

REPORT OF THE COUNCIL ON MEDICAL SERVICE

CMS Report 8-A-15

Subject: Improving Home Health Care
(Resolution 703-A-14)

Presented by: Jack McIntyre, MD, Chair

Referred to: Reference Committee G
(Courtland, G. Lewis, MD, Chair)

1 At the 2014 Annual Meeting, the House of Delegates referred Resolution 703, “Improving Home
2 Health Care,” which was sponsored by the Medical Student Section. Resolution 703-A-14 asked:

3
4 That the American Medical Association (AMA) support the establishment of state-based
5 certification for home health care workers and regulatory oversight over home health agencies.
6

7 This report provides background on home health and home health aides; outlines training standards
8 for home health aides; describes existing regulation of home health agencies; summarizes relevant
9 AMA policy; and presents policy recommendations.

10
11 **BACKGROUND**

12
13 Home health care services include a range of medical, therapeutic, and non-medical services,
14 delivered by professionals and workers in a patient’s home, including nurses; home health aides;
15 physical, occupational and speech therapists; and medical social workers. The focus of Resolution
16 703-A-14 was on services normally delivered by home health aides, including providing patients
17 with assistance with activities of daily living, such as taking prescribed medications.
18

19 Thirty-seven percent of home health care patients ages 65 and over receive assistance with
20 activities of daily living, often from a home health aide.¹ According to the Bureau of Labor
21 Statistics, home health aides help patients in their daily personal tasks, such as bathing or dressing;
22 provide basic health-related services according to a patient’s needs, such as administering
23 prescribed medication at scheduled times; arranging transportation to physician appointments; and
24 other responsibilities.² Home health aides usually work for home health or hospice agencies that
25 receive some level of government funding, and under the supervision of a registered nurse. There
26 were 875,100 home health aides in 2012, and the number of such workers is expected to increase
27 by 48 percent by 2022 to approximately 1.3 million. The median pay in 2012 for home health aides
28 was \$10.01 per hour, which reflects the lack of a formal education requirement for home health
29 aides.³
30

31 Home health aides are different from personal care aides, who are also known as homemakers and
32 personal attendants. While many responsibilities between home health aides and personal care
33 aides overlap, personal care aides cannot provide any type of medical service.⁴ Personal care aides
34 in many cases can also be hired independently of a home health or hospice agency.

1 TRAINING STANDARDS FOR HOME HEALTH AIDES

2
3 Training requirements for home health aides vary based on whether the employing agency
4 participates in Medicare and/or Medicaid, and by state. Overall, according to the National Home
5 Health Aide Survey, 83.9 percent of home health aides had initial training. Among those aides who
6 had taken initial training, 82.2 percent thought the training prepared them well for their jobs.
7 Ninety-one percent of home health aides had taken continuing education, including in-service
8 training, in the past two years. Seventy-nine percent of individuals receiving continuing education
9 found it useful.⁵ However, the Council notes that concerns have been raised with the low health
10 literacy levels of some home health aides, as well as how well they are prepared to carry out all of
11 their job responsibilities.

12
13 Home health aides employed by agencies that participate in Medicare or Medicaid must meet the
14 requirements outlined in the Conditions of Participation (COPs). In 2012, 12,311 home health
15 agencies participated in Medicare.⁶ Medicare COPs for home health aide services state that home
16 health aides must complete a training program, as well as a competency evaluation program or
17 state licensure program that ensures aptitude in key subject areas, or a competency evaluation
18 program or state licensure program that ensures proficiency in the subject areas taught in training.⁷
19 Subject areas of the competency evaluation include observation, reporting and documentation of
20 patient status and the care or service furnished; reading and recording temperature, pulse, and
21 respiration; basic infection control procedures; recognizing emergencies and knowledge of
22 emergency procedures; and adequate nutrition and fluid intake. The COPs state that the home
23 health aide training program must total at least 75 hours, with at least 16 hours devoted to
24 supervised practical training. After the initial training, the COPs dictate that home health aides
25 must receive at least 12 hours of in-service training during each 12-month period, and receive a
26 performance review at least annually.⁸

27
28 The Institute of Medicine (IOM) has called for federal requirements for the minimum training of
29 home health aides to be increased to at least 120 hours. The IOM recommendation stemmed from
30 the anticipated need for home health aides to assume more complex responsibilities, requiring
31 additional knowledge and fluency in more skill areas.⁹ Thirty-four states and the District of
32 Columbia do not require more home health aide training than the standard of 75 hours outlined in
33 the Medicare COPs. Sixteen states require more than 75 hours of training for home health aides, six
34 of which meet the IOM standard of 120 hours.¹⁰

35
36 REGULATION OF HOME HEALTH AGENCIES

37
38 Home health agencies that participate in Medicare or Medicaid must meet the requirements
39 outlined in the COPs. Additional requirements for oversight of home health agencies, including
40 requirements for licensure and background checks, vary by state. Regarding background checks, 41
41 states require home health agencies to conduct background checks on prospective employees, with
42 four states reporting having plans to require background checks in the future.¹¹ In addition, home
43 health agencies can opt to become accredited by such entities as The Joint Commission,
44 Community Health Accreditation Partner, and Accreditation Commission for Health Care. All
45 three entities have been found to have standards that meet or exceed the standards outlined in the
46 COPs, and therefore have been granted deeming authority by CMS to survey home health agencies
47 to determine whether they meet the Medicare COPs. Numerous states already have laws requiring
48 home health agencies to meet the accreditation requirements of at least one accrediting body,
49 allowing for additional quality oversight of home health care delivery. However, others do not and
50 may also have weak regulations, which the Council recognizes may lead to lower quality
51 thresholds.

1 RELEVANT AMA POLICY

2
3 Policy H-210.994 supports continued monitoring of the adequacy of the home health care system to
4 meet the accessibility needs of homebound patients. Policy H-210.991 states that the AMA will
5 foster physician participation, and itself be represented, at all present and future home care
6 organizational planning initiatives, including those of The Joint Commission. The policy also
7 encourages a leadership role for physicians as active team participants in home care issues such as
8 quality standards. Policy H-25.999 states that the AMA will advocate for policies that best improve
9 access to, and the availability of, high quality geriatric care for older adults in the post-acute and
10 long-term care continuum. Policy H-25.993 states that the AMA supports accelerating its ongoing
11 efforts to work responsibly with Congress, senior citizen groups and other interested parties to
12 address the health care needs of seniors, including hospice and home health care.

13
14 DISCUSSION

15
16 The training of home health aides and oversight of home health agencies vary based on state, as
17 well as home health agency accreditation status and Medicare and/or Medicaid participation. As
18 such, there are notably fewer quality standards for home health agencies that do not participate in
19 Medicare or Medicaid, and operate in states with weak regulations. Therefore, the Council
20 reiterates the need for meaningful regulatory oversight of home health agencies that employ home
21 health aides. In addition, the Council recognizes that the training of home health aides should
22 reflect the scope of their responsibilities that are continuously changing and in many cases,
23 increasing. The standards for training of home health aides outlined by the Medicare COPs,
24 accreditation agencies and the Institute of Medicine should be used to guide the appropriate level
25 and breadth of training required. To ensure that all states have appropriate training standards for
26 home health aides, the Council believes that our AMA should work with interested state medical
27 associations to support legislation that requires home health aides to obtain appropriate training
28 before caring for patients.

29
30 RECOMMENDATIONS

31
32 The Council on Medical Service recommends that the following be adopted in lieu of Resolution
33 703-A-14, and that the remainder of the report be filed.

- 34
35 1. That our American Medical Association (AMA) support the appropriate training of home
36 health aides to ensure the quality of services they provide, guided by the standards of the
37 Medicare Conditions of Participation, accreditation entities and the Institute of Medicine.
38 (New AMA Policy)
39
40 2. That our AMA support regulatory oversight of home health agencies that employ home health
41 aides. (New AMA Policy)
42
43 3. That our AMA work with interested state medical associations to support state legislation that
44 requires home health aides to obtain appropriate training before caring for patients.
45 (New AMA Policy)

Fiscal Note: Less than \$500.

REFERENCES:

- ¹ Jones, A, Harris-Kojetin, L, Valverde, R. Characteristics and Use of Home Health Care by Men and Women Aged 65 and Over. National Health Statistics Report; no. 52. Hyattsville, MD: National Center for Health Statistics. 2012.
- ² Bureau of Labor Statistics, US Department of Labor. What Home Health Aides Do. Occupational Outlook Handbook, 2014-2015 Edition. Available at: <http://www.bls.gov/ooh/healthcare/home-health-aides.htm#tab-2>.
- ³ Bureau of Labor Statistics, US Department of Labor. Home Health Aides: Summary. Occupational Outlook Handbook, 2014-2015 Edition. Available at: <http://www.bls.gov/ooh/healthcare/home-health-aides.htm#tab-1>.
- ⁴ Bureau of Labor Statistics, US Department of Labor. What Personal Care Aides Do. Occupational Outlook Handbook, 2014-2015 Edition. Available at: <http://www.bls.gov/ooh/healthcare/personal-care-aides.htm#tab-2>.
- ⁵ Bercovitz, A, Moss, A, Sengupta, M, Park-Lee, E, Jones, A, Harris-Kojetin, L. An Overview of Home Health Aides: United States, 2007. National Health Statistics Reports; no. 34. Hyattsville, MD: National Center for Health Statistics. 2011.
- ⁶ Medicare Payment Advisory Commission. Report to the Congress: Medicare Payment Policy. Washington, DC. 2014.
- ⁷ 42 CFR §484.4, Personnel qualifications. Available at: http://www.ecfr.gov/cgi-bin/text-idx?SID=b6e738d6636847adb7da33dcbf2877d5&node=se42.5.484_14&rgn=div8
- ⁸ 42 CFR §484.36, Condition of participation: Home health aide services. Available at: http://www.ecfr.gov/cgi-bin/text-idx?SID=b6e738d6636847adb7da33dcbf2877d5&node=sp42.5.484.c&rgn=div6#se42.5.484_136
- ⁹ Institute of Medicine. Retooling for an Aging America: Building the Health Care Workforce. Washington, DC: The National Academies Press. 2008.
- ¹⁰ Paraprofessional Healthcare Institute. Home Health Aide Training Requirements by State, 2014. Available at: <http://phinational.org/policy/home-health-aide-training-requirements-state>.
- ¹¹ Office of Inspector General, US Department of Health and Human Services. State Requirements for Conducting Background Checks on Home Health Agency Employees. May 2014. Available at: <https://oig.hhs.gov/oei/reports/oei-07-14-00131.asp>.