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

August 22, 2022

Submitted electronically via: http://regulations.gov/

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS-1768-P: Medicare Program; End-Stage Renal Disease Prospective Payment System

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to submit comments on the proposed rule for the Calendar Year (CY) 2023 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS).

Moving Health Home (MHH) is a coalition of health care organizations with a bold vision to make the home a site of clinical service. Our members share in the belief that experience during the pandemic has accelerated the day when care in the home is an accessible option for patients.

For our members, clinical care in the home refers to a spectrum of health services provided in the home or place of dwelling outside of a facility, such as hospital-level or acute care, primary care office, skilled nursing and therapy services, and hospice. It can mean a house call from a primary care doctor or nurse, a physical therapy session, a laboratory and diagnostic service, a home infusion, or a full complement of hospital-level services.

At the core, we want to remove regulatory barriers to ensure all patients may choose to receive clinical care in the home and take advantage of the convenient, high-quality care that comes when patients receive home-based care. Importantly, we believe that care in the home contributes to health equity by giving historically disenfranchised populations the option to receive care on their own terms. Providers will be guests in the homes of patients with the institutional aspects of the health care "system" taken away, which promotes trust and communication.

Home dialysis is significantly less expensive than intuitional care, with higher quality and rates of patient satisfaction. Studies have indicated that home dialysis results in cost savings, as home dialysis patients have fewer complications and hospitalizations than in-center patients. Ultimately, we believe that patients should have the opportunity to choose the best site of care for their medical needs and preference, whether that be in the home or the facility.

In our response, we advocate for CMS to allow for Acute Kidney Injury (AKI) patients to receive hemodialysis or peritoneal dialysis at home, when medically appropriate and preferred by the patient. In addition, we ask that CMS reimburse for home training for patients.

Allow for AKI Patients to Select Home Dialysis

As you know, in the CY 2022 ESRD PPS, CMS issued a request for information to seek feedback on whether patients who are discharged from the hospital with dialysis-dependent AKI should be able to receive dialysis at home. Unfortunately, CMS did not move forward with any proposals to allow AKI to select home

dialysis, despite far-reaching support from across the dialysis community. **MHH asks that CMS reconsider policy to permit home dialysis for AKI patients when appropriate, as determined by the nephrologist in consultation with the patient in future rulemaking.**

During the public health emergency (PHE), waivers have been granted via the Acute Hospital Care at Home (AHCAH) program that allows hospitals to provide inpatient-level care at home. The AHCAH program does not limit hospitals in terms of the acute conditions that are eligible to be treated in the home. That said, home dialysis for AKI is allowable if the patient was admitted to the hospital and is determined to need inpatient care. However, when an AKI patient is stable enough to be discharged from the hospital, they are required to go to an in-center dialysis facility three or more times per week to receive their dialysis treatments instead of remaining at home.

The experience of the pandemic has shown the importance of the home dialysis modality, and that acute care at home is a safe, effective, and cost-saving alternative to facility-based care. We know that home dialysis modalities are safe options that also help reduce overcrowding of hospitals, which has been a major challenge during the pandemic. Additionally, AKI has been a complication of COVID-19 increasing the number of patients who need acute dialysis. While stable enough to be discharged as an inpatient, many AKI-D patients may still need more frequent monitoring and/or assistance. Both dialysis and these ancillary services can be accomplished in the home. The pandemic has accelerated new technology that has allowed for real-time remote patient monitoring for providers to see vital signs and treatment data for their patients as if they were under inpatient dialysis care.

Reimbursement for Home Training for AKI Patients

The timeframe for recovering kidney function is often unknown. That said, there is an opportunity for AKI patients to be trained for home or self-care dialysis at home. For those patients who do not recover, this reduces dependence on health care staff and provides a smoother transition to home hemodialysis or peritoneal dialysis for AKI patients. **In future rulemaking, MHH recommends that CMS considers reimbursement for home and self-care training sessions provided to AKI patients.**

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Thank you for considering our comments. We welcome the opportunity to provide further feedback on how to achieve our shared goals. Please do not hesitate to reach out to Jeremiah McCoy at jmccoy@movinghealthhome.org with any questions regarding our comments or if we can be a resource to you in any way.

Sincerely,

Krista Drobac

Krista Drobac
Moving Health Home