

Submitter: Heidi Barth

On Behalf Of:

Committee: Senate Committee On Human Services

Measure, Appointment or Topic: SB1168

Dear Chair Gelser Blouin, Vice-Chair Linthicum and Members of the Committee,

My name is Heidi Barth, I live in Portland, and I am providing testimony in strong support of SB 1168.

I have worked in Home Health for many years and have experienced the being both paid per visit and paid hourly but with high productivity expectations. Both of these pay structures negatively impact patients and providers. Pay per visit does not pay the clinician for all of the things that providers do behind the scenes: phone calls with patients, family members, physicians, and other care coordination, ordering equipment and supplies, drive time - which is especially harmful for patients who live in rural areas as clinicians have no incentive to take those patients or spend quality time with them. High productivity expectations, based on a point system, are also detrimental to both patients and clinicians: it requires the clinician to see up to six patients a day, which decreases the amount of time that each patient gets seen and does not guarantee that their needs are met. It also means that the clinician, despite only getting paid for 8 hours a day, ends up spending unpaid time during the day documenting and doing the other behind the scenes work, including drive time. Sometimes I end up working 10 or 11 hours a day but only get paid for 8 with this structure.

My fellow home health & hospice nurses and clinicians are struggling to keep up with caseload expectations. There are several common strategies that agencies use to pressure me and other caregivers into taking on more and more patient visits: a compensation strategy called "pay per visit" and productivity metrics. Pay per visit literally pays health care professionals only for their time spent seeing a patient, leaving them entirely uncompensated for the care coordination, charting, supply management, and driving that is also necessary to do their job. A second common strategy is the implementation of productivity metrics. These metrics turn types of patient visits into different amounts of points, and require me and other caregivers to meet a certain number of points each day. If we do not, we face discipline, including reductions in pay.

While the two strategies are different, both are harmful to home health and hospice caregivers. Many of us skip their meal and rest breaks in order to see more patients. Others chart until late at night, neglecting their own self-care, and relationships with family and friends. As a result, many nurses and clinicians have decided that they cannot continue on with this work, and are leaving home health and hospice service.

These conditions significantly impact patient care. When healthcare workers are forced to prioritize the number of patients we see, many patient visits become more rushed, and patient questions go unanswered. Many patients struggle to find nurses and clinicians who will take them on their caseload: rural patients live too far away to justify uncompensated drive time, and those with complex medical needs often require longer visits. As healthcare workers we want to take care of all patients who need support, but our current systems aren't allowing us to do so.

SB 1168 helps change our system: it makes pay per visit illegal, and states that pay cannot be impacted by our not meeting productivity standards. Both of these elements ensure that we can take the time we need with patients, and provide them the best possible patient care, without worrying about unfair discipline or our ability to feed our families. Thank you for considering my comments, and I urge you to support SB 1168.

Sincerely,
Heidi Barth