



**American
Academy of
Home Care
Medicine**



January 5, 2015

Marilyn B. Tavenner Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW Washington, DC 20201

Re: 42 CFR Parts 409, 410, 418, et al. Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies; Proposed Rule: Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies

Dear Administrator Tavenner:

The American Academy of Home Care Medicine (Academy) appreciates the opportunity to provide our comments regarding the Centers for Medicare and Medicaid Services' (CMS) Conditions of Participation for Home Health Agencies; Proposed Rule: Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies.

The American Academy of Home Care Medicine (AAHCM) represents the many physicians, nurse practitioners and physician's assistants who make house calls to the home-limited frail elderly in the U.S. As such, we have much to offer about how important it is to foster a partnership with home health agencies when patients are eligible for HHA services than do many other physician organizations. We also are aware of how far we have to go to make that partnership work to result in continuously improving care for patients.

With that in mind, we are pleased that CMS has recognized, in Section 484.60 of the proposed rule, the need for a closer working relationship between medical providers and home health agencies. We agree that coordination needs to include certification of patient eligibility for service, creation of a care plan, care coordination, and all patients working together to achieve better outcomes; however, you create no mechanism to make that happen.

You have asked for comments regarding methods to engage patients and the physicians who are responsible for their plans of care. The best way to accomplish patient engagement and true coordination of care is to require that HHA's operate with the same level of physician involvement found in Hospices, Skilled Facilities and Nursing Homes—with **Medical Directors**.

These Medical Directors can provide direct clinical involvement if the Attending Physician is not available and provide outreach to the physician community to increase physician/provider interactions around patient care.

Unfortunately, your proposed rule goes in the opposite direction. Missing are Professional Advisory Committees along with the requirements that summaries of care, as opposed to discharge summaries, be sent to attending physicians in a timely manner. You require a clinical manager; however, this person can be a nurse or mid-level and does not have to be a physician. Nurses do not have the same level of training and experience as do physicians (or nurse practitioners or PAs), and thus cannot function in making decisions about patients at the same level as MD/NP/PA medical providers. Once again, you fail to include the physician role that is required in Hospices and Nursing Homes—the **Medical Director**. A nurse clinical manager could report to such a Medical Director, but the physician oversight role needs to be clear if any of the requirements of Section 484.60 are to be achieved.

You have asked for comments about how to facilitate communication. We suggest the best answer is interoperable electronic medical records which are available in most Hospital System-based physician groups and home health agency organizations. However, for the vast majority of providers, work-arounds are currently necessary. We have many AAHCM members who share cell phone numbers, use cloud-based electronic means to share some patient information, and basically cope with a fragmented electronic communication system. AAHCM members will continue to participate and support their patients who require HHA services but look forward to improved coordination communication that would be enhanced with physician medical leadership.

As the medical providers who probably have the most interaction with home health agencies in the U.S. we would be happy to provide further information and be part of the discussion around section 484.60.

Sincerely,

A handwritten signature in blue ink that reads "Robert J. Sowislo". The signature is written in a cursive style.

Robert Sowislo, MBA
Chair, Public Policy Committee