

There is opportunity to fill a gap...

## Need For More HBPC Providers

- Of the 3 million Homebound people in the United States, only about 1/4 are receiving HBPC services.



This slide and others courtesy of Deborah Wolf-Baker (Past House Calls SIG Chairperson)

# MOVING TOWARDS VALUE-BASED CARE OPPORTUNITIES FOR FFS AND HBPC PRACTICES

## A GAPNA House Calls SIG Presentation

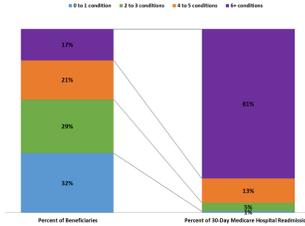
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With Contributions from SIG Members



By 2030, all Baby Boomers will reach the age of 65 raising the number of older adults to 77M by 2034. Medicare spent more than \$7B as of 2017 and is projected to reach unsustainable expenditures of \$6T in 2027. Seventeen percent of Medicare beneficiaries account for 53% of spending and 81% of hospital readmission according to a 2017 Medicare data. The Lewin Group (2010) reports cost of care for individuals with both chronic condition and functional limitations are double those with chronic conditions alone.

## Hospital Readmission by Chronic Condition

Figure 14: Distribution of Medicare Fee-for-Service Beneficiaries and 30-Day Medicare Hospital Readmissions by Number of Chronic Conditions: 2017



### Primary Care First Builds on the Underlying Principles of Prior CMS Innovation Models

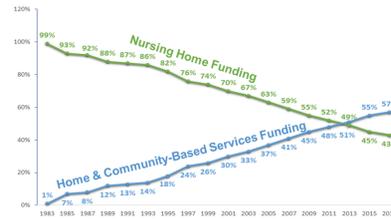
CMS primary care models offer a variety of opportunities to advance care delivery, increase revenue, and reduce burden.

- Comprehensive Primary Care Plus (CPC+) Track 1** is a pathway for practices ready to build the capabilities to deliver comprehensive primary care.
- CPC+ Track 2** is a pathway for practices poised to increase the comprehensiveness of primary care.
- Primary Care First** rewards outcomes, increases transparency, enhances care for high need populations, and reduces administrative burden.

**PCF**

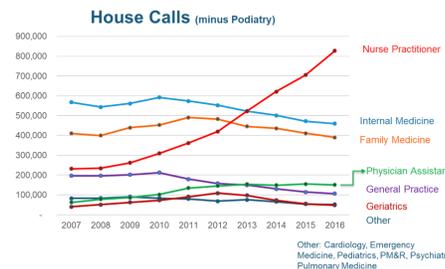
CMS Primary Care Initiatives | Center for Medicare & Medicaid Innovation | 2

## Growth of Long-Term Services and Support



<https://www.medicaid.gov/sites/default/files/2019-12/Itssexpenditures2016.pdf>

## National Home-Based Primary Care by Provider – House Calls



## VALUE-BASED PROGRAMS

	2008	2010	2012	2014	2015	2016	2019
LEGISLATION PASSED	MIPPA	ACA		PAMA	MACRA		
PROGRAM IMPLEMENTED			ESRD-QIP HVBP HRRP	HAC	VM	SNF-VBP	APMs MIPS

**LEGISLATION**  
ACA: Affordable Care Act  
MACRA: the Medicare Access & CHIP Reauthorization Act of 2015  
MIPPA: Medicare Improvements for Patients & Providers Act  
PAMA: Protecting Access to Medicare Act

**PROGRAM**  
APMs: Alternative Payment Models  
ESRD-QIP: End-Stage Renal Disease Quality Incentive Program  
HACRP: Hospital-Acquired Condition Reduction Program  
HRRP: Hospital Readmission Reduction Program  
HVBP: Hospital Value-Based Purchasing Program  
MIPS: Merit-Based Incentive Payment System  
VM: Value Modifier or Physician Value-Based Modifier (PVBM)  
SNFVBP: Skilled Nursing Facility Value-Based Purchasing Program

Healthcare in the US is moving towards Value-Based Care. The Center for Medicare and Medicaid Innovation (CMMI) continues to develop a growing portfolio and testing various payment and service delivery models that aim to achieve better care for patients, better health for communities, and lower costs through improvement of the health care system.

Medicare Value-Based Programs include End-Stage Renal Disease Quality Incentive Program (ESRD QIP), Hospital Value-Based Purchasing Program (VBP), Hospital Readmission Reduction Program (HRRP), Value Modifier (VM), and Hospital Acquired Conditions (HAC) Reduction Program (HAC), Skilled Nursing Facility Value-Based Program (SNFVBP), Home Health Value Based Program (HHVBP), among others.

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