



January 29, 2016

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Johnny Isakson
United States Senate
Washington, D.C. 20510

The Honorable Mark Warner
United States Senate
Washington, D.C. 20510

Dear Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Service Employees International Union (SEIU), representing over one million healthcare workers across the country, appreciates the opportunity to comment on the Committee on Finance's Bipartisan Chronic Care Working Group Policy Document ("Policy Options Document"). As stated in our June 22, 2015, submission in response to the Committee's May 22, 2015, request for stakeholder input, we hope that the Committee will craft policies that provide support and voice for frontline healthcare workers—like unit assistants, nursing assistants and aides, and direct care workers, such as home care workers—given their critical role in patient safety, care coordination, and care quality (see attachment 1, 2, and 3). Though the final Policy Options Document does not directly address certain key workforce issues, such as training and integration of these workers into care teams and stakeholder processes, there are some limited opportunities within the proposals included to address the needs of these workforces and the people they serve, particularly in the Long Term Services and Supports (LTSS) context.

LTSS is a major element in the treatment and care of those who suffer from chronic conditions. Specifically, Medicare enrollees with chronic conditions and a need for LTSS make up only 15 percent of the Medicare population but account for almost a third of spending. Over the past several decades, there have been significant efforts to move LTSS from institutions into the community. Direct-care workers—like home care workers—deliver the vast majority of LTSS services in the community. Specifically, home care workers not only provide assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) but also certain health related tasks including medication adherence. The potential for the home care workforce to make drastic improvements in the lives of beneficiaries they serve through care coordination and management is tremendous. Due to their daily interaction with clients, home care workers often monitor important changes in behavior or routine that have led, through communication with doctors or family members, to early identification and diagnosis of emerging conditions. These occurrences have helped prevent the need for more serious interventions and prevented more severe illness and have at times even been life-saving.

These anecdotal reports are supported by the results of two grant projects. In 2012, through the *Enhanced Home Care Pilot Program* at St. John's, a Federally Qualified Health Center in Los Angeles, home care workers were specifically trained to participate with their clients in medication compliance, doctor visits, and interactions with the care coordinator. For clients participating in the project, hospitalizations and emergency room use decreased by more than half during the course of the pilot, and participants' "healthy days" increased from an average of 4.7 healthy days per month to an average of 14.4

MARY KAY HENRY
International President

MICHAEL P. FISHMAN
International Secretary-Treasurer

GERRY HUDSON
Executive Vice President

EILEEN KIRLIN
Executive Vice President

VALARIE LONG
Executive Vice President

ROCIO SÁENZ
Executive Vice President

SERVICE EMPLOYEES
INTERNATIONAL UNION
CTW, CLC

1800 Massachusetts Ave., NW
Washington, DC 20036

202.730.7000

www.SEIU.org

25090wm 6

healthy days per month. As a result of the medication and care coordination training home care workers received through the St. John's pilot, participants displayed a 40 percent improvement in medication compliance over the course of the pilot. A larger pilot, funded by the Center for Medicare and Medicaid Innovations (CMMI), built on the same principles as the St. John's project, is currently in its evaluation phase. That project incorporates home care workers into care teams for a mostly dual-eligible population. Early results echo those of the Enhanced Home Care Pilot Program and larger scale data and results are expected shortly.

Though home care workers are often overlooked in care teams and planning, these findings suggest that proper training and integration can warrant significant improvements in care quality and savings to the Medicare program. More must be done to integrate home care workers into care teams. As a result, we recommend the following policies based on the proposals included in the Policy Options Document:

- If the Committee chooses to expand or alter the Independence at Home demonstration, the Committee should encourage and institute policies that require primary care practices to appropriately coordinate and communicate with other in-home providers of care, such as home care workers. In many cases home care workers are the primary providers of care for beneficiaries who meet the criteria for participation in the demonstration. In order to maximize the efficiency and effectiveness of this program, the requirements for the Independence at Home program should properly integrate home care workers into care teams and provide this workforce with the skills necessary to maximize their effectiveness for this at risk population.
- SEIU supports proposals to allow Diabetes Self-Management Training (DSMT), and any analogous services, to be delivered by entities that are currently not providers under the Medicare statute, such as non-profit entities, departments of health, and under labor-management partnerships who help facilitate training for members, workers, and their families. We also believe that the Committee should consider reimbursing entities for providing trainings to caregivers for beneficiaries, including home care workers, given the relative low-cost of training compared to more serious medical interventions required by progression of serious illness. Home care workers are the primary providers of care for many beneficiaries who suffer from chronic conditions and in some cases manage clients' diet by shopping and preparing their food and help with medication adherence among other duties. As a result, beneficiaries would benefit if their care providers received training to help manage their chronic conditions, especially in cases where the beneficiary, due to illness or condition, may have more limited self-management capacity.
- Quality measures for chronic conditions to be included in the Centers for Medicare and Medicaid Services (CMS) quality measure plan should reflect the essential role home care workers play for populations who suffer from chronic conditions. The policy options listed in the document under "Developing Quality Measures for Chronic Conditions" discuss prioritizing measure development in topic areas including patient and family engagement, care planning, care coordination, care transitions, and shared accountability among the care team, all of which directly and significantly involve home care workers. Unfortunately, home care workers are often overlooked as a stakeholder in quality improvement planning and implementation and as a result, their expertise and roles are often not appropriately integrated into measure and policy development.

Furthermore, not only does evidence and the experience of home care workers support a greater role for this workforce in managing chronic conditions but it also demonstrates the importance of the services, including assistance with ADLs and IADLs, they provide. Access to these services play a critical role in maintaining a beneficiary's quality of life and preventing deterioration or advancement of chronic conditions, which may require more expensive interventions such as hospitalizations or institutionalization if left untreated.

However, Medicare beneficiaries and the program itself are unable to reap the benefits of these services, including better health outcomes and potential associated savings, because Medicare does not currently provide coverage for them in a meaningful way. While a wider intervention, including one that would address Medicare-fee for-service, to allow Medicare and beneficiaries to take full advantage of these services is necessary, SEIU makes the following recommendations on the proposals included in the Policy Options Document:

- SEIU recommends the Committee permit Medicare Advantage plans to provide personal care services, including assistance with ADLs and IADLs, as a supplemental benefit. As previously discussed, services, such as assistance with ADLs and IADLs, provided by home care workers can significantly improve or prevent deterioration of the health of the individuals they serve. As with all supplemental benefits offered, the Committee must implement appropriate safeguards to ensure that these supplemental benefits are administered in a manner that does not lead to abusive practices.
- The Committee should clarify that Accountable Care Organizations (ACOs) can provide personal care services, including assistance with ADLs and IADLs, if ACOs are currently not permitted to do so. These services can be essential to care coordination, monitoring of conditions, and preventing the need for unnecessary hospitalizations.

Lastly, we would like to encourage the Committee, in determining changes to transparency requirements for the Center for Medicare and Medicaid Innovation's (CMMI), to appropriately consider the flexibility necessary for innovative demonstrations to be tested going forward. While beneficiary health, safety, financial well-being, and access to care must be at the center of all CMMI's work, creating unnecessary bureaucratic hurdles will diminish CMMI's ability to test promising models, replicate and expand successful models, which already requires rule-making in some cases, or to modify and terminate models that might create unintended consequences.

SEIU would again like to thank the Committee for this opportunity to comment and add to the Committee's important bi-partisan work and commitment to improving the health of all Americans. If you have any questions or would like additional information, please contact Ilene Stein, Assistant Legislative Director, at ilene.stein@seiu.org or 202-730-7216.

Sincerely,



Peter Colavito
Director of Government Relations

Attachments

PC:IS:gmb

opeiu#2
afl-cio, clc