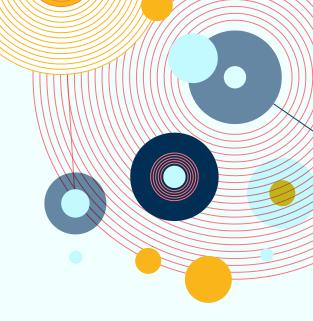# Advancing Tech-Enabled Health and Home Care

Policy Changes to Facilitate and Support Integration

Nearly **two-thirds** of older adults will need home-based services and supports to meet health and personal care needs over the course of their lifetimes. Despite widespread and increasing demand related to the growing number of older adults in the United States, **persistent structural barriers**—including lack of coverage by Medicare and private insurance, out-of-pocket expenses, and workforce constraints—limit access to home care.
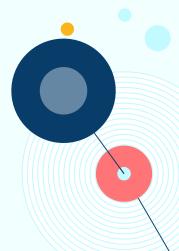
Informed by the **preference expressed** by many older adults to remain in their homes, the previously sharp lines between brick-and-mortar health care and home care are blurring, enabled by shifts to virtual care and the rapid expansion of telehealth during the COVID-19 pandemic. To sustain the momentum gained during the pandemic, temporary policy changes to allow reimbursement for home-delivered care should be made more certain as emergency provisions expire. Further, larger-scale policy and program design changes should be considered to expand the availability of care in the home through technology.

Pandemic-Related Flexibilities

The extension of core telehealth and home-care flexibilities is needed to enable further evaluation of cost and quality and to develop requirements and guidelines on appropriate use. Looking beyond the pandemic toward more permanent solutions, the following should be considered:

Tech-Enabled Care

Tech-enabled care is defined by the **American Medical Association** (using the term "digitally-enabled care") as "fully integrated in-person and virtual care models that hybridize care delivery based on clinical appropriateness and other factors such as convenience and cost."

Continue lifting traditional Medicare geographic and originating site restrictions

Before the pandemic, traditional (fee-for-service) Medicare beneficiaries could not access telehealth services unless they lived in areas with a shortage of health-care professionals. Patients were also required to travel to specific sites outside of their homes to receive care.

Continued lifting of these Medicare geographic and originating site restrictions is central to any extension. MedPAC, the advisory body to Congress on issues related to Medicare, has **recommended a period of up to two years**, allowing time to gather data on access, quality, and cost of permanent coverage.

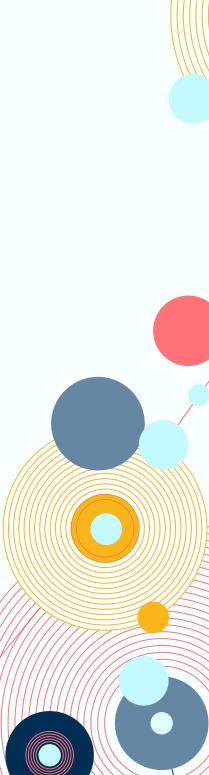## Allow audio-only telehealth services

During the COVID-19 public health emergency (PHE), coverage of audio-only telehealth services expanded. While audio-only telehealth services for mental and behavioral health were included in the **2022 Medicare Physician Fee Schedule**, other uses will be limited beyond the PHE and related temporary extensions without further action. The availability of audio-only services supports equity and fills a gap for older adults facing transportation, digital literacy, and broadband access **barriers** to in-person and virtual care.

Extend the Acute Hospital Care at Home initiative

Beyond virtual visits for preventive and episodic care, delivery of hospital-level acute care is taking place in patients' homes using telehealth, remote patient monitoring, and other digital tools. Hospital-at-home care has proven **effective**, with improved clinical outcomes, provider and patient satisfaction, reduced costs, and comparable safety to inpatient care.

The **Acute Hospital Care at Home (AHCAH) initiative**, an expansion of the Centers for Medicare & Medicaid Services' Hospitals Without Walls program, has allowed traditional Medicare beneficiaries to receive inpatient-level care at home throughout the pandemic. Congressional action extending the AHCAH waiver would allow continuation of the initiative post-pandemic.

Larger-Scale Policy and Program Design

While there is immediacy to addressing pandemic-related flexibilities, larger-scale policy and program design changes are critical to integrating health and home care through technology in the longer term. Action on two larger-scale policy and program design issues would support tech-enabled health and home care: addressing workforce challenges and expanding value-based payment models.

Addressing Workforce Challenges

Although virtual care enables providers to engage with patients regardless of geographic location, state laws circumscribe how and when care can be furnished across state lines. In addition, states set licensure rules that define the scope of practice for specific health-care professions. During the pandemic, **all 50 states and the federal government** waived, at least in part, aspects of licensure requirements for health professionals.

Modifications to licensing and scope of practice rules provide potential paths for meeting the projected increased demand for care coupled with workforce shortages and harnessing the potential for virtual care.

Examples include:

- Permitting providers licensed in other states to furnish telehealth services within a jurisdiction following registration with the state medical board or oversight authority—Florida and Arizona passed laws following this model.

- Expanding the tasks that nurses can delegate to home-health aides—**more than half of states** allow delegation of many activities, such as administration of oral medications and management of ostomy care.

Expanding Value-Based Payment Models

In 2021, the Center for Medicare and Medicaid Innovation released a strategy refresh announcing a goal for all Medicare beneficiaries to be in an **accountable care relationship** by 2030. Accountable care relationships hold providers accountable for both quality and total cost of care.

This transition under Medicare presents important opportunities to integrate tech-enabled health and home care into existing and future payment models, as well as to carefully craft policies that foster the availability of services and innovations in care delivery. These opportunities include the following:

- Enabling risk adjustment for a variety of virtual modalities and not just synchronous audio-video appointments.

- Identifying ways to integrate episode-based and population-based payment models that smooth transitions in services linked to changes in a **person's acuity**.

- Supporting the participation of home-based care providers in value-based care through up-front investments for planning and development of the **infrastructure needed** to enter into agreements.

For additional information, see the full *Advancing Tech-Enabled Health and Home Care report*, which presents consensus-built, actionable recommendations to integrate health and home care through technology. Recommendations are based on informational interviews, a survey, and a roundtable with experts across sectors.