

**Testimony of Steven H. Landers, MD, MPH**  
**President and CEO, VNA Health Group**  
**Submitted for the record at a hearing on:**  
**Caring for Seniors amid the COVID-19 Crisis**  
**Before the United States Senate Special Committee on Aging**  
**May 21, 2020**

Good morning! Chairman Collins, Ranking Member Casey, and Senators of the Committee on Aging, my name is Steve Landers<sup>1</sup>, I am a family medicine / geriatric medicine physician and my clinical practice focuses on home visits to low mobility older adults. I also serve as President and Chief Executive Officer of Visiting Nurse Association Health Group<sup>2</sup>, a large non-profit home health and hospice care agency that's headquartered in New Jersey, we also serve parts of Ohio and Florida. Our team of 3,000 dedicated caregivers has stepped up during the COVID-19 crisis<sup>3</sup>, in spite of all the challenges and risks, to help medically fragile older adults get home from hospitals and nursing homes and in some cases we've intervened to help people never have to leave their homes in the 1<sup>st</sup> place. On any given day, our team has over 9,000 people under our care and we've served over 650 older adults with known COVID-19 infection. I have never seen the system so strained, but I also have never felt more proud of the skilled, compassionate, and courageous people I work with.

Chairman Collins and committee members thank you for your efforts that have made it possible for our agency to continue to serve through this crisis. The provider relief funding in the CARES Act has been critical to helping my organization stay financially stable, also important, have been several steps taken by the Centers for Medicare and Medicaid Services. These measures are important, as we have seen significant lost revenues due to the cancellation of elective medical care. While revenues have gone down, our expenses have gone up due to the dramatic escalation in expenses related to personal protective equipment (PPE), employee health resources such as testing and counseling, and expanded telehealth resources within the home health agency.

I also must thank you, Chairman Collins and colleagues, for the important measure within CARES Act that expanded the role of nurse practitioners and physician assistants in elder home health care—there is a shortage of geriatric medicine physicians and homebound older adults have poor access to primary medical care<sup>45</sup>, the COVID-19 crisis has worsened this situation. The new authorization for nurse practitioners and physician assistants to order Medicare home health care is an important step in preserving access.

During the COVID-19 crisis I have been again reminded of the powerful difference that home health and hospice teams can make on the overall Medicare delivery system in terms of quality, compassion, patient safety and efficiency of care—the impact has been greatest when working in concert with physicians, hospitals and nursing facilities to provide comprehensive and coordinated care.. As we all know, the crisis has uncovered limitations to hospital and emergency room bed capacity, and has also uncovered the potential challenges of nursing facility-based care --highlighting the importance of a strong home care option.

For our organization to provide this home care option, job number one has been protecting our front-line caregivers, and we have been able to continue to serve because we have been able to maintain a supply of PPE. However, maintaining this supply has been incredibly challenging and expensive. We are using over 17,000 surgical masks and over 3,500 N95 masks each week and we are also using thousands of isolation gowns, gloves, goggles and face shields. We have had to pay 7-10 times the usual prices and reach out to vendors all over the world, vendors who we couldn't fully vet and verify, sometimes just hoping that shipments would arrive. For the future, I urge you to find ways to prioritize home health and hospice agencies getting needed PPE.

We have been also able to step up and make a difference during this crisis because of a spirit of innovation. The expansion of telehealth and virtual visits has been an important part of our services during this pandemic. Although home health agencies have no direct reimbursement for telehealth, we have found these tools to be an essential part of providing great care. The remote monitoring and virtual assessments of the vital signs, oxygen levels and other symptoms of COVID-19 home health patients has been critical to them safely remaining at home. We were already finding that telehealth could improve the quality of home care before the crisis, and COVID-19 has reinforced these benefits. I urge you to explore ways to expand telehealth within home health agencies to prepare for the next phase of the COVID-19 pandemic and to better address the home health needs of an aging population. I specifically recommend addressing the lack of reimbursement for home health agency telehealth services, and extending indefinitely the emergency measure that allows physicians and other providers to perform the home health face-to-face encounter via telehealth.

Thank you for this opportunity to be with you today and for the chance to share some of my thoughts and experiences about elder home care during the COVID-19 crisis. While I am saddened by the death and suffering, I am optimistic we can learn from these challenges and take steps to strengthen and improve home care for a growing population of older Americans.

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<sup>1</sup> Steven Landers biography

<sup>2</sup> About VNA Health Group

<sup>3</sup> COVID-19 visiting nurses home care: 'Extremely rewarding ... and extremely scary' Michael L. Diamond, Asbury Park Press <https://www.app.com/story/news/health/2020/04/14/vna-covid-home-care-nurses-coronavirus-patients/2960746001/>

<sup>4</sup> Health Aff (Millwood). 2016 Aug 1;35(8):1404-9 Geographic Concentration Of Home-Based Medical Care Providers. Yao N, Ritchie C, Camacho F, Leff B.

<sup>5</sup> J Am Geriatr Soc. 2010 Dec;58(12):2423-8. Physical and mental health of homebound older adults: an overlooked population. Qiu WQ, Dean M, Liu T, George L, Gann M, Cohen J, Bruce ML.