

HOME HEALTH: PLAN OF CARE DESIGNATION

ANA POSITION

ANA supports the ability of advanced practice registered nurses (APRNs) to certify Medicare patients for home health services.

BACKGROUND

Medical advances have made it possible for a growing number of both chronically and terminally ill patients to receive care in their own homes. Homecare allows many patients the ability to live normal lives during the course of their therapy and allows terminally ill patients precious time with their families and loved ones. In many cases, homecare is more cost effective than institutionalized care. For these reasons, the use of home health has increased greatly in the past two decades. According to the National Association for Home Care and Hospice as reported in a June 2008 study, approximately 12 million individuals receive some of home care services.

In order to receive home health services, Medicare beneficiaries must be certified by a physician as “homebound” 90 days prior to the start of home health care, or within the 30 days after the start of care. A physician or APRN is required to see the patient face-to-face in order to certify them as eligible for home health services. The law also allows the requirement to be satisfied if a non-physician practitioner (NPP) sees the patient, when the NPP is working for or in collaboration with the physician. However, it does not allow them to sign the final plan of care. This puts an undue burden on the patient. In areas where access to physicians is limited, this prohibition has led to delays in home health services. Moreover, the delay in care is a huge inconvenience to patients and their families, and can lead to increased costs to the Medicare system when patients are unnecessarily left in more expensive institutional settings or are readmitted when discharged without the needed support at home.

APRNs – including nurse practitioners (NP), clinical nurse specialists (CNS), certified nurse midwives (CNM), and certified registered nurse anesthetists (CRNA) - are health care practitioners who furnish the same services traditionally provided by physicians, including diagnosing illnesses, performing physical exams, ordering and interpreting laboratory tests, and determining treatment plans. APRNs are authorized to practice across the U.S. and have prescriptive authority in all fifty states and the District of Columbia. Decades of research has shown that APRNs are able to provide care that is as high in quality as that provided by physicians. Medicare law allows APRNs to be paid directly for many of the services that they provide.

RATIONALE

ANA believes that APRNs should be able to certify patients for home health services and to develop and sign their plans of care in accordance with state law. APRNs represent a growing proportion of the health care workforce. APRNs most often practice in rural, urban and other underserved areas, where physicians are scarce. These APRNs are currently able to develop a patient plan of care and frequently do. However, currently they must wait for an MD to sign the plan of care.

Frequently, APRNs must delay admitting patients into home health due to the need to locate a physician who will allow them to use their name on Medicare paperwork. These delays in care inconvenience patients and their families. In addition, delays can result in increased costs to the

Medicare system when patients are unnecessarily left in more expensive institutional settings.

A 2010 study conducted by Dobson DaVanzo and Associates has determined that allowing APRN to certify patients for home health services will have a cost SAVINGS for Medicare.

Savings Estimate	Cumulated Estimated Medicare Savings
1-Year Estimate (2011)	\$6.3 million
5-Year Estimate (2011-2015)	\$80.4 million
10-Year Estimate (2011-2020)	\$273.1 million
Alternate Model: 10-Year Estimate with no change in proportion of certification/recertifications to Medicare claims	\$124.3 million