UNITED STATES HOUSE OF REPRESENTATIVES

COMMITTEE ON WAYS AND MEANS
Subcommittee on Health

TESTIMONY

by

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Thursday, April 18, 1996

in

Washington, D.C.

Statement of Robert McCann, M.D.

Mr. Chairman and Members of the Committee:

It's an honor for me to speak with you today. I am the medical director of the PACE (Program of All-inclusive Care for the Elderly) site in Rochester, New York called Independent Living for Seniors (ILS). We started our program in 1990 and presently serve 300 frail elderly persons in our community. Jennie Chin Hansen has outlined the principles of PACE, and I would like to spend a few minutes talking about how these principles translate into compassionate, appropriate and cost-effective care for our participants and how a truly multidisciplinary approach to care creates a satisfying experience for families and for our employees.

The best way to bring the PACE philosophy to life for you is to discuss a participant whom we have cared for in our program -- Mr. B was 93 years old when he was admitted to the hospital. He had fallen several times, leading to cerebral bleeding that was surgically drained. After the surgery he never quite regained his previous cognitive function, became bed-bound, non-communicative and was awaiting placement in a nursing home. I was consulted after he had been in the hospital for three months. At that time the area nursing homes were filled nearly to capacity; and he was a low priority, as his Medicaid eligibility had not been approved at the time. At this point our ILS team set to work and Mr. B enrolled in our PACE.

Our social worker met with Mr. B's wife (who also has health problems) and a very supportive but exhausted daughter. Both were extremely upset about his present condition but felt considerable anxiety about being able to handle him at home. Our

social worker had them visit ILS' Center and meet with some of ILS' team members so that they felt more comfortable pursuing a plan to discharge Mr. B from the hospital. Our physical therapist assessed the patient and his home, making several environmental recommendations. We arranged to have a hospital bed and commode placed on the main floor of his home, as the bedrooms were up one flight of stairs. Mr. B was discharged from the hospital to his home with a plan that included an aide to get him ready to come to ILS' Center seven days per week and an aide to help him into bed each evening. Our nurses and physical therapists worked with him daily at the Center to help him to learn to walk again and to recondition his muscles that had become very weak from extended bedrest. I started him on an antidepressant which led to an improvement in his appetite and some improvement in his cognitive function.

Over the next few weeks he steadily improved to the point of walking independently with his walker. We also supplied him with a hearing aid, which improved his ability to talk with others. He continued to be incontinent of urine which was managed with a regular schedule of toileting.

As an ILS enrollee, Mr. B did very well for about three years, becoming one of our most sociable participants. His wife was extremely happy to have him at home again. He engaged in many activities at the ILS Center and played checkers (usually losing but making his checker-partner very happy!).

During these three years he experienced an episode of pneumonia that was treated with intravenous antibiotics at the ILS Center along with enhanced help walking to prevent deconditioning, and he did very well. A few months later he developed a bowel obstruction from colon cancer, causing considerable pain. We admitted him

for surgery to have the obstruction relieved and discharged him from the hospital to home for comfort care. After two weeks he was moved into our transitional housing apartment for around-the-clock care, as his wife was not comfortable with him dying at home. He died comfortably with his wife and daughter present.

If Mr. B had not had the option of enrolling in the ILS program, he would have eventually been discharged from the hospital three years ago to a nursing home with very little or no prospect of ever returning home. Beyond ILS' ability to enhance Mr. B's quality of life, by preventing nursing home placement, Medicaid's costs were reduced substantially. Today, the Medicaid nursing home rate in Rochester is $122 per day. On a monthly basis, this translates to almost $3,700 in contrast to Medicaid's monthly payment to PACE of $2,900 -- a savings of 20 percent.

This case, which is very typical of ILS' enrollees, illustrates the benefits of comprehensive care aimed towards improving psychological and physical function that maximize a person's independence. Many aspects of this care would have been difficult to provide in the traditional fee-for-service system, particularly the coordination of care within our interdisciplinary team. The continuous process of assessment and care planning that occurs at PACE sites contrasts dramatically with the comparatively intermittent approach to case management in the traditional long-term care system. Our unique financing breaks down the barriers between acute and chronic care and allows us to give participants what they need, when they need it.

Prior to my working in geriatrics I worked in a busy hospital emergency department. Emergency departments provide a unique opportunity to see many of the lesions in our health care system for older persons. The fragmentation of care, overuse of

medications and testing, and lack of discussion about end of life decisions can lead to interventions that do not improve, and often adversely affect, a person's quality of life. Working in the PACE program has allowed me to work in a stimulating environment that addresses many of the problems in our current medical system for this population and aligns the incentives towards what people really need and not just what can be billed for.

Our participants and their families have been very happy with their care. A three year study of our program was conducted by the Center for Governmental Research (funded by the John Hartford Foundation, Feb. 1994). This study assessed patient and family satisfaction to be very high.

We have a very low turnover of staff including our personal care aides, which speaks to the satisfaction that our workers experience in working as equal team members with a real ability to be heard and influence the plan of care. This satisfaction can only lead to more efficient and compassionate care that we would want our own family members to experience.