Homefront

THE NEWSLETTER OF THE HOME CARE ASSOCIATION OF NEW HAMPSHIRE Spring 2011

THE CASE FOR Chronic Care Management

WITH 85% OF HEALTHCARE DOLLARS SPENT ON CHRONIC CONDITIONS, CARE MANAGEMENT BECOMES CRUCIAL TO COST CONTROLS

BERNARD MCGLONE, 65, HAS BEEN living with diabetes for a long time. A very personable gentleman, he looks at life in a positive light: "I have family and friends around me and I have the Rochester District VNA, who is there for me when I need them, day or night."

Bernie's diabetes is the cause of several ongoing chronic conditions, including renal failure, neuropathy, and ongoing open wounds. Over the past several years, he has required dialysis twice a week, has needed treatment for open wounds and intravenous antibiotics, endured an above knee amputation, and, most recently developed kidney stones and a kidney restriction requiring surgery in March. And for the past eight years, Rochester District VNA has been by his side through it all.

Heidi, a licensed nursing assistant (LNA) visits Bernie three times a week to help him bathe, change the dressing on his wounds, and support him with other activities of daily living. Cheryl, an RN, visits once a week to check and dress his wounds, take blood tests, monitor his medical conditions, and

cont'd on pg 3

CHERYL BONAR, RN, AND HEIDI PETERS, LNA, OF ROCHESTER DISTRICT VNA WITH BERNIE MCGLONE AFTER HIS MOST RECENT SURGERY.

Rules Run Amok:

The Physician Face-to-Face Encounter Rule

In another case of a well-intentioned law transformed into a bureaucratic nightmare, new regulations require detailed documentation by physicians of a "face-to-face encounter" with a patient within a specified timeframe as a condition of Medicare coverage of home health services.

The intent of the law, included in the Affordable Care Act, was to ensure that physicians are actively involved in their patients' care and that fraudulent home care providers (concentrated in a limited number of states, notably Florida and Texas) will be easier to prosecute.

The rule to implement the new law, however, has raised a storm of protest from physicians and home care providers, as well as consumer advocates like AARP. Physicians are particularly angry at the additional paperwork, especially since they already

cont'd on pg 2

IN THIS ISSUE

The Case for Chronic Care Management 1
Rules Run Amok: Physician Face-to-Face Encounter Rule 1
Home Care Association of NH Member News 2
By The Numbers: Chronic Management Statistics *(sidebar)* 3
New Hampshire State Legislative Priorities 2011 4
Medicare Home Health Co-Pay Should Be Rejected 4

Home Care ASSOCIATION OF NEW HAMPSHIRE

Eight Green Street #2 • Concord, New Hampshire 03301
Toll-free: 800.639.1949 • 603.225.5597 • Fax 603.225.5817
email: info@homecarenh.org • web: www.homecarenh.org

Rules Run Amok:

continued from pg 1

"certify" that their Medicare home care patients require skilled care (nursing or physical therapy) and meet Medicare's homebound definition. According to Dr. Roland Goertz, president of the American Academy of Family Physicians, the rule "makes our paperwork burden even more onerous."

Enforcement of the new law commenced April 1, when CMS refused to delay the rule for a few more months to allow for further clarification and education of the physician community. Several New Hampshire home care representatives discussed the issue with members of the state's delegation in late March, and Senator Kelly Ayotte personally spoke with CMS Medicare Administrator Jonathan Blum advocating for an extension. Blum was not moved by the Congressional pressure he received from many elected officials, and declined any further postponement. National home care associations are now pursuing legislative action to amend the law.

Meanwhile, the Home Care Association of New Hampshire has taken steps to support compliance with the new rules by creating a single set of informational materials and a single documentation tool for use in our state. After drafting the initial materials, HCANH shared them with other provider groups and incorporated their amendments. The final product has been endorsed by the NH Hospital Association, the NH Medical Society, and the NH Medical Group Management Association. New Hampshire is the only state to have accomplished this uniform approach, weeks in advance of the April 1, 2011 enforcement deadline.

Implementation remains a challenge, however, with home care agencies reporting that the paperwork is often incomplete. If a home health agency is not able to obtain documentation from physicians that meet CMS requirements, the agency will be denied payment and will then be forced to discharge the patient from care. HCANH members are carefully tracking compliance, to determine the access and financial impact of this ill-conceived regulation on patient access to care.

(L-R): SANDRA POLEATEWICH, INTERIM HEALTHCARE; SUSAN YOUNG, HCANH; SENATOR AYOTTE; GAIL TATTAN-GIAMPAOLO, NORTHWOODS HOME HEALTH & HOSPICE.

MemberNews

ELLIOT HEALTH SYSTEM WELCOMES CARLA BRAVEMAN AS VICE PRESIDENT OF HOME HEALTH, HOSPICE, AND COMMUNITY SERVICE

Carla Braveman, RN, M.Ed, CHCE, joined Elliot Health System in January as Vice President of Home Health, Hospice and Community Services. In this position, Carla serves as administrator of the VNA of Manchester and Southern New Hampshire, overseeing the home care, hospice, and personal care services programs, as well as Elliot Child Care, VNA Child Care, and Parent Baby Adventure.

Carla is returning to New England after serving as CEO and President of Big Bend Hospice in Tallahassee, Florida. She is a member of the Board of Directors of the National Association for Home Care & Hospice.

TWO LAKES REGION VNAS MERGE TO FORM CENTRAL NH VNA & HOSPICE

For nearly two years, Community Health & Hospice in Laconia and VNA-Hospice of Southern Carroll County & Vicinity in Wolfeboro worked toward merging the two entities. Finalized in October 2010, the new entity is known as Central New Hampshire VNA & Hospice. Its corporate headquarters are located at 780 North Main Street, Laconia, and a fully staffed branch office remains in Wolfeboro.

"Organizations like ours are deeply committed to the community," states Margaret Franckhauser, CEO of Central New Hampshire VNA & Hospice. "This is why we decided to merge—so that we could work together, making the most of the resources we are given—to assure that services will continue to be delivered by a caring, community-based organization long into the future. A merger of this type is not without challenge, but the end result is well worth the effort. This undertaking preserves the community identity of the partners and strengthens our ability to serve as we move forward."

FORMER CH&H PRESIDENT NANCY DIRUBBO PASSES THE GAVEL TO NEWLY ELECTED CENTRAL NH VNA & HOSPICE PRESIDENT LEE WHITE

continued from pg 1

assist with any special health care needs. "I would not have been able to stay in my home without the help of Rochester District VNA," states Bernie. "Their care has been constant 100 percent of the time and they are a pleasure to have in my home."

HOW AND WHY CHRONIC CARE MUST CHANGE

Eighty-five percent of the nation's health care dollars are spent on chronic conditions, such as diabetes, hypertension, cardiovascular disease, asthma, arthritis, cancer, respiratory diseases, depression and other mental health disorders.

Historically, there has been little coordination across healthcare settings, providers, and treatments of chronic illness care. In addition, the treatments for chronic diseases are often complicated, making it difficult for patients to comply with treatment protocols. And many individuals suffer from multiple chronic conditions, further complicating their care.

Patients with chronic conditions have an important role in the management of their conditions, as they are often the ones administering the treatments on a day to day basis. They also must monitor their health and note changes that signal a need for medical intervention. This is where home care's role becomes so important.

"The current system needs to change to be more responsive to people with chronic disease," says Julie Reynolds, Rochester District VNA's clinical director. "Over the years, we've gotten better and better at acute care, and the upshot is that although people are living longer, they are now living with more chronic diseases. So, we have had to adapt our way of delivering care."

ADAPTING TO THE NEW REALITY

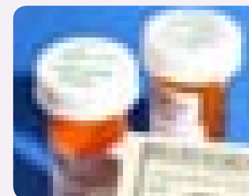
Rochester District VNA has done just that. A few years ago, the VNA received a Robert Wood Johnson Grant to conduct research and implement a disease management program for congestive heart failure. The disease management program was so successful, it was later extended to include COPD and diabetes. Now known as chronic care management, all staff members are trained to help patients manage their chronic diseases. With the majority of their Medicare patients having one or more chronic diseases, the program has become vital to the success of the VNA.

Rochester District VNA has trained certified specialists on each of the chronic diseases, with the goal of helping patients learn how to self-manage their care. "Each patient is different, their needs are different and the way they learn is different," states Reynolds. Clinicians are taught about adult learning principles, in addition to gaining expertise about specific diseases.

HOME CARE NURSES AS HEALTHCARE COACHES

"Our clinicians really become coaches. You can't just say 'you need to take your medications or eat better'; you need to coach patients into better behaviors. The result is better patient outcomes and also greater job satisfaction for the nurses. Since we have implemented the chronic care management program, our nurse retention rate is higher and it has been easier to recruit new clinicians," states Reynolds. "And more importantly, patients have a better quality of life and aren't going back into the hospital at far greater expense."

The data support Reynolds' assertion. According to Home Health Compare, the quality measurement system of the Centers for Medicare and Medicaid Services, Rochester District VNA has reported above the national average on positive patient outcomes. "Home care is just one part of the healthcare continuum, often the forgotten part, but the chronic care program has put us in the forefront of healthcare. We see the patient in their environment, we help patients care for themselves, we are able to coordinate necessary care, and it saves everyone money with better outcomes for all."



BY THE NUMBERS:

- The number of people with chronic conditions is rapidly rising. Between 2000 and 2030, the number of Americans with one or more chronic conditions will increase 37 percent, an increase of 46 million people.
- Some 28 percent of Americans have two or more chronic conditions, and they are responsible for two-thirds of health care spending.
- In the Medicare program, over two-thirds of the expenditures are for beneficiaries with five or more chronic conditions.
- People with chronic conditions use over 75 percent of hospital days, office visits, home health care and prescription drugs.
- People with chronic conditions are more likely to have preventable hospitalizations and other poor outcomes.

Source: Chronic Care: Making the Case for Ongoing Care. Anderson, 2010, Robert Wood Johnson Foundation

NH Legislative Priorities 2011

SB 147 — Relative to Medicaid managed care. While many details have yet to be decided, it appears clear that most, if not all, Medicaid populations will be moved into a managed care program. While policymakers are hoping this change in how Medicaid is managed will significantly "bend the cost curve" in the future, whether any savings will be realized in the 2012-13 biennium is up for debate. *Granite State Home Health is taking no position on this legislation.*

HB 489 — Establishing a health information organization corporation. This bill is intended to create an organization to oversee the establishment of electronic transfer of medical records among providers when needed for treatment. The eventual transmission of data will work like the post office: information will pass through the conduit securely, but no data will reside at any site other than the original healthcare provider or the receiving entity. The Home Care Association will appoint one member to the governing board of the organization. *Granite State Home Health supports this legislation.*

HB 629 — Relative to the uninsured health care database. This bill would repeal a data reporting requirement passed in 2009 but not yet implemented. The original intent of the database was to measure the cost of care delivered to uninsured individuals. For a number of reasons, however, the data would be incomplete, inconsistent, and of questionable value, especially when compared to the cost of collecting and reporting the data. *Granite State Home Health supports this legislation.*

HB 1 and HB 2 — the State Budget and the "Trailer Bill." Home care services are covered under both the Medicaid State Plan (the "provider payments" section of the Medicaid budget) and the Choices for Independence (CFI) Medicaid Waiver (the "home nursing" section of the Bureau of Elderly & Adult Services budget). The state's inability to adjust payment rates in these programs to reflect escalating costs of care, particularly the impact of high gas prices on services like home care, is of concern. Home care providers know that the present economic environment makes rate increases an unrealistic goal in the upcoming biennium; however, they continue to deal with a significant gap between rates and the cost to deliver services and hope to avoid any decrease in rates or diversion of funds to support other parts of the state budget.

Why a Medicare Home Health Co-Pay Should Be Rejected ... Again

On March 15, the Medicare Payment Advisory Commission (MedPAC), an advisory body to Congress, recommended imposing a new home health beneficiary co-payment of $150 every 60 days of care. As recently as 2003, and going back to 1972, Congress has rejected home care co-pay proposals, reaffirming its belief that co-pays discourage proper use of home health care. The co-pay and additional payment cuts suggested by the Commission would come on top of $39.7 billion in cuts to the home health benefit passed by Congress last year.

Home-based care is clinically effective, utilizing advanced technologies and helping to cost-effectively manage the chronic diseases that account for 75 percent of our nation's health care spending. Instead of out-of-pocket fees and short-term cuts, policymakers should carefully consider ways to improve home care so that patients can continue to access the services they need in the most cost-effective setting available anywhere – their home.

Co-pays discourage proper use of home health care.

"We urge Congress and the administration to reject both the 2012 funding reduction proposed by MedPAC and the requirement that seniors pay out of pocket for their Medicare home health care," says Gail Tattan-Giampaolo, president of Granite State Home Health Association and director of Northwoods Home Health & Hospice in Lancaster. "A strong home care system is essential to the health and economic well-being of millions of seniors and disabled Americans."

Home Care
ASSOCIATION OF NEW HAMPSHIRE
Eight Green Street #2
Concord, NH 03301-4012

NON-PROFIT
US POSTAGE
PAID
CONCORD, NH
PERMIT NO. 1505

RETURN SERVICE
REQUESTED