

BACKGROUND

- Nurse Practitioners (NPs) are authorized Part B Medicare providers.
 - May order and bill for performing and interpreting diagnostic tests
 - May certify patients eligible for skilled rehabilitation services
- Medicare home health regulations only allow physicians to certify for home health care which
 - Restricts patient access to care
 - Increases patients' risk due to poor communication

PURPOSE

To disseminate data collected from GAPNA members regarding the impact of Medicare home health regulations on their patients and their practice.

LEGISLATIVE HISTORY

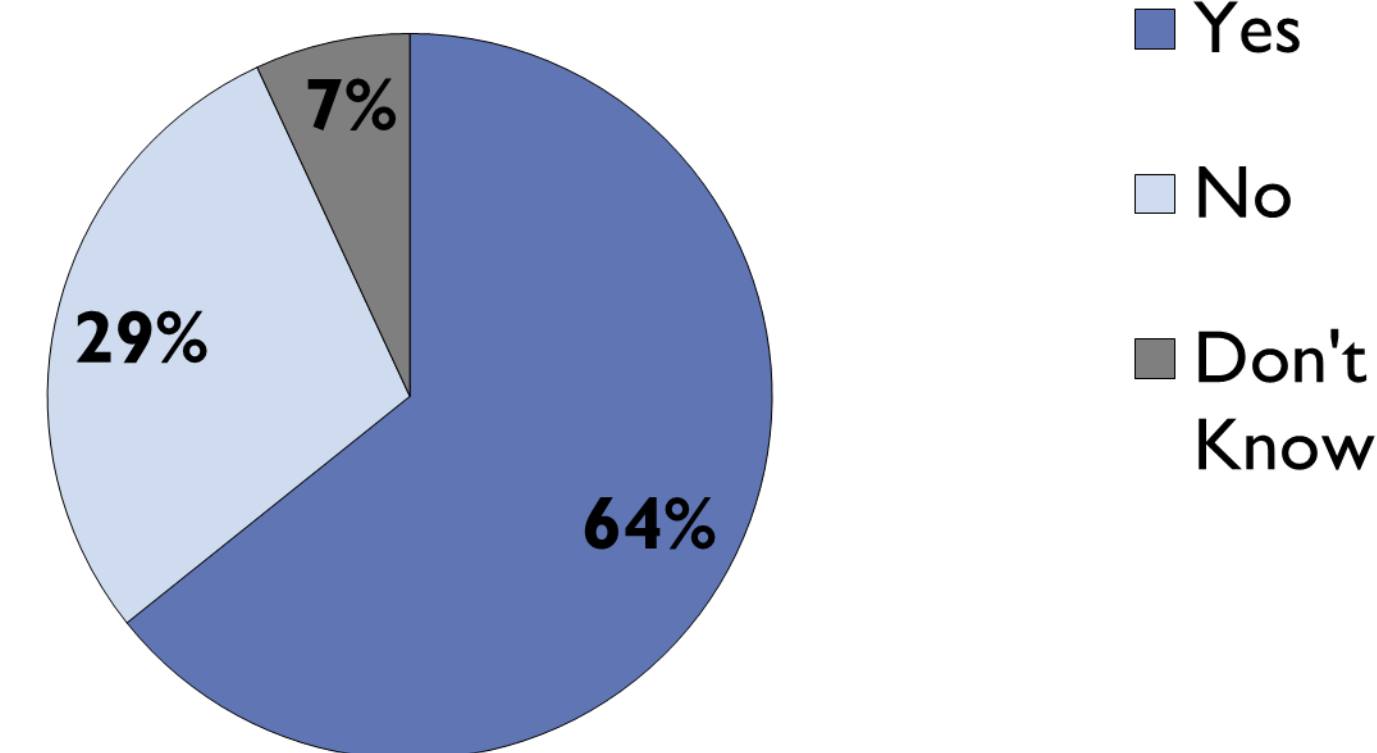
- For the last ten years legislation has been filed in both the House and Senate
- Bills have not had a hearing and not moved out of committee
- One obstacle has been the lack of a score from the Congressional Budget Office (CBO) due to insufficient data on the overall cost of NPs certifying patients for home health
- GAPNA Health Affairs Committee collected quantitative and qualitative data to support bill passage

METHODS

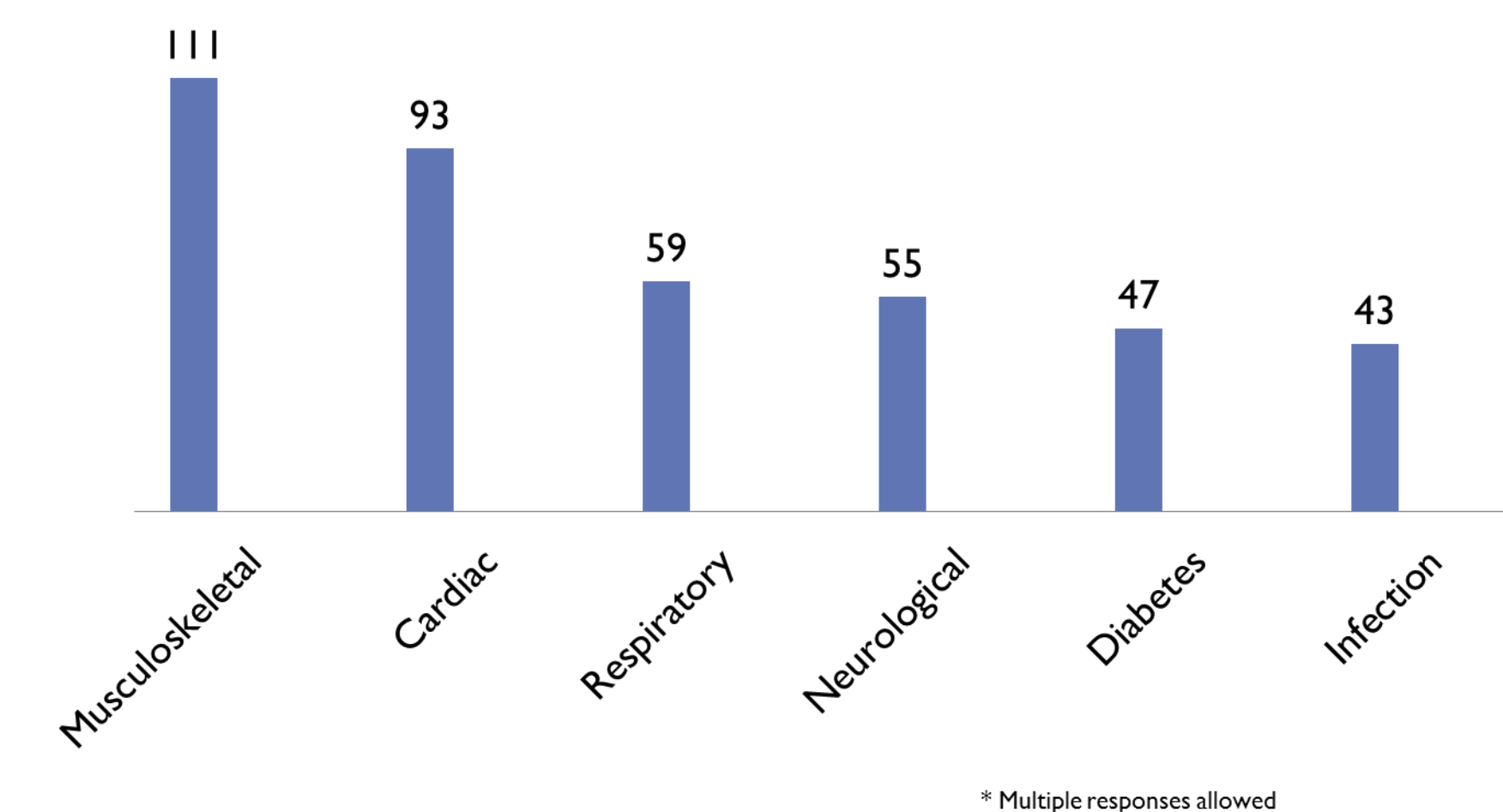
Data were collected from NPs via Survey Monkey. Quantitative data will include descriptive statistics and qualitative data will be summarized in case study format.

DEMOGRAPHIC RESULTS

NPs Ordering Medicare Home Health (n = 361)



Top Conditions for Medicare Home Health n=361*



LIMITATIONS

- Convenience sample of nurse practitioners

CONCLUSIONS

- NPs currently provide primary care for patients and order Medicare certified home health
- Current Medicare home health regulations negatively impact patient care as evidenced by
 - Delays in initiating home health
 - Lack of care coordination with changes in condition
- Passage of the Home Health Planning and Improvement Act would eliminate existing "work arounds" and reduce barriers to care
- NPs could benefit from education in billing for care plan oversight
- Opportunities exist to enhance partnerships and coalitions to advocate for legislative change

IMPACT OF FINDINGS

260 respondents report ordering Medicare Home Health

- ❖ 66% report patients are like to experience delays in care due to signature requirement
- ❖ 53% experience delays in care with a change in condition
- ❖ 35% experience delays in recertification
- ❖ 51% report home health agency accepts NP verbal orders
- ❖ 76% report not billing care plan oversight
 - 34% report not knowing how to bill

"This process is taxing, adds an unnecessary expense and is quite burdensome."
NP A and MD A

"One of my Medicare home health care patients was prescribed an antibiotic. The home health agency would not accept a verbal order and treatment was delayed several later." NP B

143 respondents report seeing 60+ Medicare patients/month

- ❖ 29% of these report delays in care "extremely likely"
- ❖ 23% of these report delays "somewhat likely"

"I have patients who would likely have done well in their home, but due to the delay in obtaining signed orders patients decompensated and required hospitalizations. Medicare dollars are being wasted on situations like this." NP C

84 respondents report seeing 20+ Medicare home health patients/month

- ❖ 50% of these report delays in care extremely likely
- ❖ 39% of these report delays in care somewhat likely

PRACTICE IMPLICATIONS

- NPs care for patients receiving Medicare home health care and the inability to provide oversight for these patients impacts access to high quality care.
- NPs have the professional responsibility to advocate for the Health Care Planning and Improvement Act of 2017 (S. 445/H.R. 1825).
- NPs have access to educational opportunities explaining Medicare home health and care plan oversight billing.