Grounding Frequent Flyers: Bringing the PCMH Model to the Group Home Setting

Middlesex Health Family Medicine Residency Program

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Background

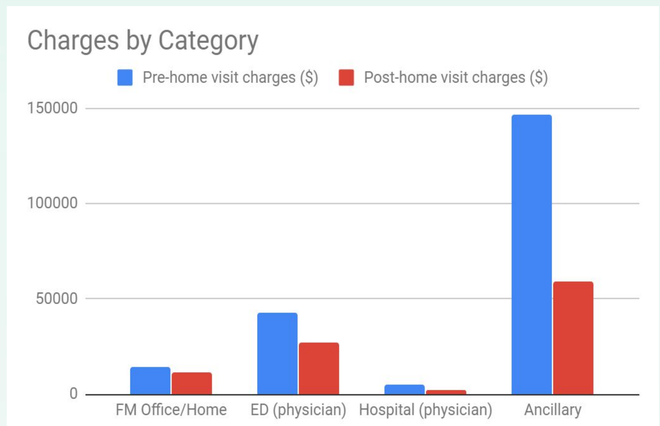
- Patients with serious mental illness have a diminished life expectancy of 25 years compared to healthy counterparts.
- 30% of these patients die from suicide; the remainder from medical illnesses.
- Another at-risk population, the elderly, benefit from home visits, with decreased cost of care and improved quality of care.
- To date, no research has explored the potential benefits of home visits for mentally ill patients in a group home setting.
- The Middlesex Health Family Medicine Residency Program (MHFMRP) provides care at Westside Manor, an independently owned and operated 40-bed group home located in East Hampton, CT.

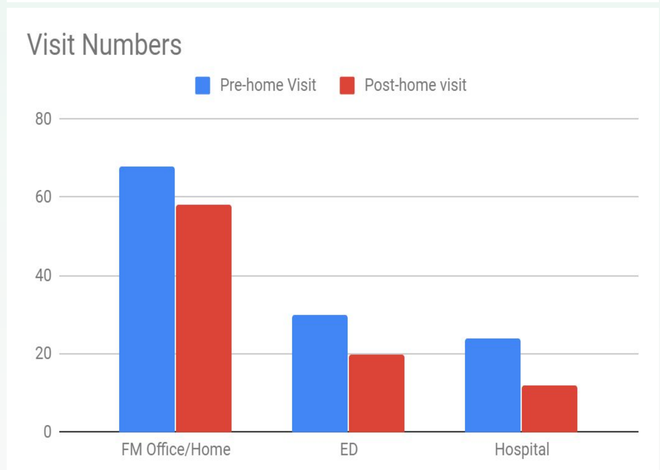
Objectives

- To create a sustainable home visit curriculum at Westside Manor.
- To track patient healthcare utilization via number of Home, Office, ED, and Hospital visits to minimize inappropriate usage.
- To conduct provider, staff, and patient surveys to evaluate for improved satisfaction and adherence.

Methods

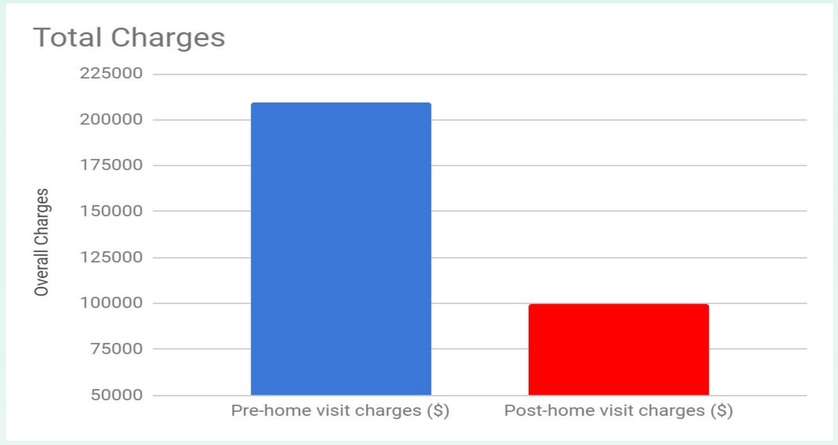
- Continuity home visits for non-psychiatric primary care complaints and chronic care visits were made at the group home monthly, or sooner as needed.
- CPT and ICD-10 code data was tracked, pooled and de-identified from non-psychiatric ED visits, inpatient hospitalizations, office visits, and home visits, for cost comparisons.
- Intervention data was collected from July 1, 2018 to March 31, 2019. Data from the same period during the previous year was used as the historical control.
- Anonymous surveys were sent to participating providers, staff, and patients to solicit feedback.
- Exclusion criteria: 1) Patients not under MHFMRP care. 2) Patients unable to reside at the group home for the duration of the study.





Results

- 27/29 survey participants reported they were "very satisfied" or "somewhat satisfied" with home visits and wanted them continued. Two participants reported no opinion.
- Staff and providers reported improved workflow and higher quality patient care.
- Patients reported that home visits improved their understanding of their own health.



Discussion

- This is an efficient and satisfying way to provide care to this population.
- Inappropriate visits decreased and charges were reduced by more than 50%!
- Small number of subjects (n=12) in this pilot due to logistical challenges and process refinement at the group home.
- It is unclear if total cost savings were driven by a few high utilizers.
- Study does not take into account individual success stories or those lost to follow-up.
- More objective data is needed to evaluate potential improvements in coordination of care.

<u>Future directions:</u>

- Larger number of subjects with more physician providers.
- Implementation of nutrition program.
- Assessment of the impact of primary care home visits on psychiatric care.

Survey Quotes

Patients:

- "I am disabled and a pedestrian. These visits are a lifesaver."
- "I would like the Doctors to come to Westside more often."

Westside Staff:

- "The program not only saves time and money but has greatly reduced anxiety for the residents."
- "I can't explain what a difference this has made."

East Hampton Staff:

- "This has cut down significantly on phone calls regarding transportation issues and cut down disruption in the office."

Conclusion

- Home visits decreased overall cost of care.
- Healthcare system utilization was decreased in all environments.
- Home Visits are an excellent means to provide care for at risk populations.
- Our project was satisfying to providers, staff, and patients.

References

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