excellent	Poor, moderate, good, excellent	Good, excellent
GOAL	Progress functional level to transition to other services	Optimize function and safety in the home and community	Optimize function and safety in the community
FREQUENCY AND DURATION OF THERAPY	1-2x per week	2-3x per week	2-3x per week








Geriatric House Calls 101: Home-Based Outpatient Therapy

Physical, occupational, and speech therapists' education and scope of practice is wide-reaching

- Physical therapists
 - Clinical doctorate
- Occupational therapists
 - Master's degree with doctoral option
- Speech-language pathologists
 - Master's degree with doctoral option
- Management of chronic disease

How to Earn A Graduate Degree in PHYSICAL AND OCCUPATIONAL THERAPY?

GETTING STARTED	GO FURTHER
PREREQUISITES <ul style="list-style-type: none">✓ Bachelor of Science Degree✓ Minimum GPA✓ Courses in Anatomy, Biology, Kinesiology & Physiology✓ Related Work Experience	CONTINUED EDUCATION <ul style="list-style-type: none"> Residency State Licensure / Certification Post-professional Doctor of Physical Therapy
AVERAGE PROGRAM LENGTH <ul style="list-style-type: none"> Master of Science in Occupational Therapy 2 - 3 years, full timeDoctor of Physical Therapy (DPT) 3 years, full time	

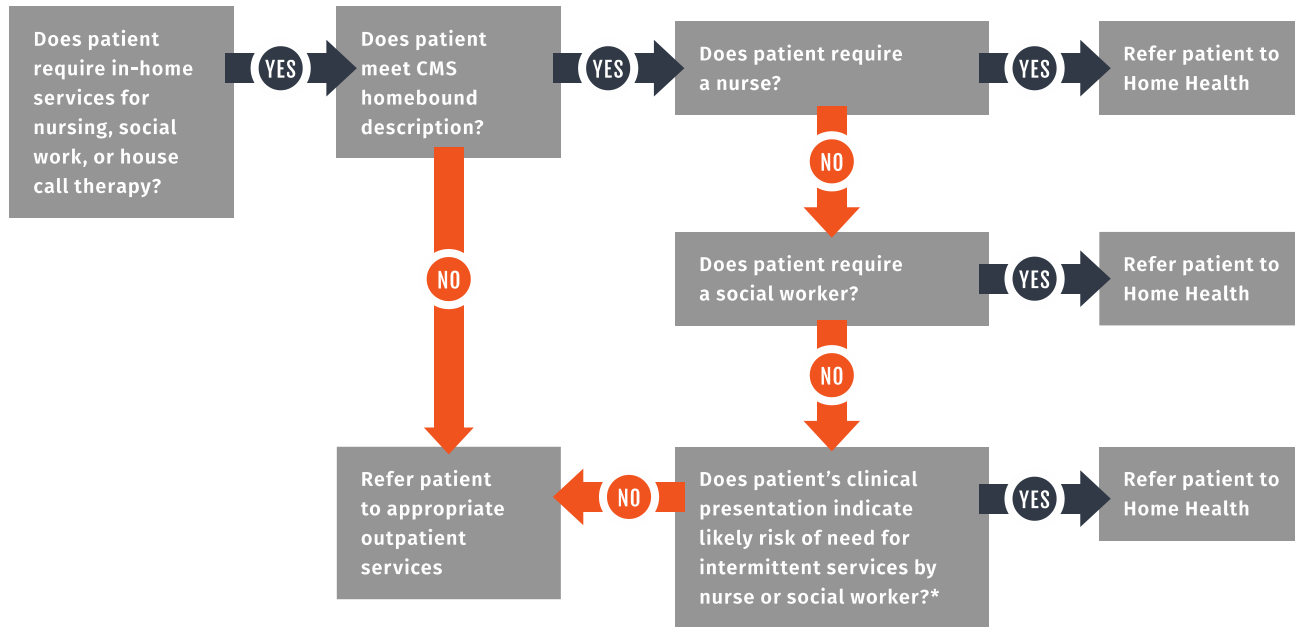
 Sources: bls.gov/oooh/healthcare/athletic-trainers.htm | bls.gov/oooh/healthcare/exercise-physiologists.htm | bls.gov/oooh/healthcare/occupational-therapists.htm | bls.gov/oooh/healthcare/physical-therapists.htm



Geriatric House Calls 101: Home-Based Outpatient Therapy

Some beneficiaries will require Medicare Part A Home Health

HOME HEALTH (MEDICARE PART A) VS. HOUSE CALL THERAPY (MEDICARE PART B)

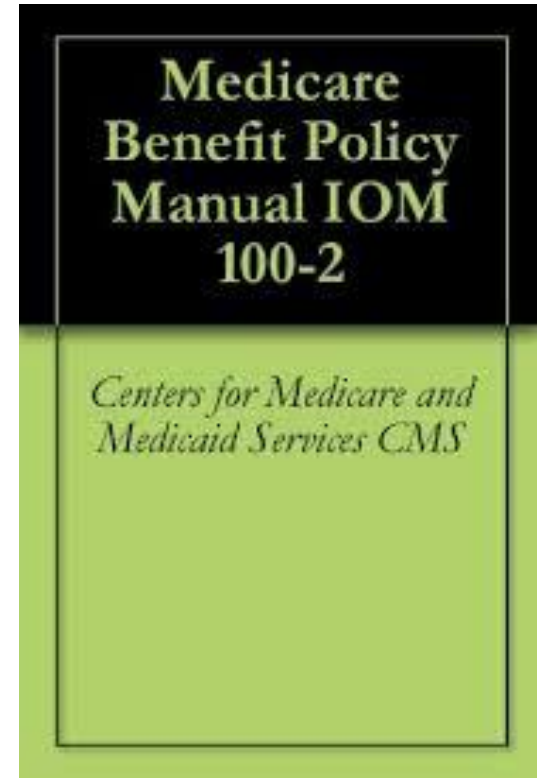


Legislation and Compliance of House Calls

The ability to provide outpatient services in a beneficiary's home was introduced in the Balance Budget Act of 1998

- Therapy services are payable under the Physician Fee Schedule when furnished by:
 - A provider to its outpatients in the patient's home
 - A provider to patients who come to the facility's outpatient department
 - A provider to inpatients of other institutions
 - A supplier to patients in the office or in the patient's home (CORF rules differ on providing therapy at home)

(Rev. 179, Issued: 01-14-14, Effective: 01-07-14, Implementation: 01-07-14) Reference: 42CFR410.60



Optum is a Third-party CMS Qualified Entity

- FOX partnered with Optum Advisory Services to analyze the value of Geriatric House Calls



Typical Patient Profile

Beneficiaries receiving Geriatric House Calls are among the most vulnerable



Geriatric House Calls Patients



82

Average Age



2.61

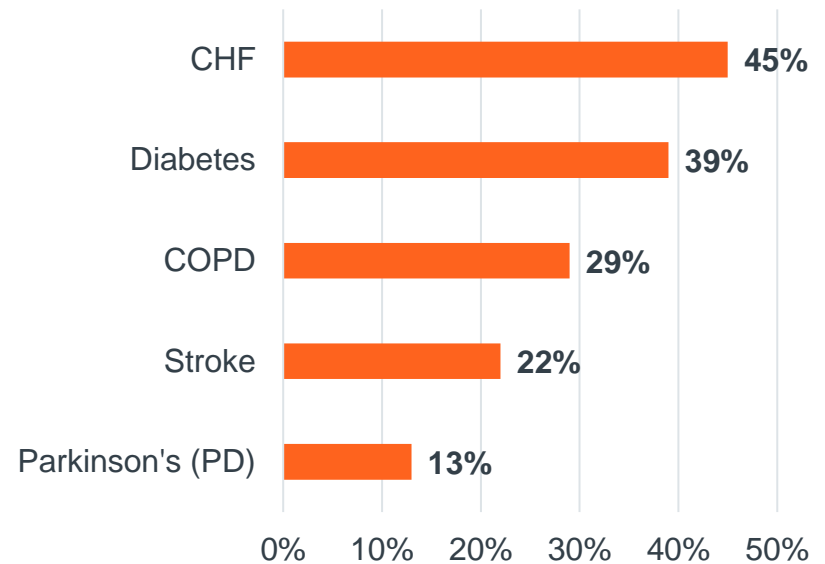
Average Risk Adjustment Factor (RAF)



65% | 35%

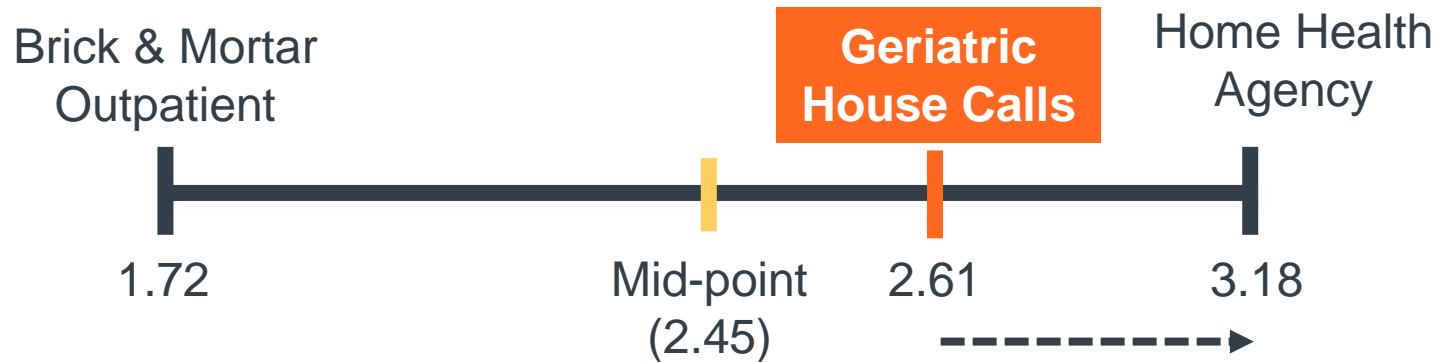
Living in Community vs. Senior Living

Chronic Conditions



Typical Patient Profile

Geriatric House Calls patients most closely resemble those seen in home health compared to typical outpatient settings



Clinical Advantages of Geriatric House Calls

Geriatric House Calls aligns the delivery model with best clinical practice

- Access and adherence
- Environmental
- Socioeconomic
- Goals
- Better inherent match with the evidence



Clinical Advantages of Geriatric House Calls

A growing body of evidence links admission risk with functional/physical capacity

- Fritz et al. 2011
 - More visits were associated with greater reduction in pain and improved outcomes
- Greyson et al. 2015
 - ADL impairment is a primary predictor of hospital re-admissions
- Falvey et al. 2016
 - Rehabilitation professions can reduce re-admission risk by coordinating care, being a primary care practitioner in the home, and maximizing physical functioning



Fritz et al. Utilization and clinical outcomes of outpatient physical therapy for Medicare beneficiaries with musculoskeletal conditions

Greyson et al. Functional impairment and hospital readmission in Medicare seniors

Falvey et al. Role of physical therapists in reducing hospital readmissions: optimizing outcomes for older adults during care transitions from hospital to community



Geriatric House Calls: Proof of Concept

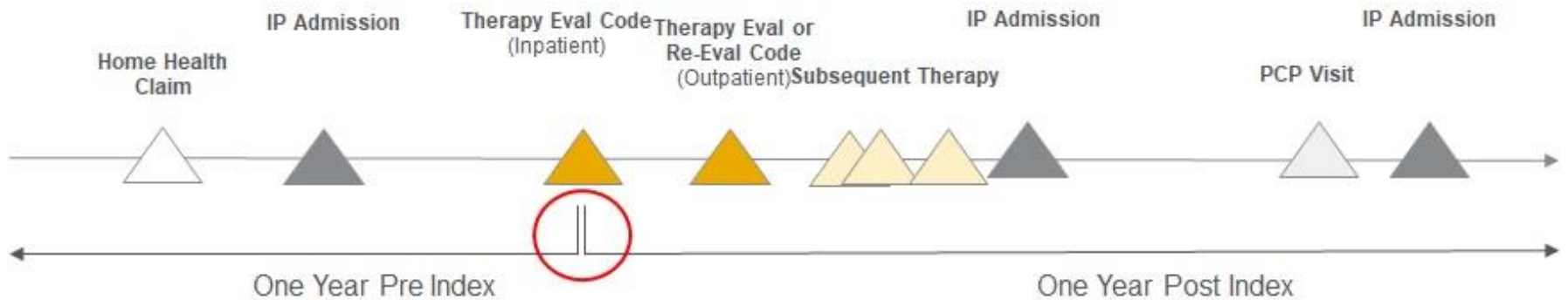
The third-party analysis was detailed and wide-reaching

- 100% sample of CMS claims data including Part A, Part B and hospice spend
 - Does not include
 - Part D pharmacy cost
 - Medicare Advantage
- States: Pennsylvania, New Jersey, and South Carolina
- N = 798,000 beneficiaries for overall analyses (9,337 within FOX)
 - Received therapy between July 1, 2015 – June 30, 2016 within the acute, sub-acute, home health or outpatient setting
 - Anchor event is the billing of a therapy evaluation
- Outcome is 12-month total cost of care differential
 - Geriatric House Calls vs other therapy (IP, sub-acute, HH or OP) only



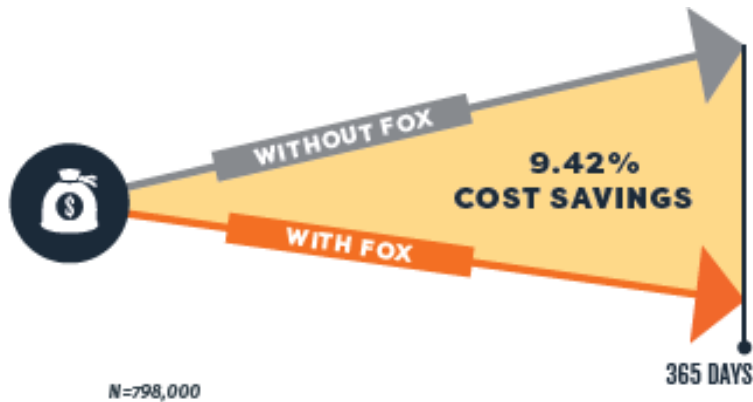
Geriatric House Calls: Proof of Concept

Any type of therapy evaluation served as the “indexing event” and total risk-adjusted cost of care (including therapy) was tracked



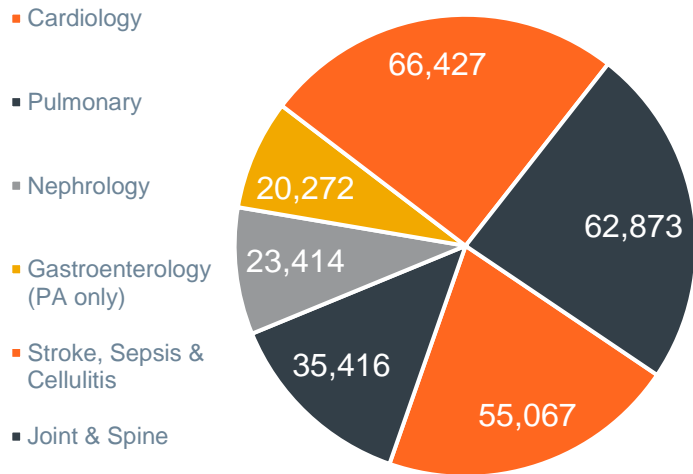
Geriatric House Calls: Proof of Concept

Geriatric House Calls are a valuable alternative or supplement to traditional models of post-acute rehabilitation



Geriatric House Calls: Proof of Concept

Total Bundle-Eligible Patients



34%

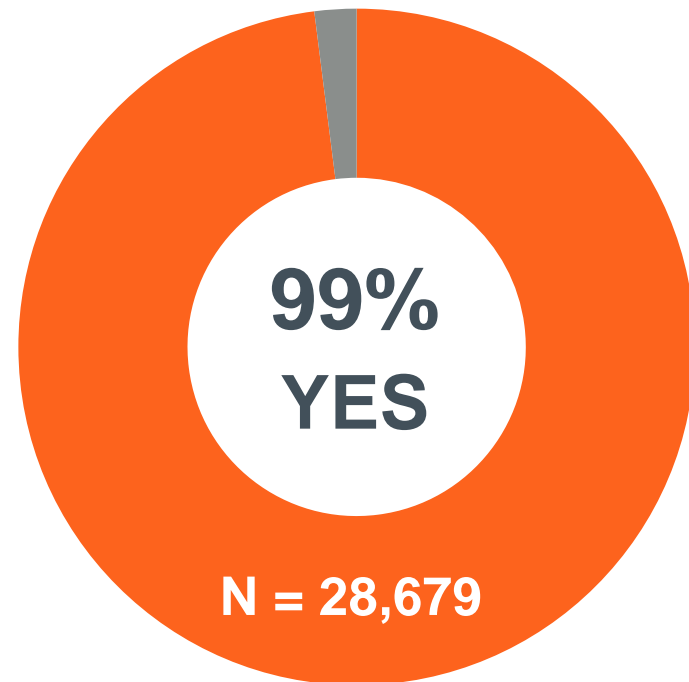
Lower Costs in
Bundle Eligible Patients



Geriatric House Calls: Proof of Concept

Geriatric House Calls leave beneficiaries overwhelmingly satisfied

- A vast majority of older adult patients would recommend FOX Rehabilitation to a family member or friend.
- January 1, 2018 – June 30, 2020

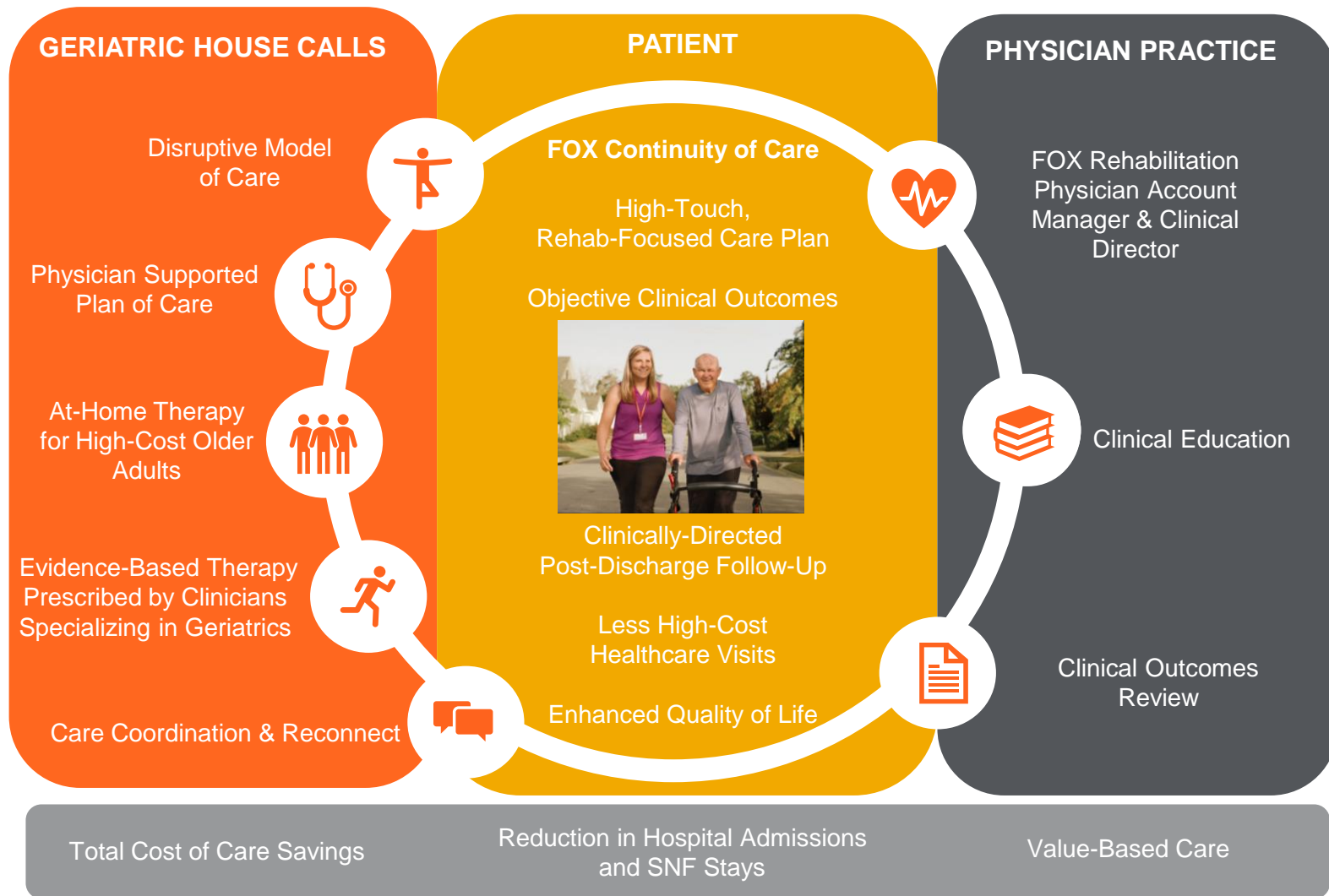


Opportunity for increasing plan membership?



Geriatric House Calls: Proof of Concept

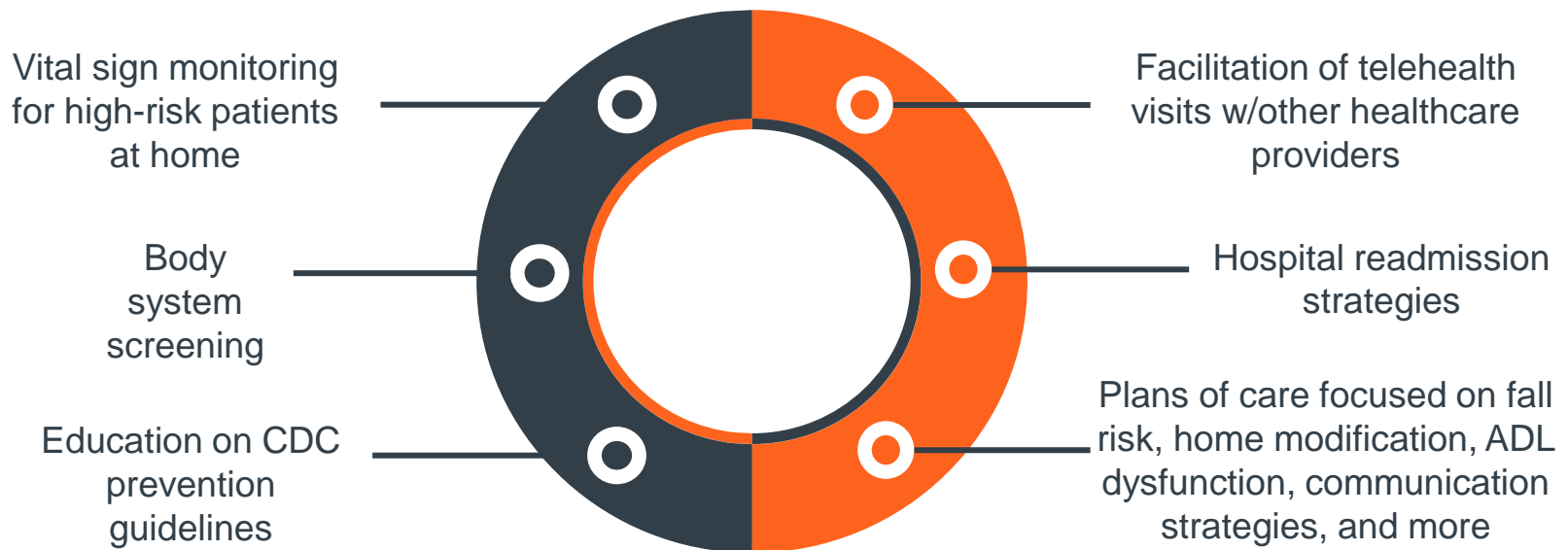
A team approach between the provider, patient and physician



Geriatric House Calls within a COVID-19 Environment

Role and need for home-based outpatient healthcare is larger than ever

- Social distancing will exacerbate, already disproportionate, costs and reduce Quality of Life in older adults
- Higher costs for health plans



Webinar Takeways

- Need to better manage older adults outside of the traditional post-acute continuum and home-based outpatient therapy
- Geriatric House Calls is a valuable and viable option health plans should consider
 - Make sense within a COVID-19 environment
 - Improve Patient/Members satisfaction
 - Provide care to high-risk older adults at home
 - New provider type to grow memberships during COVID
 - Reduce hospital admissions and downstream healthcare costs





Questions & Answers



Thank you.