

July 7, 2020

ADM Brett P. Giroir, M.D.
Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue, S.W.
Room 716G
Washington, DC 20201

RE: Request for Information – Long-Term Monitoring of Health Care System Resilience

Dear Admiral Giroir:

The National Home Infusion Association (NHIA) appreciates the opportunity to submit comments on the Request for Information (RFI): *Long-Term Monitoring of Health Care System Resilience*, published by the Office of the Assistant Secretary for Health (OASH) in the *Federal Register* on June 5, 2020.¹ NHIA is a trade association that represents home infusion therapy providers, as well as companies that manufacture and supply infusion and specialty pharmacy products. As the leading voice for the home and specialty infusion community, we write to share our feedback on the RFI.

NHIA appreciates the extraordinary efforts that the Department of Health and Human Services (HHS) has made to respond to the needs of providers to help them safely treat Medicare beneficiaries during this unprecedented public health emergency. This RFI could mark a turning point as HHS looks beyond urgent immediate needs relating to the public health emergency and toward implementing lessons learned on the ground and improving healthcare for the future.

NHIA agrees with OASH on the importance of maintaining health system resilience, particularly during and following the COVID-19 public health emergency. For more than 40 years, home infusion pharmacies have safely and effectively coordinated services associated with administering intravenous and subcutaneous medications to patients in their homes, where they are less exposed to the risk of secondary infections. The option to receive these treatments at home has never been more important than now, during the COVID-19 pandemic.

HHS seeks input from stakeholders on a multitude of questions related to strengthening the U.S. healthcare system and asks questions targeted towards identifying barriers and opportunities for

¹ 85 Fed. Reg. 34644 (June 5, 2020).

health system resilience. A summary of our recommendations is provided here and articulated in greater detail below.

1. Eliminate the out-of-pocket inequities that currently exist across the various sites of care to give patients more choice and control over when and how to receive the care they need.
2. Invest in community-based services, such as home infusion, that localize healthcare, ensure rural areas are not under-served with regard to modern therapeutic approaches, and reach citizens for which transportation is a burden.
3. Continue to expand the use of technology in healthcare delivery to prevent the spread of infection, maximize efficiency, and leverage healthcare worker capacity.
4. Continue to recognize and reimburse the contributions of pharmacists as direct providers of healthcare to improve outcomes and lower costs.

Eliminate Out-of-Pocket Inequities Across Various Healthcare Settings

Differences in cost sharing between the Medicare Part D and Part B programs can drastically influence a patient's decision regarding where to receive care and disparities in out-of-pocket burden for beneficiaries serve to discourage receiving care at home. For example, reimbursement for home infusion therapy services varies by site of care. Patients who receive care at home should not be penalized by having to pay more out-of-pocket than if they were to travel to an outpatient clinic. Out-of-pocket costs for drugs can vary dramatically depending on whether a beneficiary receives an IV drug at home or in the physician's office. This is particularly bad policy in light of the COVID-19 public health emergency. **NHIA recommends that HHS structure reimbursement models to remove these disparities and increase patient choice for sites of care.**

Invest in Community-Based Services

Expanding the types of services that Medicare pays for in the home setting would have a positive impact on those communities. In addition, offering patients the option to receive home infusion treatments for infection, congestive heart failure, immune diseases, cancer, and a variety of other conditions frees up capacity, allowing hospitals to focus on serving COVID-19 and other critically ill patients. Home infusion is an example of a proven alternative to institutional care for treatment of many disease states.² As health care increasingly is centralized to urban settings, rural communities are left with more limited resources and lack of access to specialists. **NHIA recommends that HHS invest more in home-based care, including home infusion therapy services, which allows beneficiaries to stay in their communities, improves quality of life, maintains productivity and reduces the risk of exposure to pathogens such as coronavirus.**

² Polinski, J. M., Kowal, M. K., Gagnon, M., Brennan, T. A., & Shrank, W. H. (2017). Home infusion: Safe, clinically effective, patient preferred, and cost saving. *Healthcare*, 5(1-2), 68-80. doi:10.1016/j.hjdsi.2016.04.004

Expand the Use of Technology to Deliver Care

NHIA supports the expanded use of telehealth visits as an alternative for physician office or home health visits to assess a patient's progress toward therapy goals. Home infusion nurses and pharmacists are able to provide patient support remotely, which allows beneficiaries to stay home and away from facilities. There are many benefits to this, particularly during the COVID-19 public health emergency. **NHIA requests that HHS make the current temporary telehealth flexibilities permanent and expand the types of providers that can deliver services via telehealth to protect vulnerable beneficiaries and healthcare personnel from COVID-19. CMS could make the home infusion therapy supplier G-codes billable when the care is delivered remotely.**

Recognize and Reimburse for Direct Patient Care Provided by Pharmacists

In many rural communities, pharmacists are the most accessible healthcare provider. Recent studies show a positive cost:benefit ratio for pharmacists working in advanced clinical practice roles.³ Pharmacists working in home infusion have practiced at the top of their license for over four decades by supporting physicians when patients require long-term intravenous and subcutaneously infused therapies in the home setting. Physicians routinely delegate the oversight of home infusion to pharmacists who directly coordinate, monitor, and deliver services to patients with complex medical conditions. **NHIA requests that HHS support efforts that reimburse home infusion providers for pharmacist professional services such as: clinical monitoring, care coordination, care planning, and other services that are necessary for the safe and effective delivery of home infusion therapy. NHIA would like to work with CMS to establish a demonstration program to cover home infusion supplies, equipment, and services for Part D covered drugs. NHIA believes such a model would increase competition, improve quality, and save money by allowing more patients to receive infusion therapy at home rather than more expensive care settings.**

In conclusion, NHIA appreciates HHS issuing this RFI to collect feedback from stakeholders at this critical healthcare juncture. We appreciate the opportunity to share our recommendations with HHS and would welcome the opportunity to discuss our ideas with you. For questions or additional information, please contact me at connie.sullivan@nhia.org.

Sincerely,



Connie Sullivan, B.S. Pharm
President and Chief Executive Officer

³ Dalton K, Byrne S. Role of the pharmacist in reducing healthcare costs: current insights. *Integr Pharm Res Pract*. 2017;6:37-46. Published 2017 Jan 25. doi:10.2147/IPRP.S108047