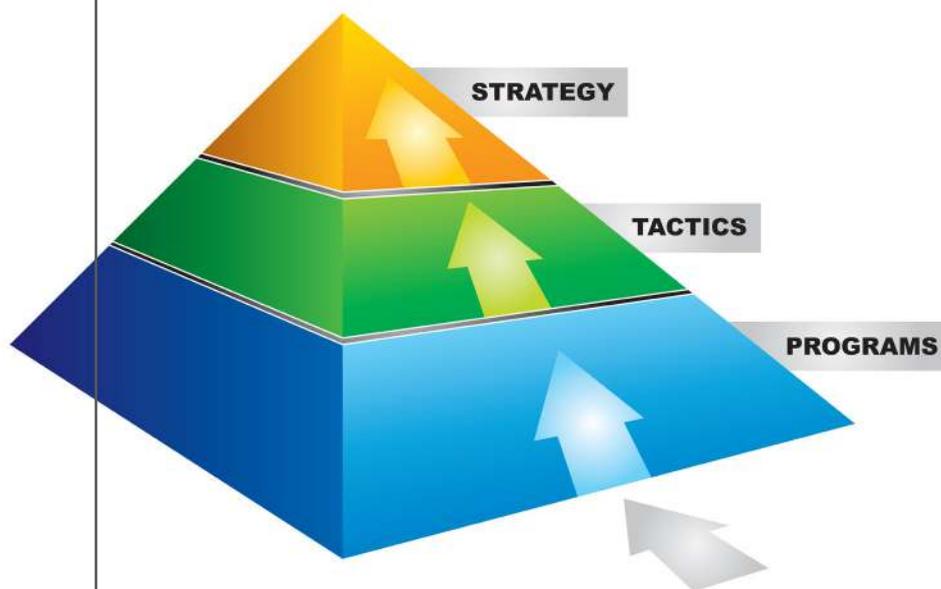


Five Payer Strategies Ramping-up Home Care Usage

Building home care capacity gives plans more flexibility to meet patients on their own terms and improve outcomes in a post-acute context.

By LISA REMINGTON, PRESIDENT, THE REMINGTON REPORT



Payers are targeting their member populations that will benefit the most from at-home care. The center of their home health offerings is focused on high-cost patients, palliative care, diabetes, home care visits, telehealth, and at-home testing.

Payer Trends:

- Buying and aligning with physician groups and offering greater house call programs.
- Moving higher acuity patients into the home.
- Expanding technology for care management oversight.

Changing models have insurers managing greater services in the home. We share a few programs addressing various care management models in the home.

1. PATIENTS WITH SERIOUS ILLNESS

40 million Americans experience daily limitations due to a serious illness and more than 12 million people live with serious illness for years. Only 11% of those patients are in the last year of life.

Cigna recognizes the importance of caring for the whole person through the entire serious illness journey and has created programs designed to support their members and the member's caregivers. Cigna has a home healthcare program designed to support severely ill members in need of palliative care. The program assigns a care manager to severely ill members, who develop a holistic care plan for the member.

As a person's serious illness progresses and the need for intervention changes from managing disease progression to preparing for a quality end of life, Cigna provides an advanced care program to assist members with care planning, hospice transition, and support at the end of life.

To assist in the journey, members have access to in-home palliative care that provides emotional and spiritual support to the member as well as the member's family and caregivers. Cigna's home-based program can include a nurse practitioner, RN, social worker, chaplain, and other identified individuals that may serve the needs of the member or

their family and caregivers. Goals of care are discussed frequently to make sure that the member's wishes are at the center of the care plan. The member's primary care provider is also made aware of the member's condition and ongoing conversations.

2. DIABETES MANAGEMENT

UnitedHealth Group's Level2 program helps members control their type 2 diabetes.

Instead of forging a new remote patient monitoring device to track insulin levels, the payer bases its strategy on a continuous glucose monitor. These monitors are usually used to track insulin use in type 1 diabetes, but the UnitedHealth Group team used them to get immediate data on blood sugar fluctuations. Remote patient monitoring can be key to ensuring treatment and medication adherence.

UnitedHealth Group recognized the benefits of building member motivation by sharing Level2 remote patient monitoring data. When members could see their own improvements and receive action steps, they were more excited to pursue treatment.

3. FREE HOME VISITS FOR MANAGED CARE PATIENTS

Aetna's Medicare Advantage (MA) plans are growing into 115 new counties in 2021, reaching an additional 1.9 million Medicare beneficiaries.

Aetna's Medicare Advantage members will be offered home assessments at no cost, during which a clinician will visit to conduct a physical exam and risk assessment, including identifying fall risks.

To help members stay in their homes as much as possible, Aetna will also offer Papa's services across six states. Papa Pals are college-age volunteers who visit with seniors, help them with light house cleaning and provide technology help.

4. TELEHEALTH FOR CHRONIC CARE

250 MA members in 34 states have access to telehealth services at home, to improve care management and keep them out of senior care facilities. Humana has partnered with a Boston-based telehealth provider for digital health solutions for at-home care. The six-

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Five Ways Post-Acute Providers Can Partner With Physicians

month Virtual Care Team pilot will enable participants to connect with Humana at Home care team members through the telehealth's platform to improve communication and care management.

The program is designed for seniors with chronic health concerns and other functional challenges who want to remain in their homes longer. The project builds on the Centers for Medicare & Medicaid Services to expand telehealth coverage for Medicare Advantage plans. And, it follows a nationwide trend to using connected health to improve home-based care and reduce the strain on senior homes and skilled nursing and assisted living facilities.

5. AT-HOME TESTS FOR CHRONIC CARE

Payers are experimenting with home delivery for preventive care testing kits. Testing kits already exist for a couple of key chronic diseases. Payers have started implementing this solution for members who are at-risk for diabetes or colon cancer so that they can assess their risk level without visiting a provider in person. Humana has promised to mail out more than one million care packages to members who are at-risk for either of these conditions.

There were some commonalities across payers in the conditions that generated high aggregate hospital costs. For all four expected payer groups, septicemia was among the top three most expensive conditions. |

The following five conditions were among the 20 most expensive conditions for all four expected payer groups, ordered by aggregate cost among all payers (Medicare, Medicaid, private insurance, and self-pay/no charge):

- **Septicemia**
- **Acute myocardial infarction**
- **Heart failure**
- **Respiratory failure; insufficiency; arrest**
- **Diabetes mellitus with complications**