Patient satisfaction and engagement with an in-home program providing support during the last 12 months of life

Background
Advance care planning can help individuals with advanced illness adopt active behaviors in implementing effective quality of life/care planning communication and shared decision making processes with their family and physicians. Often at this stage of life, people have difficulty leaving the home and could benefit from in-home care. Humana Inc., a health and well-being company serving millions of people across the country, currently offers telephonic counseling on defining and conveying end-of-life preferences as well as assistance with completing online advanced directives. However, patients with advanced illness expressed an interest and need for in-home care. Thus, we have partnered with Aspire Health to provide specialized in-home comfort care to people with Humana Medicare insurance during their last 12 months of life.

Objective
This study describes patient participation, satisfaction and engagement with the in-home comfort care program.

Methods
This program was initiated for Humana in 8 cities: Birmingham, Mobile, Knoxville, Nashville, Memphis, Chattanooga, Houston, and Chicago; and later it expanded to some parts of Ohio. A claims-based algorithm was used to identify patients in their last year of life, and physicians then reviewed patient records to verify. Enrollment began in March of 2016 and the goal of enrolling 1000 patients was met at the beginning of October 2016. The program provides a comprehensive initial, in-home assessment with unlimited access to in-home nurse practitioner (NP), social worker and chaplain visits. At a minimum, in-home NP visits are conducted monthly. Participants also have telephone access to physicians or NPs 24 hours a day, 7 days a week. Other palliative care services are also provided as ordered by clinicians such as blood tests and prescription medications. Satisfaction was evaluated and reported between April and August of 2016. Participation and engagement were reported from the start of the program through January 2017.

Conclusions
Participants report high satisfaction with the program, underscoring the importance of in-home care to patients. The enrollment, participation, and utilization of services suggest that there is a need for specialized services that can be delivered in the home during the last 12 months of life and preceding hospice. These in-home comfort care services may prevent a delay in care or difficult emergency department visits during times when a patient is physically unable to get to their doctor or their doctor’s office is closed.

Results

Figure 1. Top Three Most Common Diagnoses among 4,008 patients eligible for the program mean age 78 years

- Heart failure: 29.0%
- Cancer: 22.0%
- Chronic obstructive pulmonary disease: 16.0%

Figure 2. Reasons Patients Identified as Eligible did not Participate in Program
- Unable to contact
- Insurance changed
- Deceased
- Hospice
- Participant declined
- Other*

*other includes too healthy, out of service area, home safety risk, and long term care

Figure 3. Patient Satisfaction Survey
How helpful was the program in:

- Managing symptoms: 4.6
- Future planning: 4.4
- Medication use: 4.7
- Explaining illness: 4.8

Figure 4. Patient Engagement among 1,184 participants

- 118 Average number of days in program
- 351 Referrals to primary care physicians
- 813 After-hours calls to help line when physician offices are typically closed
- 140 Urgent home visits by nurse practitioners in circumstances where the patient otherwise would have gone to the emergency department

Figure 5. Advance Directive Status among 552 patients with known advance directive status

- 27% do not have an advance directive documented
- 73% have an advance directive documented

Humana Inc.