Testimony of Margaret Gadon MD MPH re S.231
Senate Committee on Health and Welfare
Vermont General Assembly
February 28, 2023

My name is Margaret Gadon. I am a retired physician with a background in public health. I am now retired but previously have worked as a primary care clinician, hospital internist, and served as a Director of Geriatrics at the American Medical Association. I am also Co-Chair of the Strafford Community Nurse Program.

I am writing in support of S.231 , a bill to establish a two-year pilot for one or more community nurse programs serving aging Vermonters. I speak from that background in clinical care, and public health and health care policy.

When I graduated from medical school in 1980, modern medicine was exploding. Antibiotics and vaccines were eradicating infectious disease. New medications and techniques were preventing heart attacks. We aimed to cure disease and we did this in medical offices and hospitals. The home was an unknown sphere, seemingly irrelevant to our work.

Today chronic, rather than acute, disease is paramount among us, young and old. Chronic diseases (diabetes, congestive heart failure, rheumatoid arthritis) and disorders (gait instability, memory loss, failing eyesight) cannot be cured; rather they are managed. Medical management occurs during brief office visits, but there is little time during these visits to discuss how we accommodate to these diseases and disorders in our home and personal environments. **This impacts the Aging population in particular, with its many psychosocial barriers to good health outcomes.**

In more than 12 towns in the Upper Valley region of Vermont and New Hampshire, Community Nurses are helping residents address those barriers and link with their medical practitioners**.** These nurses come from local communities and connect readily to community residents. They work to improve health and health care access for these residents through personalized health education, support for chronic illness management, coordination of health care and linkage of residents with community resources and their health care teams.

In the January 2024 Vermont Senate. Committee on Health and Welfare hearing on S231, several raised the following concerns about the bill:

1. Possible duplication of services: Are similar programs currently being offered by any State agencies or health care insurers?
2. How many independent programs of this nature currently exist at the municipal level in Vermont?
3. What kind of Proof of Concept/ outcome measures are being assessed, or would be assessed in the future, If the program were to be funded at the state level?

I have been working with two other Vermont residents to advocate for a statewide community nurse health care coordinator. We have been attempting to answer questions 1-3 above:

1. **We have carried out a gap analysis and are submitting this in tabular form as testimony In support of this bill.** We found that four programs in particular, the Vermont Councils on Aging, SASH and Blueprint for Health, and some Medicaid Accountable Care Organizations, offer similar services but either not in the home, or in a limited capacity due to insufficient funding and personnel. *Of note, Community nurses do not offer clinical services and are quite distinct from Visiting Nurses so there is no duplication of services in that regard*. As opposed to the Visiting Nurses, the focus of the Community Nurse is to address the psychosocial aspects of health and health care as well as to reinforce the medical care provided by the resident's health care teams. Other health care workers who do offer similar services carry the titles of Community Health Worker, Case Manager, Heath Care Coordinator, and Nurse Navigator.
2. **We are unaware of any statewide survey of Vermont** towns to determine the extent of independent programs which offer services similar to those described above. It would be very useful to have this survey done in order to better understand the breadth of such programs currently at the municipal level, and the source of their funding.
3. **The Community Nurse Connection, located in the Upper Valley in central Vermont, does collect some process and outcome data** https://www.communitynurseconnection.org/data-at-a-glance.html. Although we are unaware of data being maintained to determine the cost effectiveness of Community Nurses, the medical literature does demonstrate that nurses or health navigators of this type do prevent some 30 day rehospitalizations and unnecessary ER visits. The Community Nurse Connection data has shown that these nurses have helped aging residents to remain longer in their homes and avoid nursing home placement **This would be a financial savings for State in the form of reduced Medicaid spending.**

I strongly believe that this model of care fills gaps in care for which the rapid pace of health care delivery does not allow to provide. It allows physicians to link with a health care worker at the local level, address psychosocial barriers to care, and ultimately to treat patients more comprehensively. Whether the State determines that such a program should be unique, or be integrated into a current one at the State level providing similar services, I hope that it will allow for both local autonomy as well some statewide standardization. This will allow for these health care workers to spend the bulk of their time with the residents, doing what they do best.

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