

Homefront

THE NEWSLETTER OF THE HOME CARE ASSOCIATION OF NEW HAMPSHIRE

Fall 2007

National Home Care and Hospice Month Salutes Caregivers

November is **National Home Care and Hospice Month**—a time to promote greater awareness of the benefits of home care services and to honor family members, dedicated professionals, and committed volunteers who help care for people in the comfort of their homes. Coincidentally, November is also **National Family Caregiver Month**, which recognizes the tireless efforts of the more than 50 million family caregivers across the country. Home health and hospice professionals work in concert with friends and family members to keep thousands of New Hampshire residents at home.

"In New Hampshire, more than 40,000 individuals rely on the home health services delivered by our members," said Susan Young, executive director of the Home Care Association of New Hampshire, which represents state-licensed providers of home health care. "And every day, more than 4,000 people care for these residents, driving more than 10 million miles per year to private homes, and performing work that is emotionally and professionally satisfying. These are very special people."

The Preferred Form of Health Care

With more Americans living longer, the demand for healthcare delivered at home is growing. Through skilled, compassionate healthcare delivery, home care professionals help individuals stay independent and recover from illness and injury at home. Home care agencies provide an array of services including nursing; physical, occupational and speech therapies; dietary counseling; and general personal care. Hospice providers specialize in care to those with a life-limiting illness.

"Home care is the preferred form of healthcare for millions of Americans as they go through their lives. Even when the end is near, most Americans appreciate the love and care which is so graciously given by hospice caregivers. This month is a great time to celebrate the good that these special people do," Young said. 🌟



Home for the Holidays

During the holiday season, many family members visiting from out-of-state notice significant changes in older relatives, and decide to explore long-term care options for them, including in-home supportive services. If you are considering long-term home care for a loved one, the Home Care Association recommends asking the following important questions of a prospective service provider:

- Is the agency licensed by the state to provide home health care?
- How long has the agency been providing home care services?

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Executive Director's Note

While people of all ages benefit from home health services, the Medicare home health benefit is particularly critical for the elderly, who are able to maintain their dignity and independence with the support of home care professionals. In addition, keeping people at home and out of institutional settings saves millions of dollars.

Yet Medicare home health has sustained severe payment reductions as a result of regulatory changes that go into effect in January, and we face the possibility of further cuts during the final weeks of the 2007 Congress.

Many ranking Congressional members are opposing cuts in home health payments, and we particularly appreciate the visible support of three fourths of the NH delegation – Senator Sununu, Congresswoman Shea-Porter and Congressman Hodes. More advocacy will be needed to preserve the home health benefit New Hampshire citizens have come to rely on. 🌐



Susan Young
Executive Director
Home Care Association
of New Hampshire

CMS Cuts Medicare Home Health Payments

NEW MEDICARE RULES REDUCE HOME HEALTH PAYMENTS.

In August the Centers for Medicare and Medicaid Services (CMS) finalized regulatory changes that will reduce home health payments by 11.75 percent over the next four years. New Hampshire will incur reductions amounting to \$1.8 million in 2008, and a total of \$27.5 million over the upcoming four years as a result of these revisions to the rules governing Medicare home health reimbursement.

The cuts are a result of Medicare's allegation that home health agencies have increased patient severity scores, otherwise known as case mix weights, to achieve higher payments. The home care community has countered with evidence that the increased scores are a result of changes in the makeup of patients receiving home health services. These changes include increased acuity of patients discharged from hospitals, a shift of patients from rehabilitation facilities and nursing homes, and the increased age of patients admitted to care. New Hampshire providers' case mix scores have increased



ON SEPTEMBER 27 SENATOR SUNUNU MET WITH HOME CARE REPRESENTATIVES (L-R) SUSAN YOUNG, HCANH EXECUTIVE DIRECTOR; LINDA HOTCHKISS, CEO OF ROCHESTER DISTRICT VNA; AND POLLY CLOUGH, CLINICAL DIRECTOR OF COMMUNITY HEALTH & HOSPICE

since 2000, but are well below the national average.

"This action is particularly troubling because the Medicare home health benefit has already been cut more deeply over the past ten years than any other segment of the Medicare program. In fact, home care, as a share of Medicare spending, has dropped from 8.7 percent in 1997 to only 3.2 percent today," said Susan Young, executive director for the Home Care Association.

In October, Maine's Senator Susan Collins introduced legislation that would prevent the cuts proposed by CMS. "The Home Health Care Access Protection Act of 2007" (S. 2181) would establish a rational process under which Medicare can evaluate whether changes in case mix weights are the result of patient changes or due to unwarranted "coding creep." Massachusetts Congressman Jim McGovern filed a companion bill (H.R. 3865), and New Hampshire Congresswoman Carol Shea-Porter is a co-sponsor of this measure.

Further Medicare cuts possible

In addition to the cuts in home health addressed in the Collins bill, the 3 percent inflation update in the home health rates for 2008 is also at risk. As Congress tries to find ways to avoid the cuts in physician payments slated to go into effect on January 1, freezing the 2008 Medicare home health inflation update is one of the options on the table.

The impact of this action in New Hampshire would be an additional loss of Medicare funding of approximately \$1.9 million in 2008 and \$11.8 million over four years.

New Hampshire Congressman Hodes and Congresswoman Shea-Porter, as well as Senator Sununu, have joined other members of Congress in conveying to the relevant Finance Committees strong support for the full market basket inflation adjustment for home health. 🌐



A Day-in-the-Life of a Home Care Physical Therapist

*Meet Iwona Szetlea-Heka, PT
Community Health & Hospice*

As a physical therapist, Iwona Szetlea-Heka worked in hospital and out-patient facilities in Poland. Moving to the United States more than 12 years ago, she started working in home care and wouldn't change her job for any other position.

Why do you like working in the home care environment?

When I first moved to New Hampshire, I was single and I could work as much as I wanted. Now with a family to take care of, I have the flexibility to not only care for my family when I need to, but also provide care to my patients.

What does your typical day look like?

I usually will visit and care for four to six patients each day. We have to allow for driving and administrative work, along with caring for individuals. The quality of work is our first priority, so we must allow for proper time to assess how a patient is doing, provide the necessary physical therapy, and communicate with the team of caregivers that may include nurses, doctors, occupational therapists, health aides, and other caregivers.

What type of patients do you typically see?

We work with a range of ages, but primarily the elderly. We tend

to treat younger patients with orthopedic challenges like joint replacements, which temporarily will keep them homebound.

With the elderly, ailments range from cardiac problems, knee and hip replacements, falls and unsteadiness on their feet (gait and strength training), to consultations for in-home safety, placing equipment in the home, and wheelchair evaluations.

What are some of the challenges of your day?

The variety of cases we see is both a challenge and a blessing. We don't specialize, so we need to know everything. Having the depth of knowledge for a variety of ailments is a necessity.

The nature of home care can also provide a challenge. Sometimes you think your day is nicely planned and the next thing you know, everything is messed up. A new admission, a patient is having a bad day and needs additional care, or the patient needs to see another team member—these can change your day instantly. So we always try to leave flexibility in our daily plan.

What makes home care different from working in another type of health care setting?

It is an honor to be able to interact with patients in their homes. Most patients don't want to go to a nursing home or back to the hospital, so most of the time they

are motivated and work hard on their therapy.

Companionship is important as well. I had a patient ready for discharge who asked "could you just come to see me and watch over how I do the exercises?" Some patients get very attached to their caregivers and it is hard for them to let them us go, and for us to let them go. It is very heart-warming and rewarding work.

What's your favorite part of the job?

My favorite part of job is seeing patients, of course. Providing treatment and helping people stay in their homes.

My least favorite thing is the paperwork, but it is necessary in order to provide the best care for the patient.

Who should consider being a home care physical therapist?

You need to be able to work independently and problem solve. You also need to have adequate and reliable transportation.

The important thing is to be a good communicator—calling patients if you are running behind, respecting their time. Patients wait for you; even though they are homebound, they expect you at a certain time, so one needs to be compassionate and respectful.

I would also suggest working in other facilities such as nursing homes, out-patient clinics, hospitals before moving into a home care environment. You need to be prepared for home care, with enough care experience in order to be able to problem solve on the spot—on your own. 🧠

- Is there a care professional who, along with the client and family, develops an individualized plan of care?
- How are emergencies handled after normal business hours?
- Does the agency employ a full-time nurse, social worker or other qualified professional to make regular visits to the client's home to check on the care being delivered?
- How does the agency screen and select caregivers prior to an assignment?
- Are reference and criminal background checks conducted on all employees?
- Does the agency manage all payroll and employee-related matters and adhere to state and federal guidelines in its employment practices, such as withholding appropriate taxes, providing workers' comp and other benefits?
- Does the agency also use independent contractors? If so, who employs the person, and who pays the mandated taxes and withholdings?



To find a home health care provider in New Hampshire, please visit www.homecaresh.org

Give Thanks This Season to Family Caregivers

Not only does November mark a national time of thanksgiving, November is National Family Caregivers month. It's a great time to salute the thousands of citizens in our community who dedicate their time and talents to care for a chronically or terminally ill child, spouse, parent or grandparent.

Family caregivers are often invisible—at least in their caregiving role. With little attention or praise, most balance caregiving

with so many other roles: mother, employee, car pool driver, bake sale volunteer, school board member, son.

Professional caregivers—home care nurses, therapists and aides—are often best positioned to see the sacrifice these caregivers make for their loved ones. And as caregivers ourselves, we understand they are both burdened and blessed in honoring a loved one's wishes. Our professionals

are often called in to work side by side when a particular illness exacerbates, or when a situation becomes too much to handle. We know we can't replace the love in the family caregiving relationship, but we do our best to make the job easier.

To the family caregivers in our communities we say: we see your sacrifice; we acknowledge your efforts; and, when necessary, we are here to help. 🙏



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