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I can think of no clearer way to illustrate the concerns surrounding the implementation of the OASIS assessment than by taking you through the assessment process itself. HCFA requires these assessments to be completed by all Medicare-certified home health agencies for all clients, both private pay clients and Medicare clients. A new requirement by HCFA, effective January 1, 1999, requires that these assessments can be completed only by a registered nurse. Previously, assessments could also be completed by social workers. We estimate this new requirement means that in Iowa half or more of the people previously qualified to complete the assessments have been effectively eliminated.

We begin this mandatory assessment process, then, with half the staff we had prior to January 1, 1999.

For the sake of illustration, let us assume I am a registered nurse and am qualified to do the assessments. I will begin by going out with the initial assessment tool. It is 19 pages in length. It asks such questions as: demographics and patient history; living arrangements; supportive assistance; sensory status; respiratory status; elimination status; neuro/emotional/behavioral status; etc. If I am extremely efficient at asking these questions and the person I am interviewing is also extremely efficient at responding to the questions, we can manage to complete this initial assessment in two hours. If there is cognitive impairment or other reasons that would slow the interview process, it will, of course, take longer than two hours.

In addition to this initial assessment, HCFA mandates that home health care agencies in each state have a comprehensive assessment that includes more than OASIS, a medical model, assessment. In Iowa, that assessment tool is 14 pages in length. Among other questions in the Iowa tool there is the inclusion of a mental status questionnaire. To test cognitive ability, this part of the questionnaire necessarily takes more time, more patience, especially when there is cognitive impairment, or even the fear of cognitive loss.

In an attempt to be responsive to HCFA's requirements and also manage to collect all of the data, Iowa merged the two assessment tools, the OASIS and the Iowa tool, the 19 page and the 14 page assessments, into one tool, which is 26 pages.

Still this merged tool requires between 2-1/2 and 3 hours to complete. Again, this is a conservative estimate.

After this initial assessment, HCFA requires there be a follow-up assessment every 60 days, specifically between days 55 and 60. This is a 14-page assessment tool and it asks questions which include demographics and patient history; living arrangements; supportive assistance; sensory status; respiratory status; elimination status; neuro/emotional/behavioral status; etc. If that sounds duplicative of the initial assessment, it is. Moreover, every time I go out with a follow-up assessment I am required to bring a brand new copy of the assessment. It is not a matter of checking to see if there is a change; it is a matter of beginning anew each time, 60 days after 60 days, after 60 days.

The next assessment tool is triggered when there is an episode of some kind, such as a hospitalization. After an episode there an assessment tool called the "Resumption of Care" tool, and it is 17 pages in length. It asks to assess demographics and patient history; living arrangements; supportive assistance; sensory status; respiratory status; elimination status; neuro/emotional/behavioral status; etc. Yes, again,

it is duplication. The "Resumption of Care" assessment is then followed every succeeding 60 days with the follow-up assessment, the same 14 page tool we had been using prior to the episode.

If the client is to be discharged from the system, there is another assessment tool. This a 16 page assessment, and yes, again, the questions are duplicative.

Clearly the intent on HCFA's part is to provide services to clients, but what is the actual outcome? It is to have created an obstacle course -- obstacles so elaborate, so expensive, so lengthy and so tedious -- that rather than facilitate services, by its very nature, it precludes service. What is achieved is precisely the opposite of what was intended. Rather than strengthen the system to provide care in the home, this obstacle course undermines the ability to provide home care.

Moreover, and very importantly, these assessments are unfunded federal mandates.

The health care providers who are charged with carrying out these mandates are unable to bear the costs of staffing for these assessments, nor are they equipped to enter the data collected from the assessments. As a result, alarming numbers of health care providers are going out of business. In Missouri, 80 health care providers have recently gone out of business; in Kansas 40 providers have gone out of business; in Iowa, we are just beginning to count the bankruptcies.

The difficulties associated with HCFA's new mandates are compounded by a combination of events:

- There are increasing numbers of elderly in need of services and also increasing numbers of what are described as the "old" old, those elderly who are the most frail.
- The math is deeply troubling: Because only registered nurses can complete the assessment, there is only half of the staff available to do assessments. It takes at least quadruple the time to complete the assessments. There are fewer health care providers able to stay in business. Inevitably, the number of people who can possibly be reached or provided services is decreased dramatically.
- The list of those needing services will grow and grow.
- Without services, increasing numbers of people will require nursing home care or hospitalization.

This reversal of care -- from care in the home to institutional care -- will drive up the costs to the government and drive down the care to the elderly. By any measure, this is the wrong outcome.

Ironically, all of this is happening at the very moment in time when home health care was demonstrating itself as a workable, preferable system of care for the client and as a cost-effective system of care for the taxpayer.

We are asking that you review and reconsider a system which places unfunded, unfair, and unworkable obstacles in the path of home care to the elderly.