Nebraska
Home Care Association

June 5, 2019

Dear Nebraska Board of Health Members:

My name is Jamie Summerfelt. I'm the CEO and President of the Visiting Nurse Association in Omaha, Nebraska. I'm also the President-Elect of the Nebraska Home Care Association and am testifying on behalf of the membership.

A copy of Geri Johnson's testimony from the April 1, 2019 EMS Technical Review Committee Public hearing is being handed out to you. Geri is the Nebraska Home Care Association President and wasn't able to attend today's hearing. My comments today are responses to additional points the applicant group presented on April 1st, and one additional consideration.

Our top priority is to ensure appropriate care, safety and well-being for Nebraskans to remain independent in their homes and communities. Your handouts include a list of home health agencies in Nebraska and the counties where they are licensed to provide skilled healthcare services; and a handout with the types of services that home health agencies provide. You're also encouraged 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.

When a community paramedic is responding to a call in the home or community and determines that a client's needs are different than stabilizing and transporting to a hospital, urgent care or facility, then the role of that paramedic ought to be to help connect the client with the professional or other resource licensed, trained and operating under the respective scope of practice to meet the patient's needs. Based on the applicant group's comments at the April 1st public hearing it sounds like that's the intent to integrate services such as public health, home health systems and primary care providers. Referring the client to those appropriate resources is the recommended course of action.

The applicant group referenced wanting to provide education and health promotion programs. We support working in collaboration with the appropriate stakeholders to directly educate Nebraskans and their family members or other caregivers on maintenance and preventative care.

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

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not cover this scope of practice.

At the EMS Technical Review Committee public hearing, the applicant group also stated that they intend to perform post-hospital follow-up care. Our members would ask for clarification on what that care would entail. We would also like to better understand how this care will be designed and communicated if home care is in place to avoid duplication, and assure all plans of care are clear, collaborative and avoid unnecessary expense.

If post-hospital follow-up care is intended to include chronic disease management and education, including post hospital discharge follow up to prevent readmissions, we wanted to reiterate that 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.

Home health agencies commonly hire registered nurses and licensed therapists with a minimum of three years of nursing experience. This is because clinical 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 professionals provide in the home and community helps constituents prevent emergency room stays and re-hospitalization, reducing costs in the long-term for the state.

Rigorous, credentialed educational programs for nurses and therapists prepare them to function independently. The 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."

Preventing re-hospitalization is a core measure for CMS 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.

We ask what the goals for *the patient* are in this proposal, and for the Board of Health 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 if the Board of Health determines that community paramedicine *may* be a viable program in Nebraska, then establish pilots with community assessments in several regions across the state, with the stipulation that a home health agency in each of the pilot communities are required to be involved with every patient. The Nebraska Home Care Association would offer to have one or more members be part of a work group with the applicant group and other stakeholders to develop a list of guidelines and/or desired outcomes for the pilot. If evidence shows that a community paramedicine program meets the objectives and criteria outlined in the proposal, that it doesn't impact public safety and it doesn't overlap with home health services, then the case could made to move forward with implementation of the program with any interested communities, once the assessments are completed and evaluated.

Thank you for your thoughtful consideration and work to ensure Nebraskans receive the care, services and support they need to remain safe and comfortable at home and in their communities.

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