VISITING NURSE ASSOCIATION OF OHIO

Joint Medicaid Oversight Committee
Chairman Tom Patton
Visiting Nurse Association of Ohio, Lisa Von Lehmden Zidek
September 23, 2021

Chairman Patton, Ranking Member Antonio and members of JMOC, thank you for the opportunity to testify today. My name is Lisa Von Lehmden Zidek and I am President of the Visiting Nurses Association (VNAO) of Ohio. Today I am here to speak about the challenging business environment we face in Ohio's Medicaid program, as well as the strategies we are employing to try to overcome these challenges.

At the VNAO, we provide services to NICU babies as well as medically indigent, elderly, and palliative care patients. All of these patients need care regardless of the setting in which they elect to receive it. Due to the medically complex conditions of our patients and the environment in which the clinicians work, the nurses at VNAO require a high level of training, skill and experience.

VNAO's vision is to work in unison with primary care physicians and specialists to fill a gap that we have found in a patient's day-to-day inability to access care due to barriers such as transportation, lack of financial resources and lack of caregiver support. We bring a holistic solution to a community care issue by placing VNAO nurse practitioners in the community to help reduce overall health care costs, increase connections between providers and patients, enable providers to gain perspective into a patient's home life and greatly enhance the patient experience. In our model, our staff acts not only as a health care coach to the patient, family or caregiver, but also a central communicator to the patient's health care team.

Home health care programs bring tremendous value to Ohio's Medicaid program and are the most cost-effective form of health care, yet many agencies like mine are struggling to maintain our Medicaid service lines because we are only reimbursed a portion of what it costs to provide the care. Because we cannot cover our costs we struggle to pay providers a market wage. Some of you may recall that I testified earlier this year during the HB 110 deliberations that VNAO nurses often receive offers to go into other facets of healthcare for upwards of a 100% increase to their wages. The reality is that we lose nurses regularly to travel nursing positions, hospitals, and facility-based positions because we simply cannot compete with their pay structure. All the while, patient demand for in-home nurses continues to grow.

We are grateful for the action taken by the General Assembly to include a desperately needed rate increase to home and community-based providers. This commitment from the legislature was a positive step to help us begin to address our workforce recruitment and retention issue. Although the rate increase language in HB 110 was line-item vetoed, the DeWine Administration and Ohio Department of Medicaid are making good on their pledge to implement this increase administratively and are currently in the process of increasing the home and community-based service rates passed by the General Assembly via rule.

Additionally, the DeWine Administration recently sent out a survey soliciting input from stakeholders on how the HCBS American Recovery Plan Act (ARPA) 10% enhanced funding could be spent. We appreciated the opportunity to respond with recommendations that will promote quality, increase access to care, and sustain and grow the workforce while collecting outcome data. VNAO strongly believes we are a part of the solution. Unfortunately, my colleagues, other home health agencies, are shifting their business models away from Medicaid and closing their doors because the reimbursements do not align with what it costs

to provide care and pay providers. Unless something changes soon, a major access crisis will engulf Ohio's home and community-based Medicaid program. The VNAO is making some innovative changes to our programs to prepare for a new era of health care, an era in which complex patients can stay living in the community and costs can be better managed. I'm happy to discuss these changes in more detail if that would be helpful, and I recognize that some of that may not be within the scope of this hearing. The framework of our submission is as follows.

There are five different in-home care tracks. The models, although similar by design, differ greatly. The goals are ultimately to improve health and patient experience and decrease overall health care cost. From the patient's perspective, one track is to safely transition a patient back to independence and reduce readmission before reconnecting to their primary care physician. Another is to establish continued high-quality VNA Extender/patient relationships with visiting VNA clinicians serving as the primary care provider for patients who find great difficulty in leaving their homes to receive appropriate outpatient levels of care.

1) **Transitional care -** VNA Extenders visit and telephone chronically-ill elderly patients at home after skilled nursing facility/hospital discharge to prevent health complications and readmissions. Following a comprehensive discharge plan, the goal is to identify changes in health status, manage and prevent health problems by adjusting home nursing care and therapy, and transition back to the pre-established relationship with their primary care provider, who is kept informed of the patient's progress.
2) **Home-based primary care -** VNA Extenders provide ongoing patient-centered care for people underserved in the current health care model where the patient must travel to a provider. Chronic medical conditions increase with age, often leading to functional impairments that reduce the ability to access medical care. This is further diminished when a person has little social support or financial resources. These barriers lead to missed appointments, fragmented care and poor control of chronic conditions. Besides filling a critical access gap, providing primary care on the patient's own terms, in their own home, positively shifts the entire patient health care experience, changing the power dynamic of the encounter and facilitating relationship-building and opportunity to engage on topics unseen in clinic visits such as storing medications, fall hazards, lack of food, and access to in-home caregivers.
3) **Palliative Care -** "End of life care," "serious illness" or "advanced illness management" are some of the terms used to categorize this set of services for patients and families during the course of an illness. A serious illness needs exceptional care and support—but not always in a hospital or doctor's office. VNA Extenders provide nurse-led care and coaching in the comfort of a patient's home. The patient will receive care management, palliative care and advanced care planning to help manage their health and live life fully.
4) **Home and community based care –** Helping patients regain independence, VNA skilled home health services are designed to help recover from injury, surgery, hospitalization, or manage a chronic condition. The VNA Home Health Care team, including registered nurses, licensed practical nurses, social workers, rehabilitation therapists and home care aides, care together with the family, physician and caregivers to help the patient recover and achieve health wherever they call home.
5) **Hub Pathway and the Community Health Worker (CHW) –** As a community-based organization, VNA represents diverse groups addressing intersectional issues in health planning, health funding, and service organizations, engaging underserved populations, addressing social determinants of health (SDOH), and provide accessible community-based interventions to promote health and wellness.

Sustainability of this approach is contingent on four different factors.

1) Identify how to assist the patients falling through the gaps.

2) Create a plan to evaluate and improve quality at the start.
3) Identify program champions who possess leadership skills, passion and perseverance and empower those individuals with appropriate training and resources.
4) Implement telehealth for daily management of a patients vitals including blood pressure, pulse oximetry, daily weights and a tablet to allow virtual care from Nurse Practitioners, physicians and nurse coaches.

Evaluate success and outcome measures, and develop and support our workforce:

1) Success for the patient can be measured by their understanding of their disease process and ensuring compliance with their care plan. When barriers are eliminated it leads to decreased costs, fewer ED visits and hospitalizations, and an improved patient experience. This can be measured through claims data and readmission rate comparisons.
2) Understanding patient, caregiver, and family health care experience is vital so you must measure the quality of the experience. Patient and physician satisfaction surveys evaluate performance through the eyes of both audiences. Create a baseline of data to establish a starting point then measure improvements in patient satisfaction.
3) Financial sustainability can be measured through reported financials. Through billing of insurance providers, specifically Medicaid, and prudent oversight of additional unnecessary overhead, this model can be proven to be financially sustainable and independent on its own. We focus our resources on technological advancements to intake, schedule, and document the care provided to run efficiently.
4) Successful employment, education and tuition reimbursement for our staff members. We will support and guide students and professionals through their career pathways by offering mentors within their career of choice and provide access to school counselors to assist with educational needs. This supports developing this vital healthcare workforce in Ohio.

In closing, I would also like to share that I currently serve on the board of the Ohio Council for Home Care and Hospice (OCHCH) where our collective efforts are devoted to address these challenges. VNA, members of the OCHCH, and all other providers of home and community based services look forward to continuing this discussion with JMOC, members of the General Assembly and the Administration in a partnership to find solutions that promote sustainable care for years to come.

Once again, Chairman Patton and members of JMOC, thank you for allowing me to testify today. I am available to answer any questions.