

HOME HEALTH PLAN OF CARE DESIGNATION

POSITION

The American Nurses Association (ANA) supports the ability of advanced practice registered nurses (APRNs) to certify homebound status, and to develop and sign the plan of care for Medicare patients receiving home health services.

BACKGROUND

Medical advances have made it possible for a growing number of chronically ill and terminally ill patients to receive care in the comfort of 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 Medicare home health benefit has grown considerably since the early 1990s. In 2004, 2.8 million Medicare patients received home health services.

In order to receive home health services, Medicare beneficiaries must be certified as “homebound.” This means that patients must leave their homes infrequently and only with considerable and taxing effort. In addition, patients must require at least one skilled nursing or therapy service, and a plan of care must be developed and submitted to Medicare. Today, only physicians and podiatrists may sign plans of care or certify a patient as homebound.

APRNs—including nurse practitioners, clinical nurse specialists, certified nurse midwives, and certified registered nurse anesthetists—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. In most states, APRNs are able to practice independently or in collaboration with physicians. Medicare law allows APRNs to be paid directly for many of the services that they provide.

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RATIONALE

ANA believes that APRNs should be able to certify patients for home health services and to develop and sign their plans of care. APRNs represent a growing proportion of the health care workforce. APRNs most often practice in rural and other underserved areas, where physicians are scarce. Numerous studies have shown that APRNs are able to provide care that is at least as high in quality as that provided by physicians.

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 cost to the Medicare system when patients are unnecessarily left in more expensive institutional settings. ☺