



**Ohio Senate
Finance - Health and Medicaid Subcommittee
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Good morning Chairman Hackett, Vice Chair Tavares and members of the Health and Medicaid Subcommittee. My name is Amanda Butream and I am a Registered Nurse - Case Manager for CareSource, serving members in the MyCare Ohio program. On behalf of CareSource, thank you for the opportunity to address the Subcommittee to share with you my own personal experience working with the Long Term Services and Supports population in the MyCare Ohio program, and how our interaction with members has been able to improve the lives of our members. As the Legislature contemplates the Administration's proposal to move the Long Term Services and Supports population into Managed Care in 2018, I hope my firsthand experiences are able to give you a perspective of just how valuable our intervention means to the most important party in this equation - the patient.

A great example of our collaboration, would be to share my interactions with one of our members who I visit with monthly in a facility memory care unit and collaborate with her nurses, nurse aides and family with each visit.

I recently followed up with this member after she had a fall at the long term care facility, resulting in an ER visit and hospitalization. The member is in her 70s and has Alzheimer dementia. The hospital, unfamiliar with the member's history, noted her declining status to DNR comfort care and all medications were discontinued after consulting with her brother regarding her condition. Shortly thereafter, the member was discharged back to the long term care facility with a DNRCC status and no medications.

Through the follow up, I was able to work with the member, her brother, facility staff and the primary care physician to determine the appropriate level of care needed for the member. We had determined that her condition was not declining at the rate determined at discharge from the hospital, and upon providing further education about her condition to her brother he was comfortable leaving her at a DNRCC status, however, he wanted to restart medications that were needed to prevent discomfort and allow her to function at her normal baseline.

I also collaborated with the facility staff and primary care physician to provide additional support and assistance. After a conversation with the member's PCP, regarding concerns with hospital discharge

process, he plans to follow up with the medical directors at the local hospital with hopes to improve the process of admissions and discharges of long term care residents.

I recently followed up with this member and she has been restarted on antibiotics to treat underlying infection, and has resumed medications needed to support her ability to function at her baseline. She was sitting up in the living room watching her daily game shows on TV. She is smiling and denies any pain or discomfort. She tells me her brother was in to visit her this weekend, they sat on the porch and ate ice cream. She tells me how much she enjoyed the visit and said vanilla ice cream is her favorite.

It is important to highlight just how important the role that managed care plays in providing a full continuum of coordinated care across the health and long term services spectrum. Our care coordination goes beyond the walls of any particular institution, and works with the member and their families to make appropriate care decisions for the betterment of the member. Thank you for the opportunity to share my experience with you today, and I would be glad to answer any questions you may have.