

Care of the Vulnerable Elderly (COVE): A Pathway for Comprehensive Care for Homebound Elders. The Mildred Wyatt and Ivor P. UT Southwestern House Call Program

Summary:

The Care of the Vulnerable Elderly (COVE) program at UT Southwestern will provide proactive primary care at home to high-risk elderly patients. Its goal is to reduce unnecessary healthcare utilization. It will provide a pathway to transition patients from office-based care to home care and a referral source for high-risk hospitalized elderly patients.

Impact on elderly population: Older people have serious illnesses such as dementia, congestive heart failure, atherosclerotic disease, stroke, psychiatric disease, and cancers. Such multiple chronic conditions result in high symptom burden and functional impairment. These characteristics predict greater mortality and higher medical costs. From the older patients' perspective, the very health system that should assist them is fragmented, ineffective and costly.

Target Population: The focus for COVE will be patients ≥ 65 years with two or more chronic conditions and who require assistance of another person for two or more basic activities of daily living (ADL).

New Program Design: UT Southwestern Accountable Care network (UTSACN) has identified a need for enhanced care of the high-risk older patient population in the community. COVE will provide the necessary care to these homebound older persons in the Dallas Metroplex area within UTSACN. The program will allow for a referral system to provide transition for existing patients in the office-based practices. The created referral system within the electronic health record (EHR) will provide guidance to providers and interdisciplinary professionals to refer these patients.

Evaluation: Process and outcome measurements will be collected via internal program evaluation. Cost data will be provided by UTSACN for patients utilizing the program. Quarterly and annual reports will be generated to evaluate progress.

Sustenance: We anticipate that our program will show Medicare savings. If results are favorable, we hope to advocate for such house call teams in the entire ACO coverage area.