



TESTIMONY

Delivered by Robert J. Nolan, Vice President of Advancement
Hartford Healthcare at Home

Human Services Committee
Public Hearing February 5, 2015

SUPPORT: HB 5814 AN ACT CONCERNING A STUDY OF MEDICAID HOME HEALTH RATES

SUPPORT: HB 5827 AN ACT CONCERNING MEDICAID FUNDED HOME HEALTH CARE

Good afternoon. I am Robert Nolan, Vice President of Advancement for Hartford HealthCare at Home. I'd like to take just a moment to thank Senator Moore, Representative Abercrombie and the members of the Human Services Committee for the opportunity to speak to you today.

Hartford HealthCare at Home has our roots in the Hartford Visiting Nurse Association, founded in 1901, and the Waterbury Visiting Nurse Association, founded in 1903. Today we have over 1,000 employees in seven local patient service offices providing care to in the greater Hartford and greater Waterbury regions and throughout much of eastern Connecticut. Our nurses, therapists, medical social workers and home care aides deliver home health, hospice and independent living services through 3,000 visits a day and to approximately 20,000 patients each year. We are among the largest not for profit home health care providers in the state of Connecticut and New England.

Our mission is to serve those who are among the most vulnerable in our state. Our patients are the frail elderly who are homebound, often suffering from a combination of acute and chronic conditions, necessitating the interventions of multiple disciplines of care. Our patients often live alone with little in the way of family or community support for their ongoing care. The care we provide is delivered in the place that all of us would prefer care to be delivered, at home.

Our transitional care nurses work to ensure that our patients have a smooth transition from the acute care setting to the home. Our nurse case managers work to provide frontline care in the field as well as to coordinate the care among a variety of primary care and specialty physicians ensuring that patients comply with their plan of care and adhere to their medication and diet

regimens. Physical, occupational and speech therapists providing rehabilitation services are essential to the patients' convalescence, recovery and independence allowing them to remain at home. We have extensive telemonitoring, patient education and emergency response programs which assist in allowing patients to remain in their homes, with or without family or community support networks.

The care that we deliver at home is well documented as a cost effective means of delivering care and achieving significant cost savings to the state's annual budget. In the Connecticut Home Care Program for Elders Annual Report to the Legislature for State Fiscal years 2009-2013, DSS reported a savings of \$533.5 million in Medicaid savings directly attributable to the utilization of home and community based services.

We are continually looking to identify and implement new strategies to meet the goals of the Triple Aim identified by Don Berwick of the Centers for Medicare and Medicaid Services in 2008 in order to provide better clinical outcomes, at a lower cost with higher patient satisfaction. This objective becomes increasingly difficult with stagnant or declining reimbursement models.

The mission of our agency is to provide and safeguard quality home health care to all persons in need, especially the indigent and medically underserved population. Our agency strongly believes that appropriate health care is a fundamental right and not a privilege. As part of our auditor's report to our Board of Directors in January estimated the cost of charity care, including losses related to the care of patients covered by Medicaid, provided by our agency was \$4,586,271 in fiscal year 2014 and \$3,606,978 in fiscal year 2013. Community philanthropic support helps to defray these losses, but is far from a solution.

We appreciate the support of this committee and also want to ensure that Medicaid rates are adequate to provide access to home health services. By working together on this issue in support of our most vulnerable state residents, we can assure you of our own commitment to provide critical services to the Medicaid population in our state.

Thank you again for your time and consideration.