U.S. Senate Special Committee on Aging Congressional Field Hearing Hartford, CT July 2, 2012

## Testimony of Ms. Jamesina E. Henderson, Chief Executive Officer, Cornell Scott-Hill Health Corporation

Thank you, and good afternoon. Senator Blumenthal, thank you for the opportunity to contribute to your research on this most important subject. I am Jamesina Henderson, CEO of the Cornell Scott-Hill Health Corporation, Connecticut's first Federally Qualified Health Center and one of its largest.

We were established in 1968 as a primary care institution and through our 44 years of growth, expansion and development of services in medical, dental and behavioral healthcare, we have become the nation's best example of integrated care. We are not alone in arriving at this conclusion. Linda Rosenberg, CEO of the National Council, who visited with us recently and is responsible for leading an association comprised of over 1,900 behavioral healthcare organizations nationwide, stated that in all of her experience we are the best example of integrated care that she has ever seen. I believe our perspective on care integration is critical to your effort on patient safety and I'd like to explain why.

Throughout our history of providing care to the 33,000 people who consider us their medical home each year, we have focused on delivering a quality experience from scheduling to the reception desk to the treatment room. One of the challenges we have faced is ensuring the appropriate sharing of information between our medical, dental and behavioral health providers. Many of our patient population receive services from all three disciplines. And as many of you know, there are many connections between mental health and physical health.

In one of our most recent efforts to tackle this problem head-on, which is what we like to do at Cornell Scott-Hill Health Corporation, we challenged the marketplace to provide what we know is the right contributory solution to improved patient care and patient safety – a completely integrated electronic health record structurally built on a foundation of information sharing across all three care disciplines.

We demanded a solution that mirrored our practice of integrated care. And only one solution provider heard our call. I am proud to say to this committee that the Cornell Scott-Hill Health Corporation, in partnership with General Electric, is leading the transformation of electronic health records. Our system, which is now in place at several of our 16 care sites, is likely the first in the nation to provide full integration and sharing of information across all care disciplines.

We know from experience that communication and sharing of information is critical to patient safety, continuity of care, and to an enhanced patient experience.

Technology aside, there are other ways we know this to be true. And like the technology solution we are implementing, there are other collaborative and partnership solutions underway in our healthcare environment equally deserving of mention.

Today we have no less than three programs in place, funded through foundations and others, to provide patient navigation services to patients with specific conditions. Just last month we were awarded a grant from the Komen Foundation to provide patient navigation services to women with breast cancer.

What these foundations know and are willing to put their funding behind is the true value of communication, information sharing and care management. They know that if patients diagnosed with specific conditions are assisted along the path of the healthcare continuum, they stand a better chance of improved health outcomes.

Technology cannot do this alone – it is an important, even critical component, but the human component is needed. Patients need to know they have an advocate fighting for them, working with them to ensure their needs are going to be met.

This gains increasing importance as the population in general, and our patient population specifically, ages. More complex medical conditions and treatment regimens, including medication adherence, demand greater attention.

Patient navigation is a clear success story. With it, we stand a better chance of our patients receiving the right care at the right time in the right place. Patient navigation can help us reduce non-emergent visits to emergency departments which of course everyone knows will reduce costs throughout the healthcare system.

What makes this a difficult solution to implement is the simple fact that patient navigation services are not a reimbursable expense from our current payer mix. Another challenging aspect to providing this service is the lack of training and workforce development opportunities to help us transform the existing workforce into 21st century care-givers capable of coordinating care across multiple specialties and institutions while simultaneously delivering on our promise of an exceptional experience.

I'd like to make one additional point before concluding with a recommendation. All of us in the healthcare field understand the growing complexities in delivering quality care. With the confirmation of the Affordable Care Act, we know the future of healthcare is going to be different tomorrow than it is today. One area we know will not be different is the expectation of our patient – high quality and safe care from their provider.

We believe the vast majority of our patients have elected to make us their medical home precisely for that reason. A medical home is more than a label. It is an

affirmation of expectation and of value. And underpinning that expectation and acceptance of a medical home is - *trust*. The simple and powerful truth is that our patients place their trust in us, all of us in the healthcare field, to do what is best for them. A successful hand-off or transfer of a patient, and their clinical information, builds trust. And when coupled with the overt acceptance of responsibility for an individual's care, then and only then have we all succeeded in transforming healthcare.

My recommendation to you, Senator Blumenthal, and to your colleagues on this committee and in the Senate, is to draft legislation that supports our efforts to provide seamless, accountable and beneficial patient navigation across the healthcare spectrum. With it, we can improve patient safety, achieve better outcomes and reduce costly interventions.

Once again, thank you for the opportunity to share my thoughts on this most important issue.

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