UNDERSTANDING CMS ACUTE HOSPITAL CARE AT HOME WAIVERS DURING AND AFTER THE PUBLIC HEALTH EMERGENCY

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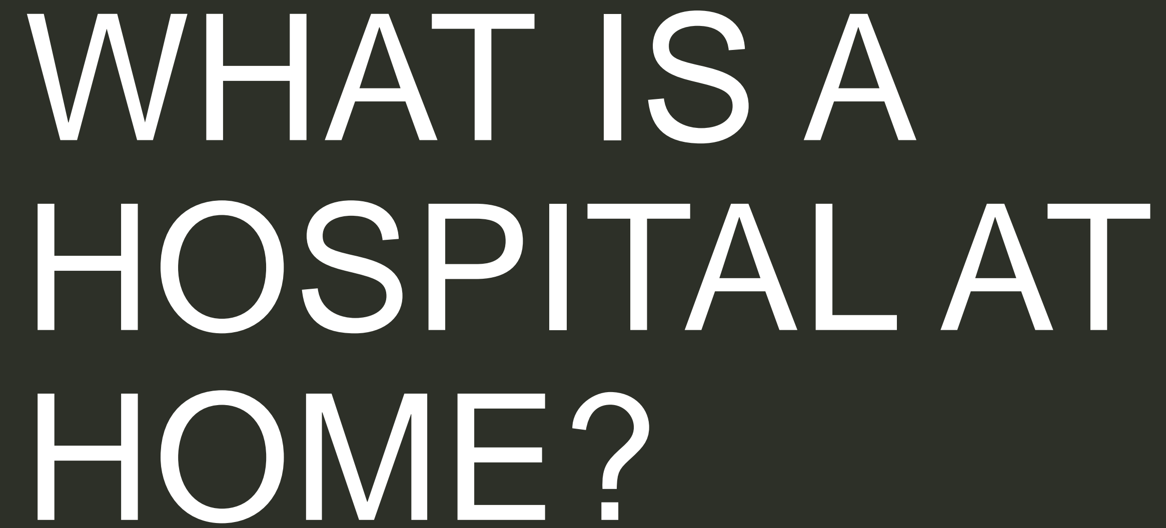
AGENDA

- What is a “Hospital at Home”?
- Compliance Speed Bumps
- After the Public Health Emergency
- Expansion Beyond the Pandemic


WHAT IS A
HOSPITAL AT
HOME?

WHAT IS A “HOSPITAL AT HOME”?

- Model that furnishes hospital-level care to patients in the comfort of their homes
- Widely used in England, Canada and other countries with single-payer health systems
- Evidence that well-monitored, at-home treatment can be safer, cheaper and more effective than traditional hospital care
- Removes the fixed costs associated with a brick-and-mortar hospital

INTRODUCTION: HOSPITAL AT HOME POLICY DEVELOPMENTS

Pre-Pandemic

- Centers for Medicare and Medicaid Services (CMS) explores demonstration concepts
- 2014: CMS awards $9.6 million 3 year grant to test Mobile Acute Care Team
- Physician Focused Payment Model Technical Advisory Committee approves home hospital model in 2017

Public Health Emergency

- March 2020: CMS announces Hospital Without Walls strategy providing regulatory flexibility to expand capacity
- November 2020: CMS announces Acute Hospital Care at Home streamlined waiver portal

Post-Pandemic

- Current waivers tied to emergency declarations
- Extending beyond the emergency would require some additional federal action (e.g., legislation, regulation, demonstration)

CMS ESTABLISHES THE ACUTE HOSPITAL CARE AT HOME WAIVER

- In March 2020, as part of the “Hospital Without Walls” initiative, CMS expanded what is considered to be a “hospital” due to the pandemic
- Hospitals can receive payment for hospital facility fees when services are furnished in the patient’s home
- CMS expanded this flexibility through the establishment of the “Hospital at Home” program in November 2020

HOSPITAL AT HOME

CMS announced a more formal program in November 2020:

- Six healthcare organizations were designated as the first participants
- These organizations had previously established population health models, relying on fixed budgets

EXAMPLE PROGRAM

Hospital at Home Program: Step by Step	
Identifying patients	Must have criteria to identify patients who are sick enough to be hospitalized but stable enough to be treated at home
	For example, congestive heart failure, chronic pulmonary disease, community-acquired pneumonia
Suitable home environment	Ensure the patient’s home has air conditioning, heat and running water
Ensure connectivity	Provide the patient with biometric and/or communication devices to oversee care
Ongoing care	Clinical staff provide care (i.e., respiratory therapists, physical therapists, nurses)
	Physician meets with the patient daily or communicates with the patient using telemedicine equipment
	Continuous monitoring of the patient through telemedicine
	Meals are furnished to the patient if necessary
Discharge	Once patient is stable, patient is transitioned to the care of his or her primary care physician

BENEFITS DURING THE PANDEMIC (AND BEYOND?)

- Reduced risk of exposure to COVID-19 (and other infections/HAIs)
- May alleviate hospital staffing shortages
- Permits patients to maintain closer contact with support system
- Lower costs

COMPLIANCE SPEED BUMPS

STATE LAW REQUIREMENTS

Despite federal flexibility, state law must be considered as well:

- Any Hospital at Home program must be consistent with state emergency preparedness or pandemic plan

- States may impose additional requirements on a Hospital at Home policy
  - And may prohibit entirely or limit to existing licensed hospitals

STATE LICENSURE REQUIREMENTS

- Generally must provide notice to the state licensure agency
  - For example, in California, must meet general acute care hospital licensure requirements and obtain approval from the California Department of Public Health

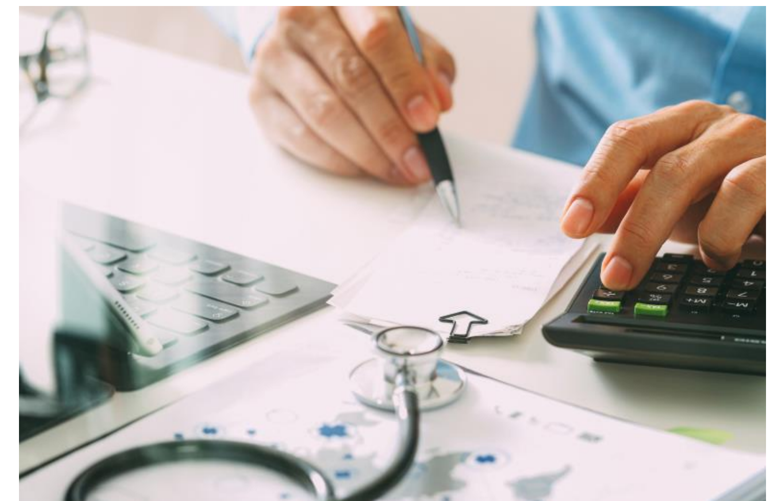
- Approval from the state for the program may need to come before or after CMS grants a waiver

JUST BECAUSE MEDICARE PAYS…

- Applies only to Medicare
  - Reimbursed at same level as inpatient hospital care (no enhanced reimbursement)

- State Medicaid agencies may (or not) provide Medicaid reimbursement

- Other payors are under no obligation to follow CMS' lead



ACUTE-LEVEL CARE MUST BE FURNISHED

This includes:

- Pharmacy
- Infusion
- Respiratory care, including oxygen delivery
- Diagnostics (lab, radiology)
- Transportation
- Food services, including meal availability as needed by patient
- Durable medical equipment
- Physical, occupational and speech therapy
- Social work and care coordination

LOGISTICAL REQUIREMENTS

- Medicare program currently applies to providers enrolled as hospitals
- Must ensure Hospital at Home program complies with CMS requirements and any applicable state requirements
- Program must track and report certain monitoring data to CMS on a weekly or monthly basis
- Patients are eligible for admission to the Hospital at Home only from an emergency room or inpatient hospital setting
  - No “direct admits” to Hospital at Home

PATIENT SELECTION

- Designed for patients who meet acute inpatient or overnight observation admission criteria for hospital-level care
  - Hospital at Home is not “home health care”; it is a different level of care from home health services
- An admitting physician or APP must perform a History and Physical Exam to admit the patient to the Hospital at Home program
- Screening process to evaluate medical and non-medical factors (i.e., environment and safety factors)
- Limited to specific diagnoses/conditions

PATIENT CARE REQUIREMENTS

- Daily physician or APP visit, which may be remote after initial in-person visit
- Daily in-person or remote RN visit
- Two daily in-person visits by either an RN or mobile integrated health paramedics

PATIENT CARE REQUIREMENTS

- Must obtain and deliver at least two sets of patient vital signs daily to a credentialed member of the Hospital at Home program
- Must meet minimum emergency response times for each patient
- Must provide patients with an immediate, on-demand remote audio connection with a hospital team member who can immediately connect either an RN or a MD to the patient

REPORTING REQUIREMENTS

Must track and report the following:

- Unanticipated mortality during the acute episode of care
- Escalation rate (transfer back to the inpatient hospital)
- Volume of patients treated

ESTABLISHING A HOSPITAL AT HOME

Patient care policies and procedures

Requirements are numerous and generally require the hospital at home to furnish care in accordance with hospital policies

Quality and reporting metrics

Make sure the hospital has the ability to track required reporting metrics and report them to the CMO, CNO or CEO of the hospital, who must be informed about the status of the hospital at home

Submit a waiver request

Decide how the hospital at home will track quality and reporting metrics required by CMS

AFTER THE
PANDEMIC

DEPENDENT ON THE PUBLIC HEALTH EMERGENCY

- CMS is relying on its authority under Social Security Act Section 1135
  - Entirely dependent on the national public health emergency (PHE)
- Authority disappears when the PHE ends
  - Recent information from HHS indicates PHE likely to be extended through 2021, and that there would be 60 days of notice before it is terminated
- Currently no assurance program will continue after the PHE

POST PANDEMIC: ADVOCACY TO EXTEND FLEXIBILITIES

Current Waivers Tied to PHE

- Trump Administration extended the PHE for 90 days effective Jan. 21, 2021
- Biden Administration likely to extend the PHE through most if not all of 2021

Legislation Regulation Demonstration

- Additional federal government action will be needed to continue the model beyond the PHE
- Could take different forms, including a demonstration project at the Innovation Center

What Policymakers Need

- Data
- Addressing concerns:
  - Scale
  - Sustainable payment model
  - Cost savings
  - Quality
  - Access and disparities
  - Beneficiary protections

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THANK YOU / QUESTIONS?

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