



VNA COMMUNITY
HEALTHCARE

**Appropriations Committee
Budget Hearing
Testimony of VNA Community Healthcare
February 17, 2012**

Good evening Sen. Harp, Rep. Walker and members of the Appropriations Committee. I am Janine Fay, CEO of VNA Community Healthcare. We are a nonprofit home care agency that cares for a wide variety of patients, including those with chronic persistent mental illness. I am here this evening in response to the budget proposals regarding the delegation of medication administration to home health aides and the 10% cut to the home health medication administration rate. I can tell you that this issue is as complicated as the patients we care for.

Over the last several years there has been a lot of discussion about medication administration to patients in the community setting and along with that, different understandings of what constitutes a medication administration visit. I want to take this opportunity to briefly describe the nature of a psychiatric nursing visit, of which medication administration is a key element, but not the only element. The medication administration provided by our psychiatric nurses is much more than simply giving a pill. The nurses assess all aspects of the patient condition, both mental and physical, coordinate with the individual's physician, and collaborate with other care providers to ensure safety within the community setting. They frequently identify symptoms and provide early intervention to avoid further complications.

The one absolute in the life of a homecare nurse is that each patient has unique capabilities and care needs. It is this knowledge that tells us a broad brushed approach to medication management by unlicensed personnel will not be in the best interest of the clients we serve. This is particularly true for the behavioral health population. It is only with careful individualized care planning that one can determine whether medication administration can be done by a home health aide and the nurse must remain a significant part of the care team even when that delegation occurs.

B E S I D E Y O U A T E V E R Y T U R N



The Money Follows the Person Program has indicated that medication administration by nurses is causing a barrier to moving people out of facilities and into the community. As a long time community based provider I can assure you we are very supportive of having people receive care in the home setting versus an institution. We also understand that this population has different characteristics from those of our psychiatric patients. Again, the most important factor is that the individual's physical and mental status be assessed by the nurse and then he or she determines whether licensed or unlicensed personnel be used for medication administration.

We acknowledge that it is time for the system to change. Over the past year home care providers have been working closely with the Behavioral Health Partnership. We have been able to create significant cost savings by working together, identifying the clinical needs of each individual patient. I believe we could create a more effective model of care for the behavioral health population through this collaboration. Having said that, if there is a 10% cut to the medication administration rate we will not be able to provide patients the appropriate level of care. Delegation of medication administration to home health aides will require more work on the part of the nurse, not less. It will also increase the overall costs to our agency with new regulations. We are already facing financial challenges with the current rate structure. I urge your support in improving the system and not destroying it with a rate cut.

Thank you for your time and attention to this matter.