

# BREWSTER PLACE

get the most out of life

To: Senator Vicki Schmidt, Chair, and Members  
Senate Public Health & Welfare Committee  
From: David Beck, CEO, Brewster Place  
Date: Monday, January 23, 2012

My name is David Beck and I am the CEO of Brewster Place, a not-for-profit, United Church of Christ sponsored retirement community and provider of home and community based services. Thank you for this opportunity to provide written testimony regarding KanCare.

Brewster Place has served elderly citizens of northeast Kansas for more than 47 years. As a continuing care retirement community with a mission of providing all of its residents opportunities for an optimal quality of life, we provide a continuum of care services from independent living to post-acute rehab on our campus in Southwest Topeka. Our residents also have access to our home health services, outpatient rehab therapy, two wellness centers, an emergency call system and an in-house 24 hour security department.

We also operate *Brewster at Home LLC* to serve people in their homes in the larger community. A membership in Brewster at Home offers people an array of services and supports designed to help them to maintain their health and independence. Whether serving people on our campus or those living in the larger community, Brewster's goal is to provide the services people need, when they need them, in the place they call home. All of our clients and residents benefit from our person-centered, holistic wellness initiatives, which center on the four key areas of wellness – physical, social, intellectual, and spiritual. The embodiment of our mission is in providing opportunities for people to stay healthy and independent as long as possible, preserving their dignity as well as their resources, and lessening the burden on government to pay for health services through Medicaid.

I am in favor of KanCare as proposed to the extent that it starts the long overdue process of encouraging service provider innovation and changing reimbursement incentives. The current system encourages providers like Brewster Place to move people into skilled nursing facilities whether they need that level of care or not, because that's where the money is. I understand KanCare is intended to reduce utilization of nursing homes for those who can

be served in other settings. Our challenge is to adapt and adjust our operations to provide the care people need, where they need it, and we are hopeful KanCare will create an environment that can foster innovation such as Brewster at Home.

On the national level there is a great emphasis on demonstration projects that shift Medicare reimbursement from a system based on payment per unit of service toward a system that encourages better care coordination and greater provider accountability for outcomes. I support the KanCare proposal to evaluate and incentivize health plans based on quality outcomes, not just cost savings.

The Medicaid Reform Task Force has taken on a great and urgent challenge, and I applaud their effort and the collaborative nature of their deliberations. Change is difficult but we know we can't keep doing things the way we always have, and I believe the KanCare initiative is a good start.

Thank you, Madam Chair. I would be happy to meet with you and or other members of the Committee any time during the Session to answer questions and discuss KanCare further.