

Mobilize Home Care and Hospice to Fight COVID-19

BACKGROUND

With the exponential spread of the coronavirus across the nation there are important steps that should be taken to slow the spread, flatten the curve of newly diagnosed cases, and minimize the destruction the disease is causing. In many instances of those infected or at risk of infection, hospitalization or institutional care is not necessary, as the patient's condition does not warrant those resources. In these situations it is most appropriate for the afflicted to remain in their home for the duration of their recovery. Additionally, many institutional-based settings prefer not to bring these individuals into their buildings and risk further spread of the virus to other patients and staff. In-home care providers stand ready to care for these individuals. However, important policy changes that need to be made to enable and support care in the home. In particular, five areas of support need to be focused on:

1. Provide expedited access to protective gear along with financial support for the gear;
2. Maximize use and support for telehealth services by home health agencies and hospices
3. Establish direct link to HHAs for MDs and EDs at hospitals to transition patients home;
4. Expedite transitions of patients from inpatient and SNF settings to home health care through discharge planning instruction;
5. Provide priority testing of suspected at home isolated patients and their caregivers

RECOMMENDATION

Recent reports from the field detail many recipients of in-home care services are now rejecting visits from their providers in an effort to maintain total isolation. Other reports demonstrate widespread shortages of personal protective equipment (PPE) and other necessary supplies and equipment that prevent the spread of the virus during care delivery. Telehealth presents the best way for home care and hospice to

meet the needs of patients, limit virus transmission risks to uninfected patients, and expand the availability of skilled professionals to care for individuals infected with Covid-19. Medicare and Medicaid rules need to change to provide that essential support. Lastly, it is crucial that virus testing be supported in the home instead of community settings where transmission risks are heightened.

With These Challenges in Mind, Congress Can Do the Following:

1. Permit the full scale use of home telehealth visits, including telephonic, as a substitute for in-person services whenever clinically acceptable. This change would apply for benefit eligibility and payment purposes.
2. Allow the physician encounter in home health and hospice face-to-face requirements to be conducted via telehealth, including telephonic. This would reduce transmission risk and improve access to care in the home for a population that should reduce personal contacts. Telephonic use is particularly necessary to support individuals who do not otherwise have access to the internet, adequate broadband, webcams, or tele-video capabilities.
3. Support in-home care providers to receive PPE. Doing so will enable the care of virus-afflicted care to be delivered in the home freeing up beds for more severe cases.
4. Presumptively determine that aged Medicare beneficiaries along with individuals suspected of the virus infection are considered to meet the Medicare home health "homebound" requirement to reduce the risk of beneficiaries contracting the virus or spreading COVID-19.



For More Information: Contact NAHC Government Affairs at 202-547-7424