



April 1, 2019

EMS Technical Review Committee Members:

My name is Geri Johnson, RN, BSN. I'm the Director of Brown County Hospital Home Health in Ainsworth, Nebraska. I'm also the President of the Nebraska Home Care Association and am testifying on behalf of the membership.

Our top priority is to ensure appropriate care, safety and well-being for Nebraskans to remain independent in their homes and communities. We would like to provide clarification on the scope of practice of home care providers and the existing availability of home care in the state of Nebraska. You've received a handout with a list of home health agencies in Nebraska and the counties where they are licensed to provide skilled healthcare services. You've also received a handout specifying the types of services that home health agencies provide. Additionally, I'd encourage you to review the Home Health Conditions of Participation, which is available on the Centers for Medicare and Medicaid (CMS) website and specifies the requirements for anyone wishing to provide home health services must follow.

Home health agencies commonly hire registered nurses with a minimum of three years of nursing experience. This is because nursing services in a home or community setting require a high level of skills and competencies to care for patients with complex long-term care needs. This includes caring for patients with tracheostomies, wounds, chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF). The care and expertise that home health nurses provide helps constituents prevent emergency room stays and re-hospitalization, reducing costs in the long-term for the state.

In our review of the EMS-Community Paramedicine proposal, and of the 407 credentialing review criteria and standards for a change in scope of practice of a regulated profession, we express concerns that the proposed changes do not meet the six established criteria.

- 1. The proposal indicates that this scope of practice should be allowed "without having to obtain a Home Health Agency License." Any provider that is allowed into the homes of vulnerable Nebraskans should be expected to meet state licensing requirements.**

Licensure assures standards of operation, care and treatment by regulating governing authority, services provided, personnel qualifications, policies and job descriptions, criteria for admission, discharge and transfer, patient care policies and procedures, documentation protocols, background checks, orientation and training requirements, competencies as well as patient rights and the reporting requirements for abuse, neglect and exploitation.

Nebraska Home Care Association
1633 Normandy Ct., Suite A
Lincoln, NE 68512

Allowing this scope of practice without proper licensure does not provide a benefit to the health, safety or welfare of the public (Criterion Two), presents a potential danger to the public's health, safety and welfare (Criterion Three), and does not provide the oversight necessary to adequately measure whether practitioners are competently performing the skills necessary to provide safe home care nor the oversight necessary for corrective action (Criterion Six).

2. In the description of the proposed credential and proposed scope of practice, the application references a “gap” in healthcare specific to the community and that “programs are not meant to compete with existing services being provided.” However, each service listed is in fact in the role and scope of home healthcare and a well-covered provider market already exists in Nebraska. There are greater benefits to coordinating/collaborating with existing resources, rather than duplicating services. NHCA is open to a collaborative work structure with EMS if clear boundaries of responsibility, licensure and interaction are established.

The proposal lists the following MIH-CP services that may be provided:

- Providing help to patients with chronic disease management and education, including post hospital discharge follow up to prevent readmissions.
 - i. Chronic disease management is at the core of Home Health. It requires a skilled professional to assess the patient's condition, integrating a variety of signs and symptoms for patients with several comorbid conditions, perform typically complex medication reconciliation with review of interactions, duplications and side effects as well as coordinate a plan of care that keeps the patient safe at home. Adding an additional layer of care that is managed primarily under protocols and on-line medical direction from someone with no knowledge or background on the individual patient serves only to further fragment the patient's care and the healthcare system.
 - ii. Rigorous, credentialed educational programs for nurses and therapists prepare them to function independently. This application states that for Community Paramedicine “education may be handled in a variety of different ways.” Allowing another level of care with no degree requirement or standard educational curriculum is not a substitute for shortages in skilled professional roles and does not close gaps in healthcare. It is hard to see how the addition of this service in an already complex system will “increase continuity of care.”
 - iii. Preventing re-hospitalization is a core measure for Home Health Compare and Value Based Purchasing programs. Home Health interventions are geared toward transitioning the patient from the acute level of care and to prevent unnecessary readmissions.

Nebraska Home Care Association
1633 Normandy Ct., Suite A
Lincoln, NE 68512

(402) 423-0718 • nebraskahomecare@assocoffice.net • www.nebraskahomecare.org

- Navigate patients to alternate destinations such as primary care, urgent care, mental health or substance abuse treatment centers rather than the emergency room.
 - i. Coordinating community resources is also under the purview of home health. Medical Social Workers who specialize in resource referral are an integral part of the home health team.
- Provide telephone triage, advice or other assistance to non-urgent 911 callers rather than sending scarce resources such as an ambulance.
 - i. Home Health services are available 24 hours a day, 7 days a week to triage patient calls and attend to their needs. When patients call 911, they expect resources to be sent immediately for urgent situations. Having paramedics take time to differentiate urgent versus non-urgent situations could delay response and put patients in danger.
- Use telemetry technology facilitating patient in-home interaction with healthcare providers at another location.
 - i. Telemonitoring, with availability of face-to-face interactions via video, are currently available in the home health setting. It is expected that this service will expand as reimbursement is becoming available to home health agencies through Medicare, Medicaid and other payers.

With 75 home care provider members of the Nebraska Home Care Association, there is currently an adequate availability of home care services in the state. With a well-covered provider market, to include non-profit providers who serve all regardless of ability to pay, there is not an inadequacy in access to cost-effective, high-quality home care services in our state (Criterion One).

3. The proposal states that “community paramedicine education may be handled in a variety of different ways.” No standard in education or degree requirements is established by the proposal; furthermore, a range of five different levels of personnel – each with unique educational levels and skill sets – is proposed to be included in this scope of practice. Licensed home healthcare practitioners have attained certain educational and degree requirements and through annual required skills testing demonstrate their ability to provide this scope of service to patients.

The proposal does not specify a clear standard in education or degree requirements that will adequately prepare EMS providers to perform the full range of home care skills and services, including case management, long-term chronic disease management, wound care, physical and occupational therapy and other specialized services. Current EMS licensure requirements do not cover this scope of practice (Criterion Four). Their proposal does not establish appropriate post-professional programs and competence assessment

Nebraska Home Care Association
1633 Normandy Ct., Suite A
Lincoln, NE 68512

(402) 423-0718 • nebraskahomecare@assocoffice.net • www.nebraskahomecare.org

measures to ensure EMS providers are able to perform the full range of home care skills and services (Criterion Five).

4. The scope of services provided by home care agencies is inclusive of more than what is proposed to be provided by EMS providers; there is an existing continuum of care that ensures comprehensive, multidisciplinary, 24/7 in-home services appropriate to individual patient need.

Any provider of home care should be educated, skilled and licensed to provide the full scope of services under that practice; the absence of some services within this scope poses a risk to public health and safety and could lead to a higher overall cost of care for the patient and a loss of comprehensive quality care (Criterion One).

We ask what the goals for the patient are in this proposal, and for the committee to consider what improvements can be made within the current continuum, to include EMS providers, to reach these goals – without permitting an unlicensed scope of practice that competes with current resources and is not comprehensive of what home care in Nebraska currently provides.

We would respectfully request that the applicant group specify the next course of action, addresses the need for more data demonstrating the community need/gaps in services, provides an expressed plan to closely collaborate with stakeholders to develop clearly-defined boundaries and specific roles, and propose a plan to develop clear educational and continuing education standards.

I would be glad to answer questions that you may have regarding the scope of services that home health professionals deliver to Nebraskans.

Nebraska Home Care Association
1633 Normandy Ct., Suite A
Lincoln, NE 68512

(402) 423-0718 • nebraskahomecare@assocoffice.net • www.nebraskahomecare.org