

April 2, 2020

URGENT REPORT: Alleviating the Burden on Hospitals by Ensuring Safe Care at Home

An urgent report from America's home health associations and community leaders

COVID-19 is testing the limits of our entire healthcare ecosystem, creating severe over-capacity issues, staffing challenges, and a shortage of personal protective equipment (PPE). Facilities already full of patients with acute and chronic conditions will soon be inundated with new patients who can only be cared for via hospitalization. Hospitals and healthcare facilities must free up capacity to prepare for and treat the increasing influx of COVID-19 patients.

The home healthcare sector is ideally suited to reduce the burden on our nation's hospitals in this time of crisis. We've joined forces with other healthcare leaders, as well as local government and federal agencies, to help resolve patient care challenges associated with COVID-19.

What is Home Healthcare?

Home healthcare provides highly skilled and physician-led clinical nursing and therapy services to patients, wherever they call home. Medical care that was once offered only in a hospital or clinical setting can be safely, effectively and cost efficiently provided in a patient's home by skilled healthcare professionals. Home healthcare is also provided in assisted living facilities and retirement facilities, along with end-of-life care through hospice services.

“Not only can we help hospitals and facilities alleviate overall capacity issues, we can also help prevent the spread of the virus to the overall community.”

- William Dombi,
President, NAHC

In-Home Healthcare During the Coronavirus Pandemic

We are ready and able to care for patients with chronic illnesses or post-acute challenges, who are well enough to be discharged from in-patient care but still require close monitoring and ongoing care—especially to help avoid rehospitalizations, which will only exacerbate the pressure on the system.

We are also equipped to care for confirmed COVID-19 patients who no longer require in-patient care, and those whose symptoms are manageable at home with close monitoring and care delivered by a skilled clinician. In addition, we can address the healthcare needs of patients under investigation (PUI) for COVID-19. This becomes increasingly important as more patients become “homebound” due to state and local “stay-at-home” and “shelter-in-place” orders.

Home Health Community Overview

For more than one hundred years, home healthcare providers have provided home healthcare, hospice and community care to America's seniors. Our sector represents more than 2 million

healthcare clinicians (RNs, LPNs, NPs, therapists, social workers and aides), personal home care assistants, and administrative and support personnel, providing care to more than 12 million patients annually. And with more than 56 million people aged 65 and older, the need for skilled home healthcare is greater than ever.¹

OVERVIEW AND OBJECTIVES

The home healthcare sector is ready and able to address the overwhelming issues presented by COVID-19. During this time, most Americans are being asked to stay at home for the unforeseeable future. By treating patients safely in their homes, not only can we help hospitals and facilities alleviate overall capacity issues; we can also help prevent the spread of the virus to the overall community, especially our most vulnerable population—the frail and elderly.

We are proposing the following action steps to further ensure we can provide care to as many patients as possible, as quickly as possible:

- Expanded use of advanced technology for care delivery;
- An abbreviated authorization and eligibility process; and
- Regulatory revisions to permit full-scale services in the home.

CURRENT HOME CARE PROCESS

Step One: Patient identification

Patients may come to home healthcare, hospice or community care from acute care settings or may be identified by their primary care physicians as needing skilled nursing, physical therapy, occupational therapy, social worker interventions, or assistance with activities of daily living. Patients discharged from hospitals need to be carefully monitored to prevent re-hospitalization.

Step Two: Referral to home health, hospice and community care

Receiving home health referrals is a hands-on process based on trusted relationships. Patients are referred to home health, hospice and community care through community physicians, hospitals, skilled nursing facilities, and other healthcare facilities.

Step Three: Admission

To be admitted, patients may require prior authorization from Medicare, Medicaid or their insurer, orders from their primary care physician, and a face-to-face interaction with their doctor. Typically, admission occurs within 24 hours by a Clinical Assessment Advisor, who establishes the plan of care in concert with the patient's physician.

Step Four: Delivery of care

Currently, most care takes place in the home on an in-person basis between clinicians and patients. Depending on need, patient care can consist of skilled nursing, physical therapy, occupational therapy, medical social work, and assistance with daily living.

“The home healthcare sector is committed to caring for patients safely and effectively. Increasing healthcare at home is part of the solution to reduce the burden on our nation’s hospitals in this time of crisis.”

- David Causby,
President and CEO,
Kindred at Home &
NAHC Board Member

¹ U.S. Census Bureau, 2017.

Step Five: Maintain and stabilize

Each patient's care plan determines their frequency, duration, and number of visits. The initial care plan is typically set for 60 days subject to modification throughout that period. Every patient must be evaluated and recertified to continue care beyond 60 days.

CURRENT BARRIERS TO CARE

To continue providing needed care while limiting everyone's exposure to COVID-19, several issues inherent in the existing admission process and treatment of patients during this crisis must be addressed:

1. Care Delivery Model

Today, the reimbursement model strongly favors face-to-face visits. And, while we agree that in-person care is ideal, alternative care models, such as telehealth (including telephonic, telemonitoring and video conferencing), enables us to deliver needed care through less frequent face-to-face visits. This will minimize exposure to COVID-19 for both clinicians and patients, many of whom have expressed concern regarding clinicians entering their homes. This is critical, especially in light of the shortage of personal protective equipment.

“Now is the time to remove any barriers that prevent more patients from receiving care in the home. It is in the best interest of patients, clinicians, and communities.”

- Keith Myers,
Chairman & CEO,
LHC Group & PQHH
Chairman

Telehealth enables patient and clinician contact, care, advice, reminders, training and education, intervention, monitoring, and remote admissions via electronic information and telecommunication technologies—and should be considered skilled for reimbursement.

Telephonic – care instructions and monitoring via telephone.

Telemonitoring – a physical unit, hooked to a modem that monitors and transmits vital signs.

Video Conferencing – virtual face-to-face visits when a smartphone or computer with strong bandwidth is available.

Insurers – public and private – need to remove any financial barriers to providing care through these alternative delivery models, as it is in the best interest of our clinicians, their patients and the community, as a whole.

2. Personal Protective Equipment (PPE)

There is a global shortage of personal protective equipment. To address this, we must, of course, gain access to more PPE to protect clinicians and caregivers and prevent the spread of COVID-19. To mitigate for the shortage, we must also allow for alternative delivery models, such as telephonic, telemonitoring, video conferencing, etc., when appropriate.

3. Care Access

We receive patient referrals from hospitals, skilled nursing facilities, community physicians, and other healthcare facilities. To limit patient and staff exposure to the COVID-19 virus, many of the more than 20,000 residential and care facilities have restricted access to facility personnel only. Access is being restricted even though the home healthcare providers are following all the same infection controls that facility staff follow and more.

Without access to these facilities, home care specialists cannot help coordinate care for patients who would benefit during a time when getting care at home, away from the social interaction inherent with other healthcare settings, is more important than ever.

We need facilities to allow access to our specialists so that we can assist with securing care for these patients in the safest setting and free up much needed space in in-patient facilities. In fact, we are willing to modify our own processes to make this advantageous for everyone.

“We need quick action to unleash home health to be part of the solution.”

- Joanne Cunningham,
Executive Director, PQHH

NEXT STEPS

The home healthcare sector is committed to caring for patients safely and effectively. Collectively, we can define appropriate patients and address the barriers noted above to facilitate patient care during this crisis. We intend to continue working with payers to remove barriers to transitioning appropriate patients out of facilities and physician offices and redirecting them to in-home care, where they are less likely to be exposed to COVID-19.

Action steps needed to maximize the use of home healthcare include:

1. We need our hospitals and physicians to be able to rely on home healthcare for the treatment of patients who can be treated effectively and safely at home. This will make room in hospitals for the sickest and more dire COVID-19 cases.
2. We need the federal government to continue to modify regulations and eliminate red tape to unleash the home healthcare system with its highly skilled healthcare professionals and extensive telehealth capabilities so that it can be a safety net for our overcrowded and stressed hospitals.
3. This can be achieved in simple but effective ways:
 - a. Loosening regulatory barriers to allow telehealth visits (including phone and other telecommunications-based interactions) to be maximized so more of the at-home patient population are monitored and assessed during this crisis.
 - b. Temporarily eliminating red tape that stands in the way of ensuring that home health can be the release valve for our stressed hospital sector.

We need quick action to unleash home health to be part of the solution. Home is the safest care setting right now and we need to take immediate action to maximize the ability of nurses, therapists, and other front-line home healthcare clinicians to care for people in the safest setting possible—the home. Lives depend on it.