

THE INDEPENDENCE AT HOME ACT (H.R. 2560, S. 1131)
ADDRESSES CRITICISMS ABOUT HEALTH CARE REFORM

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Much of the criticism of health care reform surfacing at town hall meetings around the country focuses on the fear of greater intrusion and control by the federal government in personal health care decisions and cuts in Medicare services to fund universal health care. While many of these fears are overstated, the Independence at Home Act is an example of health care reform that provides new and better health care to Medicare beneficiaries that allows them to remain as independent as possible for as long as possible. The Independence at Home Act is health reform that the public wants and needs for the following reasons:

1. 66% of Medicare's costs and nearly all of the increase in costs are attributable to just 10% of Medicare beneficiaries with multiple chronic diseases such as Alzheimer's Disease, diabetes, heart disease, COPD and stroke.
2. These high cost beneficiaries receive fragmented care and poor outcomes under the current Medicare system because their care is not coordinated and they often cannot get to a physician's office without great difficulty. They deteriorate in their homes until there is a crisis—911 is called, they are transported to the emergency room in an ambulance, admitted to the hospital until stabilized and then shuttled back home for the ER-hospital-home pattern to be repeated.
3. The Independence at Home Act establishes a new chronic care coordination benefit under Medicare for these high cost beneficiaries that reduces costs by providing timely health care in their homes that anticipates and prevents health care crises thereby avoiding ER visits, hospitalizations and nursing home admissions. The care coordination services are provided by teams of health care professionals tailored to the beneficiaries' chronic conditions directed by knowledgeable primary care physicians and nurse practitioners.

4. The Independence at Home programs are entirely voluntary and eligible beneficiaries with multiple chronic diseases do not give up any existing Medicare benefit or their current physician. Eligible beneficiaries also can have copayments for house calls waived and their medications managed so they are less likely to fall into the Part D prescription drug “donut hole”.
5. The house call health care delivery model in the IAH Act is the way medicine used to be practiced updated with modern health information, monitoring and mobile diagnostic technologies.
6. There are hundreds of house calls programs that have operated successfully for decades across the country that have reduced health care costs, improved outcomes and received high marks for patient and family caregiver satisfaction. The VA’s Home-Based Primary Care program, for example, operates in 48 states, at over 130 locations and has reduced hospital days by 62%, nursing home days by 88% and costs by 24% for high cost chronically ill patients. The HBPC program also has received the highest patient satisfaction rating of any VA program ever surveyed.
7. The Independence at Home Act has strong bipartisan support being cosponsored in the House by 12 Democrats and 5 Republicans and in the Senate by 8 Democrats and 4 Republicans. A form of the IAH Act was unanimously approved by the House Energy and Commerce Committee for inclusion in the health reform bill while the health reform bill itself passed the Committee only by a vote of 31-28.
8. The Independence at Home Act addresses the public’s three biggest fears about having chronic conditions:
 - Not being able to pay for care
 - Loss of independence
 - Becoming a burden to family and friends¹

¹ “Chronic Conditions: Making the Case for Ongoing Care”, G. Anderson, Johns Hopkins University, p. 30 (Dec. 2002).

9. The elderly Medicare population is the generation that protected us as parents and successfully fought our wars. They deserve health care that allows them to retain their independence and dignity.

For more information, contact

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