Appropriations Committee Hearing 2/11/16
Dept. of Social Services Budget
Written Submission by Janine Fay, BSN, MPH, CEO VNA Community Healthcare

Senator Bye, Representative Walker and Appropriations Committee Members, I represent one of the home health agencies in the State that has provided medication administration services to residents for many years. The majority of these residents suffer from chronic, persistent mental health illness and require maximum support to live in the community setting.

As you know, we have been working with the administration on a transformative change which allows nurses to delegate medication administration to unlicensed personnel, specifically medication certified home health aides. In November of 2015, the administration expanded this to include home health aide visits for prompting of medications that were previously pre-poured by a nurse. We appreciate the collaborative approach DSS and OPM have taken with our industry in creating this framework.

In addition to the medication delegation, providers have worked with Value Options on strategies to reduce overall utilization of medication administration home visits. The results have been more than a 20% reduction of visits per patient over the past 4 years.

The impetus to change the model of care is financially driven however it will also allow for more residents to be served in their homes as the aging population continues to increase. This is a strategic long term value. The challenge is that such a dramatic change takes time and resources. The model requires intensive resources in order to achieve a "match". The individual patient must have a stable health status, the physician and nurse must agree that delegation is appropriate for the individual patient and lastly, there must be an available, competent aide to perform the medication administration or prompting. Over the last several months my agency has successfully moved 160 visits per month from completion by a nurse to a home health aide and we continue to increase that number. We also have been able to reduce total nursing visits per patient by 20 visits between 2014 and 2015. I want to emphasize that we are taking our responsibility to implement the program seriously and are measuring our progress on a regular basis.

For that reason I am grateful the administration has refrained from proposing a rate cut at this time. A rate cut would most assuredly undermine our ability to make further progress in the program. Our success to date demonstrates our willingness to change and I am confident that over the next several months data will show further reduction in costs per member.

Ensuring the availability of home and community based services is our common goal and we appreciate all legislative support that allows us to remain financially viable to continue this important work.