



Senators Markey, Cornyn, Bennet and Portman Introduce Bipartisan Legislation to Make Innovative Home-based Primary Care Medicare Program Permanent

Independence at Home program brings primary care medical services to Medicare beneficiaries with multiple chronic conditions in their homes; has already saved \$25 million in first year

Washington (July 6, 2016) – Senator Edward J. Markey (D-Mass.), John Cornyn (R-Texas), Michael Bennet (D-Colo.) and Rob Portman (R-Ohio) today introduced legislation to convert the Independence at Home (IAH) demonstration into a permanent, national Medicare program. Independence at Home is an innovative, team-based model that is bringing measurable, high-quality care to patients suffering from multiple debilitating diseases such as Alzheimer’s, ALS, congestive heart failure, diabetes and Parkinson’s, while significantly lowering costs for the Medicare program.

Independence at Home empowers teams of doctors, care givers and other health care professionals to coordinate and provide primary care services in the comfort of patients’ own homes, reducing unnecessary emergency room visits and avoidable hospitalizations and readmissions, as well as the costs associated with them. According to the Centers for Medicare and Medicaid Services (CMS), the Independence at Home payment model saved more than \$25 million in its first performance year alone, an average of \$3,070 per participating beneficiary.

“It’s time to turn the successful experiment that is Independence at Home into a nationwide practice,” **said Senator Markey.** “We can design Medicare so that it works smarter, not harder for its beneficiaries. Independence at Home allows teams of doctors and nurses to continue to care for severely ill Medicare patients in the home, bringing the house calls of yesteryear into the 21st century. I thank Senator Cornyn for his partnership on this legislation to ensure that this innovative program is permanently accessible to all Medicare beneficiaries and their family caregivers in the future.”

“This bill ensures patients can have access to quality health care at home and their families will have a greater sense of security for their loved ones, all while lowering costs,” **said Senator**

Cornyn. “I appreciate Sen. Markey’s partnership and look forward to continuing our work on this important legislation.”

“In Colorado, we’ve demonstrated how a strong coordinated care network can lead to better results at a lower cost to patients, hospitals, and our health care system,” **said Senator Bennet.** “The expansion of the Independence at Home model builds on these efforts by allowing seniors in Colorado with chronic conditions to get the care they need while staying out of the hospital.”

“I have seen the benefits the Independence at Home program has provided for seniors in Northeast Ohio during the demonstration program—it has reduced hospital readmissions, prevented costly hospital and nursing home admissions, and most importantly kept patients healthy and in their preferred care setting,” **said Senator Portman.** “I’m excited to join my colleagues to introduce legislation today to make the IAH program permanent and accessible to Medicare beneficiaries across all of Ohio and the nation.”

A copy of the legislation can be found [HERE](#). A similar bill is being worked on for introduction in the House of Representatives.

In 2012, Independence at Home began as a three-year demonstration program. Last year, the House and Senate approved a two-year extension. The Senate Finance Committee’s Chronic Care Working Group is currently considering making IAH nationwide in scope. Senators Markey and Ron Wyden (D-Ore.) are the original co-authors of the Independence at Home provision in the Affordable Care Act.

Conversion of the IAH demonstration into a national program is supported by a multitude of organizations, advocates and caregivers, as evidenced by their support for conversion in comments to the Chronic Care Working Group. A full list of these groups can be found [HERE](#).

“IAH successfully fills a critical gap in health care for our frail and elderly that few programs have been able to achieve,” **said Dr. Mindy Fain, President of the American Academy of Home Care Medicine.** “In the process, it improves patient satisfaction and health outcomes, while simultaneously saving money. We are delighted that a bipartisan group of U.S. Senators has introduced this legislation.”

“Alzheimer’s disease makes treating patients with multiple diseases more expensive and more challenging. For example, a patient with diabetes and Alzheimer’s costs Medicare 81 percent more than a patient who only has diabetes,” **said Robert Egge, Alzheimer’s Association Chief Public Policy Officer.** “Independence at Home will help care providers better coordinate care management, reduce costs, and allow individuals to have more control over their care plan.”

“Converting and extending the Independence at Home Demonstration will enable more patients and their family caregivers to receive high quality care at home,” **said Kathleen Kelly, MPA, Executive Director of the Family Caregiver Alliance, National Center on Caregiving.** “The Family Caregiver Alliance supports the legislation because family caregivers are better able to cope with care demands when there are true health partners to call upon when patient care needs change over time. IAH conversion would enable more primary care practices to participate in this program.”

Upon passage as part of the health care law, the Independence at Home program:

- Established a voluntary patient-centered, pilot program in 13 Independent Practices and one Consortium;
- Utilized a coordinated health care delivery model to ensure that Medicare beneficiaries with multiple chronic conditions who also need help with the activities of daily living can remain independent for as long as possible in the comfort of their own homes;
- Reduced costs by coordinating the care of these patients and reducing duplicative and unnecessary services, preventing hospitalizations, and lowering other health care costs;
- Created an incentive for additional savings through investment in health IT and other technologies; and
- Developed a new, attractive career path for primary care physicians by enabling them to lead IAH organizations and receive reimbursement for house calls.

More information about the Independence at Home program and CMS's program evaluation can be found [HERE](#).

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