



The Harvard Medical School In-Home Program and Home Care Tapping into Accountable Care Organizations

About ClearCare


MISSION:

Empower home care agencies to operate efficiently and grow, and to improve healthcare and aging


- + Located in San Francisco, CA
- + Trusted Partner with local and large brands, including 6 of the top 10 franchises
- + Over 3,000 agencies choose ClearCare
- + \$60 million investment from Battery Ventures in August 2016



What ClearCare has been up to...



ClearCare welcomes HomeTrak to the ClearCare family



Launching ClearCareGo Caregiver Mobile App

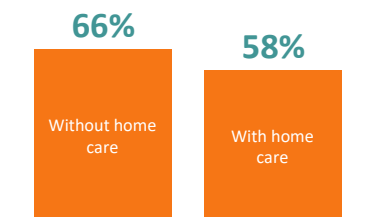


Enabling new business line capabilities with facilities and respite modules

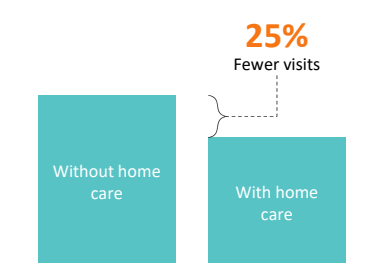
Value of Home Care

Hospital Admissions

Patients with dementia



Doctor Visits



Home Care Reduces Hospital Visits:

In one study, seniors with Alzheimer's or another form of dementia receiving paid home care had notably lower rates of in-patient hospital admissions—58 percent vs. 66 percent without home care.³⁷

Home Care Reduces the Need for Doctor Visits:

Another study found that seniors using paid in-home care reported 25 percent fewer doctor visits each year than older adults who did not have such care.³⁸

Value of Home Care, Home Care Association of America 2016

Technology and the Future of Home Care



Innovations such as fall detectors, pill reminders, and smart homes can help seniors live at home longer. Technology not only empowers caregivers in the home, but is a powerful means to support and inform family caregivers and improve care for seniors. In fact, a recent study shows that the combination of mobile technology and observations from care workers in the home can help predict 30-day readmissions, a valuable and cost-effective approach to innovative health care delivery.³⁹

Home care companies are embracing these innovations to improve the efficiency and delivery of care. Researchers at Harvard Medical School are developing software that will strengthen caregivers' ability to detect and report changes in their clients' health. The project is aimed at providing better on-

the-job tools for caregivers and ultimately prevent hospitalizations, improve health outcomes, and lower Medicare spending among private-pay home care recipients.⁴⁰

Of course, no app or smart device can provide the same care assistance as an in-home caregiver, nor can technology replace the human touch, connection, and companionship between seniors and caregivers. Personalized care will always be essential to healthy, active aging – but technology is an enabler and one way to improve overall care delivery.

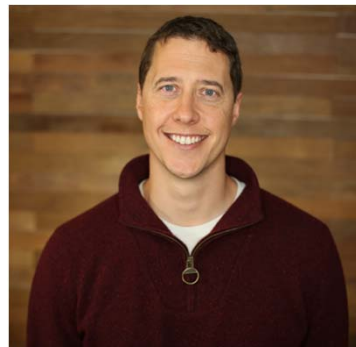
Value of Home Care, Home Care Association of America 2016

Harvard Medical School Study: “The Intervention in Home Care to Improve Outcomes”

So...why?

We are experiencing a massive demographic shift, with more older people than younger for the first time in human history. This fact, in combination with expensive treatments driving the healthcare cost crisis, is prompting a general examination of how preventative, nonmedical care might be the answer to the problem. This program will provide us with invaluable insight into how the power of home care can improve lives.

– Geoff Nudd, CEO of ClearCare



The In Home Study

1

Partnered with Right at Home and Harvard Medical School

2

Designed to help home care providers identify acute clinical changes in condition

3

Manage that condition in home to avoid a costly hospitalization

How the Program Works



Caregiver actively monitors patient's well-being.



Changes in the patient's condition are reported.

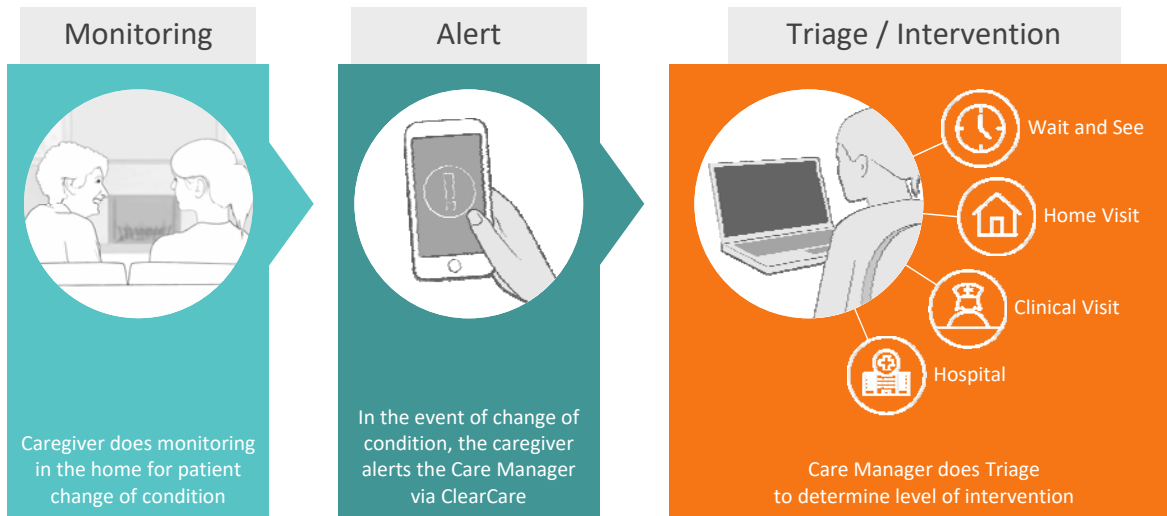


The Care Coordinator receives an alert for each status change.



Action is taken to ward off a potential health crisis.

ClearCare and Harvard Driving Care Protocols and Outcomes



Caregiver is asked at the end of the shift

“Does the client seem different than usual? Has there been a change in mobility, eating or drinking, toileting, skin condition or increase in swelling? Press 1 for yes, 2 for no.”

If 1, the full checklist is completed.

Response is routed to the Care Manager and a task is created in the ClearCare platform.

Table 1. Pilot Intervention in Home Care to Improve Health Outcomes Program: Change in Condition Clock-Out Checklist

“Does the client seem different than usual? Has there been a change in mobility, eating or drinking, toileting, skin condition or increase in swelling?” Press 1 for yes, 2 for no.

Does the client seem different than usual? (Y/N)
Does client show any reduced talking or alertness? (Y/N)
Is client newly agitated, confused, or sleepy? (Y/N)
Does the client show any signs of pain? (Y/N)

Has there been a change in mobility? (Y/N)
Has there been a change in the ability to stand or walk? (Y/N)
Has there been an observed or unobserved fall or slip? (Y/N)

Has there been a change in eating or drinking? (Y/N)

Has there been a change in toileting?
Has there been any discomfort, smell, or change in frequency associated with urination? (Y/N)
Has the client had diarrhea or constipation? (Y/N)

Has there been any change in skin condition or increase in swelling? (Y/N)
Have there been any new skin rashes or wounds? (Y/N)

Table 2. Pilot Intervention in Home Care to Improve Health Outcomes Program: Distribution of Change in Condition Tasks (n = 4,451) over 6-Month Period

Task	Percent	Task	Percent
Care recipient seems different	17.1	Reduced talking or alertness	6.9
Agitated, sleepy, confused	8.8	Signs of pain	7.2
Change in mobility (general)	8.8	Change in ability to stand or walk	9.1
Observed or unobserved fall or slip	2.5	Change in eating or drinking	14.0
Change in toileting (general)	4.5	Discomfort, smell, change in urination	1.8
Diarrhea or constipation	3.3	Change in skin condition (general)	8.0
Skin rash or wound	7.9		

Findings

1

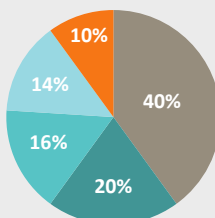
A change in condition was found in 2% of all shifts or 1.9 changes per care recipient.

2

Caregivers felt “enthusiastic about the intervention”, the checklist did not add much time to the clock-out process, and enjoyed having a larger role in the overall care of the care recipient.

3

Of the ~4,500 changes in condition, the following were most prevalent:



- Seeming different (i.e., talking or alertness)
- Mobility changes
- Skin condition changes
- Eating and drinking changes
- Toileting changes

Conclusions

By using a telephone-based checklist, caregivers in the In-Home pilot identified changes in condition in a number of domains, which can potentially be managed in the home to prevent costly hospitalizations. As a possible limitation, the program could lead to higher medical costs such as more 911 calls or physician visits. A randomized trial of the In-Home program is currently being conducted to evaluate whether this intervention affects healthcare use and outcomes of care. In the meantime, the pilot demonstrated the opportunities and challenges inherent in innovating in a new and little-studied space.



What this means for home care, ALFs and ILC

red capital group We view our clients as **partners** not transactions.

What Senior Housing Can Learn from a Harvard Home Care Pilot

August 27, 2016 by Amy Baxter

Senior living providers could benefit from a caregiver tool currently being studied by Harvard Medical School, designed to help improve outcomes for private duty home care recipients.

While home care plays a crucial role in reducing avoidable hospitalizations, senior living operators have similar goals of keeping residents healthy and avoiding costlier care. The study, which was conducted over six months in early 2016, found that caregivers who utilize a short checklist about their patients' conditions were able to report a number of changes that could result in more serious care interventions if left untreated. While the study looked at home care patients, residents living in senior living communities could similarly be tracked for changing conditions, the study's authors say.

"The study is a real checking of changes in conditions in real-time versus the periodic of private duty home care," David Skrabowicz, PhD, one of the authors of the study and a professor of health care policy in the Department of Health Care Policy at Harvard Medical School, told Senior Housing News. "We know lots of senior living residents

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Harvard Pilot Proves Value of In-Home Care Checklist

By Amy Baxter | August 18, 2016

A new intervention tool that aims to reduce hospital readmissions among home care patients has found some initial success in a recent pilot study approved by Harvard Medical School.

Hospital readmissions are one of the costliest expenses across the health care system, and home care can play a big role in reducing avoidable readmissions. The study, which was conducted over six months in early 2016, found that caregivers who utilize a short checklist about their patients' conditions were able to report a number of changes that could result in more serious care interventions if left untreated.

The study looked at 22 offices with Right at Home (RAH), a home care company with more than 310 offices in 45 states. The company operates on a franchise model, and offers three levels of care, including companion, personal care, and skilled care.

Read more: [Can you get your business really growing?](#)

Caregivers were required to clock in and clock out of a web-based software platform by ClearCare that operates for shift scheduling, integrations, laboring for some of care reporting, time management, and other managerial functions. The check-in moments, which were designed at the beginning and end of a shift for payroll purposes also included a checklist about their patients.

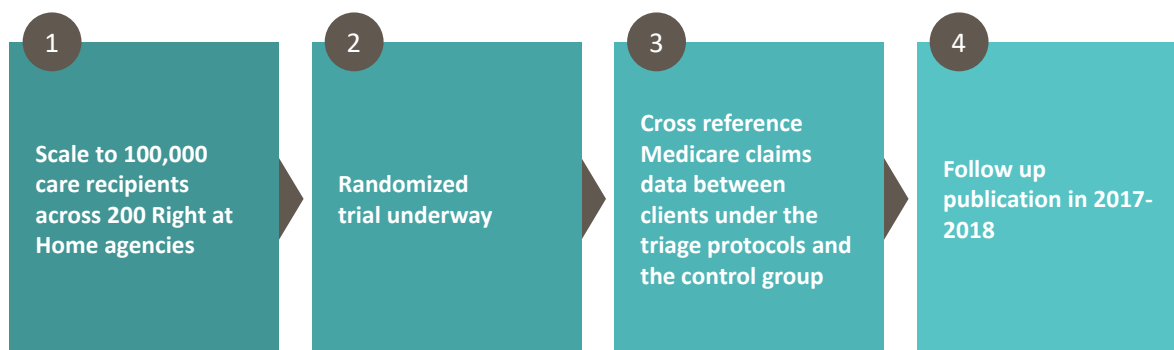
Check-in, Check-out

Read Now
brightree.

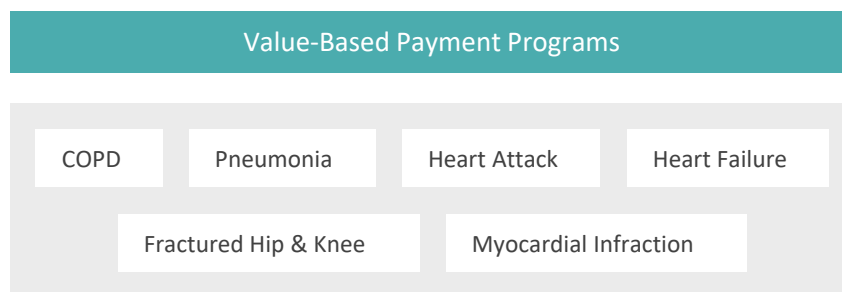
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The Future of the Study



Do You Know Your Numbers – Track & Promote Your (Re)Hospitalization Rate



What all of this means for the future of Home Care



Thank you!