

REASONS WHY THE INDEPENDENCE AT HOME ACT (H.R. 2560, S. 1131)
SHOULD BE INCLUDED IN HEALTH REFORM LEGISLATION

The Independence at Home program, **unanimously approved by the House Energy and Commerce Committee on July 30**, is the **only** health reform proposal that:

1. **Targets the 20% of the highest cost, chronically ill Medicare beneficiaries** who account more than 66% of Medicare's costs and have the worst outcomes.¹
2. **Holds practitioners strictly accountable** for minimum savings of 5%, improved outcomes and patient/caregiver satisfaction annually as a condition of participating.
3. **Is funded entirely from the savings it achieves** and provides incentives for additional savings by paying providers 80% of the savings they achieve beyond the first 5%.
4. **Uses truly patient-centered** physician/nurse practitioner-directed house calls teams to meet the beneficiaries' needs in their homes avoiding unnecessary hospitalizations, ER visits and nursing home admissions.
5. **Can be implemented immediately** with no upfront costs because it is based on existing home-based primary care programs operated for decades in hundreds of locations by the VA and others that have proven effective in reducing inpatient days by more than 60% and costs by 24%-60%.²
6. **Has strong and broad bipartisan support**, sponsored by Senators Wyden (D-OR), Kennedy (D-MA), Kerry (D-MA), Menendez, (D-NJ), Mikulski (D-MD), Cardin (D-MD), Whitehouse (D-RI), Stabenow (D-MI), Burr (R-NC), Collins (R-ME), Isakson (R-GA), and Chambliss (R-GA) and Congressmen Markey (D-MA), Capps (D-CA), Schakowsky (D-IL), Connolly (D-VA), Arcuri (D-NY), McMahon (D-NY), Maloney (D-NY), Welch (D-VT), Michaud (D-ME), Blumenauer (D-OR), Schrader (D-OR), Kennedy (D-RI), Smith (R-NJ), LoBiondo (R-NJ), Mack (R-FL), Burgess (R-TX) and LaTourette (R-OH).
7. **Addresses the three greatest fears of the chronically ill:** Not being able to pay for care; loss of independence; and becoming a burden to family and friends.³

For information on cosponsoring or supporting the Independence at Home Act, contact Mark Bayer, Office of Congressman Ed Markey, 225-2836 or Eva DuGoff, Office of Senator Ron Wyden, 224-5244.

¹ “High-Cost Medicare Beneficiaries,” Congressional Budget Office (May 2005).

² “Veteran’s Affairs Home Based Primary Care,” J. Beales, T. Edes, *Clinics in Geriatric Medicine*, vol. 25, no. 1 (Feb. 2009); “Geriatric Care Management for Low Income Seniors, A Randomized Control Trial,” S. Counsell, et al. *JAMA* (Dec. 12, 2007); “Consider Medical Care At Home,” R. Meyer, *Geriatrics* (June 2009); “Home Delivery: Bringing Primary Care to the Housebound Elderly,” S. Okie, *New England Journal of Medicine* (Dec. 4, 2008); “Programs Bring Care To Homebound Seniors,” M. Friedrich, *JAMA* (June 11, 2008); “Elderpact: A Housecall Program Teamed With An Area Agency on Aging to Provide Coordinated Chronic Care,” B. Kinosian, et al., *Journal of the American Geriatric Society* (2004).

³ “Chronic Conditions: Making the Case for Ongoing Care,” p. 30, G. Anderson, et al., Johns Hopkins University (Dec. 2002).