

Geisinger at Home – Caring At Your Door

Janet Tomcavage, RN, MSN; Sanjay Doddamani, MD, MBA; Joann Sciandra, RN, BSN, MHA, CCM; Andrea Harding, MS; Hollie Yoder, RN, MSN; Kelley Morrison, RN, MAOM, CQIA
Geisinger Health, Danville, PA

Geisinger

Introduction/Problem Statement

- Roughly half of our System's total medical costs (55%) are attributed to a small subset population (8-10%) of the Medicare Advantage and FFS patients.
- Beyond cost, patients with multiple complex chronic conditions face significant gaps in care due to poor coordination of care and limited immediate access, leading to high utilization and poor outcomes.
- A tremendous need exists for establishing goals of care and symptom management of advanced illness.

Home Based Care

- Home based care for medical complex and terminal conditions
- Timely access
- Better coordination of care
- Address social determinants

Purpose

Geisinger at Home (GaH) is a new care model designed to provide integrated clinical care for patients with multi-morbid medical conditions primarily within their homes:

- **Home Based Medical Care** - comprehensive medical care coordinated with primary, specialty and community providers
- **Community Based Palliative Care** - advancing illness management with earlier palliative and hospice coordination
- **Mobile Integrated Health** - acute care leveraging mobile paramedics

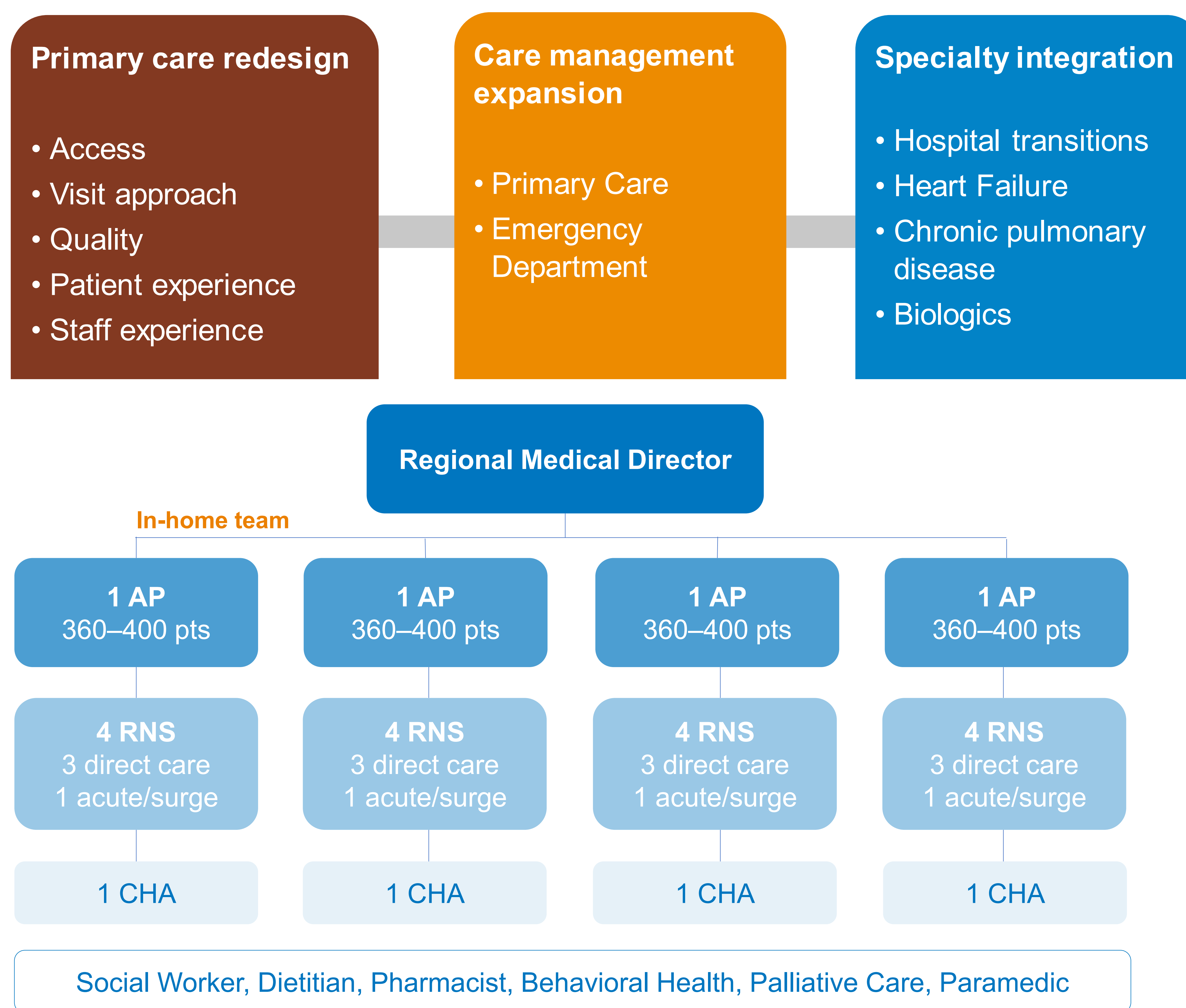
Target population for GaH:

- Multiple chronic conditions with increasing complexity
- Difficulty getting out of their home
- Advanced age
- Advanced illness with limited life span
- Significant social gaps driving poor health outcomes

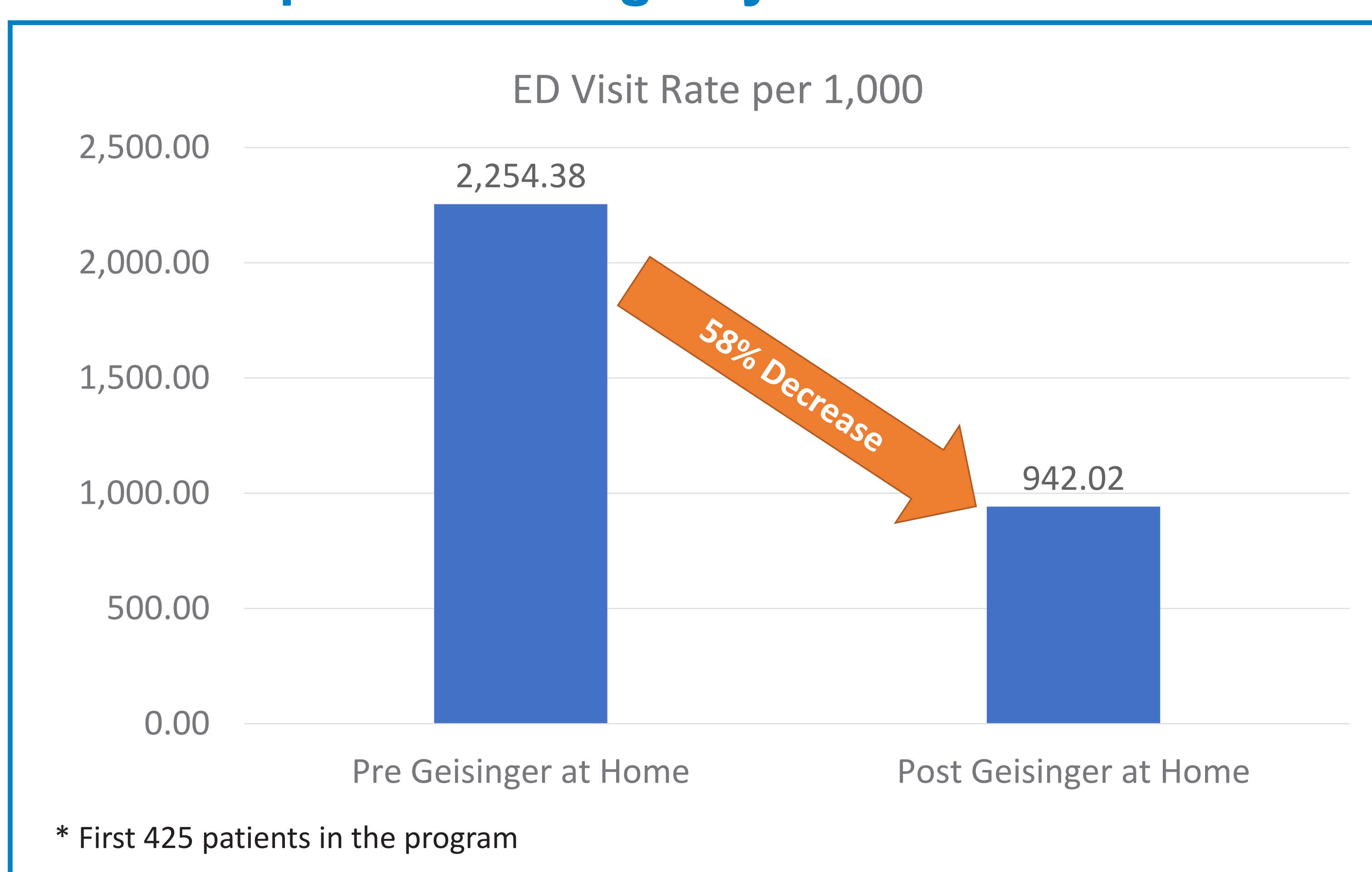
The Challenges

Significant efforts have been implemented at Geisinger:

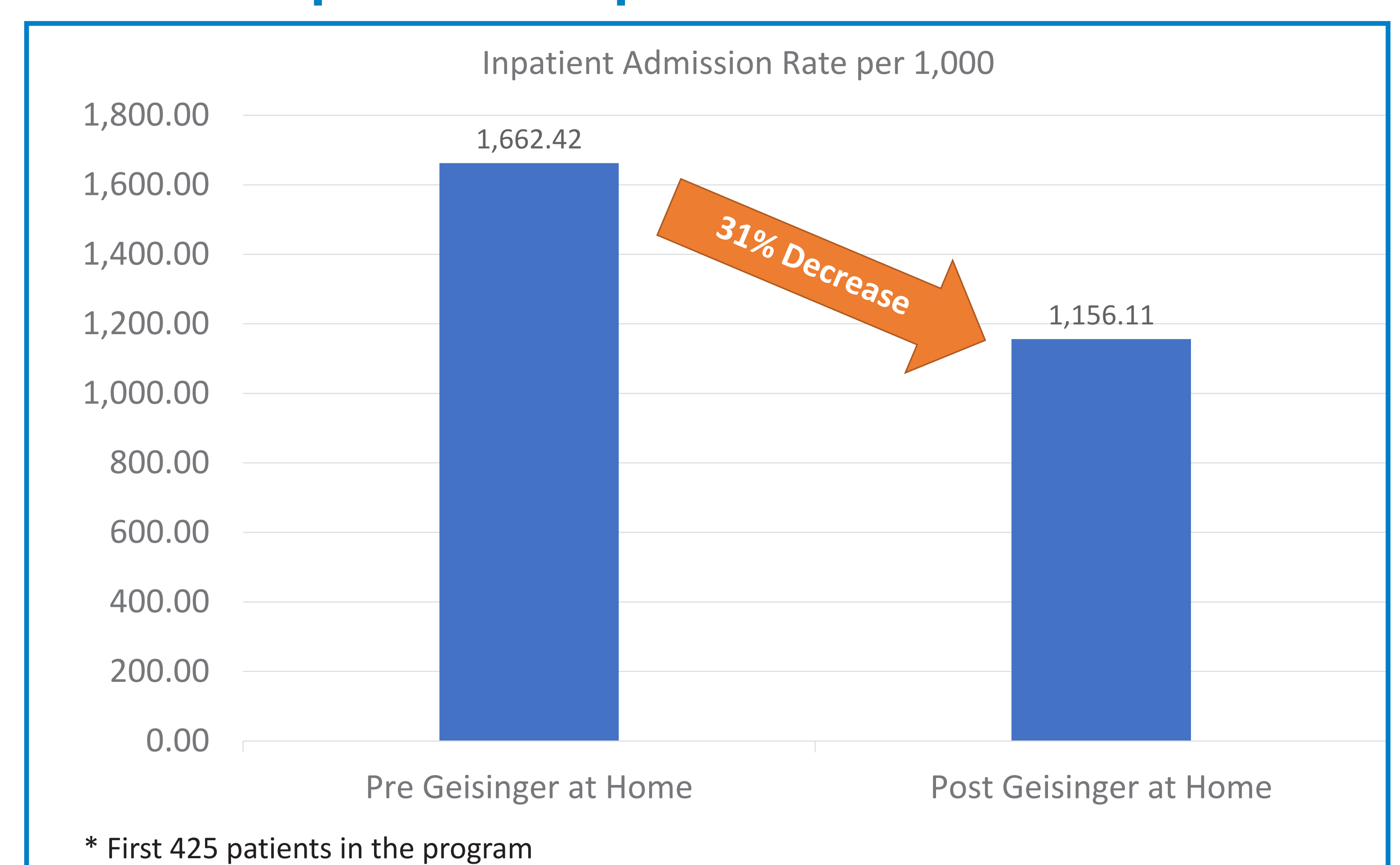
- **Patient-centered primary care**
- **Hospital TOC**
- **Post-acute Network**



Impact on Emergency Room Visits*



Impact on Hospital Admissions*



Conclusion

While the results are very early, impact opportunities have been clearly evident. Leveraging an expanded team of clinicians that address physical, mental and social issues is critical and can be successful in better managing patients with high risk health conditions. In the first 425 patients, we have seen a significant reduction in emergency department visits as well as acute hospital admissions.

References

*GHP utilization on first 425 patients utilizing authorization and claims