

# Who is Your House Calls Provider?

By Hank Schlissberg, President of DaVita Health Solutions

It is now well documented that house calls (primary care in the home) for high-risk, chronically ill members are highly effective in improving care while helping to reduce spend. According to the [Centers for Medicare & Medicaid Services](#), its house call pilot program for 8,400 beneficiaries with two or more chronic conditions [saved \\$25 million](#) its first year. At DaVita® Health Solutions, in our initial strategic partnership with a large regional health plan where we served approximately 7000 poly-chronic members, we [experienced](#) a 35-40% reduction in hospitalizations, 10-15% reduction in emergency room utilization, and 15-20% lower cost of care.

Few insurance companies would build such a capability internally because the financing and administration of healthcare is quite different from delivery, especially for high-risk care delivery. And it makes little sense to ask every individual medical group or health system in a market to build their own program, especially given the logistics involved, that density alleviates. Doctors and Nurse Practitioners from different groups would be driving right past each other on the street and there is a minimum efficient scale required to provide 24x7 call coverage and reduce windshield time. In addition, it would require significant investments in tailored care pathways, a unique EHR at the intersection of ambulatory and home health, hiring, training, advanced analytics, innovation in patient engagement and experience, formalized policies and procedures, etc. that are better made once across a market, than repeated over and over.

In fact, local providers often lose money on the highest risk patients which offsets other gains. Our internal analysis of Medicare Advantage payor data shows 14% annual cost trend from the 10% highest risk chronic members we identified, compared to only 3% trend in the other 90%<sup>1</sup>. And, most health plans have a different perspective on which members will be the highest cost (rising risk) in the future than our models identify (sneak peak: it's not who you think they are).

Clinically, more than 70 percent of all hospital discharges [are of patients with multiple chronic conditions](#). In addition to higher rates of hospitalization, the existence of comorbidities also [leads to higher mortality rates](#), longer stays and higher average hospital costs. House calls is most economically and clinically effective for patients who are considered highest risk and requires a scaled "focused factory" to deliver the value.

DaVita Health Solutions can analyze your claims data to help identify the highest risk members, see whether your current approach to managing high-risk members is effective and estimate potential savings of moving to a centralized, locally-driven house calls model for these members.

## **House calls are back. Who is your partner?**

*To learn more about our house calls programs or how we can help you measure the effectiveness of your current high-risk member management, contact [me](#) directly.*

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<sup>1</sup>Proprietary DaVita Health Solutions analysis of payor data, 2018