



THINKSTOCK

Treating people in their homes instead of hospitals could lower the risk of infection and substantially lower the cost of treatment.

## There's no place like home for care

**T**hankfully, one rarely sees the sort of deadly superbug that killed six patients last year at the National Institutes of Health. But that incident highlights the increasingly serious problem of hospital infections. The Centers for Disease Control and Prevention estimates 2 million Americans get hospital-acquired infections every year, and almost 100,000 of them die as a result.

So why does the Medicare program continue to place people at risk by requiring patients who must receive medications intravenously to get those treatments in hospitals, nursing homes and outpatient clinics? Even though every national private insurance company provides coverage for infusion therapies in the home, Medicare does not.

The problem is that Medicare's Part D program covers only the IV drugs themselves — not the supplies, equipment and pharmacy-related services that account for more than half the cost of home-infusion therapy. Most Medicare patients cannot afford to pay for the therapy out of pocket, so they are forced to undergo extended stays in hospitals, nursing homes or daily visits to hospital outpatient clinics, which are less convenient and far more expensive.

Not only is the risk of infection significantly greater in hospitals than in people's own homes, but the difference in price is substantial. The cost of hospital treatment is often 10 times more expensive than the at-home option.

The Centers for Medicare & Medicaid Services, or CMS, the federal agency that oversees Medicare, steadfastly maintains that it does not have the jurisdiction to fix this problem and that a congressional fix is needed. Yet with all the discussion and debate over the Patient Protection and Affordable Care Act, this insane policy continues, and taxpayers continue to foot the bill.

This issue hit close to home last week when our office manager's father, Charles Rake, was discharged from George Washington University Hospital. His recent lifesaving surgery requires him to receive antibiotics via IV for several months, and the frail man had hoped to get the daily intravenous treatments at his home in Mount Vernon. But because of this Medicare glitch, he is forced to get the infusion treatments at a local hospital clinic.

The daily trips to the hospital not only place Mr. Rake, already suffering from a compromised immune system, at a significantly higher risk of a new infection, but

the travel is an additional burden to his wife, his longtime caregiver. At least Mr. Rake is fortunate that he only needs to make one trip per day for his antibiotic infusion. Some patients need infusion treatments twice daily.

As long as the CMS indicates it does not have the authority to correct this problem and Congress is unwilling to act, these elderly and disabled patients will be placed in harm's way, and Medicare will rack up unnecessary costs. There's no doubt these patients will get infections and some will die due to this inaction. Many organizations, such as AARP, the American Diabetes Association and the American Association of People with Disabilities, as well as our nation's leading hospital centers have urged Congress and the CMS to correct this obvious flaw in coverage.

Medicare is a successful and important program established to provide access to medical care for older Americans. Sadly, for the growing number of patients who need infusion therapy, Medicare is jeopardizing the well-being of the very people whom the program was established to protect. The only villain here is inaction. The time to fix the problem is now.

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