Patients with serious mental illness 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.

Background

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.

Total Charges

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.

Future directions:

• 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