



House Bill 120

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Testimony of

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My name is Dr. Joette Greenstein and I am the Medical Director for VITAS Healthcare. I am Board Certified in Family Medicine and Hospice and Palliative Medicine. I am a Fellow of the American Academy of Hospice and Palliative Care and a certified Wound Management physician. I have been in practice for 25 years. I started my practice in Newark, Ohio and developed the love of house calls. I now do house calls as a hospice physician.

Hospice patients live in their own house. Hospice is where the patient lives. Hospice professionals care for terminally-ill patients daily, primarily in the patients' homes, but also in inpatient hospice units as well as in hospitals, nursing homes and assisted living communities/residential care facilities for the elderly.

This is the first time in 25 years I have not been able to make a house call for my patients due to the restrictions of long term care and assisted living facilities. As a result, I am now visiting my patients in these facilities through a window; which makes it difficult to communicate and can be unsafe for them. To properly assess a patient's medical conditions, I need to touch them and provide reassurance on their care plan. I recently saw one of my patients through a window visit and she could not hear me through the window nor see me very well. I was not able to reassure her or provide a Facetime visit with her daughter who has not been in the facility since March 2020.

I am not the only one from hospice not able to see our patients. Hospice care is provided by an interdisciplinary team of professionals including physicians, nurses, hospice aides, social workers, spiritual caregivers, volunteers and even music therapists. During this pandemic all these people who provide hospice care are being denied the ability to access their patients and work as a team to meet their individual needs. Hospice aides are vital to the wellness of our patients.

During this pandemic time, residents are not eating as well. Some patients with dementia take up to an hour to eat. The hospice aides were able to provide this care. During COVID outbreaks, the residents are being quarantined to their rooms and trays are left at their bedside until someone is available to feed them. Most times the food is cold by the time the resident gets to eat. For these reasons, we are seeing failure to thrive in our patients.

I am completing more death certificates now than I have ever done in my medical career. The majority of patients are not dying from COVID specifically but from being isolated from their caregivers and essential workers. Their depression and failure to thrive are contributing to their deaths.

Dying is not comfortable. People don't think hospice is a crisis, but if I have a patient who is dying uncomfortably, that is a crisis. Our hope is to get patients comfortable when they are short of breath, in extreme pain and restless. Hospice provides end of life crisis care to manage these symptoms effectively at the bedside. Unfortunately, due to lack of access to facilities, we are getting patients two days before they die. We want to see our patients six months before imminent death so we can provide the interdisciplinary team they are entitled to. More importantly, we want to be there when they pass because they probably will pass uncomfortable without our help.

We are not able to get inside their home to do crisis care. Many times, I am prescribing medications without knowing if my patients actually get them. Most of these patients are not being turned frequently, so they are dying with bedsores. Patients are dying alone and uncomfortable.

While facilities can establish their own guidelines on restricted visitation, hospice providers are a key part of the healthcare team. We work in collaboration to enhance quality of life in the final days and months of life and are needed to continue to provide the holistic support to residents and their families.

Thank you Representative Richardson and Fraizer for sponsoring this important legislation. We need to be able to get into these facilities and take care of our hospice patients. We are essential workers and a conduit to their families. Thank you very much.

Thank you for the opportunity to submit these comments. You can contact me with any questions or comments at (614) 822-2700 or mark.knepper@vitas.com.