KANSAS ADVOCATES for BETTER CARE

making elder care better every day

January 30, 2017

Chairwoman Schmidt and members of the Senate Public Health Committee. I am Mitzi McFatrich, executive director of Kansas Advocates for Better Care (KABC). I appreciate the opportunity to come before the committee in support of SB 68, the Kansas Lay Caregiver Act.

There are two key factors that compel our testimony on SB 68. The first is avoidable negative health outcomes for older adults which result in additional and unnecessary pain and suffering, loss of function (temporarily or permanently), additional procedures, and/or re-hospitalization. The second is the cost to the health care system for avoidable negative health outcomes, estimated at $17 billion dollars in 2015 to the Medicare program. According to Kaiser Health News in 2014, thirty four or 26% of Kansas hospitals were penalized for avoidable re-hospitalizations. The Lay Caregiver Act/SB 68 will benefit Kansans of all ages, but its provisions provide important assurances of care continuity by an informed caregiver for an older adult during hospitalization and upon discharge from the hospital.

Chances are good that all of us have or will care for a family member, neighbor or friend following a hospital stay. It's also very likely that all of us will need the help of family, neighbors and friends at some point for a post-hospital stay. SB 68 establishes a process consistent among hospitals across the state to assure that Kansas elders have the opportunity to designate a caregiver who will be notified upon transfer or discharge and educated about their post-discharge needs. It is common sense policy that costs little and has the potential for significant savings in reducing hospital readmissions and improved health outcomes for our elders.

Why the Care Act is important to older adults

- Persons 65+ are more likely to live alone, 24% of Kansans; 46% of adults 75+ live alone. Coordination of post-hospital discharge care is especially critical for older adults living alone. *Hirschman 2016.*
- Older adults with multiple chronic conditions complicated by other risk factors, such as deficits in activities of daily living or social barriers, experience multiple challenges in managing their healthcare needs, especially during episodes of acute illness. Identifying effective strategies to improve care transitions and outcomes for this population is essential. *Reinhard et al. 2012*
- An evidence review determined that to have a positive effect, discharge planning interventions for frail older patients should address family inclusion and education, communication between healthcare workers and family caregivers, ongoing support after the patient's discharge, and should commence well before discharge. *Bauer et al., 2009.*

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- Transition-related challenges for older patients and families revealed –
    - Family caregivers struggled to get answers to basic questions such as when their loved one was to be discharged.
    - Caregivers found the information they received was often lacking in important details, particularly regarding medication instructions.
    - Unless they took the initiative, family caregivers were infrequently included when discharge instructions were provided. Foust et al 2012.

Please move this legislation forward to provide needed patient assistance to older Kansans.

KABC, a non-profit organization, is beholden to no commercial interests; supported almost entirely by citizen contributions in support of our mission to improve the quality of long-term care. KABC does not provide any form of direct care or receive any government money reimbursement. KABC is an established resource for older adults on long- term care issues. Those seeking our guidance and assistance are primarily elders and their families facing difficult, life-altering decisions.

Kansas Advocates for Better Care
Mitzi E. McFatrich, Executive Director
913 Tennessee Suite 2 Lawrence, Kansas 66044-6904
phone: 785.842.3088 toll-free: 1-800.525.1782 e-mail:info@kabc.org www.kabc.org