Independence at Home: A 20-year Overnight Success

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Doctors on Call, Brooklyn
Doctors Making Housecalls, North Carolina
Housecall Providers, Portland
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HouseCall Doctors, Texas
Northwell Health, LI
VPA (Wisconsin, Michigan, Texas, Florida)
Mid Atlantic Consortium (Penn, VCU, WHC)
The Independence at Home Demonstration appears to be one of CMS’ more successful Chronic Care demonstrations

- Authorized in 2010 (Sec. 1866E of Social Security Act), ran 2012-2015 then unanimously extended 2 years on Medicare’s 50th Anniversary

- Restricted to Fee-for-Service beneficiaries with Medicare A&B meeting IAH Qualifying criteria

- Provider-managed care using mobile teams led by MDs and NPs

- IAH-Q criteria allow identification of IAH eligibles in claims data, so as to accurately calibrate risk adjustment to sustainably calculate savings

Independence at Home Qualifying Criteria:

- Two or more chronic conditions
- Need for assistance with two or more functional dependencies (e.g., walking or feeding)
- Non-elective hospital admission within the last 12 months
- Received acute or sub-acute rehabilitation services in the last 12 months in SNF, IRT, or Home Health—i.e. had MDS or OASIS completed for functional status assessment
IAH Demo Year 1 Results

$25 M Total Savings for 8400 beneficiaries

Per Beneficiary Per Year

$10,000
$9,000
$8,000
$7,000
$6,000
$5,000
$4,000
$3,000
$2,000
$1,000
$0

ACO Y1
IAH-all
IAH-Benchmark
IAH-benchmark
IAH-shared Savings

18/32
12/17
9/17

$9116
$7400
$3,050
$920
$424

$11.7M awarded in Shared Savings

– CMS retained 54% of savings
– Top savings program saved 32%; Savings among the 9/17 who received shared savings averaged 17%
– Savings Among the 12 programs that met benchmark averaged 14%

• All programs improved on 3 out of 6 quality measures
  – Four programs (7 sites) met all 6 quality measures
IAH is more than a niche program for 90,000 shut-ins

Targeting Criteria: IAH-Qualifying criteria identify 6% of the FFS population that represent 28% of all FFS spending, 38% of all incident long term institutionalization.

Intervention: Home based primary care using mobile interdisciplinary teams with local flexibility in composition, meeting patients “where they are”

Payment Model: Aligns incentives, using “Shared Savings with Discipline”, covering all A&B spending tied to Quality Metrics and minimum performance (5% savings), with suspension for non-performance
Conclusions

IAH is:
“TARGETED, IMMEDIATE AND PROVEN”
COST SAVING by reducing Medicare Costs $35 billion over 10 years.
SELF-FUNDING: Funded entirely by savings achieved.
VOLUNTARY: Participation is totally voluntary for patients and practitioners.
HIGH QUALITY: embedded metrics to protect patients
POPULAR with patients and public
BROADLY SUPPORTED IN CONGRESS, a rare health care program with bipartisan support.
Independence at Home Qualifying Criteria identify a larger share of Cost and Avoidable Events than Duals or the 5%
# IAH-Q Targets Elders with a Higher Concentration of Costs than Duals

<table>
<thead>
<tr>
<th></th>
<th>Population Count</th>
<th>% FFS population</th>
<th>Mortality</th>
<th>Acute Care Hospitalization</th>
<th>30-d readmits</th>
<th>Incident LTI</th>
<th>A&amp;B spending CY 2012</th>
<th>% A&amp;B spending</th>
<th>Share: Population</th>
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</thead>
<tbody>
<tr>
<td>Total FFS population</td>
<td>33.5M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$318M</td>
<td></td>
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<tr>
<td>IAH-Q 6+ (all)</td>
<td>2.2 M</td>
<td>6.6%</td>
<td>23.8%</td>
<td>25%</td>
<td>46%</td>
<td>39.4%</td>
<td>$93M</td>
<td>29.4%</td>
<td>4.437</td>
</tr>
<tr>
<td>Duals (all) determined at Jan 2012</td>
<td>6.2 M</td>
<td>18.6%</td>
<td>24.9%</td>
<td>24%</td>
<td>29%</td>
<td>32.6%</td>
<td>$82M</td>
<td>25.8%</td>
<td>1.387</td>
</tr>
<tr>
<td>IAH-Q-Duals</td>
<td>549 K</td>
<td>1.6%</td>
<td>5.3%</td>
<td>6%</td>
<td>13%</td>
<td>13%</td>
<td>$26M</td>
<td>8.2%</td>
<td>4.996</td>
</tr>
<tr>
<td>Non-IAH-QDuals</td>
<td>5.7M</td>
<td>16.9%</td>
<td>19.7%</td>
<td>17%</td>
<td>16%</td>
<td>20%</td>
<td>$56 M</td>
<td>17.6%</td>
<td>1.037</td>
</tr>
</tbody>
</table>

45% of IAH-Q are among the 5% most expensive beneficiaries (1.2M) in 2012
Year 1 Evaluation Results IAH Demonstration (Original Group)
Total 10-Year Savings from Alternative IAH Growth Trajectories

IAH Beneficiaries

CMS share 45%

Source: Kinosian, Taler, Boling et al “Projected Savings and Workforce Transformation from Converting Independence at Home to a Medicare Benefit” JAGS (in press)