



June 2, 2021

The Honorable Ron Wyden
Chair
Senate Finance Committee
Washington, DC 20515

The Honorable Mike Crapo
Ranking Member
Senate Finance Committee
Washington, DC 20515

Submitted electronically to statementsfortherecord@finance.senate.gov

RE: Moving Health Home Testimony for Senate Finance Committee Hearing on COVID-19 Health Care Flexibilities: Perspectives, Experiences, and Lessons Learned

On behalf of [Moving Health Home](#) (MHH), we appreciate your thoughtful consideration of the COVID-19 flexibilities that allow clinical care to be provided in the home during the Committee’s hearing entitled, “COVID-19 Health Care Flexibilities: Perspectives, Experiences, and Lessons Learned” held on Wednesday, May 19, 2021. MHH is a coalition of pioneering health care organizations with a bold vision to make the home a site of clinical service. We are thankful for the opportunity to submit testimony outlining the need for a temporary extension of the Hospitals Without Walls (HWW) flexibilities to collect additional data and lessons learned. However, a comprehensive Hospital at Home model is needed to fully leverage the promise of home as a clinical site for care.

We ask that Congress temporarily extend the HWW program for an additional two years while simultaneously authorizing a permanent model that allows hospitals to deliver inpatient hospital services to Medicare beneficiaries at home.

The value of home care was demonstrated during the COVID-19 pandemic, as continued to be seen as hospitals leverage temporary waivers to offer a greater range of inpatient services in alternate sites of care, including the home. To date, more than 100 hospitals have leveraged temporary authority to deliver care outside their four walls; 132 hospitals and 58 health systems across 31 states are delivering care to patients in their homes through the Acute Hospital Care at Home (AHCAM) waiver.^{1,2} Hospital at Home programs have been studied for decades both in the United States and internationally. The research overwhelmingly demonstrates that Hospital at Home programs are at least as safe as traditional in-patient care, improve clinical outcomes and patient satisfaction, and reduce the total cost of care.

¹ <https://qualitynet.cms.gov/acute-hospital-care-at-home/resources>

² <https://www.gao.gov/assets/gao-21-575t.pdf>

Background: Hospitals Without Walls Flexibilities and Acute Hospital Care at Home Waiver

In March 2020, the Centers for Medicare and Medicaid Services (CMS) introduced the **Hospitals Without Walls (HWW)** initiative, which provided broad regulatory flexibility for hospitals to provide services in locations beyond their existing walls. This temporary, blanket waiver authority is focused on reducing hospital capacity to better address COVID-19.

Later that year in November, CMS announced the **Acute Hospital Care at Home (AHCAH)** program that would cover hospital-level care at home for Medicare fee-for-service (FFS) beneficiaries at approved sites. This temporary, individual waiver requires that prospective health systems apply to the program and are subject to approval by CMS based on their ability to meet certain requirements. The HWW initiative built the foundation for the AHCAH program, operating sequentially.

Comprehensive Hospital at Home Model is Needed

With the help of nearly 25 leading health care organizations and experts in the field, MHH is advocating for legislation that would permanently implement a Medicare Hospital at Home program, which is currently in draft form. MHH's proposal is built on decades of research and would allow for sustainable, long-term adoption of inpatient services at home designed to improve patient experience and outcomes, reduce federal spending, and increase access and patient choice.

That said, MHH asks that Congress temporarily extend the HWW program for an additional two years while simultaneously authorizing a permanent model that allows hospitals to deliver inpatient hospital services to Medicare beneficiaries at home. While MHH is supportive of a two-year extension of the HWW flexibilities, including the AHCAH program, we believe it is not the correct long-term solution for broad adoption of inpatient services at home for the following reasons:

- **We Should Not Build Programs Based on Waivers** – Temporary waivers are a bridge to enable care in the home to continue for a time-limited period post-pandemic, but do not fully leverage the promise of home-based care. They continue to rely on fee-for-service payment, while our goal would be to integrate a value-based mechanism into the program.
- **Hospital at Home Models Reduce Costs** – Home care models that combine inpatient hospital services with post-acute care post-discharge from the home can result in 44 percent lower total cost of care.³ In general, Hospital at Home programs have realized savings of 30 percent or more per admission, while maintaining equivalent or better outcomes.⁴
- **Hospital at Home Models Improve Quality** – Quality results for care in the home are comparable to or better than those realized for facility-based care. Published data of Hospital at Home programs from across the US demonstrate reduction in average length of stay by one-third,

³ <https://www.carecentrix.com/news/avalere-report-finds-carecentrix-model-of-post-acute-care-lowers-total-cost-of-care-by-improving-outcomes-and-reducing-readmissions-ed-visits>

⁴ <https://pubmed.ncbi.nlm.nih.gov/16330791/>

readmissions by 24 percent, mortality by 20 percent, complications (e.g., delirium and falls), and emergency department visits.^{5,6,7,8}

- **Consumers Prefer to Receive Care in the Home** – The pandemic has taught us that home-based care is preferred by many patients. According to a recent study, 61 percent of seniors would like to receive healthcare services in their home.⁹ Long before COVID-19, evidence pointed to home as a preferred site of care, including a study that found three in four adults 50 years and older would prefer to age in their homes and communities.¹⁰
- **Pandemic Experience has Further Demonstrated it is Safe to Provide Care in the Home** – The pandemic caused an explosion of home-based care, in part due to regulatory flexibilities such as the AHCAH waiver. Early data comparing pre-pandemic to now show that utilization of home-based services, such as home visits, has increased sevenfold in some cases.¹¹ These experiences demonstrate that care in the home is possible and safe.

Building on the longstanding evidence base, the success of delivering more care at home during the pandemic, and patient preference for home-based care, Congress has an opportunity to act by temporarily extending the HWW program for an additional two years while simultaneously authorizing a permanent model that allows hospitals to deliver inpatient hospital to Medicare beneficiaries at home.

Thank you again for holding this important hearing and for your thoughtful deliberation on how your committee can enable Americans the freedom to choose home as a clinical site of care. We look forward to working with you on this critical effort. Please contact Jeremiah McCoy at jmccoy@movinghealthhome.org with any questions.

Sincerely,



Krista Drobac
Founder
Moving Health Home

⁵ <https://www.commonwealthfund.org/publications/newsletter-article/hospital-home-program-new-mexico-improves-care-quality-and-patient>

⁶ <https://www.acpjournals.org/doi/10.7326/M19-0600>

⁷ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6143103/>

⁸ <https://pubmed.ncbi.nlm.nih.gov/16330791/>

⁹ <https://www.signifyhealth.com/blog/for-older-americans-the-home-must-become-a-choice-for-patients>

¹⁰ <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>

¹¹ <https://academic.oup.com/gerontologist/article/61/1/78/5921231>