Study Finds Home Health Physical Therapy Lowers Re-Hospitalization Substantially

Source: NAHC

Home Health physical therapy visits can substantially lower the risk of re-hospitalization in older adults during a 60-day period, according to a new study published in the Journal of the American Medical Directors Association (JAMDA).

Re-hospitalizations are estimated to cost more than $41 billion per year, with older patients disproportionately at risk to encounter serious post-discharge difficulties requiring re-hospitalization. In fact, fully one-third of Medicare patients are re-hospitalized within 90 days of original discharge.

Recently Added OIG Work Plan Item May Impact Home Health and Hospice Providers

Source: NAHC

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) work planning is dynamic and adjustments are made throughout the year to meet priorities and to anticipate and respond to emerging issues. A Work Plan has been developed, made public, and updated monthly with new issues. This month, there are two new issues of interest to NAHC members. While the issues do not directly address home health and hospice providers, they do address home health agencies and hospices partner with in the care of patients. The issues are summarized below.

America’s $103 Billion Home Health-Care System Is in Crisis as Worker
A startling 75 percent of Americans over 65 live with multiple chronic health conditions, ranging from diabetes to dementia.

The nation's strained health-care system is trying to keep sick seniors out of hospitals, assisted-living facilities and nursing homes and instead have them cared for in their homes.

The U.S. spent an estimated $103 billion on home health care last year, according to the Centers for Medicare & Medicaid Services.

Overall employment of in-home aides is projected to grow 41 percent from 2016 to 2026 - translating to 7.8 million job openings.

Read article here.

Per CT DCP...Connecticut Part of a 12 State Pilot Program to Locate Drug Disposal Sites Through Google Maps and Search

Thursday, April 25th, 2019 - Today, the Department of Consumer Protection (DCP) announced that this week, the state's drug drop box locations became part of a now 12 state pilot program that makes it easier for families to locate drug disposal sites through Google Maps by searching "drug disposal near me". This is just one more easy way for families to get access to their local drug collection box.

"I'm excited that we're able to be part of this new effort," said Consumer Protection Commissioner Michelle H. Seagull, "The only way that we can effectively combat the opioid crisis is by remembering that we can't do it alone. We remain committed to working together with families, health care professionals, and the public and private sectors. We're pleased that our number of drop boxes is growing and that there's more than one way you can locate them. I want to thank Google for their commitment to this project, and the staff members that work on the state's Connecticut Open Data effort for helping make our information accessible."

"Google is honored to partner with states including Connecticut to make it easier for Americans to safely dispose of unwanted medications, including those that are fueling the tragic opioid epidemic," said Michael Trinh, a Google executive. "With just a single search on Google, Americans can quickly find convenient disposal locations open year-round, and do their part to reduce the harmful health and environmental impacts of excess medications."

Connecticut is joining Alabama, Arizona, Colorado, Iowa, Massachusetts, Michigan, Nebraska, Pennsylvania, Tennessee, Vermont, and Wisconsin in this program.

Learn more about drug disposal in Connecticut, and how you can dispose of unneeded medication if you can't get to a drop box by watching our educational video here.

Google is continuing to expand coverage and adding more locations in the coming months. To learn more about what you can do to bring more disposal locations to Google Maps and Search, contact RXdisposal-data@google.com.
On Friday, April 19, 2019, the Federal Register posted the public inspection copy of the FY2020 Hospice Wage Index proposed rule (PDF).

CMS proposes to rebase and increase the continuous home care, inpatient respite and general inpatient levels of care, as the average cost per day of care is greater than the reimbursement. CMS proposes to reduce the routine home care rate by -2.71% to allow the rates for the other levels of care to be adjusted in a budget neutral manner. CMS proposes to use the current year of hospital wage index values, rather than a one-year lag, to compute the hospice wage index. CMS proposes an addendum to the hospice election statement that would allow the patient and/or their representative to more fully understand what the hospice would cover under the Medicare hospice benefit.

The proposed rule has a significant discussion on hospice determination of relatedness and how an addendum could provide full disclosure on what the hospice covers as part of the benefit. CMS requests information on the interaction of the Medicare hospice benefit and alternative delivery models, including ACOs, MA plans and others.

Finally, there is a discussion on hospice quality reporting with updates on quality measures and measure status as well as possible options for publicly available data to be posted on Hospice Compare.

For NHPCO's analysis.

**CMS to Change Hospice Election Statement for 2020**

Source: *Home Health Care News, Jim Parker*

Hospices in Fiscal Year 2020 would be required to provide an election statement addendum upon request from the U.S. Centers for Medicare & Medicaid Services (CMS), if the agency makes final provisions in a recently proposed rule.

[Read article here.](#)

**CDC Clarifies Applicability of Opioid Prescribing Guidelines, Excepts End-of-Life and Palliative Care**

Source: *NAHC*

The Centers for Disease Control has released a letter clarifying that its 2016 Guideline for Prescribing Opioids for Chronic Pain was not intended to apply to cancer treatment, palliative care, or end of life care.

Recent efforts by policymakers to stem the nationwide epidemic of opioid abuse culminated in the enactment of the 2018 SUPPORT Act, which includes federal authority for hospice staff to dispose of controlled substances under specific circumstances (previous NAHC Report coverage is available [HERE](#), [HERE](#)).

[Read more](#)

**CMS Will Not 'Unbundle' Hospice Care Under Medicare Advantage**

*By Jim Parker | April 9, 2019*
The U.S. Centers for Medicare & Medicaid Services (CMS) has affirmed that beneficiaries receiving hospice care covered under a Medicare Advantage carve-in would not lose access to services they currently receive as part of the hospice benefit.

Read article here.