

Submitter: Alanna Stockford  
On Behalf Of:  
Committee: Senate Committee On Human Services  
Measure, Appointment or Topic: SB1168

My name is Alanna Stockford and I am a PT who works in OR and WA, and I strongly support SB 1168.

I am opposed to the pay per visit model, as it negatively impacts quality of care and contributes to caregiver burnout.

With the private pay model, clinicians are rushed to complete visits as they must meet a quota that impacts their income. This poses a conflict of interest. This may incentivize clinicians to spend less time during visits, impacting care. Clinicians fairly frequently need additional time during visits to address urgent situations or additional education time with a family, and they should not be penalized through income for providing this quality care. Feeling the stress of meeting quotas (often unrealistic), that additionally impact income, are a source of caregiver burnout.

There are many patient care-related responsibilities clinicians are responsible for completing that are outside of direct patient care. These include documentation, calls to patients for scheduling or following up, taking calls from patients related to their care, calling provider offices for orders, notifications, and care-related concerns or inquiries, and driving. The pay per visit model focuses on pay for direct patient care although a significant portion of time in the clinicians' day is allotted to these necessary responsibilities that are not patient-facing.

Additionally, when a patient may need to cancel last minute and the clinician is unable to find someone to fill the spot right away, this model penalizes the clinician with less income for the day. Usually if there is a missed visit, there are plenty of necessary remote responsibilities to work on and catch up on, but the pay per visit model is focused on the direct care.

Thank you for reviewing this and my hope is for clinicians to not work under private pay models with the overarching concern of how it impacts quality of patient care and how it affects caregiver burnout. Patients are people and not units of productivity.