



At Home Harmony Patient Case Study #1

Deborah Smith

Background: Deborah, 72, was hospitalized for acute kidney failure and dehydration. She also has a medical history of diabetes, hypertension, depression, mild cognitive impairment, and chronic low back pain. Patient had not seen a primary care provider in more than 2 years due to transportation difficulties.

Key Information

Location: Mechanicsville, VA

Family: Widow with no relatives nearby. Stepson lives in California and they do not speak often.

Medical Utilizations in Last Year: ED visits followed by one post-acute rehab stay due to fall and fractured wrist.

Income: \$1,600/month

Deborah's Needs

- Coordinated, covered medical care in the home on a frequent basis
- Covered pharmacy delivery
- Home health services
- Financial support for any out-of-pocket medical costs
- Possible personal care support for ADL assistance
- Transportation services for specialist visits

Deborah's Challenges

- No primary care provider at time of discharge
- Homebound; lack of transportation
- No family support system
- Lives alone
- Lack of savings for additional support and out of pocket medical expenses
- Multiple chronic conditions

Deborah's Experience with the At Home Harmony Model



Coordinated Home-Based Medical Care

Deborah receives a comprehensive assessment including cognitive assessment and development of care plan with her AHH medical care team which includes frequent (minimum monthly) home-based medical visits.



Ongoing Monitoring & Support

AHH Nurse Care Concierge checks in with Deborah weekly. Deborah also has number to call care concierge or provider 24/7 for assistance/triage. Remote blood pressure monitoring is set up and AHH nurse monitors daily.



Medication Management

Deborah begins home-based pharmacy services with pharmacist consultation and monthly pharmacy delivery to help maintain her correct medication schedule and prevent polypharmacy.



Referral & Coordination

AHH Medical provider refers Deborah to appropriate home health services and needed specialist. Nurse Care Concierge helps with transportation assistance and additional community-based service needs.



At Home Harmony Patient Case Study #2

Juan and Carmen Mendoza

Background: Juan, 84, has atrial fibrillation, moderate cognitive impairment, COPD, and is unable to perform some basic ADLs alone. Carmen, 82, was the caregiver for Juan until she had a fall and broke her right hip. She has been in a post-acute rehab (discharging soon), and Juan has been temporarily cared for by daughters and neighbors. His daughters live in a different state with their own families. Juan and Carmen have not been to a primary care provider in over a year and the next available appointment is in 4 months. Transportation is a challenge.

Key Information

Location: Chester, VA

Family: Extended relatives nearby. Children live 3-4 hours away in other states. They have many friends.

Medical Utilizations in Last Year: Juan, for a fall – concussion; Carmen for the hip fracture.

Income: \$3,000/month

Mendozas' Needs

- Coordinated, covered medical care in the home on a frequent basis
- Covered pharmacy delivery; medication management
- Home health services
- Financial support for any out-of-pocket medical costs
- Possible personal care support for ADL assistance and dementia assistance
- Transportation services for specialist visits
- Chronic condition management

Mendozas' Challenges

- No primary care provider appointment at time of discharge
- Decreased mobility
- Homebound; lack of transportation
- Limited long-term family support system or ability to care for both patients
- Lack of savings for additional supports and out of pocket medical expenses
- Multiple chronic conditions

Mendozas' Experience with the At Home Harmony Model



Coordinated Home-Based Medical Care

Both Juan and Carmen receive a comprehensive assessment including cognitive assessment and development of care plan with AHH medical care team which includes frequent (minimum monthly) home-based medical visits.



Ongoing Monitoring & Support

AHH Nurse Care Concierge checks in with Carmen weekly about her and Juan. Carmen also has number to call their care concierge or provider 24/7 for assistance/triage.



Medication Management

The Mendozas begin home-based pharmacy services with a pharmacist consultation and monthly pharmacy delivery to help maintain correct medication schedule and prevent polypharmacy.



Referral & Coordination

AHH Medical provider refers Juan and Carmen to appropriate home health services, home based OT/PT/ST, and needed specialists. Nurse Care Concierge helps with transportation assistance and additional community-based service needs including dementia support services and personal care aide assistance.