Chairman Keenan, Chairman Sanchez, Members of the Joint Committee on Public Health, and staff, thank you for the opportunity to offer comments on behalf of the Home Care Alliance of Massachusetts on the topic of readiness and response capacity relative to the Ebola virus and other viral threats.

The Home Care Alliance is a trade association of 200 home care agencies that are both Medicare-certified – authorized to provide medical services for reimbursement from Medicare and MassHealth – and privately paid supportive services. These agencies collectively offer a wide range of services from assistance with Activities of Daily Living (ADL) to managing chronic diseases, Alzheimer’s care, medication management, and physical therapy. All of these offerings are delivered to the patient in their home.

Home health has had a vital role in responding to emergencies and assisting hospitals as well as the health care system at-large during difficult times. During the attacks of September 11th, 2001, home health and hospice workers in New York City provided care to nearly 5,000 patients. Workers navigated closed streets and made visits to many residences that had no running water or electricity. These home health and hospice workers brought food, medicine, and comfort in a difficult time.

Closer to home, Massachusetts home health and hospice agencies have had extensive experience checking on patients during snow storms and ensuring well-being. In 2011, home health agencies in the western and central part of the state responded to a tornado outbreak. Again, they navigated closed streets, left their cars at blocked roads and climbed over downed trees to visit patients and deliver necessary care.

Currently, the Home Care Alliance is assisting agencies with emergency preparedness because the Centers for Medicare and Medicaid Services (CMS) has issued a proposed rule for 17 provider types – including home health – that requires agencies to have programs and procedures in place. Part of that planning includes infection control and prevention. Under these measures, it is expected that all Medicare-certified home health agencies must be adept at identifying and containing diseases as well as the use of Personal Protective Equipment (PPE).

The Alliance is working with the Department of Public Health on specific guidance regarding PPE protocols and training for home health agencies given the concern over recent stricter direction from the Centers for Disease Control and Prevention (CDC). As it stands today, home health care agencies, like healthcare providers in many other arenas, are not adequately prepared for an Ebola patient encounter. Home health agencies carry limited PPE, but not to the extent the CDC recommends for Ebola where all skin must be covered with such equipment as a surgical hood.
All providers must be trained and prepared, especially if a patient is quarantined or isolated in their home and home health agencies have been called to deliver care. DPH, in fact, is recommending that people remain at home and contact a healthcare provider immediately if there is a suspected Ebola diagnosis. If that provider is a home health agency – the most experienced at providing care in such a setting – it is imperative that they are included in preparedness exercises.

Another concern that has led to collaboration with DPH stems from the fact that many home health workers are from West Africa and occasionally travel back and forth. Additionally, a few home health nurses are involved in relief activities in Guinea, Sierra Leone and Liberia. With travel protocols in place, these agencies feel that a standardized procedure at the organizational level is needed for those workers.

Convening healthcare and public safety trade associations to provide feedback on emergency preparedness is a worthwhile practice. The Home Care Alliance hopes that comments will be taken into consideration to improve our shared capability of responding to Ebola and other potential emergencies.

Please feel free to contact me (jfuccione@thinkhomecare.org, 617-482-8830) should you have any questions or would like further details on our comments.

Thank you.

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