



Home Health Providers Are Tackling ‘Home Health Deserts,’ Calling On CMS To Help

Joyce Famakinwa, January 25, 2024

One of the ways that home health providers are tackling access to care challenges is by focusing on delivering care to home health deserts.

Broadly, home health deserts are low-income communities that are the hardest to staff and where people who need home health care are unable to access it. A home health desert can be a rural or urban area, according to Dan Savitt, president and CEO of VNS Health.

VNS Health is one of the home health providers that has been at the forefront of the movement to bring quality care to home health deserts. Bayada Home Health Care is another provider working toward this mission.

Savitt explained that patients who don't receive care in the home often end up experiencing more issues down the line.

“Patients who are referred to home health and receive it within seven days are far less likely to end up back in the hospital, and they have lower mortality rates than those who don't get home health,” he said during a recent Home Health Care News webinar. “The fact that the system can't support it today means that it's costing the nation more.”

Savitt also noted that communities that are predominantly made up of racial and ethnic minorities are more likely to be home health deserts.

“Lack of access happens to be in racial and ethnic minority neighborhoods,” he said. “They are much less likely to get that care they need within seven days. They're much more likely, and we're seeing this in our communities, to end back in the hospital. Then they are at greater risk.”

A [University of Michigan study](#) recently found that nurses are less likely to give Black patients, compared to white patients, referrals to home health when being discharged from the hospital.

In fact, the study found that about 22% of Black patients were receiving home health referrals by discharge nurses, compared to 27% of white patients.

The South Bronx is one of the home health deserts VNS Health is working to address.

“There are a million people in the Bronx, so it's not a small surface area,” Savitt said. “It's bad enough that, overall, in New York City only 50% of the referrals are getting admitted into home health — it's less than a third in the Bronx.”

Addressing home health deserts means additional costs for providers.

“North Philadelphia is a tough area to cover, so is rural Vermont, very different geographies, but with similar challenges,” Michael Johnson, practice president for home health at Bayada, said during the webinar. “Those costs are not included in any reimbursement.”

Due to this, VNS Health is advocating for MedPAC and the Centers for Medicare & Medicaid Services (CMS) to measure access and capacity based on the ability to take on admissions, and not based on the number of agencies in the area.

“MedPAC and CMS measure access to home health services based on the number of beneficiaries living in a zip code by one, or more agencies,” Savitt said. “If there’s one more agency in a zip code, check the box from a CMS and MedPAC standpoint. That has to change.”

Savitt also called for Congress, MedPAC and CMS to get a better understanding of the home health desert crisis from the patient perspective.

“I spent enough time in D.C. to know that the people making and setting policy don’t understand the work that we all do every day,” he said.

Johnson pointed out the importance of payer advocacy outside of CMS, as well.

“I do believe that enlightened payers want to take care of their communities,” he said. “We actually have more in common with payers, in terms of keeping a population of people healthy. How do we build partnerships, because that is a big factor in terms of access.”

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