

Health-at-Home 2020:

The New Standard of Care Delivery



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Executive Summary

After decades of facility-focused care, healthcare is moving home. Most consumers prefer the comfort and convenience of getting healthcare at home. Payors nearly universally recognize the potential for care at home to lower costs and improve the member experience. Providers are rapidly embracing new remote delivery models and recognizing that services that were never thought to be safe outside of the four walls of a hospital can, in fact, happen safely at home. Supporting the acceleration in home-based care, regulators and policymakers are introducing new rules and payment models that create more incentives to deliver care at home.

While this shift was underway before 2020, the COVID-19 pandemic dramatically accelerated demand and support for bringing more of the healthcare journey to the home. New remote care delivery technology, improvements in the digital consumer experience, and advances in data analytics are powering the shift to the home. The transformation of care will march on, long after the pandemic has been contained.



Introducing the Health-at-Home Report

The Health-at-Home Report is the first annual, comprehensive review of the perceptions, attitudes, barriers, and opportunities associated with making the home the preferred site of care delivery. This inaugural report, “Health-at-Home 2020: The New Standard of Care Delivery,” examines how consumer and caregiver demand, provider and payor adoption, and health care policy are all converging to make it possible to leverage the home as the center of care.

To do this, CareCentrix commissioned Quadrant Strategies to conduct an online survey of 1,000 U.S. adults to measure behavior towards health-at-home, and KRC Research to conduct an online survey of 76 health plan executives to understand readiness to support more care at home. CareCentrix also reviewed recent literature about provider adoption of new delivery models, and interviewed health policy experts, Leslie Norwalk, former Acting Administrator for the Centers for Medicare & Medicaid Services (CMS), and Andrew MacPherson, Managing Partner, Healthspieren, to examine legislative and regulatory mechanisms that are driving more care home.

Headlines

Nearly 2 in 3 American adults favor getting healthcare in their homes over going to a doctor’s office.

COVID is a big driver, but Americans favored ‘comfort of own home’ as the top reason to want health at home.

Near-unanimous agreement among health plan executives that moving more care to the home is better for insurers and members.

Provider adoption has lagged consumer demand due to lack of reimbursement and regulation supporting more care to the home.

2019 and 2020 have been landmark years for policy and regulation moving care to the home with bi-partisan and regulator support.

Advances in technology, value-based contracting and pent-up demand for high-quality, highly-efficient and consumer-friendly care will continue to fuel health at home growth.

Top Trends

Payors, providers, policymakers, and people who need care are all open to more care delivery in the home.

97% of health plan executives agree more care at home is better for insurers and members.

73% of consumers would prefer recovering at home instead of a medical facility following a major medical event.

69% are interested in regular, at-home check-ins with their doctors.

63% would prefer to get health care at home if the alternative is going to the doctor or medical facility. Caregivers of the elderly had the highest level of interest at 76 percent.

Policymakers agree. Policy expert Leslie Norwalk stated: “As our technology gets better, you should be able to do more and more at home, and the more of that you can do in a setting that’s the patient’s home, the better.”

COVID-19 has been a game-changer in driving care to the home.

2 in 3 said they skipped or delayed seeking in-person medical treatment this year.

74% of consumers are interested in telehealth if they need to go to the doctor.

93% of health plan executives agree that the facility health risks associated with the COVID-19 pandemic encouraged payors to move more care to the home.

Technology and digital are foundational to home centered care, but barriers exist.

91% of payors say advancements in telehealth or remote healthcare technology have encouraged their organization to move more care to the home.

99% of payors say telehealth and remote monitoring have made it easier to provide individuals with continuous care at home.

But **more than 25 percent** of consumers cite concerns about the technology required as a reason they are not interested in care at home.

There are real opportunities to expand care at home. They include:

EXPANDING PREVENTIVE CARE AND SHIFTING MORE AGING CARE AND SERVICES AT HOME: 63 percent of consumer respondents would prefer to get preventive care at home to avoid the doctor's office, hospital, or another health care facility. Consumer respondents from older age groups prefer to shift aging care, end-of-life services, and prescription assistance to the home.

PROVIDING ROUTINE CARE AT HOME FOR YOUNGER HEALTH CARE CONSUMERS: While older adults are four times as likely to consult a primary care doctor first with a health concern, Gen Z is twice as likely to turn to Google as their first source of medical information, and about half would prefer to receive routine medical care (treatment for a minor injury or illness) at home.

CARING FOR THE CAREGIVER: Caregivers are concerned about gaps in care for their elderly loved ones. Caregivers were about twice as likely as seniors themselves to be concerned about loved ones' health problems related to chronic conditions or falling, and almost four times as likely to be concerned about loved ones making a medication mistake.

EDUCATING THE HEALTHCARE CONSUMER AND THE PROVIDER ON OPTIONS FOR AT-HOME CARE: While the majority of payors believe they've already increased the availability of at-home health care where possible, 40 percent of consumers don't know if their insurance would cover health care at home. More people might take advantage of it if they know it is offered.

Detailed Findings

Current attitudes about health at home

Among consumers, payors, providers, and policymakers, there is increasing interest and demand to move more health care to the home. As consumer demand grows the insurance landscape has been shifting from fee-for-service care to new contracting models that reward value, measured in quality outcomes and the reduction of overall health care costs. As a result, payors and providers are focusing more on whole-person care to meet the full clinical, social, and caregiver needs of each individual, including proper nutrition and a safe home environment.

Consumers – Care at home:

73% of all respondents prefer to recover at home versus a medical facility following a major medical event.

69% are interested in regular, at-home check-ins with doctors.

63% would prefer to get health care at home if the alternative is a trip to a doctor's office, hospital, or skilled nursing facility. Caregivers of the elderly had the highest level of interest at 76 percent.

62% cite 'comfort' as the top appeal of receiving health care at home.

46% had a telehealth visit in the last year. The vast majority of this group would use telehealth again (82 percent). Potentially even more impactful, two out of three people who have not used telehealth would be interested in using it for a future health care need.

40% of seniors have already used telehealth, and 74 percent of all respondents note interest in future telehealth appointments, indicating telehealth adoption will continue to grow.

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Consumers – Telehealth:

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40% percent of seniors have already used telehealth.

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Payors – Care at home:

97% agree the trend toward moving health care to the home is in the best interest of insurers and members alike.

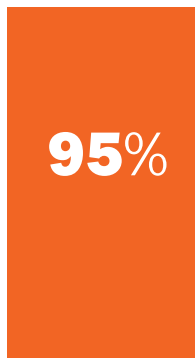
95% agree treating members at home is often more cost effective in the long-term than treating in a facility.

95% say supportive care and coaching at home can extend the reach of the primary care provider to monitor people and provide better care.

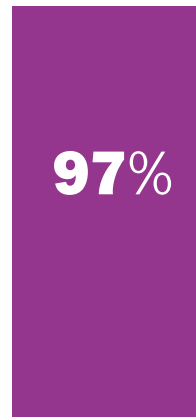
49% have already increased the availability of at-home health care options for members where possible, and about 1 in 3 (36%) are in the process of increasing at home care options.



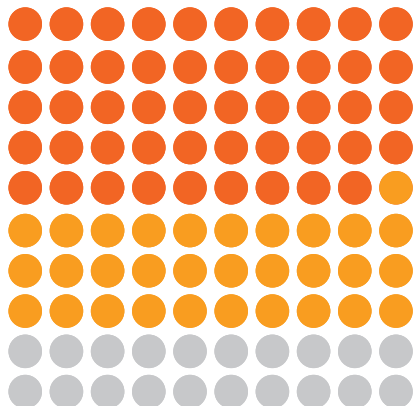
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are in the process of increasing at home care options

Providers:

- Among physicians, the number reporting 'telemedicine' as a skill nearly doubled between 2019 and 2020.¹
 - Significant regulatory changes and legislative support for moving healthcare home have been issued over the last year and in particular September and October 2020.
 - Challenges remain to drive greater adoption of health-at-home and integration with clinicians' workflows. Varying state and federal policies also create confusion and opacity about how to best leverage healthcare delivered at home.
-

Policymakers:

- Policymakers view the home as a necessary setting for health care delivery and believe the growth and bipartisan support of Medicare Advantage and other value-based models will drive more health care to the home.
- But even in Medicare fee-for-service, there is flexibility, and CMS is moving to provide more health-at-home options.
- As older populations become more comfortable with technology, there will be more opportunities to deliver health care at home.
- There is broad bipartisan support for moving care to the home. Under the Trump administration, Health and Human Services rolled out more home health benefits and President-elect Joe Biden, proposed in his 21st Century Caregiving and Education Workforce plan to, "make substantial investments in the infrastructure of care in our country... to make it easier for aging relatives and loved ones with disabilities to have quality, affordable home- or community-based care."^{2,3,4,5}

The State of Health at Home

Consumers

Getting health at home is still a new concept to many people, and only 9 percent have received an in-person, at-home visit with a doctor or other clinician. Forty percent expect to receive more services at home in the next year than they would otherwise receive at a facility, but the majority of those surveyed (63%), across demographic groups, would prefer to get health care at home if the alternative is a trip to a doctor's office, hospital, or skilled nursing facility. Interestingly, while those older than 65 expressed the least interest at 50 percent, caregivers of the elderly had the highest level of interest at 76 percent. Adults younger than 40 also had a high degree of interest in receiving health at home (67%).

After a major medical event, 73 percent of people prefer to receive rehabilitative care in the home versus a medical facility. Among seniors older than 65, this interest rises to 77 percent.

Why do Americans overwhelmingly favor getting health-at-home?

Sixty-two percent cite "comfort" as the top appeal even higher than the number who say staying away from public places during the COVID-19 pandemic is a top reason for health care at home (51%). Also noteworthy: the third most-common response, "general convenience," at 48 percent topped "cost," which came in at the sixth most-common response at 29 percent. This indicates that, for health care consumers, getting care from the convenience of home plays a bigger role in decision making than avoiding COVID-19 exposure or cost.

When asked about care for an elderly relative, 77 percent said they are more comfortable inviting medical professionals into the home than having a loved one driving on the highway to a medical professional. The home as a care setting eliminates the challenges of traveling to a hospital or clinic, an especially important factor for older populations and people who live in rural areas. In the past two years, 37 percent of respondents say they have cancelled or rescheduled an appointment with a doctor. Among this group, 37 percent said they were worried about contracting COVID-19, 23 percent wanted to avoid other sick people (non-COVID-19) at the doctor, and 13 percent cited distance and the inconvenience of traveling to an appointment.

Telehealth adoption may be indicative of consumer willingness to get healthcare in their homes. Of those surveyed, nearly half (46%) had a telehealth visit in the last year. The vast majority of this group would use telehealth again (82%). What's potentially even more significant, two out of three people who have not used telehealth would be interested in using it for a future health care need. 43 percent of seniors have already used telehealth, and 74 percent note interest in future telehealth appointments, indicating telehealth adoption will continue to grow.

But health at home is not an opportunity limited to acute, symptomatic care resolution. In fact, while regular check-ins with doctors had the greatest interest among survey respondents (69%), consumers are interested in many other services already available in home health programs, including:

Supportive care to manage symptoms associated with a serious illness: 62%

Physical therapy: 60%

In-home sleep testing and treatment for sleep disorders: 54%

Occupational therapy: 44%

Infusion services/infusion therapy: 36%

Beyond traditional medical care, respondents also see opportunities to get other types of health-at-home support:

Physical fitness or personal trainer: 29%

Nutritionist: 27%

Mental health support: 25%

Chronic disease management: 20%

Social and community supports, such as delivery of healthy food, access to transportation, support for caregiver needs: 14%

A strong majority of people (86 percent) are satisfied with their current doctor and may be unwilling to change their provider, but demand is growing, so providers should consider ways to meet this demand and offer at-home options, and payors should take a closer look at the opportunities to meet value-based metrics and improve outcomes by offering more benefits supporting health care at home.

Cost and insurance coverage questions also remain for consumers. When asked if virtual health care or telehealth is covered by their insurance, 13 percent of people said 'no.' An additional 40 percent said they are not sure if these services are covered, an indication that payors need to provide clear information to consumers about the health-at-home options available.

“The more you can do in a lower acuity setting, including the patient’s home, the better.”

Leslie Norwalk
former Acting
Administrator
for CMS

Payors

Medicaid has focused on delivering health care services at home and in the community for decades,⁶ and now home-based benefits are increasingly popular with Medicare Advantage plans.⁷ CMS recently released data that show a growing number of Medicare Advantage plans will offer “in-home support services” in 2021. Among the 738 plans offering supplemental benefits through the “primarily health-related pathway,” 430 plans are offering “in-home support services” in 2021, a 93 percent increase from the 223 plans offering those services in 2020.

Health at home is fundamental to whole-person care and the best setting to address the unique clinical, social, and caregiver needs of each individual. Eighty percent say the ability to lower overall costs by shifting to value-based provider contracting has encouraged the movement of more care to the home.

Payors recognize that people want more health care at home, and 97 percent say the trend of moving health care to the home is in the best interest of insurers and members. To meet increasing demand and adapt to new value-based care models, about half of payors (49%) surveyed have already increased the availability of at-home health care options for members where possible, and about 1 in 3 (36%) are in the process of increasing at home care options.

In the near-term, 93 percent of payors agree the facility health risks associated with the COVID-19 pandemic have encouraged payors to move more care to the home. Advancements in technology and cost savings opportunities are longer-term variables that are also driving more care to the home.

According to 91 percent of payors, advancements in telehealth and remote healthcare technology have encouraged their organization to move more care to the home, and 99 percent say telehealth and remote monitoring have made it easier to provide individuals with continuous care at home. Eighty-six percent say the ability to lower costs by addressing the needs of members where traditional care is not appropriate has encouraged the movement of more care to the home.

Payors want health-at-home partners that:

Demonstrate cost reductions by managing the total episode of care: **57%**

Provide a smooth experience for members' transition from hospital to home: **57%**

Control long-term costs by authorizing clinically appropriate services for each member: **49%**

Can reach members wherever they are located: **47%**

Have experience in both government and commercial lines of business: **46%**

Providers

For the first part of the last decade, clinician adoption of telehealth was driven primarily by a relatively small number of employed physicians, cross-licensed in dozens of states working for providers like Teladoc, Amwell, Doctor On Demand and others, as the backbone of telehealth benefits offered by employers and health plans. While demand had not yet reached the fevered pitch it has in 2020, increasing consumer interest was continuing to drive clinician adoption of telehealth, despite a lack of broad-based regulation and reimbursement.⁸

A 2019 Amwell study found an increase in telehealth adoption of 340 percent between 2018 and 2019.⁹ The swift, sweeping regulatory and payment changes in response to COVID-19 have led to consumer demand and provider adoption and an incredible uptick in telehealth utilization. According to FairHealth, between April 2019 and April 2020, telehealth claims increased 8,336 percent, from 0.15 percent to 13 percent of all claims.¹⁰ Among physicians, the number reporting “telemedicine” as a skill nearly doubled between 2019 and 2020, with a yearly growth rate of 38 percent in 2020 compared with an average annual growth rate of 20 percent between 2015 and 2018.¹¹

Similar to telehealth, provider adoption of moving healthcare home has lagged consumer demand, due to lack of a streamlined process and sufficient regulatory support and reimbursement. Progress made in 2019 and 2020 indicates sweeping changes. In the span of two days in July 2019, the Trump administration took significant steps to move healthcare home. The first, an executive order on July 10, 2019 aimed to modernize kidney care, with a significant, industry-changing opportunity to shift care away from facilities.² The following day, CMS proposed a new home infusion rule that, according to CMS Administrator Seema Verma, “rewards value over volume by focusing on patient information such as their diagnosis and other health conditions, to more accurately pay for home health services.”⁴

In 2020 and the weeks and days leading up to the publishing of this report, a flurry of regulatory and legislative activity, CMS' analysis of payor uptake of home-based benefits, and proposed legislation with bipartisan support indicate that change may be accelerating

- September 27, 2020, CMS released statistics that indicate “a massive expansion of the supplemental benefit programs that have gotten home care operators so excited over the past few years.”¹²
- October 27, 2020, CMS announced a proposed rule expanding coverage for home infusion durable medical equipment (DME) “specifically for external infusion pumps with the goal of increasing access to home infusion drugs.”¹³
- October 29, 2020, following bi-partisan bills introduced in the Senate and House of Representatives in support of telehealth for home health providers, “CMS... made permanent changes to telehealth flexibilities for home health providers.”¹⁴
- November 2, 2020, CMS “launched a new toolkit designed for state Medicaid agencies to strengthen their infrastructure and develop robust home and community-based services (HCBS) for eligible beneficiaries.”¹⁵

In addition, as remote monitoring tools and technology improve and are adopted, providers will be better able to monitor activity and biometrics in the home environment, providing a more complete picture of overall health. Current attitudes about telehealth and remote monitoring tools suggest these technologies can play a central role in at-home care delivery, especially to identify interventions and monitor well being.

While the tides of change favor moving more care home, at the time of publishing of this report, obstacles persist, including the lack of state and federal rules known as scope-of-practice restrictions that limit what kind of care nurse practitioners can deliver and where they can deliver it.¹⁶ Moreover, home health is frequently fragmented. As Jasen Gundersen, MD, MPH, CareCentrix's Chief Medical Officer states, “It's clear that patients choose to recover in the comfort and safety of their home, regardless of the current crisis. It's imperative for health care providers, payors and institutions to develop services that support this choice, and make it easier for doctors to send a patient home instead of a facility.” Dr. Gundersen also described the challenge to increasing adoption, “For doctors, to discharge to a facility is straightforward, but to discharge home instead is much more complicated and fragmented. Discharging home must get assimilated into clinicians' workflows.”

Policymakers

Policymakers view the home as a necessary setting for health care delivery and believe the growth and bipartisan support of value-based models, such as Medicare Advantage, will drive more health care to the home. CareCentrix spoke with Leslie Norwalk, who served in the George W. Bush Administration as the Acting Administrator for CMS, and with Andrew MacPherson, a Managing Partner at Healthsperien, a firm specializing in payment and delivery models, legislative and regulatory issues facing Medicare, Medicaid and commercial payors, and emerging trends in value-based payment.

According to Norwalk, “There are a lot of rules that the Medicare fee-for-service program has that could use an overhaul,” but she points to the flexibility that still exists in traditional Medicare, especially with an increasing focus on demonstrations and efforts at CMS to try and provide more flexibility.

Norwalk and MacPherson agree Medicare Advantage is a major avenue to deliver more health care at home. MacPherson predicts Medicare Advantage enrollment is going to accelerate even beyond its current growth streak and that, “Medicare Advantage enjoys bipartisan support.” But he points to a couple questions that must still be addressed: “How are we going to improve the program, and how are we going to ensure that these new flexibilities for the targeted chronically ill populations and also for the everyday Medicare Advantage beneficiary work in their favor, and I think part of that is care in the home.”

Norwalk also cites flexibility as a primary component of Medicare Advantage and the program’s “ability to provide a benefit in a way that makes more sense for the patient, which is to say, you’re able to do more in the home. You are not driven by the reimbursement models that you are on the fee-for-service side.”

MacPherson called out an especially interesting trend to watch: the relationship between the Medicare Advantage Value-Based Insurance Design (VBID) demonstration and the extent to which large employers are implementing VBID approaches with their active employee populations. On the fee-for-service side, MacPherson said all eyes are on the Center for Medicare and Medicaid Innovation (CMMI).

Norwalk views the rapid evolution of technology as a gateway to new opportunities for health care at home. “Technology that didn’t exist 10 to 15 years ago could fast forward the ability of patients to stay at home, particularly as the demographic continues to age into the Medicare program, as they get older, they are still relatively comfortable with technology.” Norwalk added, “As our technology improves, we should be able to do more and more at home... the more you can do in a lower acuity setting, including the patient’s home, the better.”

Analysis: Emerging opportunities for health at home

While the COVID-19 pandemic exposed vulnerabilities in the traditional health care delivery system, health at home points to a safer, more convenient way for people to receive a range of care from preventive to post-acute to palliative. Together with the emerging interest and adoption of new technology options and remote monitoring tools among consumers, providers, and payors, health at home will grow in the months and years ahead.

Policymakers play a critical role. Leading experts recognize that the home is a necessary care setting for many people and believe value-based models will continue to drive more health care to the home. Together with providers and payors, federal and state policymakers can embrace new technologies and innovative payment models – being pursued in Medicare, Medicaid, and commercial plans – to improve accessibility and grow the use of home care services by beneficiaries across the country.

Given clear consumer preference to receive care in their homes, plans that offer health-at-home benefits should communicate them broadly to increase brand awareness and equity to support member acquisition and retention efforts, particularly for Medicare Advantage plans. Payors eager to invest in health at home can take advantage of a variety of opportunities to deliver on organizations' strategic priorities to give members access to highly-efficient, high-quality care in the home.

“The movement into the home setting was happening regardless of the COVID-19 pandemic.”

Andrew MacPherson
Managing Partner,
Healthspieren

MEDICARE ADVANTAGE HOME-BASED PALLIATIVE CARE SUPPLEMENTAL BENEFIT: In 2021, the number of MA plans offering “in-home support services” is nearly doubling, year over year, including more than twice the number offering home-based palliative care to 130, up from 61 in 2020. Home-based palliative care supports members with advanced, chronic and complex conditions with a range of support services. Palliative care is optimized when members and caregivers are engaged in planning to ensure care goals align with treatment preferences. Collaborating with the broader medical home and care management team to extend the reach of primary care physicians is essential to success. A well-managed, integrated, collaborative and goal-oriented palliative program can reduce medical costs by up to 35%.¹⁷

HOME INFUSION: On October 27, 2020, CMS proposed a rule “to allow Medicare beneficiaries to take more drugs through home infusion and simplify coverage, payment and coding for new equipment, devices and supplies... This proposed rule would also expand the interpretation of the appropriate for use in the home requirement within the definition of DME, specifically for external infusion pumps with the goal of increasing access to home infusion drugs.”¹⁸ Advanced therapy programs such as chronic inflammatory demyelinating polyneuropathy (CIDP), Tysabri (natalizumab) and chemotherapy have been shown save 7-10%.¹⁷

HOSPICE CARVE-IN VIA MA VALUE-BASED INSURANCE DESIGN (VBID): Traditionally carved-out of Medicare Advantage plans, the first VBID plans that include hospice as part of CMS’ four-year demonstration project will launch in January, 2021. The 53 plans participating in the demonstration will be evaluated on performance metrics including length of stays (LOS) under seven days and those that exceed 180 days. Other metrics will include documenting members’ care goals, pain control, care family satisfaction, how many days members are able to be in their homes in their last six months of life.¹⁹ Properly identifying and engaging appropriate members with the right blend of support. Moreover, an effective home strategy must support members throughout their care journey, ensuring a smooth transition from post-acute to palliative to hospice.

CARE TRANSITIONS AND READMISSION PREVENTION: Every individual faces a unique set of barriers to recovery following an acute episode. Readmission prevention programs that integrate with health plan’s acute and care management programs that focus on the transition from the hospital, through a sub-acute facility, if needed, and onto home, 90 days after discharge have demonstrated a reduction of unnecessary readmissions by 22%, for a Medicare Advantage population 90-days post-discharge.¹⁷

HOME SLEEP TESTING AND TREATMENT: More than half of consumers surveyed for this report said they would prefer getting tested for sleep disorders at home. Redirecting diagnostic testing to the home instead of a sleep center can save up to 30-40% and increase member adherence rates by 30%.¹⁷

EXPANDED AND ENHANCED HOME HEALTH OFFERINGS FOR WHOLE-PERSON CARE: By focusing on the home as the center of care, payors can address both the clinical and the non-clinical and caregiver needs that impact members' ability to avoid unnecessary hospital admissions. This can include remote home health via telehealth such as physical and occupational therapy, to in-home services that support activities for daily living (ADL), to social determinants such as meals and transportation access. The focus on the home allows for a broader view on the services and supports for individual success.

PRIMARY CARE AT HOME: This offering shows promise for people for whom routine care is necessary but for whom clinic-based care is not effective or feasible, resulting in poor quality, low satisfaction and high cost. There are an estimated 2 million frail, seriously ill adults unable to visit their physicians' offices.²⁰ Primary care at home models leverage a collaborative, interdisciplinary approach led by a team of advance practice nurses in coordination with the person's own primary care team and other services, such as skilled nursing, home health, home infusion, DME, behavioral health, urgent care, mobile lab testing and palliative care.

About CareCentrix

CareCentrix is the leader in health-at-home solutions and is committed to making the home the center of care. Managing care for 26 million members through a network of more than 8,000 provider locations, CareCentrix focuses on bringing members home to bring costs down. By drawing on insights from proprietary analytics, and connecting end-to-end clinical, social and caregiver services, CareCentrix eliminates unnecessary hospital readmissions, closes gaps in care, and reduces fragmentation. And ultimately, to help more people live, heal, and age at home. For more information, please visit [carecentrix.com](https://www.carecentrix.com).

Methodology and Citations

The consumer study was commissioned by CareCentrix and conducted by Quadrant Strategies, a Washington, D.C.-based research firm. Quadrant surveyed 1,000 adults in the United States to assess opinions and attitudes on the topic of at-home health care, and to measure interest in new at-home health care opportunities. Respondents, who were selected to represent a U.S.-Census balanced sample of the population, were surveyed from September 22 to October 6, 2020. The margin of error for respondents is $\pm 3.1\%$ at 95% confidence.

The health plan executive research was commissioned by CareCentrix and conducted by KRC Research conducted an online survey among 76 senior-level payor professionals across the United States who work in clinical, financial, operations, strategy, government programs, compliance, quality, or safety functions and have decision-making influence or authority within their organization. All survey participants were screened to ensure familiarity with the survey subject matter. The study fielded between October 7 to 19, 2020.

CareCentrix thanks Leslie Norwalk and Andrew MacPherson for their expertise and contributions to this report. Norwalk is a member of the CareCentrix Board of Directors and Strategic Counsel to Epstein Becker Green, P.C., EBG Advisors and National Health Advisors. MacPherson is a Managing Partner at Healthsperien, LLC.

Endnotes

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