

Submitter: Sharon Klem
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 __Sharon Klem_____, I live in Hillsboro, Oregon, _and I am providing testimony in strong support of SB 1168.

As a Mental Health Home Health RN, I have seen, in the last 15 years, productivity metrics increase by 67%. My patients have not become less complex, rather, they have become more complex and with my territory expanding which drastically increases driving time from one patient to the next, quality of care is suffering. Patient's do not want to feel like you are rushing because there is undue pressure to get to your next patient. AND Mental Health patients are particularly sensitive to this, and they know when you are rushing through a visit, because of an untenable and unrealistic productivity metric.

I worked a pay per visit model for Home Health visits back in the mid 1990's and I covered three separate counties in Florida, responsible for seeing mental health patient's and this is a far inferior way to deliver care and take care of patient's, especially poor and vulnerable home bound mental health patients. I strongly urge you to support this bill.

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,

Sharon Klem R.N.,BC
Home Health Mental Health RN