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Reprieve for in-home program for high-risk seniors

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Lisa Doncsecz, RN, clinical team leader with Health Quality Partners of Doylestown, checks the heart beat of patient Hal Ryan, 88, during an in-home visit on May 21, 2103 at his apartment in Lansdale. Medicare sponsored 15 programs throughout the country where nurses would visit the homes of the elderly and chronically ill in an attempt to cut down on hospitalizations. (CLEM MURRAY / Staff Photographer)



GALLERY: Reprieve for in-home program for high-risk seniors

Tom Avril, Inquirer Staff Writer

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Federal officials granted an 18-month extension Thursday to a Doylestown program that has earned national attention for its efforts to keep chronically ill seniors out of the hospital.

Health Quality Partners, a nonprofit that arranges for nurses to make periodic visits to the homes of 560 seniors in the suburbs and beyond, had been told in December that its federal funding would run out at the end of this month.

But officials at the Centers for Medicare and Medicaid Services have changed course, saying the program deserved more time to show whether it had nailed the central challenge of 21st-century U.S. health care: improving quality while cutting costs.

"Extending this demonstration will allow CMS to conduct a more robust evaluation," agency spokesman Alper Ozinal said in an e-mail.

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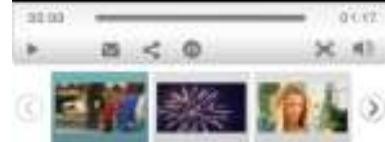


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"We are delighted to have the chance to advance the work and test the model further," said physician Ken Coburn, the program's chief executive officer. "There's much more to learn."

Early evidence suggests that the program cut costs for high-risk seniors, and was the only one of 15 experimental efforts nationwide to pull off that feat - though its fees have gone up since the analysis was done. Health Quality Partners is the only one still in operation, having gotten several extensions since it started in 2002.

The idea is that by visiting patients at home, checking on them by phone, and coordinating overall care with doctors and pharmacists, nurses can reduce the number of hospitalizations for such chronic ailments as heart failure and diabetes.

Such techniques also have become popular in the private sector, as insurers seek to cut costs and hospitals strive to reduce readmission rates. The Affordable Care Act provides incentives for similar approaches from new groups called accountable-care organizations - confederations of doctors, hospitals, and other providers.

A March 2011 report by Mathematica Policy Research found that Health Quality Partners did not save money on patients at low or moderate risk of hospitalization, but did save the government \$397 per high-risk patient each month. Medicare paid the program \$50 per low-risk patient each month, \$110 per medium-risk patient, and \$130 for those deemed at high risk.

Since October 2010, the program has been limited to high-risk patients, for which it gets \$281 apiece every month.

The program also appeared to save lives. From 2002 to 2008, 17.3 percent of the high-risk patients died, compared with 24.8 percent of a randomly selected control group of high-risk patients that did not get nurse visits.

The program recently has added patients from lower-income areas such as Chester. It started in Bucks, Montgomery, Lehigh, and Northampton Counties.

During a recent visit from nurse Lisa Doncsecz, Harold Ryan of Lansdale said he used to go to the hospital often for treatment of atrial fibrillation and heart failure.

With Doncsecz helping him for the last year - checking his diet, activity level, and medicines, among other things - the 88-year-old said he had been to the hospital just once, for a pacemaker replacement.

"Lisa comes in and keeps me alert," he said. "It's very pleasant."



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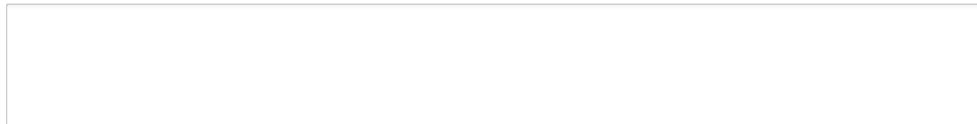
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