



June 22, 2015

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The Honorable Orrin Hatch
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The Honorable Johnny Isakson
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The Honorable Ron Wyden
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The Honorable Mark Warner
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Chairman Hatch, Ranking Member Wyden, Senator Isakson, and Senator Warner:

The Service Employees International Union (SEIU), representing over 1.1 million healthcare workers across the country, appreciates the opportunity to comment on the May 22, 2015, Senate Committee on Finance request for stakeholder input on improving quality of care and limiting rising costs for patients with chronic conditions. SEIU appreciates the Committee's attention and bi-partisan commitment to this issue and would like to highlight the role the front-line and direct-care health care workforce play in achieving these goals. For your review, SEIU has attached two reports that specifically highlight workforce innovations in improving efficiencies and quality of care: *Innovations in Home Care: Better Health. Better Care* (Attachment A) and *Lower Costs and Improving Care, Lowering Costs – How Front-Line Hospital Workers are Transforming Healthcare* (Attachment B). These reports highlight initiatives that demonstrate the unique and essential part that these workers play in improving the quality and efficiency of care for those with chronic conditions and patients more generally.

Of course, doctors and nurses are essential to care coordination efforts, but the impact of other front-line workers – like unit assistants, nursing assistants and aides, and direct care workers such as home care workers – is often overlooked. Due to the direct patient contact and high-touch nature of their work, and with the right training, front-line workers can improve care coordination and quality while lowering costs by providing care management that prevents the need for more expensive acute interventions or reducing unnecessary complications, such as hospital acquired infections, for those who require hospitalization.

We cannot ignore the critical role of long term services and supports (LTSS) in the overall health of those suffering from chronic conditions and Medicare recipients. For example, Medicare enrollees with any chronic condition and a need for LTSS make up only 15% of the Medicare population but account for an astounding 32%

of spending.¹ Compare that with the Medicare population that has 3 or more chronic conditions, but no LTSS need – those enrollees comprise 48% of Medicare enrollees and 51% of Medicare spending – an almost equal share of spending compared to population. Direct-care workers – like home care workers – deliver 70% of all paid LTSS care, in one of the last frontiers of high-touch person-to-person health care.² The services that these workers provide are funded almost entirely through Medicaid, which currently does little to encourage training for these workers or encourage care coordination. However, with the appropriate training, this workforce could transform the patient experience and greatly improve care quality and health outcomes. It is imperative that our system, through reimbursement policies or otherwise, encourage the integration of these workers into care teams.

The potential for this workforce to make drastic improvements in the lives of their clients through care coordination and management is illustrated in our attached report describing a coordinated care pilot centered around home care workers: *Innovations in Home Care: Better Health. Better Care. Lower Costs*. The *Innovations in Homecare* report focuses on a care coordination pilot conducted 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.

In the St. John’s pilot, participants displayed a notable reduction in both hospital and emergency room use over the course of the study. Hospitalizations and emergency room use decreased by more than half during the course of the pilot. Also, participants showed a sharp increase in measured “healthy days” from the beginning to the end of the program. Participants’ “healthy days” increased from an average of 4.7 healthy days per month to an average of 14.4 healthy days per month. As a direct 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, built on the same foundations as the St. John’s project, is currently underway in California. That project incorporates home care workers into care teams through the California Coordinated Care Initiative, the three year demonstration for dual-eligible beneficiaries, and larger scale data and results are expected shortly.

Furthermore, our attached report, *Improving Care, Lowering Costs – How Front-Line Hospital Workers are Transforming Healthcare* illustrates how cost could be mitigated through the effective training and use of front-line workers in care coordination, while improving patient health and experiences. In 2014, SEIU Healthcare launched a National Hospital Quality Initiative to expand the number of front-line workers engaged in quality improvement projects and engage with hospitals to learn and invest in promising quality improvement practices. Specifically, SEIU, often through labor-management partnerships, is developing and researching projects that provide hands on training to the entire patient care team composed of both clinical and non-clinical care providers and examine the right resources, including proper staffing, equipment, and supplies, that result in higher quality more efficient care. Below are some examples of projects discussed in the report that highlight innovations developed as part of the National Hospital Quality Initiative:

¹ Feder, Judy and Komisar, Harriet L., *Transforming Care for Medicare Beneficiaries with Chronic Conditions and Long-Term Care Needs: Coordinating Care across All Services*. Georgetown University. October 2011.

² Commission on Long Term Care. *Final Report to Congress*. September, 2013.

- At Kaiser Permanente Los Angeles Medical Center, social workers, doctors and licensed vocational nurses worked together to tackle high blood pressure disparities in African-American patients. The team developed a one day free of charge special clinic for patients and engaged in culturally appropriate outreach. As a result, the disparity between African American patients and those of other races and ethnicities decreased from 5.5% to 4.1%, and Kaiser is expanding the model to include patients with other chronic conditions.
- At Allegheny General Hospital, five registered nurses planned and implemented a work plan to reduce hospital acquired conditions identified by the Center for Medicare and Medicaid Services. Hospital acquired conditions result in patient complications as well as unnecessary and preventable medical interventions and hospital readmissions. The team addressed central line associated blood stream infections (CLABSIs) and catheter associated urinary tract infections (CAUTIs) in specific units within the hospital. The result was the virtual elimination of these types of infections within the units addressed.
- At Kaiser Permanente Redwood City Medical Center, unit assistants on one floor worked with patients to determine patient preferences for follow-up appointments, helped patients keep these critical post-discharge appointments, and as a result, avoided tens of thousands of dollars in readmission costs. Specifically, the project increased the number of follow-up appointments that occurred within seven days of discharge from 31 percent to 91 percent and increased the number of follow-up appointments kept from 53 percent to 88 percent. Since the success of this project, this practice has spread throughout the hospital.

With the proper investments, incentives, and training for the front-line healthcare workforce, the US health system could meet the Committee's goals to increase care coordination across providers and advance care quality and efficiency while improving patient experience and mitigating growing costs. To that end, SEIU recommends the following overarching policy proposals:

- Create payment and reimbursement structures that incentivize training of front-line workers for care coordination and quality improvement as well as engagement of these workers in care teams. This will send a clear message that the workforce should be utilized to its full potential.
- Develop and implement workforce-related quality measures, such as those currently being contemplated by the National Quality Forum³ and Oregon's PEBB quality metrics,⁴ to signal and reflect the importance of the front-line workforce, its development, and the impact of the workforce on high quality, more efficient and better-coordinated care.
- Better integrate care across all settings including primary care, long term services and supports, such as home and community based care, and acute care. Only addressing one piece of this spectrum creates missed opportunities for prevention and early interventions that in addition to reducing costs improves patient experience, for example, by allowing individuals to remain in the community rather than in hospitals or other institutions.

³ National Quality Forum, Final Report. *Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for the Health Workforce*. August, 2014.

⁴ Oregon PEBB Performance Metric #s 11-14: (from the 2013 Request for Proposals for 2015 plans).

The initiatives and practices included in the attached reports are just the beginning of what the front-line workforce could accomplish in improving experience and outcomes for individuals with chronic conditions when provided the appropriate training and resources. For example, as we begin to rely more on tele-health, care providers in the home could use hand-held technology – such as tablets, or smartphones – to collect data in real time and share it with the care team instantaneously or help facilitate virtual medical appointments. These models should be financed, scaled, and measured to ensure we are using the entire health care workforce to its fullest potential to improve Medicare and other health systems.

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,

A handwritten signature in black ink, appearing to read "Peter Colavito". The signature is fluid and cursive, with a long horizontal stroke at the end.

Peter Colavito
Director of Government Relations