



TESTIMONY

Written by Maureen Murphy, RN, Manager of Clinical Practice

**Appropriations Subcommittee on Health
Public Hearing
March 6, 2015**

PUBLIC HEARING REGARDING THE GOVERNOR'S BUDGET RECOMMENDATIONS

We Strongly Oppose:

- OPPOSE:** RESTRUCTURE RATES TO ACHIEVE MEDICATION ADMINISTRATION SAVINGS, FUNDING TO HOME HEALTH AGENCIES
- OPPOSE:** REDUCE MEDICAID PROVIDER RATES (\$ 107.5 MILLION IN FY2016 AND \$117.5 MILLION IN FY2017)
- OPPOSE:** REDUCE MEDICAID RATES TO MENTAL HEALTH/PSYCHIATRIC HOME HEALTH CARE (\$ 20 MILLION IN EACH YEAR OF THE BIENNIUM)

Good evening Senator Gerratana, Representative Dillon and honorable members of the Subcommittee on Health. My name is Maureen Murphy, Manager of Clinical Practice, Gentiva Home Health. I am an RN with 39 years of experience, primarily in the specialty of Behavioral Health and Corrections; serving in a managerial role at Gentiva for the past 5 years.

Gentiva Home Health is the second largest provider of homecare nursing services to behavioral health clients in the state of Connecticut, through the Medication Administration Program. Our clients are 18 years of age and older, and include patients who have been discharged from the state's long-term facilities, CVH and Greater Bridgeport; Corrections and individuals followed by the Psychiatric Security Review Board. We currently service 652 patients, with offices in Stratford, Farmington and Old Saybrook. In 2013, our total unduplicated census was 713 clients with a total number of 159,223 RN/LPN visits. In 2014, our total unduplicated census was 819 clients with a total number of 159,483 visits. **This equates to an approximate reduction of 29 visits per patient, from year 2013 to 2014, with an approximate savings of \$1,418,216.00.**

Gentiva's savings has been achieved through a strong partnership with Value Options and collaboration with providers, case workers, out-patient programs and parole officers. Our program of care is based upon the recovery model; believing that great strides in independence can be achieved by individuals afflicted with mental health, while maintaining their personal safety and the safety of the community. Our field clinicians are highly specialized in communication techniques to best assess for thought and mood disturbances that can endanger the safety of the patient and the community. We recognize that untreated/uncontrolled mental illness produces suffering and fear in our patients, that is often expressed in dangerous behaviors directed towards the self or others. Our recovery model offers the opportunity for the clinicians to provide assessment and monitoring of an individual's mental and physical status; identification of knowledge deficits to provide education on diagnosis, medications and community resources, as well as advocacy and formation of a network of support systems to stabilize the patient in the community. We utilize progressive steps to empower patients and foster independence, via "tests for success" and teaching patients how to organize their medications; how to employ memory aids to take their meds at the proper times; implementation of calendars to track appointments with providers and labwork, relevant to their prescribed medications and development of a phone list to be able to independently call providers, the pharmacy or in instances of a crisis, 911 and/or Mobile Crisis.

Herewith our a few examples of our patients' "success stories" from the past year:

CASE # 1:

Mid-fifties male admitted to Gentiva services in early fall, 2014, following discharge from a rehabilitative facility. Patient had been diagnosed with Bipolar Disorder, but lacked any mental health follow-up and had no family support in-state. Patient's life was complicated by lack of finances, multiple bills from over-spending and issues with substance abuse. He became involved in a near fatal motor vehicle accident and suffered extensive trauma to the brain, chest and spinal cord, necessitating surgeries and subsequent treatment at the rehab facility. At the time of his admission to Gentiva, patient was dependent upon multiple pain agents, including narcotics, to control his level of pain related to the residual trauma. Patient initially had daily nursing visits ordered, with the nurse administering AM meds and prepouring the remaining doses of meds for the day in a pill sleeve. He was connected with mental health services in his area and participated in an out-patient partial hospital program. His primary nurse worked closely with his out-patient providers, as well as the patient's personal care physician to stabilize the patient's mood and to taper the patient off of all narcotics, while still providing the patient analgesic agents to control his pain at a patient described reasonable level. As he stabilized, the patient was able to demonstrate a higher level of functioning and his nursing visits were decreased. In January of this year, after patient was able to demonstrate knowledge of his medications, the ability to prepour his meds accurately and compliance with his meds, as prescribed, patient was discharged from Gentiva services. At the time of his discharge, patient was able to verbalize that he would require ongoing psychiatric treatment, with medication, for the remainder of his life, in order to maintain control of his illness.

CASE # 2:

Mid-fifties female diagnosed with Simple Schizophrenia, admitted to Gentiva services in December, 2014, following referral from her out-patient provider. Once a week nursing visits were ordered at the time of opening the case. Patient's nurse provided patient with education regarding her prescribed meds, med counters to organize the meds a week at a time and how to follow through phoning the pharmacy for refills. Patient deemed to be proficient in managing her meds safely and independently, with discharge from Gentiva services in early February of this year.

CASE # 3:

Late fifties female diagnosed with severe depression admitted to Gentiva services in the fall of 2012. Patient presented highly suicidal, with multiple hospitalizations and ER visits 3-to-5 times/week, when not in-patient. Patient was addicted to narcotic analgesics and would purchase Over-the-counter meds to attempt suicide via overdose. Nursing visits were initially ordered twice/daily and all meds were secured in a lock box. Patient's primary nurse maintained compassion, but established firm expectations of patient's participation in treatment and personal commitment to wellness. Likewise, the nurse collaborated closely with her providers to encourage alternative measures to control patient's pain and needed community resources to reduce patient's depression and anxiety, related to her poor living environment and failed relationships with family. Last spring patient moved into her own apartment for the first time in her life and has been successful in her independence. She is compliant with all MD appointments and participates in community programs, including NAMI. Patient's nursing visits have gradually been reduced to current frequency of five x/week.

Thank you for this opportunity to address our current services and the significant cost-savings that we have already begun to generate, while maintaining safety to our behavioral health clients and communities. We strongly support the need to maintain the integrity of home health services to our Connecticut residents afflicted with mental health illness, so as to avert increased costs related to re-hospitalizations and incarcerations.