



OHIO COUNCIL
FOR HOME CARE & HOSPICE

HB 33 Written Testimony
Lisa Von Lehmden Zidek, OCHCH Board Chair
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House Finance Subcommittee on Health and Human Services
Chair Sara P. Carruthers

Chair Carruthers, Ranking Member Liston, and members of the House Finance Subcommittee on Health and Human Services, thank you for allowing me to testify today on HB 33, Ohio's biennial operating budget. My name is Lisa Von Lehmden Zidek, and I am the current Board Chair of the Ohio Council for Home Care and Hospice.

The Ohio Council for Home Care and Hospice (OCHCH) is a non-profit association that represents the interests of health care at home providers in Ohio. OCHCH advocates for ethical, compassionate, and quality home and community-based care, as well as for the individuals and families our members serve. As the voice of health care at home, our council strives to provide value, resources, and partnership for those who provide care for our most vulnerable citizens.

Although we are formally testifying as interested parties on HB 33 as a whole at this time, OCHCH was excited to learn of an initiative from the Ohio Department of Aging proposing to allocate \$40 million in ARPA funds to counties focused on supporting home and community-based services throughout the state which we support. It is our understanding that each county will receive an allocation and locally determine how monies are best spent within their community. Director McElroy and her team have been supportive of home and community-based services, and while we support this proposal and recognize the need for flexibility at the county level to address local needs, we are hopeful that local decision makers keep our providers top of mind when making decisions for our elderly population. Each county plays an important role in advocating for resources to help their constituents remain in their homes and living safely. However, OCHCH believes that our agency providers around the state are better situated to identify where resources for clinicians, home health aides, and technological resources are needed to design preventative programs to help individuals maintain living independently in their homes.

Our OCHCH members are struggling to remain competitive in hiring and retaining direct care giving staff. To subsidize a scarce workforce, providers have gotten creative in how they are utilizing technology to assist in caring for those needing services. Through advancements in technology, specifically artificial intelligence technology, our significantly strained workforce can be supplemented with technology supports to allow individuals to become more compliant with medication, schedules, and disease processes. In addition, through chronic care management and remote patient monitoring home care agencies are able to provide daily oversight on critical vitals and identify trendlines to identify when a patient may have urgent needs. Rethinking care and how to best serve individuals compared to traditional services allows for a higher level of care.

We are hopeful this Department of Aging proposal will give home care agencies the opportunity to transform care locally and could be structured in a way where the county could be billed directly for chronic care management and remote patient monitoring services where care systems in which we physically go into the home, assess the patient, develop a care plan, and then, once stabilized can continually monitor

important details in the home at a very low cost on a monthly basis. *This will not hinder patients from receiving in-person care.* If there are situations where a patient escalates we go back into the home to provide hands-on services to stabilize and prevent an admission into a hospital system.

Utilizing technology in conjunction with skilled hands-on care allows for “pre-acute” patients to receive a tailored preventative care plan. “Pre-acute” patients require a unique level of care but can be shown how to use technology through in-home visits and how to appropriately manage their current state of health. These are individuals who can be appropriately served prior to conditions becoming “acute” and more costly in nature.

We believe your support of the Ohio Department of Aging’s \$40 million distribution proposal will allow our agencies to play a significant role in curating programs tailored to our pre-acute Ohioans. In addition, as the ambassadors of care in the community, our home healthcare agencies can identify social determinants of health and guide counties on where additional investments can be made such as transportation and meals. Together we can collectively create programming and solutions based on actual data from our patients’ homes to support them in living safely and independently for as long as possible with the highest level of dignity, care, and respect.

Chair Carruthers and members of the Subcommittee thank you once again for allowing me to testify today. I would be happy to answer any questions you may have.