

Submitter: Thomas Williams

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 Tom Williams and I work for Providence Home Health in the Portland metro region and I am providing testimony in strong support of SB 1168.

When clinicians are only paid per visit they are not fairly compensated for care outside of direct patient interactions. This includes phone calls to doctor's offices informing them of changes in patient condition and receiving updated orders to continue to provide care, coordination and education to family members and caregivers that aren't present at the time of patient visit, documenting patient care provided and writing letters of medical necessity for medical equipment and requesting additional authorization from insurance companies for skilled services. We are being asked again to do more with less and our services are quickly being severely limited by the bottom line of insurance companies. Phone wait times at all providers offices are increasing due to staffing issues and often times visits need longer than expected due to unforeseen variables and patient complexities and this is not appreciated in a pay per visit model. Furthermore it may push clinicians toward shorter and shorter visits which jeopardizes patient care and safety. Please help stop these unfair labor practices that are detrimental to patient care and safety and lead to more and more highly qualified and dedicated clinicians leaving their professions.

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,

Tom Williams PT, DPT, GCS