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Honorable Patty Murray
Honorable Max Baucus
Honorable John Kerry
Honorable John Kyl
Honorable Rob Portman
Honorable Patrick Toomey

Honorable Joe Hensarling
Honorable Dave Camp
Honorable Fred Upton
Honorable James Clyburn
Honorable Chris Van Hollen
Honorable Xavier Becerra

Dear Honorable Members of Congressional "Super Committee":

I am a family doctor and geriatric medicine physician writing you to oppose any co-pays being added to the Medicare home health benefit. I make housecalls to homebound Medicare beneficiaries; carrying the traditional doctor's bag, but with a modern twist, toting a computer with a cellular connection to Cleveland Clinic's electronic record systems. I supervise 500 other "road warriors," mostly nurses and therapists, who carry on the compassionate tradition of home visitation. We've embraced remote monitoring, coordinating care to reduce hospitalizations, health coaching, physician leadership and improved palliative care. If you check out our low hospitalization rates (18%) on Medicare's "Home Health Compare" website you'll see our success. Home-health co-pays would be an access barrier that would likely force the sickest and most vulnerable homebound Medicare beneficiaries to delay or avoid needed care. This will result in unnecessary hospitalization and emergency service use and increase Medicare costs. With over 70 million Baby Boomers to prepare for, it would be a mistake to enact home care payment cuts and co-pays. Now is the time to build-up our nation's home care infrastructure.


Home care patients typically have multiple, serious chronic diseases. In their living rooms, bedrooms, and from across the kitchen table (and sometimes via new telehealth technology) we listen, teach, equip, problem solve, assess, coordinate, and sometimes laugh and cry. For many it is a constant struggle to remain independent. They have survived multiple bouts of illness, multiple hospitalizations, nursing facility admissions. Some remain at home alone hanging on by a thread, and many others remain living at home only because of the heroic, 24/7 efforts of family. They are deeply dependent on Medicare (and often Medicaid) for their health needs, and are the ones who account for most of program expenses. It is through thoughtfully addressing their needs at home and outside of costly hospitals and facilities that Medicare can meet its social service mission and avoid going broke.

Home care teams with engaged physicians, using modern chronic illness and elder care concepts with new remote monitoring and "distance health" technologies can lead to a new care paradigm for the most costly and most suffering beneficiaries and their families. This future harnesses the potential of home care to reduce costly and undesirable hospitalizations

and institutionalization while partnering with patients and families to promote independence and quality of life. Fairly small policy changes to unleash home telehealth, home infusion therapies, and an expanded leadership role for physicians and nurse practitioners in home care can make a big difference. Transforming the decade old Medicare home care quality tracking system into a meaningful "value based purchasing" tool is another option with a big upside.

In spite of the clear opportunity offered by home care, I implore you not to take the wrong path, choosing to enact home care co-pays which amount to a "sick tax," that could force some out of their home into hospitals and facilities. Your decisions have tremendous implications for current vulnerable elders and the home care delivery system for present and future Medicare beneficiaries---for 70 million plus Baby Boomers there may not be time for a "do-over." There is an urgent need for an intense period of process change, performance improvement, technology integration, and workforce development in home care. Providers need to be held more accountable for outcomes. I have seen the seedlings of this exciting transformation at Cleveland Clinic and other places across the country. Now is the time to give them the chance to grow. If you are proposing Medicare co-pays to "save a sinking ship," cutting home care amounts to shooting holes in the lifeboats, it makes no sense.

Sincerely Yours,



Steve Landers, MD, MPH