

The three Cs of home care

How home visits complement, connect and coordinate to improve mental health and other social determinant of health outcomes for seniors



In recent years, health insurance programs have increasingly moved away from traditional-fee-for-service models to plans that focus on whole-patient care. For seniors, an increasingly important aspect of this more holistic model includes identifying the many social barriers that keep them from seeking preventive health care.

The pandemic has only underscored the importance of identifying these challenges, known as social determinants of health (SDOH), particularly when it comes to mental health.

One recent survey conducted by CVS and Morning Consult shows that 4 in 10 respondents ages 65 and older said they experienced mental health concerns for themselves, family or friends – a 10% increase compared with 2 years ago.¹

Last year, the World Health Organization reported a quarter of Americans 65 and older were considered socially isolated,² which the Centers for Disease Control says increases a person's risk of premature death from all causes and increases the risk of dementia by 50%.³ Loneliness is also associated with higher risks of depression, anxiety and suicide, according to the CDC.

The good news: an increasing number of Americans said the pandemic made them more comfortable reaching out for mental health support, according to the CVS/Morning Consult survey.⁴ And in-home assessment programs like Optum® HouseCalls are well-positioned to help providers ensure that mental health is part of whole-patient care.



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Defragmenting proactive care with the three Cs

Using the three Cs – **complement, connect and coordinate** – HouseCalls is working to defragment care and ensure that mental health issues and other barriers to care are being addressed.

First, Optum advanced practice clinicians (APCs) complement a member's existing care, carefully reviewing their records and working closely with their primary care provider.

Second, Optum APCs connect directly with the patient, spending up to an hour in their home doing comprehensive, multi-dimensional health evaluations and screenings that focus on both the physical and SDOH.

“Along with a physical exam and a health history review, we address functional, environmental and behavioral components, of which social isolation is addressed and was prevalent during COVID-19,” said Catherine Caspary, vice president of clinical operations for the Optum HouseCalls program.

Finally, the HouseCalls practitioners coordinate with the members' primary care provider (PCP), to help develop a patient care plan, which Caspary said can include connections to social workers, care managers and local mental health and other community resources to “give them the timely help that they may need.”

“It's not just one and done. We really view this as ‘What are the next steps?’” said Isaac Michalski, a business leader for the HouseCalls program.

Identifying SDOH risk matters for better prevention

Sixty-eight percent of Americans have at least one SDOH challenge and 52% have moderate to high risk in at least one SDOH category, which can include everything from social isolation to addiction, financial insecurity and transportation issues, according to a study by Waystar.⁵

Consumers who reported SDOH stress were more likely to rate their overall health status lower than the overall population. They were also more likely to suffer from one or more chronic conditions, according to that study.

Those social risks are major factors in members' decisions to avoid or delay health care and are associated with increased odds of emergency department visits, according to an analysis of Ohio Medicaid assessment survey published in AJMC.⁶

And rising rates of social isolation and fears about the pandemic have prompted many seniors to avoid or delay health care, which the AJMC report concludes is associated with poor health outcomes and increased health care costs.

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How HouseCalls can close those risk gaps

Determining who is responsible for addressing SDOH has remained one of the biggest challenges.

Only 22% of consumers who reported SDOH indicated that they had discussed these challenges with their physician. Among high-risk members, 60% reported having never discussed their issues with a provider or insurance company, according to the Waystar survey.⁵

One reason could be that many don't realize their insurance covers mental health care.

In a survey of Medicare recipients reported by the Advisory Board,⁷ a third of respondents reported an increased sense of loneliness or isolation related to the pandemic. Nearly half reported being "very willing" to seek mental health care, compared to just over a third before the pandemic. But 6 in 10 did not know for sure if Medicare provides mental health care benefits.⁷

Nearly a third cited cost as the top reason they may avoid seeking care, followed by not understanding benefits and not knowing where to turn for help.

That's where HouseCalls, which is covered by most Medicare Advantage insurance plans, can really help.

It's an area where Adam Haddad, a business leader for the HouseCalls program, says payers and clients are increasingly inquiring about so they can better understand their members' health status and potential barriers to care.

Placing mental health at the center of home care

Social isolation, depression and anxiety among seniors have long been common struggles for many seniors but received more attention during the pandemic. That's why they have always been a key element of consideration with HouseCalls visits.

"We ask detailed questions about how they're feeling," Caspary said. "If they answer positive to questions on the depression scale, we go into more detailed questions, to understand how best to serve the member. Do they need immediate assistance? Do they need a referral? Based on responses, HouseCalls links members with behavioral services if needed and if the member is agreeable."

As appropriate, all of that information, Haddad said, is shared with the payer plan and, with the member's consent, with their PCP so that they will know immediately whether there is an urgent need, and what services and resources are available.

An April 2020 Advisory Board survey found that 8% of surveyed Medicare Advantage respondents aged 65 and over wanted their insurer to help them cope with isolation. And that was before the pandemic.⁷

Since then, HouseCalls APCs have spent a lot of time talking with members about COVID-19, even if they didn't need help with anxiety or depression.

"I think having a conversation with a health care provider makes the member feel more at ease," Caspary said. "There are a lot of questions. What's true? What's not right? There's a lot of fear out there. So having those 1:1 conversations helps alleviate some of their anxiety."

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“When you see a member in their home, the social determinants of health experienced by a member become recognizable. You can identify the struggles that these members experience that prohibit them from meeting their health care needs. It's an impactful component of our in-home program ... seeing how they live. And then asking individualized questions during our time with them based on what we are observing.”

– Catherine Caspary,
Vice President,
Clinical Operations,
Optum HouseCalls

A massive foundation built on local reach and big results

With an expansive network that can reach members, even in isolated areas, in all 50 states, HouseCalls conducted more than 2.1 million visits in 2021, with 99% member satisfaction rate.⁸

This thorough, 1:1 care that can identify critical SDOH factors provided payers with an in-depth understanding of member needs that resulted in an 86% Star gap closure rate and 95% coding accuracy.⁸

And if the APCs live in the communities they serve, they can refer members to a variety of additional local resources, from food banks, financial aid or mental health services.

“I tend to think of HouseCalls as the foundation,” Caspary said. “We go in, triage, identify the needs following the three Cs.

“We complement their regular care by identifying the member’s needs. We work with their doctors to help develop the best treatment plan. And finally, we connect them with the benefits their health plan offers and coordinate any additional local resources we can find for them.”

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