

INTRODUCTION TO THE MOVING HEALTH HOME COALITION

March 31, 2021





**WORKING TO MAKE THE HOME A
CLINICAL SITE OF CARE**

ABOUT US

Moving Health Home (MHH) is a coalition made up of stakeholders working to change federal and state policy to enable the home to be a clinical site of care.

Today, we have an opportunity to shape the future of health care as policymakers, thought leaders, providers, health plans and patients absorb the lessons and experiences of the COVID-19 pandemic.



[@movehealthhome](https://twitter.com/movehealthhome)



www.movinghealthhome.org

OUR MEMBERS

 *Moving Health Home*
An Alliance to Advance Home-based Care Policy



MISSION STATEMENT

Through a combination of evidence collection, policy development, message crafting, direct advocacy, coalition building, events, webinars and media outreach, MHH seeks to develop a path forward to integrate the home as a site of clinical care for patients across the acuity spectrum in Medicare, Medicaid and commercial insurance.



WHAT IS CARE IN THE HOME?

Services include a full complement of hospital-level and non-emergency services, and include preventive services, chronic disease management, monitoring services, personal care services, and a full range of non-acute services such as annual wellness visits, routine patient care visits, laboratory services, and more. Although services in the home are traditionally associated with services provided by home health agencies, our members believe that we have just scratched the surface on services that can be rendered in the home.



Improves Quality

- Lowers chance of unnecessary hospitalizations and emergency department visits
- Reductions in 30-day hospital readmissions
- Fewer complications
- Decreases mortality rate



Lowers Costs

- Data shows that home-based care is a more cost-effective option
- Produces value that reduces federal spending
- Reduces costs for patients and risk-bearing physicians and health plans



Boosts Patient Satisfaction

- Improves patient compliance (e.g., medication adherence)
- Increases physical and emotional quality of life
- General satisfaction improvement (e.g., morale, comfort, convenience)
- Studies also show older adults prefer to age in place



POLICY PRIORITIES



Expand the services covered in a home-based setting

Advocate for Medicare coverage of higher-acuity home-based services, such as emergency services, for which there is evidence of successful care delivery under private-sector models.



Retain important “Hospital without Walls” site of care flexibility to support home-based hospital services

Advocate for permanent flexibility to transfer or treat patients in home-based settings, when preferred by the patient and clinically appropriate.



Ensure equal access for seniors through fair reimbursement for home-based evaluation and monitoring codes

Advocate for these codes to be valued in the same manner as an E/M code in the CY 2022 Medicare Physician Fee Schedule, simultaneously advocating to address this issue on the Hill through any effort to reform or eliminate the budget neutrality requirement.



Advocate for a bundled payment model for extended care in the home.

Advocate for the creation of an extended care benefit that would serve as a home-based alternative for skilled nursing facility care. This model could help patients recover at home while potentially improving cost and quality outcomes.



Encourage greater flexibility for home-based care services to meet commercial and Medicare Advantage network adequacy standards.

Advocate for access to home-based care services for high-cost, high-need patients and explore opportunities to further advance a national conversation around increasing access to home-based care services when needed by patients.

HOW WE WILL IMPLEMENT OUR MULTI-PRONGED APPROACH TO REFORM

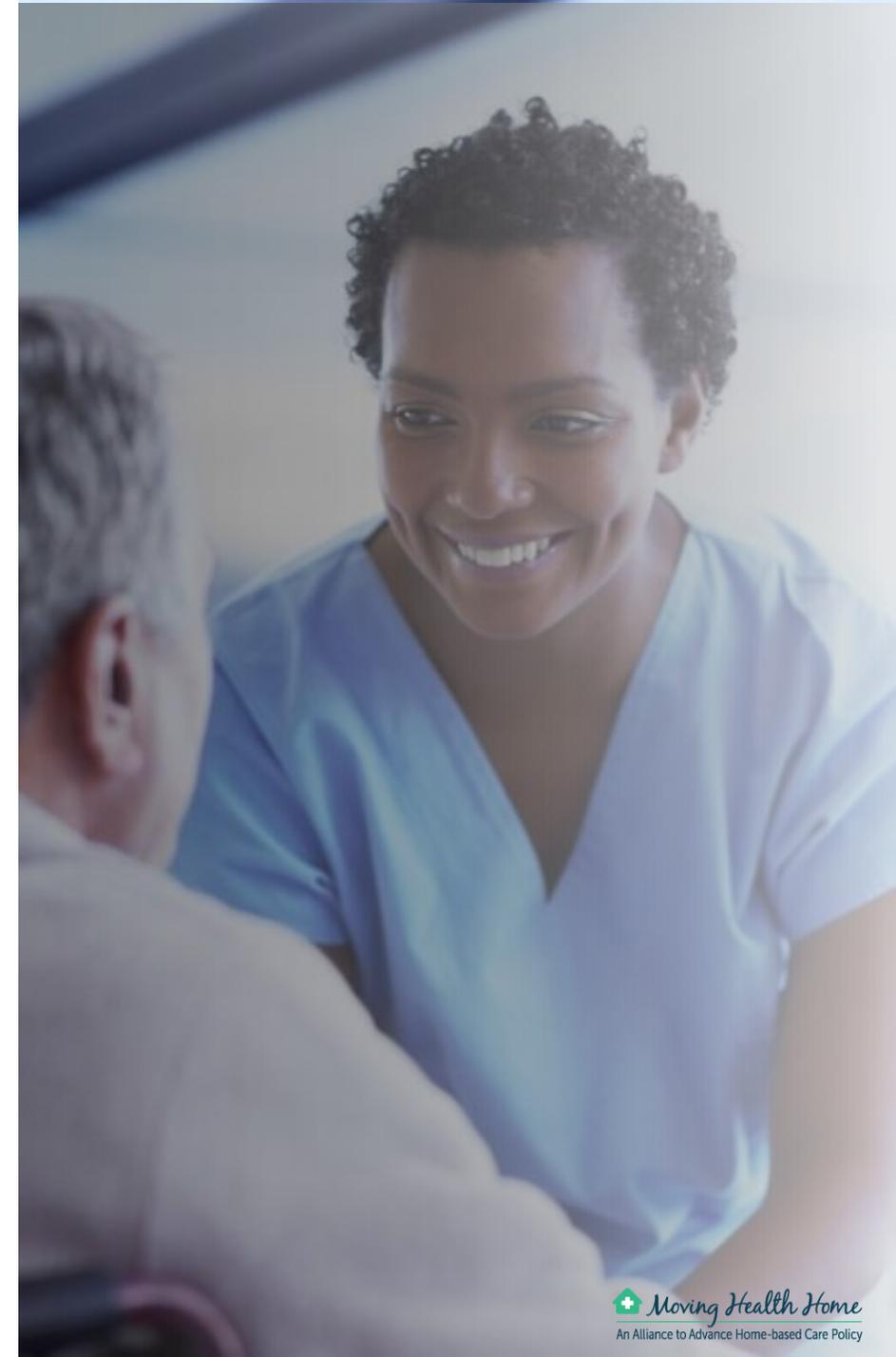
To accomplish our policy agenda, as agreed upon by the Board, MHH staff will:

- Develop **materials** and messaging
- Incorporate research and **evidence** wherever possible
- Determine what can be accomplished through **CMMI models** and what should be legislated
- Draft **legislation** or seek to amend existing legislation
- Cultivate legislative **champions** in both chambers of Congress
- Lobby **Executive Branch** officials, including CMS/CMMI, WH DPC, WH NEC, OMB
- Educate Hill staff, **MedPAC, MACPAC and OMB**
- **Partner** with like-minded stakeholders
- Engage in **thought leadership** and seek thought leadership opportunities for Board members



Governance & Operating Principles

- Informal coalition run out of the offices of Sirona Strategies
- Flat structure
- Governed by consensus where possible on all policy and significant budget questions
- Goals set at the beginning of each year
- Monthly Board meetings will be held to report on progress with interim meetings and sub-working groups as necessary
- Individual members have access to MHH staff to seek information or guidance
- Cost of membership is \$25,000 for one year



MOVING HEALTH HOME STAFF MEMBERS



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QUESTIONS & NEXT STEPS

