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## PRESS RELEASE

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### **Independence at Home Act Reintroduced!**

The American Academy of Home Care Physicians wishes to thank the sponsors of the Independence at Home Act for reintroducing the bill today in the House and the Senate. Members who have worked closely with us on the development of this legislation (S. 1131, H.R. 2560) are Congressman Ed Markey and Senator Ron Wyden. Original cosponsors include Congressman Chris Smith and Senators Richard Burr, Ben Cardin and Sheldon Whitehouse.

The Independence at Home Act is premised on the fact that each year 10%-25% of Medicare beneficiaries account for 66%-85% of the costs. Most of those beneficiaries suffer from multiple chronic conditions, visit 15 or more physicians and fill 50 or more prescriptions each year. The IAH model:

- 1) focuses on the highest cost Medicare beneficiaries, those with:
  - two or more chronic conditions,
  - multiple hospitalizations and post acute care services, and
  - functional dependence and frailty
- 2) holds IAH provider organizations strictly accountable for three performance standards:
  - a minimum savings of 5% after taking into account the cost of the program,
  - good outcomes commensurate with the beneficiary's condition, and
  - patient/caregiver satisfaction.

3) provides care coordination and services to beneficiaries in their homes or place of residence with a team of experienced health care professionals under the direction of certified physicians and/or nurse practitioners, using electronic medical record systems and communication tools.

IAH is based upon highly successful physician and nurse practitioner house calls programs that have operated in hundreds of locations across the country for decades and the Home Based Primary Care Program which has been operated successfully for more than 30 years by the Veterans Administration.

IAH organizations must ensure that Medicare costs for the care of these beneficiaries is reduced by 5% and will be responsible for shortfalls, retaining no additional case management payments and repaying any advance payments. Savings beyond 5% are split 80%/20% with Medicare thereby creating an incentive for greater savings and generating revenue that can be re-invested in new mobile technologies that generate further savings, such as decisional support, point-of-service diagnostic testing and portable therapeutic devices. The clinical and financial success of IAH programs will also spur the development of the geriatric care workforce.

Independence at Home Act addresses the problems of unsustainable growth in per capita Medicare costs and poor quality care to the chronically ill at no cost to the Medicare program. There is also no risk to the beneficiaries because they do not relinquish access to any Medicare services and may enroll or disenroll in the program at their discretion.

We agree with several members of Congress who have called the Independence at Home Act the most significant Medicare reform since 1965. The Independence at Home Act provides the kind of health care that most Americans want—health care that we can afford and that allows us to remain as independent as possible, for as long as possible.

Organizations that have endorsed the Independence at Home Act are:

**AARP;**  
**The American Academy of Home Care Physicians;**  
**The American Academy of Nurse Practitioners;**  
**The National Family Caregivers Association;**  
**The Family Caregiver Alliance/National Center on**  
**Caregiving;**  
**The American Association of Homes and Services for the**  
**Aging;**  
**The Maryland-National Capital Home Care Association;**  
**The Visiting Nurse Associations of America, and**  
**Intel Corp.**

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