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WRITTEN STATEMENT OF RASHI ROMANOFF, VICE PRESIDENT FOR
PROGRAMS AND PARTNERSHIPS OF THE ELIZABETH DOLE FOUNDATION
BEFORE THE SUBCOMMITTEE ON HEALTH, HOUSE COMMITTEE ON VETERANS'
AFFAIRS, UNITED STATES HOUSE ON AGING IN PLACE: EXAMINING VETERANS'
ACCESS TO HOME AND COMMUNITY BASED SERVICES.

July 27, 2021

Chairwoman Brownley, Ranking Member Bergman, and Members of the Subcommittee, I am pleased to testify today on behalf of the Elizabeth Dole Foundation about the future of home and community-based services.

The Elizabeth Dole Foundation is the preeminent organization empowering, supporting, and honoring our nation's military caregivers; the spouses, parents, family members, and friends who care for America's wounded, ill, or injured veterans. Founded by Senator Elizabeth Dole in 2012, the Foundation adopts a comprehensive approach in its advocacy, working with leaders in the public, private, nonprofit and faith communities to recognize military caregivers' service and promote their well-being. I am honored to be here representing the 5.5 million military and veteran caregivers who serve our country every day.

More than half of the nine million veterans currently enrolled in veteran health care are 65 and older and that number is only expected to increase. Moreover, those veterans aged 85 and older is expected to grow more than five times over the next two decades. A GAO report released last year estimated that the expenditures for long-term care are projected to double to \$14.3 billion by 2037 (reference: <https://www.gao.gov/assets/gao-20-284.pdf>).

There are a number of critical challenges that the U.S. Department of Veterans Affairs (VA) is facing as it approaches its long-term care strategy - workforce shortages, geographic alignment of care, and the specialty care needs of our veterans. Given these mounting challenges, family caregivers represent a unique stakeholder group; we believe that support for veteran caregivers should be an integral component VA's long-term care strategy.

Each year, America's military and veteran caregivers provide more than \$14B in uncompensated care to our veterans. This service is often provided behind closed doors, in the shadows, and without fanfare. But however hidden, this care and public service is CRITICAL. If not for the dedication, commitment, and sacrifice of these family members, publicly funded health systems like the VA, Medicaid, and Medicare would be overwhelmed with the requests from aging veterans. So, I want to thank you for including the perspectives of caregivers in your hearing today, as the availability and accessibility of high-quality home and community-based services is an issue of critical concern for our community.

In the midst of the coronavirus pandemic, there have been many lessons learned. Today, I would like to highlight two that have direct impacts on long-term care solutions for our veteran families.

First, the increasing issue of isolation and burn out among caregivers. These have always been a top concern for caregivers, and like so many other issues, the COVID-19 crisis exacerbated the problem. With in-person appointments shifting to telehealth and reduced availability of home-based support, caregivers were physically, mentally, emotionally, and financially strained. On top of job loss, supporting their children with virtual schooling, and the fear of exposure, caregivers reported to us significantly increased feelings of isolation and burn out.

To help combat these compounding challenges, we partnered with Wounded Warrior Project, the VA, and CareLinx to launch our respite relief program in August 2020. This program provides military caregivers nationwide with up to 35 hours of professional home-based assistance, completely free of cost. These respite services range from bathing and grooming to meal preparation and housekeeping (www.hiddenheroes.org/respite).

As research tells us, the best support for a wounded, injured, or ill veteran is a thriving, healthy caregiver. When a caregiver can take a break from his or her caregiving duties to attend to their self-care through respite, they return renewed and able to sustain this vital, unpaid service.

I could go on and on about how this program is beneficial for caregivers; but the data speaks for itself. After receiving support through our respite program, the number of caregivers who rated their overall health “positively” jumped from 44.13% before receiving respite, to 92.4% after receiving their visit from a respite provider. If we’re seeing upwards of 50% health improvements for caregivers after just a few hours of respite services, can you imagine how much we could improve their lives and the veterans they care for if professional respite services were readily available, accessible, and affordable across the country?

We would like to ask our VA partners to help us continue to promote this respite care program to families in need. For example, given the recent influx in applications for the Program for Comprehensive Assistance for Family Caregivers, and the large rate of denials, we believe this is a critical moment to promote the Respite Relief Program to those veteran families who are in need of immediate support.

The second lesson we learned is that delivery of healthcare services in the home works. Home-based care, whether it be the provision of respite care or connecting with your doctor, nurse, or counselor online via telehealth, in many ways eases the care coordination that often consumes caregivers behind the scenes. For America’s veterans and their caregivers, receiving care in the home reduces the stress of travelling for appointments, fragmented care, and for those veterans with chronic conditions, an ability to check in and quickly monitor their condition. A 2012 study on the benefits of

homecare among elderly civilians noted a savings of \$32.9B over the course of four years. Not only did the provision of homebased care result in dramatic savings to the system, but there were also notable reductions in emergency department visits, improved medication reconciliation, and an increase in documentation of advanced care preferences.

At the Foundation, we note the increase in advance care preferences. Increasingly, those seeking respite relief are caring for a veteran who was terminally ill and entering hospice care. There is a tremendous emotional, physical, and financial toll on these families during these moments, and there is an acute need to support veteran families who are dealing with palliative and end of life care treatment. We know that respite services and home-based care can ease the transition from caregiver to survivor and investments in support families should be a top priority for the VA. (Reference: <https://www.healthaffairs.org/doi/10.1377/hblog20191003.276602/full/>)

One promising program is VA's Veteran-Directed Care program. Veteran-Directed Care provides support to Veterans' families in a way that puts their needs first. Rather than asking families to navigate different benefits and applications, veterans in this program are given a flexible budget for services that can be managed by themselves or their caregiver. What sets this apart from other VA programs is that veteran families have more control over their long-term health care needs. Veterans and caregivers together can decide what mix of services will best meet their needs, and they can work to hire home-based support or purchase items and services that allow them to live independently.

This is what a future state "care-at-home" model looks like – programs and benefits that have flexibility to meet families where they are and give them control to direct their care. Currently, the VA and its Veteran Directed Care program is undergoing a roll-out across the country with an accompanying quality improvement research effort. Preliminary findings from the research indicate that this program is successful at reducing hospital readmissions; what is more, caregivers and veterans like this healthcare delivery option. We strongly endorse a faster roll-out of this program with the adoption of our Inclusive Care practices. EDF has been working with the VA on our Campaign for Inclusive Care to ensure that all care delivery for veterans integrates the family caregiver into the treatment plan (<https://campaignforinclusivecare.elizabethdolefoundation.org/>).

I want to thank you again for the opportunity to provide testimony on behalf of our nation's military and veteran caregivers. While all Americans at some point will encounter their own unique set of long-term care challenges, either for themselves or a loved one, the families of those that have served face mounting difficulties and we owe them our support. It is imperative that we do all we can to support them every step of the way and keep care and support in the home, as much as possible.

Thank you for your time and for hosting this important hearing.

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