# THERE'S NO PLACE LIKE HOME:
## RURAL HOME HEALTH AND HOSPICE CARE IN WASHINGTON STATE

Region E 2019

# Objectives

- Assess exposure to and knowledge of home health in SORHs
- Discuss why home health should matter to SORHs
- Talk through the challenge themes and proposed solutions

# What do you know?

- Who knows the difference between home care and home health?
- Who has worked with their home health agencies in rural?
- Who has worked with their state member association for home health?
- Has anyone had a family member, friend or yourself receive home health visits?

# Long ago…

- Worked extensively with a home health agency to set up psychiatric home health nursing visits
- Trained all med surg RNs in the agency in two counties to handle mental health patient calls when they were on–call
- Previous role doing medical home collaboratives-Home health state association came to ask for help lobbying to be part of work on care transitions.

# Medicare Home Health

- A Medicare certified home health agency has three “gods”
  - Homebound status
  - Medical necessity and MD certs
  - Skilled care needs

# Hospice

- Did not address non-Medicare certified hospice programs
- Hospice for Medicare 101
  - The 6 month question
  - Capitated payment
  - At risk for all other costs
  - BTW, all hospice is palliative care but not all palliative care is hospice-more on that at the Annual Meeting

# Why does it matter?

- Better outcomes at lower cost for rehab
- Reduces risk of healthcare acquired infections
- Key strategy for aging in place…if freed further from the acute care paradigm
- Key driver of length of stay in hospitals and readmissions
- Responds to patient preferences

# Why WA became engaged

## We wanted to be like Oregon!

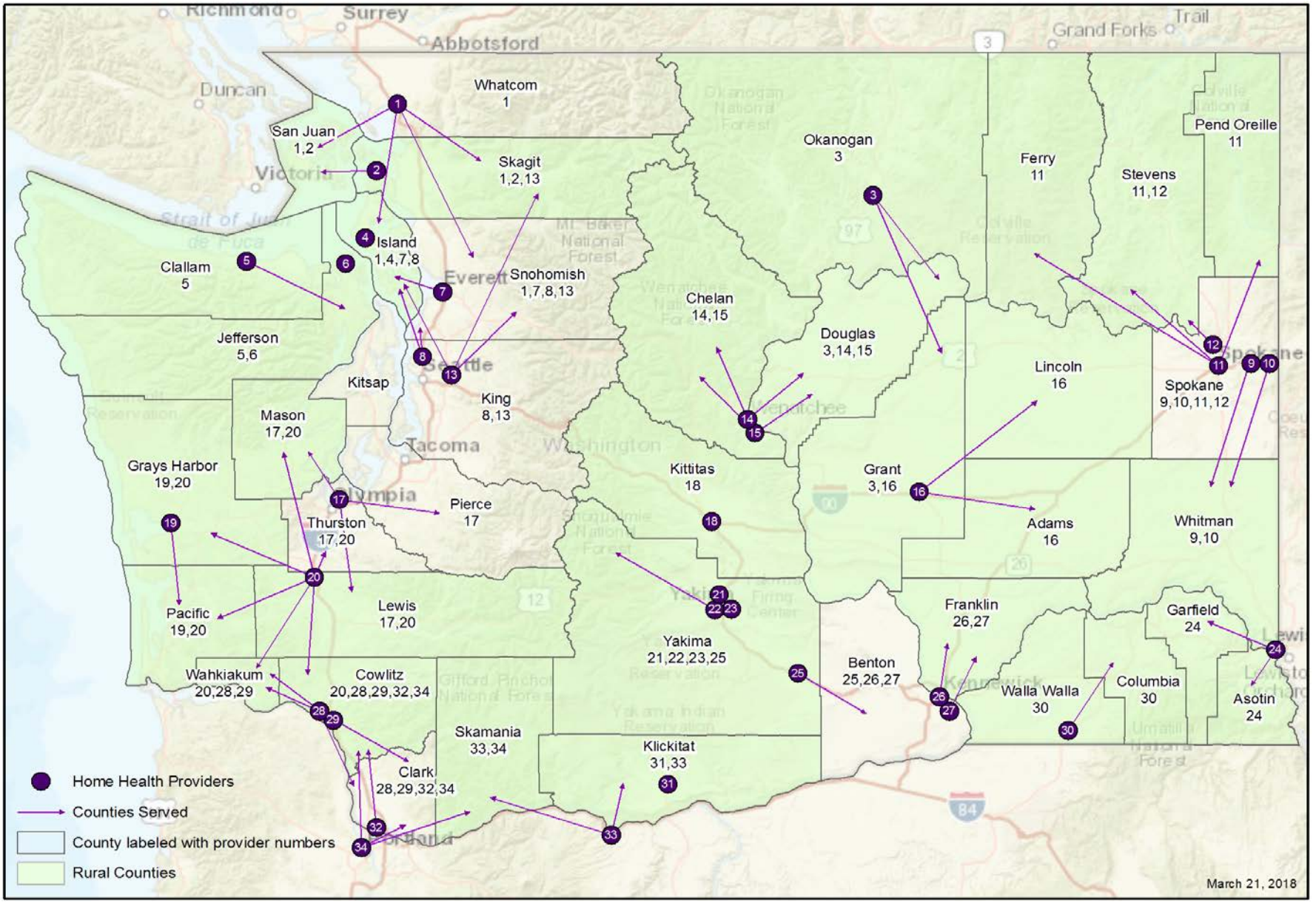
AGING IN RURAL AND FRONTIER OREGON

Challenges Facing Rural and Frontier Home Health Agencies September 2016

# Critical Access Hospitals complaints

- “Readmissions clearly driven by lack of  home health services”
- “Agency comes late or not at all”
- “Agency will not pay nurses for drive time and it is 90 minutes each way to come here.”

- Did a quick and dirty email survey of CAHS with fair response rate; hot spots of little to no service for home health, better for hospice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Cowlitz
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Stevens
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Pend Oreille
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Chelan
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Franklin
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Benton
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Garfield
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Walla Walla
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Columbia
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Asotin
24
Klickitat
31,33
Home Health Providers
Counties Served
County labeled with provider numbers
Rural Counties
March 21, 2018

# Investigations

- Discussions with the Executive Director of the Home Care Association of WA
- She called hospitals and agencies to learn more
- We made 7 joint site visits and offered all rural agencies a virtual meeting option
- OR SORH report and two Rural Research Center reports served as foundations

Rural Health Reform Policy
RESEARCH CENTER

POLICY BRIEF

August 2017

# Home is Where the Heart Is: Insights on the Coordination and Delivery of Home Health Services in Rural America

Authors
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## Introduction

Access to home health in rural areas is an important public policy concern because the rural elderly population is growing faster than its urban counterpart –there is an increasing need

WWAMI RURAL HEALTH RESEARCH CENTER

Final Report #152 • February 2016

RHRC
Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

# Access to Rural Home Health Services: Views from the Field

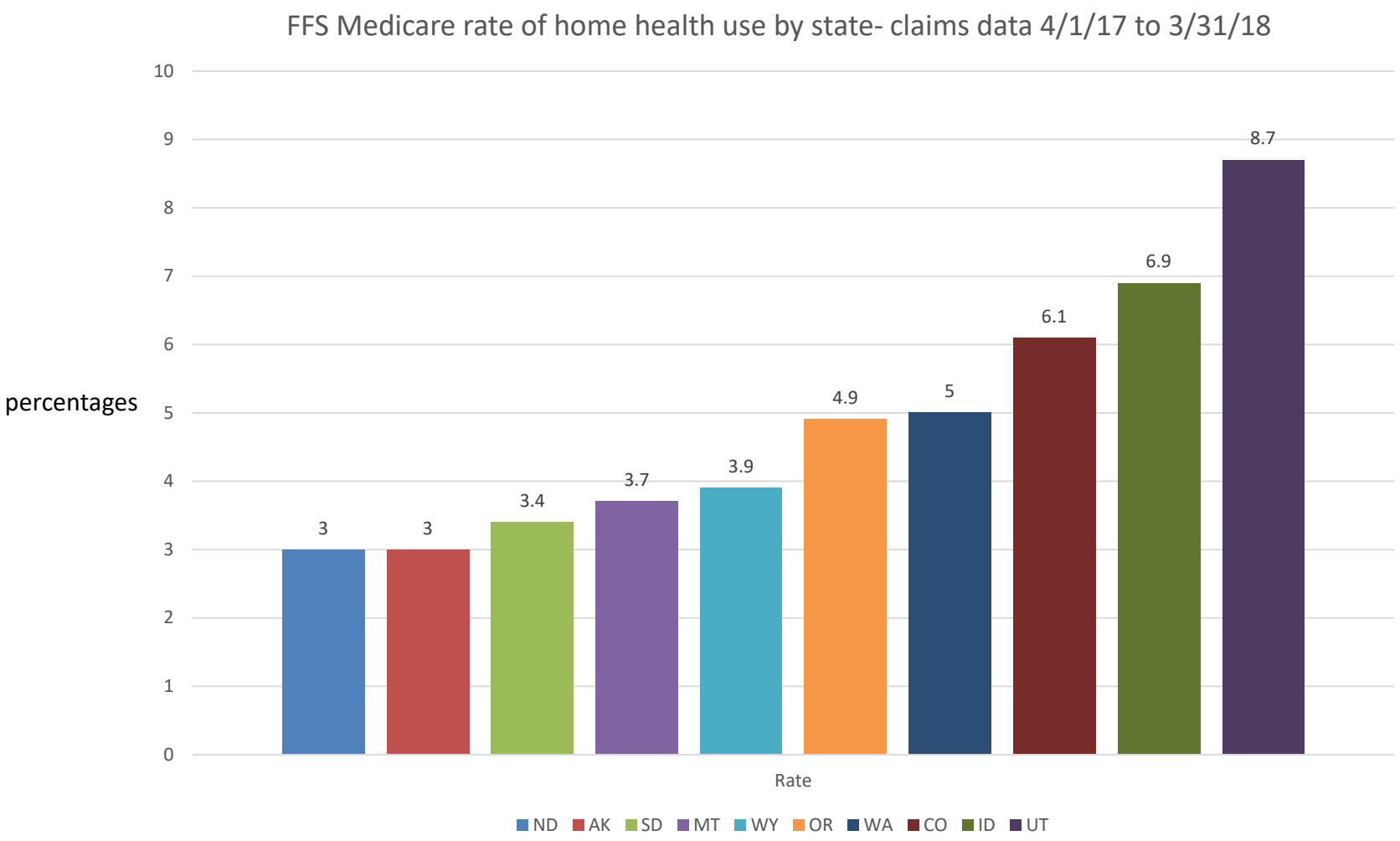
Skillman SM, Patterson DG, Coulthard C, Mroz TM. *Access to Rural Home Health Services: Views from the Field*. Fina

# A few interesting data points

- **Most Counties in Washington spend only 10-50% of U.S. Rate on Home Health**
- All of Washington's 39 counties admit fewer patients to home health per 1,000 Medicare beneficiaries than the national average of 111.
- Statewide, 19.8 percent of all Medicare fee-for-service (FFS) hospital discharges are hospice-eligible and only 2.8 percent are admitted to hospice.
- Only Puerto Rico and Alaska spend fewer hospice hours with patients than Washington

- https://data.cms.gov/market-saturation

# Region E Home Health Use Rates



What do you think?

# What causes variation in home health rates?

- Interesting: WI is 4.9% and MI next door 9.6%
- National variation= 3.0% to 11.4%
- Region E states are most of the bottom quartile-plus NE, MN, IA, HI and WI

# WA Rural Home Health Report

## Goals

To examine the challenges and propose solutions for rural home health  and hospice care

To serve as a catalyst for further conversation and data driven decision-making about improvements, as well as take responsibility for solutions within our scope.

# Report Structure

- Seven general themes identified, with background information and detail provided describing the challenges associated with each theme
- A total of 44 potential solutions, each with short, medium or long-term potential effects
- Some potential solutions can be addressed by individual organizations but many will require combined efforts across organizations and levels of responsibility

# Major Challenges for Rural Home Health

- Underuse and fiscal sustainability
- Moving to value-based payment and care
- Administrative burden of Medicare
- Rural home health and hospice Certificate of Need
- Workforce
- Geography/population density and volume
- Community-based alternatives and the aging boom

# Potential Solutions

# Decreasing Underuse and Strengthening Fiscal Operations

- **Better understand drivers of low home health and hospice use in rural areas**
- Design easy entry processes
- **Test standing order sets; default home health and hospice orders**
- **Recognize the redefinition of the need to improve**
- Increase Medicaid payment and simplify preauthorization
- **Integrate home health agencies into CAH cost reports and payment**

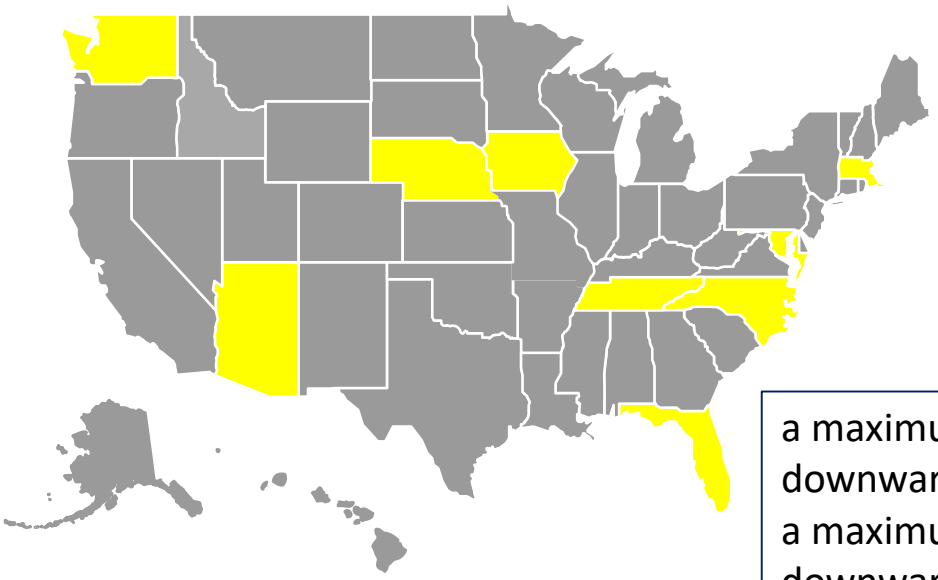
# Decreasing Underuse and Strengthening Fiscal Operations

- Reduce use of homebound status and medical necessity
- Reduce over-regulation
- **Increase incentives and decrease barriers for HHA to integrate telemedicine and home tele-monitoring services**
- Create payment and design services for upstream palliative care
- **Integrate more behavioral health approaches into HHAs**

# Moving to Value-Based Payment and Care Systems

- Evaluate the OASIS measures through a rural lens
- Employ small data set strategies developed by NQF
- Increase interoperability of EHRs across HHAs and CAHs
- **Include rural home health and hospice care in bundled payments**
- **Integrate HHAs into ACOs and ACHs**
- **Engage HHAs in prevention strategies and early screening and intervention**
- Build value-based coding skills and business practices

# Value based payment demo



a maximum payment adjustment of 3 percent (upward or downward) in 2018,
a maximum payment adjustment of 5 percent (upward or downward) in 2019,
a maximum payment adjustment of 6 percent (upward or downward) in 2020,
a maximum payment adjustment of 7 percent (upward or downward) in 2021, and
a maximum payment adjustment of 8 percent (upward or downward) in 2022.

# Reduce Administrative Burden

- Use the “value-added” lens to evaluate documentation and decrease documentation requirements
- Defer to state scope of practice to allow ARNPs to certify care and revoke the face-to-face requirement
- Create rural waivers for DME requirements

# Certificate of Need in Region E

*Nationally 35 states*

14 healthcare facilities

Home health and hospice

3 healthcare facilities

5 healthcare facilities

Home health

# Addressing Rural HHA Certificate of Need

- **Evaluate alternatives to county for geographic responsibility for CoN**
- Evaluate influence of CoN on patient access to rural home health and hospice services
- Decrease the complexity of CON application and offer additional resources to augment proactive front end technical assistance

# Attaining the Necessary Workforce

- Build experience, courage, compensation, education
- **Build virtual community-based training ladders/lattices**
- **Prioritize local region students for admission to community colleges**
- Foster new roles and greater rural flexibility

# Attaining the Necessary Workforce

- Fund comprehensive workforce assessment for healthcare with an emphasis on rural
- Improve integration of rural home health into existing workforce strategies
- **Anticipate the high need for home care aides**
- **Facilitate rural community use of DSHS contract nurses and other aging supports**

# Responding to Geography/Population Density and Volume Constraints

- Continue and increase federal rural subsidy for HHAs
- Develop more blended systems of care with less categorical regulation and payment
- **Decrease barriers to co-employed staffing with regulatory relief of silo requirements**
- **Explore models for inclusion of HHAs in rural regionalization and networks**
- **Evaluate the best compensa**tion models for time spent driving to patient homes
- Fund like a fire department for fixed cost of capacity
- **Evaluate the use of HHA shortage area declarations**

# Home health shortage declarations

- **405.2416 - Visiting nurse services.**
- (a) Visiting nurse services are covered if the services meet all of the following:
- (1) The RHC or FQHC is located in an area in which the Secretary has determined that there is a shortage of home health agencies.
- (2) The services are rendered to a homebound individual.
- (3) The services are furnished by a registered professional nurse or licensed practical nurse that is employed by, or receives compensation for the services from the RHC or FQHC.

# Building Community Based Alternatives

- Create supported housing alternatives with less red tape
- **Incentivize day health-partial hospitalization**
- Adopt and spread the CAPABLE model
- Develop congregate hospice homes

# Next Steps

# Next Steps

- Broadly disseminate report

- Convene discussions at the local, regional and state level to prioritize potential solutions and develop plans for implementing those solutions

# State Office of Rural Health Plans

- **Co-convene a workgroup to evaluate a pilot which tests HHA shortage area declarations**
- **Instigate a discussion of alternatives to county for geographic responsibility for rural CoN**
- Offer education to build value-based coding skills and business practices to rural health organizations and include rural home health and hospice in the invitations
- Consider contracting with a highly experienced HHA manager to offer mock survey and technical assistance to rural agencies as is currently done with RHCs

# State Office of Rural Health Plans

- **Improve integration of rural home health in existing rural workforce strategies at DOH and encourage integration among workforce partners**
- **Anticipate the high need for home care aides and consider tasks for contracts with the Area Health Education Centers, and encourage other workforce partners to contribute to efforts**
- **Inform rural communities about the use of Department of Social and Health Services (DSHS) contract nurses and related Aging, Adult and Disability Services.**

# State Office of Rural Health Plans

- **Explore models for inclusion of HHAs in rural regionalization and networks, through discussions with network leaders**
- Discuss the research opportunities with the Rural Research Centers, to encourage a studies related to the best compensation models for windshield time, the reasons for underuse of home health in WA, the factors that influence increases in volume for "easy entry" admission agencies, the influence of CoN on rural access to services, and comprehensive workforce assessment for HHAs and hospice
- Seek funding for a WA state pilot to adopt and spread the CAPABLE model

# Potential Solutions that Can Be Implemented by Rural Health Systems

- Test standing order sets and default home health orders
- Include rural home health and hospice care in bundled payments
- Explore alternatives for interoperability between EHRs in hospital, clinic and home health agencies
- And more….

# What if…

- What if home health became the new extension of a primary care patient-centered medical home?
- What if home health became a mobile immunization workforce?
- What if we used home health to deliver more maternal child services before and after birth?

# Questions?

# Thank You

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