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# Post Arthroplasty Recovery at Home

How Home Healthcare Helps  
Improve Patient Outcomes and  
Reduces the Cost of Care

**Capital Health Care Network**



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*“Home healthcare represents an opportunity to reduce preventable adverse events and costs following hospital discharge.”*

...Cleveland Clinic Lerner College of Medicine of Case Western Reserve University

***Why Orthopaedic Patients and Practices Benefit from A Preferred Home Healthcare Provider Relationship in 2018 And Beyond.***

It's one of the truly remarkable acts of the medical profession – replacing a human being's worn out joint with one that restores mobility and gives a patient an opportunity to enjoy life again, free from debilitating pain.

It's no secret that effective post-op therapy and care can be critically important to the success of knee and hip arthroplasty.

***And that's why we're sharing news about the growing importance of Medicare certified home healthcare to millions of future knee and hip replacement patients, and the surgeons who will perform those procedures.***

Ever since we began caring for seniors 35 years ago, we at the Capital Health Care Network have been committed to helping seniors age on their own terms. And we also understand that we serve two primary customers – the senior, and the doctor.

**Making The Physician's Load Lighter**

Your work makes such a positive difference in your patient's lives.

They see you as the owner of rare skills and medical knowledge, and importantly, the owner of the entire arthroplasty process.

Most have little idea of the challenges your practice faces every day. Long hours and pressures to improve patient outcomes and reduce costs, seem to never let up.

**The last thing you (or the patient) need to worry about is whether the patient is getting excellent care during recovery.**

What we do helps to ease the workload and worry associated with rehabilitation and post-op care of the TKR and THR patient.

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*Capital Health Care Network*

*Three of our six homecare locations received 5-star CMS ratings, and one was rated as one of the nation's top 100 home healthcare providers by HomeCare Elite®. Five of our six home healthcare locations are rated 4 stars or better.*

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## Why Read This Paper?

The paper provided on the following pages, *Post Arthroplasty Recovery at Home*, will provide information on five healthcare trends that call for a stronger practice/home healthcare relationship. It will also describe how the best home healthcare practices approach their work.

We'll share industry data showing that patients recover as fast or faster at home, at less cost, compared to being referred to an institution after knee or hip replacement surgery.

Finally, we'll discuss our approach to delivering quality home healthcare - the kind of care that we're proud to say has resulted in some of the highest CMS ratings possible.

Home healthcare may not be right for every patient, nor will it be the answer to all of your challenges. But as you'll soon read, strengthening the relationship between our home healthcare team would be consistent with emerging healthcare trends.

After reviewing these factors, if you feel as we do, that involving our growing and highly rated home healthcare team in the rehabilitation of your patient could benefit your patients and your practice, we'd like to discuss that possibility.

We'll be contacting your practice manager shortly for a brief follow up. In the meantime, I hope you find this information useful, and if we can help you or your patients in any way, please contact us.

## Five Trends That Make Home Healthcare a Strategic Advantage for Orthopaedic Practices

Innovations in total knee replacement (TKR) and total hip replacement (THR) procedures have been moving at a rapid pace since the first hip replacement in 1969. So too, has the complex combination of demographics, healthcare policy, costs, and medical best practices.

The pace of change will continue in the foreseeable future.

Trends are already underway that suggest that strengthening the relationship between orthopaedic practices and home healthcare agencies is a useful synergy.

**...how the home healthcare sector is building new capability to support rapidly increasing numbers of orthopaedic procedures in the years ahead.**

**...how home healthcare agencies will help reduce the overall costs of TKRs and THRs, while improving patient outcomes and satisfaction.**

**...why aligning an orthopaedic practice with a Medicare-certified homecare agency relieves surgeons of the worry of quick, effective patient rehabilitation.**

**...how home healthcare technology and work processes are evolving to improve patient outcomes.**

**...why more older patients are welcoming home healthcare for post-surgery recovery.**

The TKRs and THRs processes resemble a connected chain. It starts with the PCP and surgeon, is linked to the hospital, and from there, linked to rehabilitation. If any link of the chain fails, patient outcomes suffer.



Orthopaedic practices that make full use of high quality home healthcare services can be confident that the patient recovery link is working to their patients' benefit.

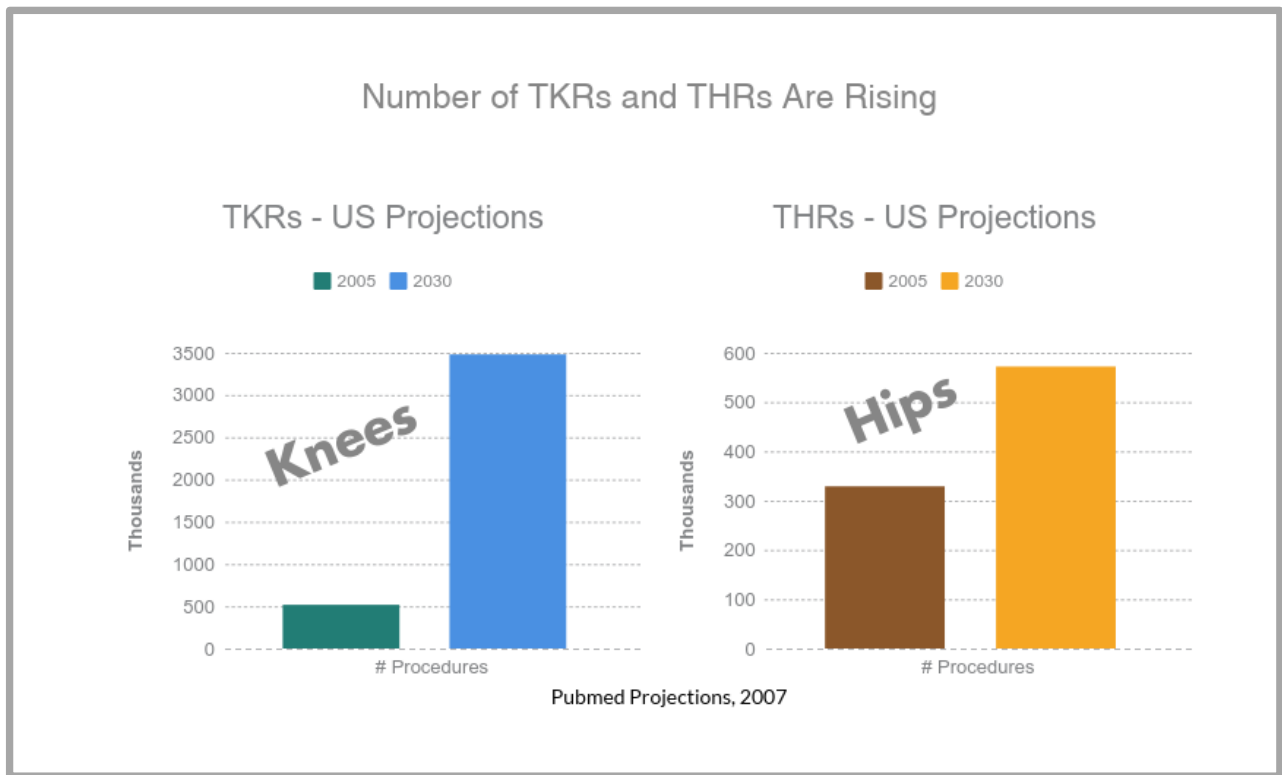
The five trends that follow explain why stronger orthopaedic practice/home care relationships help improve clinical outcomes, increase patient satisfaction, and reduce healthcare costs.

# #1

## More demand for Medicare-certified skilled home healthcare agencies

By 2040, 22% of the population will be 65 years old or older, many of them with severely arthritic knees and hips.

At the same time, younger people are developing osteoarthritis (OA) and other degenerative conditions, creating more candidates for TKRs and THRs. These factors will drive a steady increase in replacement procedures over the next 12 years.



Demand for surgical talent, physical therapists, and other home healthcare professionals and workers increases in step with the increase in numbers of procedures.

Most full service, Medicare-certified home healthcare agencies employ or contract with physical and occupational therapists, RNs, LPNs, and home healthcare aides to support these patients' home rehabilitation.

Home healthcare becomes a critical need, particularly for older adults undergoing TKRs, who may not want, or be able to visit an outpatient therapy facility on a regular basis.

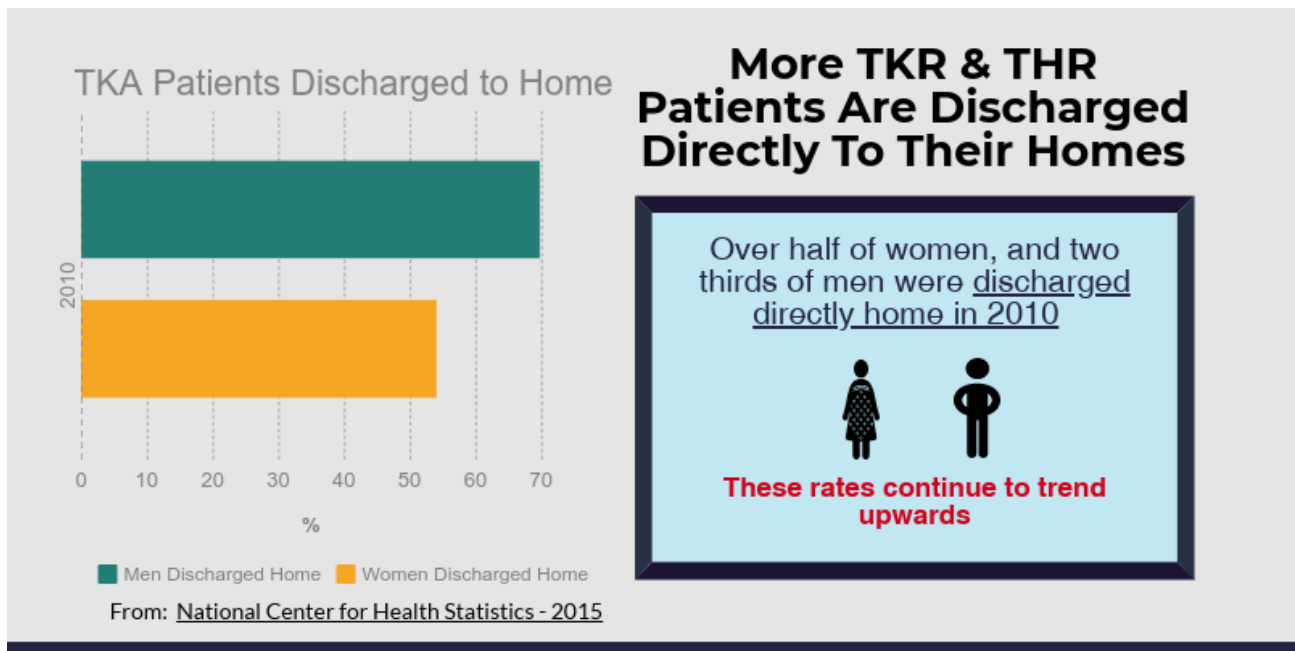
Home healthcare agencies work closely with orthopaedic surgeons regarding specific patient care instructions. They've created tools to accurately assess the individual patient's home environment and care needs. Many of them also provide aides who help with daily living activities until the patient can function on their own.

**"We can say with confidence that recovering independently at home does not put patients at increased risk for complications or hardship, and the vast majority of patients were satisfied."**

Dr. William Hozack, Orthopaedic Surgery Professor with the Rothman Institute at the Thomas Jefferson University Medical School.

### The rush to get home

In addition to the increase in number of procedures, more patients are fast-tracked directly home from their hospital procedures.



Many THR and TKR procedures are now done on an outpatient basis.

***“In the past decades, fast-track programs have successfully been introduced in orthopedics, mainly in total hip and knee arthroplasty (THA and TKA). Thus, a combination of organizational and medical improvements in the pain and anesthetic, mobilization, and surgical protocols has led to enhanced recovery of patients after arthroplasty lowering morbidity and mortality.”***

Outpatient Total Hip and Knee Arthroplasty Stephan B W Vehmeijer, (Vehmeijer, 2017)

Gone are the days when the best option was for a patient to spend days in the hospital, and then be sent to a nursing home or outpatient therapy facility for recovery.

The combination of increased number of procedures and the rising rates of patients discharged to their homes will place more demands on home healthcare agencies in the years to come.

## #2

### **Reduced system costs and improved patient outcomes**

According to a new study published by the American Journal of Medicine (Roy Xiao, 2017), involving 65,541 patients, home healthcare brings the benefit of lower costs and improved outcomes. The study concluded that patients who received home healthcare after a hospital discharge saved the healthcare system an average of \$6433, and resulted in noticeable decreases in follow up readmissions and deaths.

#### Faster, safer recoveries

Recent studies show that TKR patients discharged from the hospital directly to their homes recover as well as or better than patients who first go to a rehabilitation facility (Mozes, 2017). This includes patients who live alone.

A New England Journal of Medicine study (Stephen F. Jencks, 2009) found that almost 20% of hospitalized Medicare patients had to be readmitted after 30 days.

These readmissions were largely associated with poor transitions in care that occur when patients are discharged from a hospital without proper preparation or information.

***“How we handle these transitions of care becomes central and perhaps the greatest opportunity for home health care.”***

Amy Berman, Senior Program Officer at the John A. Hartford Foundation



Other related factors:

- Unplanned readmission annual costs - \$17.4B (Stephen F. Jencks, 2009)
- Costs due to medication mismanagement for people 65 and older in the U.S. were estimated to be nearly \$900M in 2005 (Field TS, 2005)
- A substantial proportion of older adults on high-risk medications do not recall receiving instructions for the use of their medications and do not take advantage of existing systems for organizing medication regimens (Metlay JP1, 2005)
- Annual cost of fatal and non-fatal falls - \$31B (Center For Disease Control and Prevention, 2015)

Home healthcare agencies mitigate these risks and errors and reduce associated costs for post THR and TKR procedures.

The core competencies of Home Healthcare are in assessing patient and homecare situations, filling gaps in patient care (including comorbidities), reducing errors, and coordinating needed resources. This creates a safer environment for patients and reduces costly complications and rehospitalizations.



## **New home healthcare capabilities support larger health system changes and surgical innovation**

In 2009, Medicare began its “Triple Aim” objective to reform the country’s healthcare system. This involves three elements:

1. Improving the patient experience of care (including quality and satisfaction)
2. Improving the health of populations
3. Reducing the per capita cost of healthcare

Despite recent legislative actions and constant downward pressure on payments for home healthcare (and other healthcare sectors) by the Center for Medicare and Medicaid Services (CMS), home healthcare leadership is having a positive effect on Medicare thought leaders and rule makers to bring more benefits to homebound patients.

Advocates such as the National Association for Home Care & Hospice, the American Association for Homecare, The Joint Commission, Leading Age, and others have been successful in bringing the message of better care and lower costs through the use of professional homecare services.

According to The Future of Home Health Project (Sage Journals, 2016), the evolving healthcare system will require skilled home healthcare agencies to partner with payers and providers to play a unique role supporting patients, caregivers, and other care professionals in pursuit of the Triple Aim.

Specifically, home healthcare providers are building capabilities and relationships to master the four pillars:

1. Patient and person-centered care
2. Seamless and connected continuum of care
3. Highest quality care
4. Technology enabled

### Relieving the surgeon's burden

In order to stay competitive, an orthopaedic practice's staff will need to spend more time and attention educating themselves and integrating new protocols, materials, devices, and techniques into their practices.

Emerging developments such as 3D implant printing (additive manufacturing), and surgical robotics, leave surgeons little time to worry about the delivery or improvement of patient rehabilitation.

American Academy of Orthopaedic Surgeons (AAOS) President Gerald R. Williams Jr., M.D., addressed this issue when he said: *"There will be continued discourse regarding the challenges associated with regulating rapidly developing products and integrating patient-specific risk-benefit assessments into both regulation and treatment plans"*.

### Home healthcare to the rescue

Orthopaedic practices and patients will need to depend more on the home healthcare professions to continuously improve the delivery of care quality, skills, approaches, and tools essential for effective home rehabilitation.

***"When I'm listening to physicians and hospital administrators talk about their challenges – 'how do you stay in touch with the patient, how to you provide that level of care when you don't see the patient every day, and when you don't have control over what they're doing?' I'm raising my hand and saying 'we know how to do that – look to homecare'."***

Kristy Wright, CEO, Visiting Nurses Association, Western Pennsylvania



Since patients tend to judge their TKR or THR outcomes as a product of the entire healthcare chain, and not the surgery alone, strengthening home healthcare capability is important to patient satisfaction.

Today's patient readily shares their experience and opinions – good or bad - on social media in a way that affects a practices' reputation.

All of these reasons make it likely that healthcare practices and systems will form more preferred provider relationships with trusted, skilled Medicare-certified homecare agencies.

## #4

### America's aging population wants more care at home

Consumer and physician attitudes about home healthcare are changing.



In a 2008 study, AARP found that 87% of adults between 65 and 98 years of age, regardless of gender, income, age, or marital status, prefer their care to be given at home. (Linda Barrett, 2008).

Concerns about privacy, security, reliability of technology, and quality of care are gradually decreasing for both groups, (Tracy L. Mitzner, 2010), (Miller, 2016), opening the door for embracing home healthcare more fully as the best recovery option for most patients.

Kristy Wright, CEO, Visiting Nurses Association, Western Pennsylvania, says: "The home is the preferred setting for healthcare because the patient is most comfortable there. There are less

***"The home setting is the single best way to get people back into their routines as quickly as possible after surgery...being in an institutional setting after surgery only reinforces the idea that the patient is 'sick,' We have learned that this type of thinking slows down recovery. We want our total joint patients to start using their new joints as quickly as possible, and staying in bed at a nursing facility is not the way to do this."***

Dr. Claudette Lajam - Chief Orthopaedic Safety Officer - NYU Langone Orthopaedics

patient incidents and safety issues in the home setting than in most other settings... It has a lot to do with the patient being in control." (The Joint Commission, 2011)

Medicare and Medicaid cover almost all of the costs associated with care required as a result of surgery, or illness.

A valuable service that some agencies provide is the homecare concierge. These aides help the patient at home with a range of daily living activities such as meals, medication reminders, and bathroom assistance. Usually these costs are not covered by Medicare.

Patients also value the ability to ask questions and learn more about their care options from trusted, knowledgeable homecare professionals.



New technologies enable better home healthcare

Patient and home safety assessment tools, enhanced therapy protocols, IoT, and digital technologies, are making it possible for more seniors to safely return home directly from the hospital.

Technology is making it possible for higher acuity patients to receive effective home healthcare.

If the patient's care requires it, sensors that monitor patient vital signs, activities, falls, sleep patterns, and medication levels, take some of the burden off of caregivers.

Other tools such as Personal Emergency Response systems (PERS), big data to analyze patient information to predict potential negative events, and face-to-face patient web conferencing are also available.

Older people are recognizing that home healthcare professionals provide value added recovery services that allow them to stay more independent in their own homes. They're more aware and trusting of new technologies.

More patients today understand that home healthcare is no longer just helping them to the bathroom or taking their temperature.

And they realize that compared to multiple visits to an outpatient clinic, homecare is more convenient and less costly.

# #5

## Home healthcare is gearing up to meet future workload needs

Every year, US home healthcare practitioners drive an estimated 8 billion miles, make millions of visits to the homes of nearly 12 million elderly, chronically ill, and disabled patients (Foundation for Hospice and Homecare, 2015).



In 2014, Medicare spent \$17.7B on home healthcare (Sage Journals, 2016)

These numbers represent a sizable - and growing - part of the healthcare system.

As this industry expands, its role in creating more patient-centered care processes, improving the quality and consistency of care, and serving higher acuity patients is becoming more important.

The home healthcare industry is adding significant care capability through 2020 and beyond

***“Those working in home health positions will see a 69 percent growth through 2020, while those in personal care aide positions will see a 70 percent growth.”***

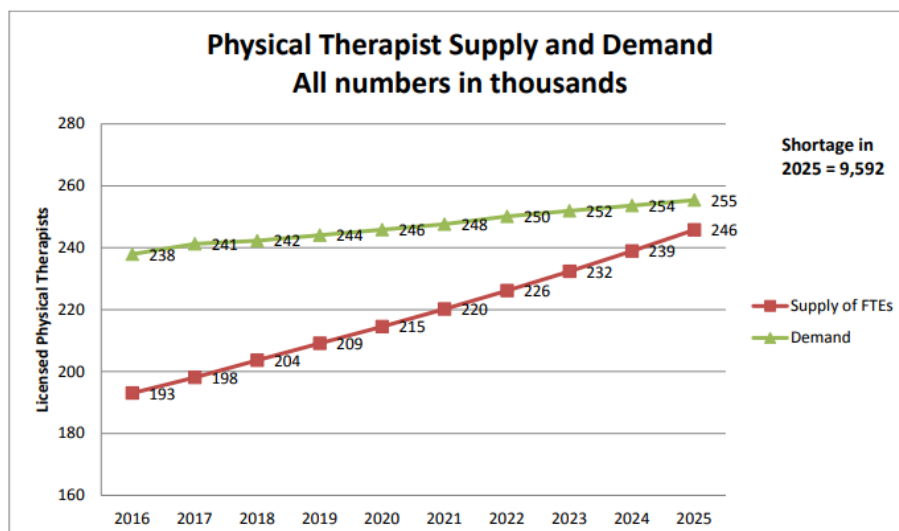
Bureau of Labor Statistics

The industry is responding to the increased demand for its services.

Approximately 1.3 million jobs will be added within the homecare field through 2020, (Phillip M O'Hara, 2017), according to the Bureau of Labor statistics. The 70% growth rate in this industry far exceeds the projected 14 percent growth rate for all jobs.

An example of why building capability is important is in the projected supply and demand for physical therapists. The chart below shows how the industry is closing the capability gaps through the year 2023.

Figure 2: 2016 projection using an attrition rate of 2.5%.



Home healthcare agencies are highly involved in the recruitment and development of physical therapy and the related skills and capabilities required for effective patient care.

## How Home Healthcare Agencies Deliver Care

The above trends suggest two things:

...orthopaedic practices and home healthcare agencies are linked strategically through the common goal of providing quality care at lower costs.

...the time is now to establish more strategic practice/skilled home healthcare relationships.

*“Homecare and hospice services are critical to our health care system today and will be even more important in the years to come. Every day, nearly two million dedicated caregivers provide essential services to over 12 million vulnerable seniors, persons with disabilities, and children in their homes.”*

William A. Dombi, President of the National Association for Home Care & Hospice (NAHC).

In this section, we’ll cover the specifics of what home healthcare provides for its patients.

### Home healthcare's most valuable service?

There's one important benefit of home healthcare that doesn't show up in charts and scholarly articles, and that's in the compassion that home healthcare providers give every single day.

To an older adult, the ability to recover well in their home, close to family and friends and familiar things is its own elixir.

The best home healthcare providers don't forget that. They hire people based in part on their ability to enhance that positive atmosphere of being home. These caring professionals provide knowledge, a comforting spirit, and a focus on the patient's wellbeing that makes the patient feel happier, and well looked after.



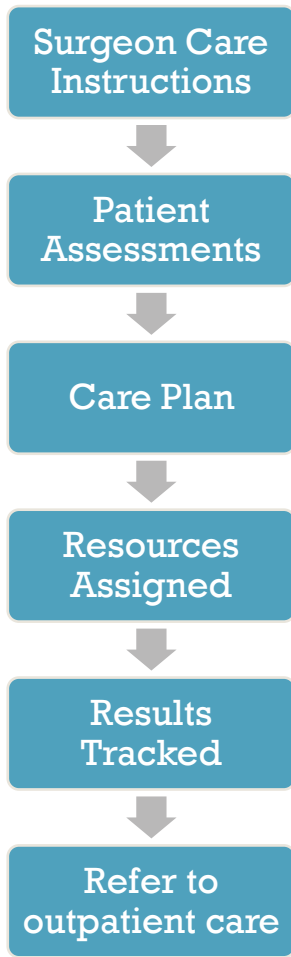
Recent discoveries in human psychology have proven what we know intuitively: positive mindset and optimism help to heal the body. Home healthcare practitioners who establish a positive, caring, patient relationship unlock a powerful healing force that speeds the patient to optimum health.

### The home healthcare workflow:

Home healthcare agencies assess the needs of individual patients, and along with the doctor's instructions, create a plan for the recovery and care of the patient. This includes providing necessary physical therapy, technologies, and training the patient and caregivers on the proper use of the technologies.

Every agency runs its operation a little differently, but the best have a well-documented workflow process that is strictly followed by employees and management. Here's a closer look:

## The Home Healthcare Workflow



- The home healthcare process begins with RPNs understanding the patient's care instructions from the orthopaedic surgeon.
- RPNs and physical therapists then do a total assessment of the patient's condition, and home environment and admit them into the care process.
- Based on those assessments and the doctor's instructions, a specific care plan is put together for the patient and Medicare authorization obtained.
- Appropriate resources (therapists, LPNs, aides, equipment and technologies) are applied and therapy begins immediately.
- Patient progress is tracked and monitored. Homecare teams communicate with the physician on patient's progress.
- Refer patient to more intensive outpatient therapy when necessary.

Given the importance of therapy immediately following a TKR to its success, it's important that the homecare agency is involved early in the process, even prior to the patient's discharge from the hospital.

The initial assessments and Medicare/Medicaid authorization process proceeds in the background so that treatment begins with little delay.

Ongoing assessments and documentation of the patient's progress are important feedback to the agency and primary care. The agency also tracks and documents the effectiveness of nurses and therapists for training.

Every patient's circumstances are different. By strictly following a process like this, the home healthcare agency ensures proper care for every patient.



### Range of Services

Typical services provided by the best home healthcare agencies for knee and hip replacements:

- Wound care management
- Gait training
- Stairs training
- Transfer training
- Strength training
- Exercise programs
- Range of motion training
- Balance training
- Fall prevention training
- Home safety assessment – throw rug removal, uncluttering, lighting
- Skilled nursing care with PCP or orthopaedic surgeon oversight

## **Capital Health Home Care – Decades of Helping Seniors Age on Their Own Terms**

### How we help patients and orthopaedic practices

As experienced, family-owned healthcare providers, our goal is to deliver personalized one-on-one care at home as long as it is medically possible, safe, and in the best interest of our clients.

We have six homecare agencies in four Ohio regions and West Virginia. Our homecare teams consist of professional caregivers, highly trained nurses and therapists, medical social workers and experienced managers (Capital Health Home Care, 2017).

We also own and operate nursing and rehabilitation centers, assisted living, independent living, and hospice care. Our network provides a full continuum of care for seniors in Ohio and parts of West Virginia.

### A Caring Culture

We are most proud of the culture of caring that exists within our agency.

***“Everybody here is family, and we treat our patients the same way – as family.”***

Debbie Boyle, Capital Health Homecare Ashtabula Administrator



Our people go above and beyond their role descriptions to put the needs of the patient first.

Our RNs, LPNs, therapists and aides are not only excellent practitioners, but they're also committed to being there for seniors when they face healthcare challenges.

We constantly hear from patients about our people doing extraordinary things to insure their patient's wellbeing – just a few examples:

*...paying for it out of her own pocket, a nurse bought food for a patient who needed better nutrition but couldn't afford it.*

*...in the middle of a hot summer heat wave, a therapist obtained an air conditioner for a homebound respiratory patient who couldn't afford one.*

*...a community liaison manager helped convince a reluctant surgeon to do a knee replacement on a 97-year-old who wanted to continue to stay active. Now at age 103 she's enjoying life after a successful implant.*

These are acts of care that are done every day by professionals who treat their patients as family. You can't teach it, you can't ask for it. It resides in the hearts of the people we like to hire.

#### Quality of care is job #1

Attention to detail and quality of care is always our top priority, and that's reflected in our CMS ratings and online reviews, which we strive to continuously improve.

Five of our six home healthcare locations are rated 4 stars or better on a CMS ranking scale, The Dublin location received the highest possible CMS rating for quality of care. The Dayton and Ashtabula locations both received CMS 5-star patient satisfaction ratings. Ashtabula was named as one of the nation's top 100 home healthcare providers by HomeCare Elite®

#### **A few of the operational details that enable us to deliver outstanding results.**

- Interdisciplinary teams coordinated and led by an Administrator who is accountable for all outcomes
- Director of Nursing coordinated and supervised care resources
- Close working relationships with primary care physicians and surgeons
- Patient risk assessment throughout care period
- Person-centered Plans of Care
- Weekly nursing case conferences and monthly online training sessions
- Community Liaison that establishes and maintains relationships with hospitals, surgeons, patients, and facilitates patient transition from hospital to home
- Physical, occupational, and speech therapy
- Evidence-based best practices, innovative strategies, proven interventions, and state of the art technology
- Patient education
- Around the clock care, where needed
- Home safety assessment at the start of, and during care
- Front loaded home visits to ensure optimal recovery
- Tracking and documenting results to insure patient care standards are being met

- In-home technology:
  - Telehealth
  - Personal Emergency Response System
  - Fall Detection
  - Medication Monitoring

#### Preferred provider relationships

Giving older adults their life back, away from the debilitating pain of arthritis is a special privilege that orthopaedic practices engage in every day. It's a well-deserved source of professional pride and personal satisfaction.

We share your mission. Our goal is to provide the best skilled nursing and therapy to help seniors achieve optimum health, whether it's in their home or one of our skilled nursing facilities.

A preferred provider relationship with orthopaedic practices is one of the best ways to maximize the success of patient and practice alike.

Please call or contact Lisa Stockdale at [lisa.stockdale@capitalhcn.com](mailto:lisa.stockdale@capitalhcn.com) (614) 923-7000 and we'll be happy to discuss how we can help.

## References

- Capital Health Home Care. (2017). Retrieved from Capital Health Home Care: <https://capitalhealthcarenetwork.com/home-care>
- Center For Disease Control and Prevention. (2015). *Costs of Falls Among Older Adults*. Center For Disease Control and Prevention.
- Field TS, G. B. (2005). *The costs associated with adverse drug events among older adults in the ambulatory setting*. PubMed.
- Foundation for Hospice and Homecare. (2015). *Foundation for Hospice and Homecare and NAHC Hold Press Conference on Miles Traveled Each Year By Home Care Nurses*. National Association For Homecare & Hospice.
- Linda Barrett, P. (2008). *Healthy @ Home*. AARP.
- Metlay JP1, C. A. (2005). *Medication safety in older adults: home-based practice patterns*. PubMed.
- Miller, G. (2016). *Physician and Patient Attitudes Toward Technology in Medicine*. Medscape.
- Mozes, A. (2017, March 16). *Home Beats Rehab for Knee, Hip Replacement Recovery*. Health Day - News For Healthier Living.
- Phillip M O'Hara, C. (2017). *Home Health Care: What Investors and Providers Should Know about the Recent Boom*. HBK.
- Roy Xiao, B. J. (2017). *Impact of Home Health Care on Healthcare Resource Utilization Following Hospital Discharge: a Cohort Study*. American Journal of Medicine.
- Sage Journals. (2016). *The Future of Home Health Care A Strategic Framework for Optimizing Value*. Sage Journals.
- Stephen F. Jencks, M. M. (2009). *Rehospitalizations among Patients in the Medicare Fee-for-Service Program*. New England Journal of Medicine.
- The Joint Commission. (2011). *Home – The Best Place For Health Care*. The Joint Commission.
- Tracy L. Mitzner, J. B. (2010). *Older Adults Talk Technology: Technology Usage and Attitudes*. NCBI.
- Vehmeijer, S. B. (2017). *Outpatient Total Hip and Knee Arthroplasty*. Taylor and Francis Online.