December 27, 2000

Mr. George Grob
Deputy Inspector General for Inspections and Evaluation
Office of Inspector General
Department of Health and Human Services
Cohen Building-Room 5657
330 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Mr. Grob:

The American College of Physicians–American Society of Internal Medicine (ACP–ASIM) has appreciated the opportunity of working collaboratively with the Office of Inspector General (OIG), providing physician input on a number of important OIG projects including the OIG's upcoming study on "Physician Involvement on Approving Home Health Care." This letter is to memorialize input provided by the College's Medical Services Committee in an October 12, 2000 conference call with your New York OIG regional office staff who are charged with planning the above home health study. Once OIG has had a chance to digest the suggestions provided below, we would like to schedule a follow-up conference call to determine how the College can be of further assistance, including having a role in reviewing the physician and patient survey instruments OIG is designing for use in its home health study.

Conference Call Background

The Medical Services Committee first met with OIG New York regional office staff involved in designing and conducting the home health study at the Medical Services Committee meeting held July 28, 2000. At this meeting, OIG staff invited the Medical Services Committee to identify any issues and questions which would help make the home health study more productive and responsive to physician concerns. According to OIG, the goal of the study is to determine ways physician approval and oversight of home health services can be streamlined and made more efficient and effective.

OIG staff indicated it was going to look at the roles and concerns of the different players in home health care by: (1) Conducting a survey of physicians; (2) Interviewing home health agencies; (3) Conducting a survey of home health patients and their families; and (4) Analyzing Health Care Financing Administration (HCFA) home health billing claims data.

Questions/Issues the Medical Services Committee Would Like the OIG Home Health Study to Focus On

1. ***Adequacy of Physician Payment***

a. What percentage of physicians bill for care plan oversight, and what are the obstacles and barriers which discourage them billing for this service? (Note: The Medical Services Committee believes that the criteria and paperwork for billing for care plan oversight are much too time consuming and complex; OIG staff noted there is a HCFA proposal to pay physicians a set fee for this service when certifying and recertifying patients for home health care. The HCFA proposal calls for establishment of two new "G" codes to describe services involved in physician certification and re-certification and development of a plan of care for a patient for whom the physician has prescribed home health services).

b. Would assuring physicians are paid for care plan oversight help encourage physicians to be more actively involved in the direct supervision of home health patients' care, through more face-to-face visits, telemedicine, or phone contact, for example?

2. ***The Hassle Factor***

a. To what extent does pressure from home health agencies and families of home health patients influence a physician's decision to approve home health services?

b. What do home health agencies say to physicians when they call to request approval of services—can this process be streamlined and less demanding?

c. Do physicians feel overwhelmed by home health agency requests for lab tests and the resultant paperwork, and are they able to keep track of which patients are receiving which tests and why?

d. Does this pressure (from a, b, c above) interfere with the quality of medical decision-making?

e. Would it be possible to eliminate the home health re-certification (every 62 days) requirement for patients whose conditions are progressively worse or terminal?

f. Can the HCFA-485 form be re-designed to be less complex, have less information and clutter, so it is easy and less time consuming to read, and provides physicians with the essential information needed to make home health care decisions?

g. Would it be possible to expand the role of home health agency medical directors to lessen the burdens on the physician who approves home health services?

3. ***Adequacy of Physician Understanding of Home Health Care Rules***

a. Do physicians have adequate knowledge of the rules and definitions governing home health care, such as:
   - how homebound is defined
   - when skilled nursing care is required (as opposed to non-covered homemaker services);

- the distinctions between physical therapy occupational therapy services and when each is medically indicated;
- distinctions in durable medical equipment (DME-such as types of wheelchairs) and which is most appropriate for a given patient's condition; and
- precisely which home health related services are or are not covered by Medicare?

b. Does the lack of such knowledge negatively impact the ordering of home health services, and could physicians do a better job if they had medical specialists they could consult when deciding which level of service or type of DME to order?

4. ***What is the Impact of a Shift to Home Health Prospective Payment System (PPS)?***

Background: As of 10/1/00, the PPS method of payment which is being phased in will no longer pay home health agencies on a cost basis, but rather pay a set amount by patient diagnosis and level of service need. OIG would like to factor this change, which is a disincentive to overutilize home health services, into its home health study. OIG will survey physicians on whether they have seen a noticeable impact of PPS on the nature and amount of service requests they receive from home health agencies, and to see if the PPS might produce cases of inappropriate underutilization of needed services. One Medical Services Committee member noted that the transitional Interim Payment System (IPS) which has been in effect for home health agencies the less year has resulted in a steady decline in the average number of home health visits per episode of care. He said it was hard to determine at what point, if any, this decline may start affecting quality of care.

a. What indicators of access and quality should OIG look at to determine what impact, if any, the shift to PPS is having?

5. ***What Can Be Done to Increase Physician Involvement in Approving and Overseeing Home Health Care?***

Background: This general, open-ended question will be posed as part of the OIG physician survey. Medical Services Committee members would like the following questions to specifically be addressed in the OIG survey:

a. To what extent would implementation of HCFA's proposal to add two new "G" codes to pay physicians for certifying and recertifying patients and preparing a plan of care (already endorsed by the Medical Services Committee), increase physician willingness to take on and oversee the care of home health patients?

b. Is there a way to ensure physicians are compensated for care plan oversight and, if so, would this have a positive impact on the continuity and quality of care delivered?

c. If the HCFA-485 could be simplified and be made easier to use, would this improve the level and quality of physician involvement in approving and overseeing home health care?

d. Do physicians consider the requirement to re-certify home health care for patients who are terminal or in a state of progressive decline burdensome and unnecessary? If so, would eliminated of this requirement by HCFA encourage more physicians to take the care of such patients?

e. If the rules and requirements which govern approval and payment for home health services were simplified and made easy to understand, would more physicians be willing to take on and care for home health patients?

f. Would more physicians become involved in caring for home health patients if they could access and consult with medical specialists to aid decision-making in areas beyond their own technical expertise such as DME?

g. Would more physicians become involved in care for home health patients if some of the more routine patient oversight responsibilities (e.g., ordering of lab tests) were taken over by home health agency medical directors, thereby lessening the red tape and time demands placed on primary care physicians?

g. Would physicians be more willing to increase their level of contact with homebound patients, if tools such as telemedicine were made more convenient, accessible, and easy to use?

Summary

The Medical Services Committee members noted that, despite all the issues and concerns related to home health care, it does appear that home health agencies are providing a sufficient level of service to their patients, as evidenced by the virtual absence of complaints from patients and their families. Thus, the real focal points for the OIG study should be to find ways of making physician involvement in the care of their patients much easier and less burdensome, streamlining paperwork and communications with home health agencies, ensuring only needed services are provided and done so in a timely
and efficient manner, and ensuring physicians are adequately compensated for their oversight services.

Both the Medical Services Committee members and OIG staff felt the conference call was very productive. OIG promised to "keep us in the loop" as progress in planning the study and the physician survey instrument is made. This correspondence is intended to keep the College's participation in the OIG home health study current and active; as such, your response to the above issues and concerns is solicited. The College would also appreciate the opportunity of reviewing any drafts of the OIG physician and patient survey instruments if they are now available.

We look forward to scheduling a conference call with your New York regional office staff to update us on progress with the home health study, and to help solidify ways the College can continue to provide input. Please direct any questions you may have to Mark Gorden, Senior Associate for Managed Care and Regulatory Affairs, at (202) 261-4544.

Sincerely,

Cecil B. Wilson, MD, FACP
Chair
Medical Services Committee