



 **Home Health Care** News



## FUTURE IN FOCUS

Executive interviews on the outlook for home-based care



**DAN SAVITT**  
President and  
CEO  
*VNS Health*

*Patrick Filbin, September 06, 2023*

With its organizational roots stretching back roughly 130 years into the past, New York-based VNS Health has long been an innovator in the home-based care field.

Today, much of that innovation has come in the form of behavioral health integration across both the medical and social aspects of care, according to VNS Health President and CEO Dan Savitt.

In this Future in Focus interview, Home Health Care News goes one-on-one with Savitt to learn all about that integration push. During the conversation, Savitt also discusses some of the pitfalls in contemporary value-based care arrangements, which sometimes lead home health agencies at the bottom of the proverbial pyramid.

**HHCN: To start, I'll ask you to look back over the past few years to the very beginning of 2020. From then until now, how would you describe the overall progress home-based care has seen in the U.S. – and what are some of the best examples of that advancement?**

**Savitt:** During the height of the pandemic, certainly the awareness of how important home-based care is to the system and what it became was absolutely critical. It was really nice to see a long-deserved recognition of the critical nature of care in the home, managing care transitions and the importance of post-acute care.

That was the first good thing that happened in a very difficult time — the recognition of how important care in the home is to the overall health care system. The second is that we made some progress on telehealth and how to incorporate telehealth in our home-based models. Now, we haven't progressed like we should, but certainly that was helpful.

For us, home-based care includes the behavioral health component, so we saw an increase of focus, funding and an introduction of new programs in behavioral health. In addition to that, the integration of behavioral into the medical and the social. That was absolutely important for us, as a country really, to start to have more conversations and more integration of behavioral health and mental health in all the work that we do. That's especially when it comes to bringing care into the home and taking care of aging populations.

I would say we saw some good efficiencies by leveraging remote training, more workforce flexibility, the use of machine learning and AI in our care models and in our workflows.

### **In what ways has your own organization advanced during this period?**

**Savitt:** I would say a couple of things. One is that we have made a lot of investment and expansion in our own behavioral health programs — both direct care and care management on the mental health side — and we've integrated that into our home care services. We have certainly made some big advancements and been able to introduce new programs into the marketplace.

The second focus we've had — and where we've had some real improvement — is the consumer experience. We're seeing this across the health care landscape, which I'm really happy about. We're starting to shift away from a system that's primarily focused on the payer and provider, and starting to focus on that consumer journey through the health care system.

We've made some good progress, not great, but we certainly hope to make great progress over the coming years as it relates to that.

The last thing I would point out is that we've really focused in and have executed on developing new partnerships and using strategic investments to expand our mission beyond what we do and beyond New York state. We've had a particular focus on the end of life and managing that end-of-life process. And so we're pretty excited about those types of advancements that we've made.

### **Looking ahead, what is the single most important thing that needs to happen in order to further accelerate home-based care in the U.S., and why?**

**Savitt:** We need reform — both payment and regulatory — and it needs to align with addressing both the staffing shortage and these new models of care, including the use of telehealth and remote patient monitoring, those types of technologies.

Largely today, innovations in these new models of care aren't aligned well with the way the payment mechanisms are, or the way the regulatory environment is.

We've really got to tie payments to outcomes. We talk about this a lot, this idea of value-based care, but I think it's beyond value-based care. It's recognizing that you can't just continue to cut home care spending and not

recognize that the small sliver of dollars in the overall budget for health care drives big savings on the inpatient side and related expenses.

The way that CMS is set up, as an example, is that they are siloed. You get the people who work on home care, the people who work on facilities and the people who are working on physicians, and they're siloed. When they look at the payment/regulatory environment, they need to start giving credit to the value of home care and start to take the savings out of one silo and push that into investments in the home care silo.

**What emerging technology trend do you see disrupting home-based care most over the next 5 years, and why?**

**Savitt:** That's a great question. I would say there are those that are disrupting and those that are supporting. Disruptive technologies, well, I'm excited about how they support driving better care in the home. The first would be continuing to identify where people are at-risk before they're hospitalized. We can use a combination of data to identify the risks and incorporate information we get from the technology, such as remote patient monitoring, and then build that into workflow. I'm really looking forward to technology supporting us getting on top of care earlier, with the end goal of helping people avoid hospitalization.

The next is really around ensuring that our workforce has a much more efficient way of using technology to communicate with each other — both in and outside of home care. For example, nurses and other clinicians, and non-clinicians, doing work in the home, being able to connect back readily to a physician. That will move the care forward quicker. Technologies that help us to communicate more effectively are absolutely critical. We've seen significant advancements in capturing the point that someone enters the hospital, feeding that back to the care teams, so that we can improve post-acute or ED discharge much more effectively.

**What degree of progress has the home-based care field made in communicating their value to payers, in your view?**

**Savitt:** When we talk about home-based care, there's traditional home health, hospice care, primary care and then new models like hospital at home and things like that. I think it's important for us to distinguish all those things.

When I think about traditional home health, we've really made — as an industry — little progress in terms of getting paid for value. VNS Health is a payer as well. We know payers recognize that there is value in post-acute care. We know that because we see large payers vertically integrating, including some of the most recent acquisitions of some large home-based care organizations. That hasn't changed the overall trajectory of getting paid for that value.

I've talked publicly about this a lot. When the payer that holds the money is pushing the risk down to providers, and ACOs and other risk-bearing entities, that makes it very difficult for post-acute providers to be able to play in the system. Because now I've got to go to each payer, and each payer has several different product lines, and I have to have contracts around value for each one of those. And if they've pushed risk down to primary care doctors, now I've got to work with the payer and the primary care doc, and if you multiply that out, you get to 20 or 30 relationships that I have to develop as a single home health organization.

So in traditional home health, not a lot of progress has been made if you don't have significant market share.

**Looking ahead again, what's on your advocacy to-do list for the rest of 2023?**

**Savitt:** If I just focus on the home health side of our business lines, we're not only joining but trying to lead the fight to stop these CMS cuts and the attempts to continue to erode the home health benefit, which would negatively impact access to care.

I'm going to spend a lot of time, both on a federal level and a state level, talking about health equity. That gap is widening, both in rural and urban areas. The policies that are in place today and the policies that continue to be pushed forward are not aligned with closing the health equity gaps.

We're going to be alongside everyone else around the legislation being circulated in Congress to ensure that we can stop cuts from happening. Instead of cuts, we need to start recognizing the value of home care. And I'm going to do that on the platform of reducing health care disparities. We have a lot of work to do on the state side to support what we call home health deserts and hospice deserts. We have to work on addressing the lack of staffing, the lack of opportunities, and we also have significant problems with transportation and safety. We're working at all levels to try to improve access – and we've got a lot of work to do.

**What trends, challenges or opportunities do you see helping – or hindering – the advancement of home-based care over the next 12 months?**

**Savitt:** Well we know what the challenges are: staffing, payment reform, and getting paid for the work and the value home care is driving.

As far as a trend, I talked earlier about the consumer journey. We talk internally about, "How do we make health care simpler to understand, easier to access and much more meaningful for the people that we're serving?" We're focused acutely on the patient, the member and the consumer.

We're going to leverage AI and other assets within our data-science community, to do a better job of predicting and managing risk. Those technologies can help us do a better job of identifying where our patients are struggling while showing us how we can get in and get on top of their problems.

We're going to be innovative, not only internally, but we're going to take what we know are strong, evidence-based models and create financial partnerships, investing more with organizations to continue advancing some of these models so that we can keep innovating.

***HHCN is an independent source for breaking news and up-to-date information on the senior in-home care industry. Their coverage spans the home care world specifically, from large, national service providers to independent care companies. Their news and perspective gives industry professionals the information they need to make the best decisions in their day-to-day business operations. HHCN has 636,710 monthly visitors.***