ANA MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

March 8, 2017

Dear Health Policy Commission Members:

On behalf of ANA Massachusetts, I am pleased to provide testimony related to the Health Care Cost Growth Benchmark.

Massachusetts has led the way in healthcare and will continue to do so by providing high quality care while striving to lower costs. As nurses represent the largest segment of health care professionals, we believe we can provide solid recommendations to curtail these costs while maintaining safe and effective healthcare.

As shown in the HPC's Annual Health Care Cost Trends Report, hospital readmissions have increased accompanied by an increase in the 2015 rate for hospital discharges primarily involving patients over 65 years of age. The number of geriatric population with comorbidities will continue to increase, leading to an increase in money spent on their care.

Another trend noted in this report is that Massachusetts is discharging these patients to post-acute settings at a higher rate (21.8%) compared to US overall rate (17.1%). As one example of this trend, patients with joint replacement surgeries covered by Medicare were discharged home at a rate of 3.5% compared to the 20.4% nationally.

Based upon these statistics, we believe the visiting nurse can play a pivotal role in providing excellent and cost effective care in the home care environment. The visiting nurse provides multi-faceted services, including administration of and teaching about prescribed medications; reporting changes and new symptoms to other members of the health care team; rehabilitative treatments and techniques; assessment of patient's physical and emotional condition; ensuring appointments and referrals are placed and maintained; and coordinating care among areas such as

social work or physical therapy. During the critical transition from hospital to home, the visiting nurse has the ability to recognize and correct potential problems so that the patient does not return to the hospital.

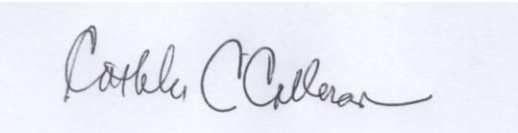
The Joint Commission has reported that home care is the patient-preferred setting that can achieve optimal health outcomes in a cost effective manner. The rate of readmissions can drop significantly if patients receive good follow-up care to identify problems early. Interventions implemented by the home care visiting nurse post discharge, especially with patients with comorbidities such as heart failure, are more likely to reduce or prevent hospital admissions in the future.

Significant financial savings to total health care costs in Massachusetts can be realized with the inclusion of skilled nursing care during post discharge home visits that would offset the cost of either readmission to the hospital or admission to a post acute care setting. Skilled home care visits by visiting nurses offer comprehensive assessment of a person's bio-psycho-social needs after discharge AND based upon insurance coverage, until recovery is complete. Expert nursing assessment and intervention can also help reduce unnecessary and costly referrals.

We recommend the guidelines for hospital discharges be revamped to identify high-risk patients and to scrutinize the discharge destination of each patient. A visiting nurse should be assigned to these patients over an appropriate designated time period. Once the patient comes home, the visiting nurse will be able to assist in the patient's care, as well as identifying and correcting any potential complications that may lead the patient back to the hospital.

Thank you for the opportunity to provide testimony in reducing healthcare costs in the future.

Sincerely,



Cathleen Colleran, DNP, RN

President, American Nurses Association Massachusetts