

VA



U.S. Department
of Veterans Affairs

South Texas Veterans Health Care System HBPC



WHO ARE WE

Home-Based Primary Care (HBPC) serves the chronically ill by providing primary healthcare services, disease management and coordination of care in the residential setting for veterans. Care can be provided in the home or assisted living facility environments.



HBPC personnel is a Patient Aligned Care Team(PACT) who provides primary interdisciplinary care services for veterans identified as high risk with serious medical conditions for whom routine clinic-based care is not effective or may not be possible.



HBPC PACT provides all primary related healthcare services to Veterans. Each PACT includes:

HBPC PACT	
Doctor or Nurse Practitioner	Registered Nurse
Dietitian	Physical Therapist
Social Worker	Psychologist
Pharmacist	Respiratory Therapist



Veterans enrolled in HBPC remain eligible to receive other healthcare related services to ensure they are receiving the highest levels of care to meet their health needs.



Other agencies or VA programs providing care to HBPC enrolled veterans must meet service related contractual obligations when furnishing services. Examples include but is not limited to:

- Palliative**
- Hospice**
- home health**



HBPC – VS - MEDICARE

HBPC	MEDICARE
Longitudinal	Episodic
Comprehensive care	Focused Care
Interdisciplinary	Individual staff
No skilled need required	Skilled need require
Doesn't have to be homebound/immobile	Home bound



WHO SHOULD BE REFERRED

Veterans for whom routine clinic-based care is no longer effective. This may include:

- **Impaired mobility due to disability or functional limitations**
- **Inability to cope with clinic environment due to a physiological or psychological restrictions or impairment**
- **Recurrent hospitalizations or ER visits due to poor management of chronic condition/s**
- **Patients with complex debilitating diseases who would benefit from nursing case management to enhance quality of life (i.e. MS, ALS)**



WHO SHOULD NOT BE REFERRED

Veterans whose primary need is psychosocial

Veterans whose primary need is skilled care

Veterans whose home environment is unsafe
for the individual and staff

Veterans who require a higher level of care
above home setting

i.e., Assisted Living facility/ Medical Foster
Home/ Nursing Home



CONSULT PROCESS

HBPC Medical Director/Program Director determines if the referral is appropriate and accepts or rejects consult

Nurse Manager/Assistant Nurse Manager reviews the veteran's chart and assigns a HBPC RN Case Manager

HBPC RN Case Manager completes a Pre-Admit evaluation

RN Case Manager presents the veterans information to the HBPC team during the weekly Interdisciplinary Team (IDT) meeting and the team decides whether or not the veteran is to be admitted

If admitted, the RN Case Manager and MD/NP will go to the veteran's home to assess for admit. If the veteran is not admitted, a note describing why is placed in CPRS and the veteran's current PCP is notified

Veterans may be referred from any site of care

No service connection is required

Co-Pay is commensurate with level of service connection



WHERE DO WE GO

Patients residing within the following catchment areas can be served by an HBPC PACT:

- **Area 1: 45 mile radius from ALM**
- **Area 2: 80 mile radius from North Bexar Clinic**
- **Area 3: 70 mile radius from KMC**
- **Area 4: Del Rio and Surrounding areas**



For additional information you may contact:

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Thank you