Testimony at Statehouse on Community Nurse Pilot--- S.231 --- Feb 28, 2024

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Professional Experience: 41 years as a registered nurse and 33 years of career was spent working in nonprofit community clinics as a family nurse practitioner (FNP) or commonly termed advanced practice registered nurse (APRN).

From the start of our exploration to create a pilot project, we were tasked with defining key elements of our Community Nurse Program that makes our program unique from other allied health programs and institutions and outlining how we help to fill in the gaps in continuity of care for our aging Hartland population.

Our committee came up with an analogy of how our community nurse program interfaces with clients and their families and within the healthcare system. We visualize our community nurse program as an inner gear wheel holding the axle (representing the client and their family) and working directly with clients and their family, as well as engaging (through outward "cogs"), a full circle of healthcare for each client, by drawing as appropriate services from other agencies at the town, local and regional levels. Attached is a graphic conveying this concept with the intent that it will illustrate how community nurse programs can be a key difference between a bewildering sea of agencies and navigation of client access for a functioning wheel of healthcare.

Simply stated, community nurse programs are town-specific and bottom-up, facilitating seniors and their family's needs for social, emotional, and physical health; acting as both navigator within our complex healthcare system and acting as a client-advocate, securing access to appropriate health programs and agencies.

Working in one town, community nurses have the capacity to respond quickly to referrals and the flexibility to adjust the frequency of meeting with clients as needed. Community nurses are not limited by policy restrictions on the number of, or time expenditure during visits which fosters trusting relationships and continuity of care. Community nurses can make ongoing assessments to monitor each client's health, noting changes which might indicate referral for further evaluation and care. Community nurse programs provide cost-free services to clients without regard to income or insurance eligibility.

Community nurses assess the health and wellness needs of individuals and their clients as well as gain understanding of overall needs of seniors. Aging in Hartland (AIH) Community nurses identified isolation as a significant issue for seniors which they brought to the AIH volunteer board. AIH has addressed isolation by starting a monthly senior café at the library which is very well attended as have applied for grant money to start a friendly visitor program. The community nurses also identified the need for more streamlined referral of EMS patients to the community nurse program, particularly for individuals who frequently call EMS. Unique to our Hartland Community Nurse Program, we also have a volunteer group of individuals associated with AIH who offer help with minor home repairs which the nurses tap into when the need arises.

We were excited to hear the interest of the Senate Health and Welfare Committee regarding Senator Becca White's presentation of Act S231 on January 18th. At the hearing, pertinent questions were raised by the senators, which our pilot project committee have taken the opportunity to briefly respond to.

Questions we heard the senators field were:

Q. Can the community nurse program be merged under the umbrella of VNH (Visiting Nurses and Hospice), SASH (Support and Services at Home) or VT Area Agency on Aging (for which we are in the Southeastern region called Senior Solutions)?
> **A.** Community nurses act as liaisons for their clients to access, as appropriate, with any of the town, local, and regional healthcare programs, and agencies, so would not fit under one umbrella agency.

Q. Where are the gaps in health care?
> **A.** No single healthcare agency or program addresses all healthcare needs of seniors. Community nurses act as ongoing client navigators and advocates in accessing their healthcare needs.

Q. What client eligibility criteria must be met for someone to receive services by the community nurse?
> **A.** Requirements may vary by program. For Aging in Hartland services, a client needs to be 60 or older and live in Hartland.

Q. Are community nurse programs competing with for profit and nonprofit healthcare providers?
> **A.** No. Community nurses do not provide direct medical care and do not depend upon Medicare, Medicaid, or private insurance for financial support.

Q. How can outcome measures be obtained to confirm the benefit of expenditure?
> **A.** With outside expertise, the community nurse pilot project aims to develop tools to document cost savings, health outcomes and measures of quality of life.

Q. What is the definition of a health care worker?
> **A.** Some community-based programs utilize health care workers rather than nurses. Instead of a health care worker, our pilot project is investigating hiring a home care assistant to perform basic tasks like grocery shopping, picking up prescriptions or doing light housekeeping to enable clients to age in place longer. We are very aware that the most effective way to meet community needs will vary by location, and over time, so, while we recognize common elements likely to encompass the mix that comprises programs like ours, we believe that structural flexibility and local autonomy are key to success. One size fits all solutions can be tempting, but we think they are a trap to be avoided.

It is our hope that this input will be helpful to your considerations. Thank you for devoting time and energy toward addressing this important aspect of wellness for all Vermonters. Please let us know if we can contribute to your efforts in any other way.

Respectfully Submitted,

Jill Lloyd