Health professionals weigh in on possible changes to Medicare funding

Cuts to home health agencies would be ‘a step in the wrong direction,’ say AFT’s healthcare leaders

AFT NURSES AND HEALTH Professionals weighed in on a proposed rule by the Centers for Medicare & Medicaid Services (CMS) concerning an update to the home health prospective payment system rates.

AFT NHP sent a letter in September to CMS administrator Marilyn Tavenner, asking that funding for home health agencies not be cut below 2014 levels. “Our members are committed to shaping a healthcare system that serves the needs of communities and puts patients first,” the letter states. “High-quality home care is an integral part of a healthcare system that meets those goals. However, the proposed net cut to home health agencies of $58 million is a step in the wrong direction.”

The Affordable Care Act calls for a phased-in adjustment, or “re-basing,” of home health payments based on the number of visits, mix of services and other factors. The ACA also draws upon the Medicare Payment Advisory Commission’s expectation that Medicare agencies will increase the efficiency of services at a rate roughly equal to private sector efficiency gains, which suggests that as the agencies’ productivity increases, their need for Medicare reimbursement should decrease.

As a result, the ACA calls for Medicare home health payments to be reduced by a “productivity” adjustment, starting in 2015. According to AFT NHP, “this reduction in payments to home health agencies is troubling, especially given the great potential for high-quality home care to help keep people well and reduce unnecessary health spending—two important goals of the ACA.”

The proposed cuts will make it even more difficult for homebound patients to receive the care they need to stay out of hospitals or skilled nursing facilities, the letter states.

AFT NHP is encouraging CMS to revisit the methodology used to calculate the proposed cuts and make every effort to ensure that home health agencies have adequate funding to deliver safe and effective care.

The letter also calls on CMS to allow advanced practice registered nurses to practice to the full scope of their education, training and licensure by letting them certify face-to-face visits with their patients. To date, in order for Medicare to reimburse a patient’s home health services, a doctor must document that a face-to-face visit with the patient took place. The requirement is redundant, however, given that APRNs currently are conducting face-to-face visits, the letter says.

In addition, AFT NHP is asking CMS to provide frontline caregivers a seat at the table in the development of a home health value-based purchasing program. “Bedside nurses can provide valuable insight into the types of measures that indicate high-quality care,” the letter says.
Keeping our communities safe and healthy

RANDI WEINGARTEN, AFT President

IT’S BEEN NEARLY TWO MONTHS since Thomas Eric Duncan became the first patient to be diagnosed with the Ebola virus in the United States in this latest outbreak. In that time, Duncan sadly succumbed to the disease, two nurses who treated him were diagnosed, and untold thousands more have suffered and died in West Africa.

While many throughout the world have watched and fretted from the sidelines, our members have joined courageous health professionals around the world, like Dr. Craig Spencer and nurse Kaci Hickox, to fight on the frontlines against this vicious disease. Speaking of Dr. Spencer, Hickox and those nurses in Dallas who ministered to Duncan, we need to honor these heroes and others who have volunteered in West Africa and the United States to care for Ebola patients.

The AFT will continue to stand with nurses and health professionals across the country to ensure that our response to the Ebola virus is based on science, not politics. That means that when those courageous men and women return from West Africa, they are greeted with respect instead of stigma.

From a nurse in Brooklyn, N.Y., who traveled to Sierra Leone to help treat stricken patients, to our healthcare leaders in Washington state who have worked with state officials and hospital management to put in place the right training and equipment, we have been taking action to keep communities and health professionals safe and healthy.

The best way to do this is through the three-part strategy that we launched in October: (1) Infection-control protocols and worker-preparedness plans at all health facilities; (2) Dedicated, specially trained teams of willing staff—including doctors, nurses, lab and X-ray technicians, and housekeeping staff—to care for Ebola patients, and there must be adequate staffing levels; and (3) Inclusion of frontline providers in the development and implementation of plans.

In recent months, we have made great progress on this front. In facilities across the country, management and federal, state or local officials are working with us to ensure that nurses and health professionals feel prepared, are trained and have a voice in their facilities’ preparedness plans.

The Oregon Nurses Association has been working to encourage an open dialogue between nurses and healthcare facilities, while the Oregon Federation of Nurses and Health Professionals has been working closely with Kaiser Permanente to ensure best practices are implemented to keep frontline workers and patients safe. In New York, the United Federation of Teachers has been working to prevent the stigmatization of people from West African countries. At the University of Connecticut Health Center, I visited a room readied for Ebola patient isolation and treatment and saw firsthand how our members are working hard to be prepared.

However, in other communities, there is still much work to be done.

Nurses and health professionals know what they need to keep themselves, their patients and their communities safe. We will be reaching out to governors in states where more progress is needed to work together to provide adequate training and resources.

We will continue working at the federal level with the White House and with agencies such as the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration to ensure standards are developed to protect workers from exposure to Ebola and provide adequate training, while also working toward proper enforcement, particularly in places where nurses and health professionals don’t have a union. We also have set up a hotline (202-393-6300) for nurses and health professionals to alert us to problems and potential violations at their facilities.

And because communicating the real facts to the public is so important, the AFT will continue to put updated resources on AFT.org to share what we know about the Ebola outbreak with health professionals and communities. There also are materials on how to keep our children safe at school.

While we work to contain the Ebola threat here in the United States, West Africa’s Ebola outbreak is one of the deadliest challenges of modern times. We must remain vigilant in supporting efforts to solve this crisis globally.

The AFT has directed funds from our disaster relief fund to support Public Services International in long-term public health infrastructure, and Partners in Health and Doctors Without Borders with their patient care and efforts at infrastructure building in West Africa.

For those placed in quarantine, we will fight to ensure that they receive the privacy, compensation and support they deserve.

At the same time, we must continue our efforts on the policy level. Our nation’s public health infrastructure is frayed after years of nothing but cuts.

Policymakers must make a national commitment to rebuild our public health infrastructure—which is responsible for ensuring that the public has the right information, and that healthcare providers know how to confront and contain an outbreak of disease. Without an adequate infrastructure as our foundation, we can’t begin to ensure that every provider and facility can respond to any healthcare emergency.

Our nation boasts one of the most advanced healthcare systems in the world. We have the capacity and know-how to address this public health issue. If we listen to the voices of our nurses and health professionals, we can keep our communities safe and healthy.
ROGER WOODS IS MAKING sure his colleagues will be able to properly care for Ebola patients, should the situation ever arise. Woods, an emergency room nurse at Danbury (Conn.) Hospital, has been training nurses there on how to safely use personal protective equipment or PPE to prevent them from contracting the virus. The full-body protective gear includes masks, face shields, gloves, gowns, suits and other equipment. Woods decided to pursue first-responder training through the Federal Emergency Management Agency in 2009 and is now a U.S. Department of Homeland Security/FEMA certified instructor. He also spent several weeks at the Centers for Disease Control and Prevention learning how to prepare and manage a crisis such as this.

“There is opportunity in confusion,” says Woods, a member of the Danbury Nurses Union at the hospital. Woods sees the chaos and confusion that followed the Ebola cases in Dallas and New York as an opportunity to educate healthcare workers. “Now the big focus is on PPE,” he says. “This has been a wake-up call for a lot of people. It’s a matter of protecting ourselves. Today it’s Ebola. Tomorrow it could be something else.” After two Dallas nurses contracted Ebola while caring for Thomas Eric Duncan, who died of the disease in early October, the CDC struggled in its efforts to clarify what hospitals needed to do to safely evaluate and treat suspected Ebola patients; the CDC did manage to get back on track by issuing updated guidelines for healthcare workers. In an effort to protect workers and their communities, the AFT called on hospitals to step up their preparedness and staff training for possible Ebola cases. As guidance from federal agencies continues to evolve, the AFT has called for hospitals to establish proper infection control protocols and specially trained teams of volunteer staff to handle these cases.

Woods says his hospital has been working with the union and its members to address concerns and provide necessary training to volunteers. In addition to the training, the hospital has also revamped its bio-contamination unit. Still, Woods would like to see more training offered during work shifts. “People want the training, but the hospital requires nurses to take scheduled time off,” he says, “and sometimes short staffing at the hospital keeps people from attending.”

More work to be done

Some hospitals are stepping up to the plate, but many still have work to do. An October survey by AFT Nurses and Health Professionals of its members found that 40 percent of facilities do have protective equipment available, and 70 percent have had training on its use, although that training was not specific to PPE for Ebola.
IN THE WAKE OF CRITICISM from nurses and other healthcare workers over the absence of clear guidelines for protecting hospital personnel treating patients infected with Ebola, the Centers for Disease Control and Prevention issued updated recommendations on the proper use of personal protective equipment (PPE). The 17-page document outlines administrative, environmental, and management efforts needed to prevent hospital personnel from contracting the virus and to ensure their safety.

The CDC guidelines came weeks after two Dallas nurses were infected with Ebola while caring for a man who had recently traveled from Liberia. The West African countries of Liberia, Sierra Leone and Guinea are currently suffering the largest Ebola epidemic in history. The guidelines were updated on Oct. 20 to include the following substantive changes: the use of respirators (N95s) during screening and routine Ebola patient care, double gloving with gloves taped to sleeves to completely cover skin on arms, and using a “buddy” system to monitor PPE process.

What’s missing?

Nurses and other health professionals are quick to note that the guidelines are just that—voluntary guidelines. The CDC does not have the authority to enforce them in every hospital. Only local and state health departments can make these guidelines mandatory. In the absence of any other enforcement mechanism, the OSHA Bloodborne Pathogens Standard provides some protection.

Despite early promises, the CDC cannot send a team to every location where Ebola is suspected, given that hundreds of suspected cases have been reported since the traveler and nurses in Dallas contracted the disease. But if a case is confirmed, the CDC will send a team of medical personnel to help out and ensure compliance with the guidelines. Equally important, these extensive protection guidelines require both more time and staff to ensure no breaks in protocol. No staff caring for suspected cases should move beyond the screening and isolation areas to care for other patients. And, the layers of protective clothing result in an accumulation of heat and physical stress that limit the time the nurse is able to care for patients. U.S. hospitals with sophisticated cooling capacity allow nurses to spend 60 minutes in PPE; nurses in field hospitals are generally limited to 45 minutes in full protective gear.

The AFT will press the CDC to improve this new guidance as follows:

• Recommendations for the amount of training and practice time required for staff to become proficient in donning and doffing PPE;
• Recommendations that direct hospitals on whether clinicians caring for an Ebola patient should be restricted in caring for other patients;
• Recommendations for nonhospital settings such as ambulatory care centers or offices, home health care and public health clinics;
• Recommendations on follow-up of clinicians who have had exposure to an Ebola patient’s blood or body fluid;
• Guidance that encourages hospitals to provide administrative pay (wages and benefits) to healthcare workers who are quarantined or put under precautionary isolation; and
• Guidance on providing emotional and social support to exposed nurses/clinicians and assistance in returning to work when they are released from quarantine.

“The AFT is working to keep our communities safe and healthy,” says AFT President Randi Weingarten. “That is why we are calling on the CDC to issue additional Ebola guidance for non-hospital healthcare settings and expanded guidance to guarantee wages and benefits for quarantined healthcare workers.”

—RANDI WEINGARTEN
AFT President

See the AFT’s Ebola toolkit at go.aft.org/ebola.
Check out the CDC guideline comparison. Visit go.aft.org/ebola_cdc.
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There currently are four hospitals in the United States with specialized biocontainment units and experience in handling emerging contagious diseases that have been designated by the CDC to take on Ebola patients. There is also another group of hospitals that are serving as receiving hospitals for regions or the entire state. The AFT says that although these hospitals may be ready to treat possible Ebola patients, all hospitals should be prepared to handle patients until they can be transferred.

AFT’s Washington State Nurses Association ramped up its efforts around Ebola right after the news broke that one of the Dallas nurses who cared for Duncan had become infected with the virus. WSNA surveyed members about what preparations their hospitals had made to manage a patient suspected of being infected with Ebola, or a confirmed case. The results did not inspire confidence.

Eighty-six percent of WSNA members did not feel prepared to deal with an infected patient. More than 70 percent of these nurses reported that they did not know if their facility had a plan for evaluating a suspected or confirmed case of Ebola, or that the facility definitely had no plan.

“It was startling to see the number of nurses who said they did not know if their hospital had a plan,” says Anne Tan Piazza, assistant executive director of WSNA. Piazza says her organization welcomed the CDC’s updated guidelines, but quickly recognized the limitations of voluntary rules in regulating a deadly disease. “Now our focus is to ensure that healthcare facilities are following the guidelines and are providing training to staff—and that includes nurses and other healthcare workers.” WSNA is monitoring facilities to make sure they are conducting practice drills “and ensuring that not only is the right equipment available but that it is readily accessible,” notes Piazza. Although Washington state will likely see few travelers coming from West Africa, WSNA is working closely with the state’s department of health, the hospital association and the state medical association to make sure that all types of facilities are as prepared as possible. “Readiness is going to be different in different communities,” Piazza says.

Closer to where we need to be

In a number of states, hospitals have been designated as facilities that will handle suspected Ebola patients until they can be transferred to one of the four specialized hospitals. University Hospital in Newark, N.J., is one such facility. It has worked for years with the CDC to handle sick travelers suspected of having contagious diseases who come to the U.S. through Newark Liberty International Airport. Workers in the hospital have been seeing patients with suspected cases of Ebola since August.

Banita Herndon, an emergency room nurse and a member of Health Professionals and Allied Employees, was on duty when the first suspected case came in last summer, and she continues to see suspected cases. Herndon has volunteered to work with these patients and says she does have concerns, like the need for extended training.

“Initially suspected patients were quickly isolated, yet the staff were not adequately trained in the donning and doffing of the PPE in those first weeks of the crisis. Since then, a volunteer team of nurses has been recruited and trained to treat patients who are suspected or confirmed to be infected with the Ebola virus.”

Still Herndon feels the hospital has taken the right steps to protect workers. The command center or extended treatment area where nurse Kaci Hickox was held under New Jersey’s mandated quarantine upon her return from a voluntary medical mission in Sierra Leone has been significantly improved. With each new suspected case the hospital sees, holes in the care process are being filled.

“We still have a lot to iron out with the hospital,” Herndon says, “but people are being educated and our voices are being heard. We are moving closer to where we need to be.”

—ADRIENNE COLES AND AMANDA SPAKE

AFT presses Senate to boost public health funding

THE U.S. SENATE Appropriations Committee held a full committee hearing on Nov. 12 regarding the federal response to the Ebola outbreak and the Obama administration’s request to Congress for emergency funding. The AFT, which represents 112,000 health professionals, including 84,000 registered nurses, submitted testimony urging the lawmakers to approve the request for $6.18 billion in emergency funds to fight Ebola.

“Preparedness and capacity have been a central focus of our healthcare members and leaders in the wake of the outbreak,” AFT President Randi Weingarten noted in the written testimony. The outbreak “highlights the need for greater investment in the U.S. public health infrastructure in order to strengthen the capacity of state and local public health departments to respond swiftly and effectively to developing emergencies.”

Funds that would help public health departments, hospitals and communities prepare for threats to public health have been slashed over the last decade; the shortsightedness of these divestments has complicated local efforts to respond effectively to crises as well as to ensure that nurses and health professionals have the training and equipment they need to keep themselves, patients and their communities safe.

In her written testimony, Weingarten also took the opportunity to once again urge the Senate to confirm Dr. Vivek Murthy as surgeon general. “In times of crisis, strong leadership is essential. As the ‘nation’s doctor,’ the surgeon general provides the public with clear evidence-based information and helps us discern fact from fiction during complex and emotional public health crises.”
Confronting corporate care
Healthcare leaders begin work on national campaign to put patients before profits

THIS PAST SUMMER, delegates to the AFT convention passed a resolution to improve the quality and safety of patient care in the U.S. healthcare system by calling for an effort to reshape the industry to put patients before corporate profits.

The patients-before-profits resolution calls for the union to join with patient advocates, community groups and other providers to create a national education and advocacy campaign that will focus on reshaping the nation’s healthcare system “to serve the needs of communities and to truly put patients first.”

In October, the AFT Nurses and Health Professionals division’s program and policy council met to focus on finding a way to address the corporate agenda of profitization, privatization and depersonalization of health services. “We have the opportunity to put together a brilliant attack on corporate takeover of healthcare,” said Candice Owley, president of the Wisconsin Federation of Nurses and Health Professionals and an AFT vice president. “We can be the leader in addressing this—at the top and at the grassroots level.”

The division and its PPC leaders have been working with the AFT research and strategic initiatives department as well as the AFT organizing department to create a national campaign to shift the focus in healthcare from profits to patients. Last year, they created the Cashing in on Kids campaign, which conducts research and public education programs to ensure that public schools put the students’ interest above the corporate interests that are increasingly taking control of public education policy and institutions. Healthcare leaders hope to create something similar in an effort to fight corporatization in healthcare. In the coming year, the PPC will begin to address the issue by developing resources, focusing on member engagement and community outreach, as well as coordinating activities with partners and allies.

What is the PPC?

AFT NURSES AND HEALTH Professionals has a program and policy council (PPC) made up of leaders from our healthcare affiliates nationwide. The council meets three times a year to discuss issues related to the healthcare industry, healthcare delivery systems, and implications for healthcare providers and patients. The work of the PPC shapes the policies and activities of the union by providing the voice of the division’s nurses and health professionals. The PPC is also tasked with making recommendations for consideration by the AFT executive council.
IN THE NEWS

More than 400 registered nurses at Inspira Medical Center in Woodbury, N.J., have joined Health Professionals and Allied Employees.

NURSES, DOCS WIN THEIR UNION Nurses working at Inspira Medical Center Woodbury in New Jersey voted Oct. 1 in favor of union representation by Health Professionals and Allied Employees, an AFT affiliate.

“We are excited about winning our union and look forward to working together with administration for the benefit of our hospital, our professional practice and our patients,” says Kellianne Eyler, a perioperative services nurse who has worked at the hospital for nine years. “As Florence Nightingale once said, ‘Were there none who were discontented with what they have, the world would never reach anything better.’ The nurses here joined together to change to provide the care our patients and our community need and deserve.”

The election was scheduled after more than 75 percent of the 420 registered nurses at the hospital signed a petition seeking to join HPAE. “The nurses are ready to sit down and bargain a contract that meets the needs of the patients they serve, and we expect the hospital will do the same,” says HPAE President Ann Twomey, who is an AFT vice president.

AFT Nurses and Health Professionals celebrated another union victory with the addition of 36 physicians at PeaceHealth Sacred Heart in Eugene, Ore., who voted overwhelmingly to join the AFT in October.

GRANT WILL PROVIDE FOR WORKPLACE VIOLENCE PREVENTION TRAINING

The AFT has been awarded a grant from the U.S. Department of Labor’s Occupational Safety and Health Administration to provide training to nurses and health professionals on how to prevent violence in healthcare settings. The training, which will cover all aspects of workplace violence, including bullying, is designed for workers in acute care settings, long-term mental health facilities, and visiting nurses/home healthcare workers. Participants will learn strategies both to protect themselves and colleagues, and to work with employers to develop effective workplace violence prevention programs.

SOLUTION-DRIVEN UNIONISM HONORED

The AFT has announced the winners of the second annual Prize for Solution-Driven Unionism, a competition among AFT state and local affiliates to shine a light on innovative, inspiring and collaborative solutions to tough problems. Two first-place prizes were awarded: the Milwaukee Technical College Federation won for its solution to lagging graduation and course completion rates, while the other prize will be shared by the United University Professions and the New York State Public Employees Federation for their successful campaign to save Downstate Medical Center in Brooklyn, N.Y., from privatization and to promote investment in the facility and actually expand healthcare in Brooklyn.

The AFT’s Prize for Solution-Driven Unionism—which was created in partnership with the Albert Shanker Institute and the AFT Innovation Fund—will award $25,000 for each of the two winners.

VISITING NURSES AND HOME HEALTH AIDES RATIFY FIRST CONTRACTS

Registered nurses and home health aides employed by the Visiting Nurses Association of Southeastern Connecticut have ratified their first contracts in October. “We made some real gains with this first contract, but even more important has been the change in how we’ve been treated since joining the union,” says Christine Moretti a home health aide. “It was very clear right after our election that there was a whole new level of respect for us and the work we do,” says Moretti.

“Negotiating side by side, nurses and aides showed that in unity there is strength,” says Martha Marx, an RN. “I’m so proud of the progress we’ve made together in both our contracts, which will go a long way to stabilize the VNA’s workforce for the community we serve.”

“The real winners here are the patients and their families who rely on these hard-working caregivers,” says Melodie Peters, a former state senator and president of AFT Connecticut. “Together, they provide an efficient and effective alternative to costly nursing home settings, and it’s gratifying to see them recognized for their important contribution.”