October 15, 2023

Submitted via email to: hbcr.health@mail.house.gov

Chair Michael C. Burgess, M.D.
Health Care Task Force
House Budget Committee
204 Cannon House Office Building
Washington, DC 20515

RE: House Budget Committee Health Care Task Force Request For Information

Dear Chair Burgess and Members of the Health Care Task Force:

Thank you for the opportunity to submit input on addressing solutions to improve outcomes, reduce federal health care spending in the budget, and opportunities to build upon the Congressional Budget Office's (CBO's) ability to project the impact of health care policies.

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 over the last several years 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.

MHH believes that broadened access to care in the home has the potential to improve patient outcomes and lower health care spending. We are focused on a couple of policy priorities to that end: The Expanding Care in the Home Act, H.R. 2853 (ECHA) and the Acute Hospital Care at Home Initiative, authorized through Section 4140 of the Consolidated Appropriations Act of 2023, H.R. 2617. H.R. 2853 provides a policy framework for services that can be provided within the home for patients, and the Acute Hospital Care at Home Initiative allows eligible patients to be admitted to "hospital-at-home." Patients admitted to hospital-at-home can receive an in-patient level of care within the home. Below, we expand upon recommendations that we believe should be taken into consideration when developing legislative solutions to improving patient outcomes and lowering health care spending.

<u>Expanding Care in the Home Act</u>

In-Home Primary Care

Access to in-home primary care may reduce costs, while allowing patients to receive care where they are most comfortable. One study focused on Medicare found that an in-home primary care program reduced costs by approximately $6,500 per beneficiary.[1] Given this, MHH recommends creating capitated arrangements to allow primary care providers to better care for patients in the home without the constraints of fee-for-service (FFS) billing and documentation. These visits may happen via telemedicine or telephone check-ins with a physician, or nurse, group, and home visits. Identification and care management of high-risk patients and integration of mental health services may also be considered.

H.R. 2853 would direct the Health and Human Services Secretary to allow PCPs enrolled in Medicare Part B to elect to receive a monthly capitated payment for Primary Care Qualified Evaluation and Management Services (PQEM) as an alternative to FFS reimbursement. MHH believes that this care model would increase access to primary care while reducing costs to the health care system.

Home Infusion

Home infusion services can deliver significant cost savings while delivering comparable quality to facility-based infusion services. One study found that home infusion costs were between $1,928 and $2,974 lower per treatment course.[2] It also found that home infusion patients experience as good or better clinical outcomes, with no higher likelihood for adverse events.[3]

To continue expansion of access to home infusion, the Medicare reimbursement structure must be completed. MHH recommends establishing Medicare Part B coverage of services and supplies associated with the delivery of home infusion. Currently, Medicare Part D covers the cost of most home infused drugs, but excludes the services associated with the delivery of the drugs, including equipment, supplies, and administration. CMS has determined that it does not have the authority to cover infusion-related services, equipment, and supplies under Part D. As a result, Medicare beneficiaries must travel to a hospital or other facility to receive infusion services. H.R. 2853 would require Medicare Part B to cover the services and supplies associated with the delivery of home infusion.

Home Dialysis

One analysis of Medicare beneficiaries found that patients who received in-center dialysis saw costs of 11 percent more than those who received home-based dialysis, and that patients receiving home-based dialysis had similar outcomes, while having greater autonomy and improved quality of life.[4] H.R. 2853 includes the Improving Access to Home Dialysis Act provides a framework for this model. Specifically, the legislation:

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[1] https://www.medicaleconomics.com/view/home-based-primary-care-program-saves-more-than-6-500-per-beneficiary

[2]https://pubmed.ncbi.nlm.nih.gov/28668202/#:~:text=Home%20infusion%20costs%20were%20significantly,and%20%242974%20per%20treatment%20course.

[3]https://pubmed.ncbi.nlm.nih.gov/28668202/#:~:text=Home%20infusion%20costs%20were%20significantly,and%20%242974%20per%20treatment%20course.

[4] https://www.newswise.com/articles/peritoneal-dialysis-costs-medicare-less-than-hemodialysis-even-as-more-patients-are-placed-on-peritoneal-dialysis?sc=dwhr&xy=10027909

1. Provides for reimbursement through Medicare for in-home assistance by staff of the dialysis facility to patients on home hemodialysis and peritoneal dialysis for the first 90 days of their regimen;
2. Provides for in-home respite staff assistance under certain circumstances outside the initial 90 days;
3. Provides for the possibility of continuous staff assistance without a time limit for patients with certain disabilities;
4. Expands the types of healthcare professionals who can provide home dialysis training;
5. Provides for additional educational opportunities for patients to learn about the entirety of their dialysis options, including opportunities that can be provided in group settings or via telehealth;
6. Provides for training on home dialysis to occur, when possible, in the location the patient intends to use to dialyze.

In-Home Labs

Currently, Medicare does not provide an additional payment for the collection of labs from non-homebound patients or costs of postage and supplies to mail labs. These costs fall on providers or laboratories when services are offered to non-homebound patients. Still, patients may benefit from access to in-home labs even though they may not be considered home-bound. MHH recommends that we should ensure receiving preventative and diagnostic labs is as easy as possible.

H.R. 2853 would establish reimbursement of an add-on payment to cover travel costs and mail costs associated with specimen collection of in-home lab tests for certain beneficiaries. MHH recommends that the eligibility for this add-on payment be more comprehensive than the homebound status.

Advanced Diagnostic Imaging in the Home

MHH also recommends legislation to permit the delivery and reimbursement of ultrasound imaging in the home for certain beneficiaries and require the Secretary of the Department of Health and Human Services to conduct an evaluation of Medicare in-home reimbursable advanced diagnostic imaging. Currently, there is a Portable X-Ray Benefit in Medicare Part B but it is limited in types of diagnostics reimbursable. However, the Benefit was last updated in 2007. Technologies and capabilities have evolved significantly since then. Now, mobile imaging can provide comprehensive X-Ray, EKG, and ultrasound services quickly, safely, and affordably in the home.

H.R. 2853 provides a model for increased access to advanced diagnostic imaging in the home; it would require HHS to conduct an evaluation of Medicare in-home reimbursable advanced diagnostic imaging. It would permit the delivery and reimbursement of ultrasound imaging in the home for certain beneficiaries, which is currently restricted. Further, the Secretary of HHS would determine the screening tool or utilization management that would trigger beneficiary eligibility.

Hospital-at-Home Models Reduce Costs and Improve Outcomes

Hospital-at-home provides potential for reduced costs. One study found up to $4 million in annual opportunities for cost savings for the average hospital by delivering care in the home for appropriate[5]

[5] https://guidehouse.com/insights/healthcare/2022/blogs/acute-hospital-care

cases. Specifically, an average cost savings of 30 percent per patient encounter was found for all Acute Hospital Care at Home encounters, which translates to approximately $3,000 in savings per encounter, or more than $1 million per hospital.[6] One pilot study completed at Brigham and Women's found that the average direct cost for hospital-at-home patients was up to half of the cost of an inpatient episode.[7]

Hospital-at-Home models also improve quality. Quality and outcomes data for care in the home are comparable to or better than those for inpatient facility care. Multiple studies have found positive results. One study found that the average length of stay for hospital-at-home patients was 3.4 days, compared to 5.4 days for inpatient admissions.[8] Another found that hospital-at-home patients were readmitted to the hospital at a rate of seven percent, compared to 23 percent for inpatient admissions.[9] And still another study found lower rates of emergency department revisits and skilled nursing facility admissions.[10] The same study found that patients were also more likely to rate their care highly.[11]

Clinical care in the home is also preferred by a majority of adults. A national survey showed that 70 percent of Americans are comfortable with care in the home, as the familiarity helps to ease anxiety and improve communication.[12] Further, 73 percent of adults are confident in the quality of care in the home and 85 percent of caregivers are confident in the quality of care in the home.[13] 85 percent of people who have experience with care in the home would recommend it and a bipartisan majority of consumers say that increasing access to care in the home should be a priority for the federal government.[14]

The Acute Hospital Care at Home initiative is currently authorized under a waiver that is set to expire on December 30, 2024. Although MHH is supportive of any mechanism that allows the initiative to continue, we encourage the Task Force to consider options that would allow continued authorization, while also allowing for uniform data collection and program standardization. MHH strongly supports the creation of a demonstration program run by the Centers for Medicare and Medicaid Services (CMS). We are prepared to serve as a resource as the Initiative is negotiated over the coming year.

Conclusion

Patients face barriers to care on a daily basis, whether they are related to cost or quality. MHH applauds the effort that the Committee is making toward gaining a greater understanding of potential solutions to theses system-wide issues. MHH and its members are committed to improving access to care in the home. We hope that the potential solutions outlined in our response will lead to improved care and ultimately, better long-term health outcomes for all patients.

[6] https://guidehouse.com/insights/healthcare/2022/blogs/acute-hospital-care
[7] https://www.brighamandwomens.org/about-bwh/newsroom/press-releases-detail?id=2948
[8] https://www.commonwealthfund.org/publications/newsletter-article/hospital-home-program-new-mexico-improves-care-quality-and-patient
[9] https://www.acpjournals.org/doi/10.7326/M19-0600
[10] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6143103/
[11] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6143103/
[12] https://movinghealthhome.org/national-survey/
[13] https://movinghealthhome.org/national-survey/
[14] https://movinghealthhome.org/national-survey/

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Thank you for the opportunity to provide feedback on this important issue. Moving Health Home greatly appreciates the Budget Committee's Health Care Task Force's commitment to examining legislative pathways forward to reduce costs and improve patient care. We hope we can be a resource to you as you move forward in this work, and look forward to working with you to develop legislation around this important effort. Please contact Elizabeth Simpson at esimpson@movinghealthhome.org with any questions.

Sincerely,

Krista Drobac
Executive Director
Moving Health Home