

Homefront

THE NEWSLETTER OF THE HOME CARE ASSOCIATION OF NEW HAMPSHIRE

Summer 2008

Escalating Gas Prices Threaten Health Care for Homebound

NEW HAMPSHIRE HOME CARE AGENCIES HIT HARD WITH RISING GAS PRICES

A new study released by the National Association for Home Care & Hospice's (NAHC) Foundation for Hospice and Homecare has documented that nurses, therapists and home care aides who serve chronically ill elderly and disabled patients drive nearly 5 billion miles each year and that escalating gasoline prices are threatening their ability to reach patients, particularly in rural areas.

In New Hampshire, home care staff traveled 10,650,772 miles making 1,395,717 home visits in 2006, according to the study. "Home care remains the most cost-effective way to deliver care,



MARGRIET GROFFEN OF NORTH COUNTRY HOME HEALTH & HOSPICE IN LITTLETON PUTS IN MANY MILES ON THE ROAD.

but increased costs all tied to the rising price of oil are making it harder and harder to maintain these patients at home where they prefer to be," states **Susan Young**, executive director of the Home Care Association of New Hampshire.

Linda Hotchkiss of Rochester District VNA has had to increase her budget this year in order to stay with the agency's policy to reimburse staff at the IRS mileage rate. As of July 1 the IRS rate increased to 58.5 cents per mile, from 50.5 cents.

"Mileage reimbursement is a huge part of our budget, totaling \$200,000 this year alone," states Hotchkiss. "The high cost of gas also affects our ability to hire new caregivers. Simply put, cost of gas is a barrier for people to consider the position, when they can work at a hospital or nursing home and not travel."

Many agencies also try to minimize on-the-job

continued on pg 4

Awards, Retirements, New Faces in NH Home Care

HOME CARE SERVICE AWARD PRESENTED TO MARGARET FRANCKHAUSER

At the Home Care Association of New Hampshire's Annual Meeting on June 13, the Association presented **Margaret Franckhauser**



with the 2008 Home Care Service Award. Margaret was honored for her tremendous contribution to the Lakes Region community and her statewide advocacy on key issues affecting nursing and nursing practice, as well as home healthcare.

Margaret has worked in the health care field since 1978 in roles including nurse practitioner, Program Chief of the Communicable Disease Epidemiology Program for the N.H. DHHS, and Director of Ambulatory Services at Lakes Region General Hospital. For the past 11 years, she has served as the CEO of Community

continued on pg 2

IN THIS ISSUE

Escalating Gas Prices Threaten Health Care for Homebound	1
Awards, Retirements, New Faces	1
Shortage of Home Care Workers Linked to Lack of Affordable Housing	3

Health & Hospice in Laconia. She has also held many leadership positions in the state, is a Robert Wood Johnson Nursing Fellow, and just completed a two-year term as president of the Home Care Association.

In presenting the award, incoming HCANH Board president Karen Baranowski said, "Margaret is a wonderful colleague, mentor, and friend. She's an excellent example of leadership in the profession of nursing and exudes excellence in practice and administrative oversight."

VNA & HOSPICE OF VT AND NH ANNOUNCES NEW PRESIDENT/CEO

Jeanne McLaughlin joined the Visiting Nurse Association & Hospice of VT and NH in January 2008. Jeanne has over twenty years of experience in home health care, running home care and hospice organizations in Maine and New York. Jeanne also consults for home care organizations throughout New England and the Mid-Atlantic States.



In addition to her home care experience, Jeanne has worked in acute care, managed care, and education. "It is exciting to be part of an organization with such a proud history and a promising future," states Jeanne. "We will continue to look for opportunities to collaborate with our community partners in providing clinically excellent services."

CATHERINE BISHOP, LNA OF THE YEAR

The Home Care Association of New Hampshire named Catherine Bishop, of Lancaster, Home Care Nursing Assistant of the Year at the annual New Hampshire Nursing Assistant Day. The event took place on the State House lawn in Concord on June 5, 2008.



HOME CARE LNA DAY HONOREES: (L TO R) Front Row: DARLENE TOOMEY, DIANE WEEDEN, CATHY BISHOP, DEBBIE GOULD, MARY WITHAM, CARA DREXLER, CATHY HOWE, MARIA TERRIO Back Row: RUTH ORKINS, MAUREEN LUKSZA, GERI JOHNSON, ROBERTA LEHOULLIER; DR. KAREN BARANOWSKI, HCANH PRESIDENT

Cathy Bishop, an LNA with Weeks Medical Center Home Health Services, was honored for her positive energy, soothing demeanor, and ability to bring comfort and calm to those she cares for. Cathy has worked for Weeks for four years and is often requested by new patients. "To say that Cathy is compassionate seems inadequate, as often she has tears in her eyes as she talks about her patients," states Debbie Perry, RN, clinical nurse manager for Weeks Home Health. "Cathy is reliable and trustworthy, and the quality of care she delivers to patients is extraordinary."

This event is sponsored by the Home Care Association of New Hampshire, New Hampshire Association of Counties/County Nursing Homes, New Hampshire Association of Residential Care Homes, New Hampshire Health Care Association, and New Hampshire Hospital Association.

LAKE SUNAPEE REGION VNA NAMES NEW CEO

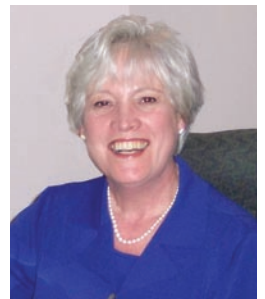
Lake Sunapee Region VNA & Hospice announced the selection of Scott Fabry, RN, MBA as President and CEO. He succeeds Andrea Steel, who retired in May.



Scott previously was clinical director at Lake Sunapee Region VNA & Hospice, a position he has held since 2006. He holds a nursing degree from Castleton State College and an MBA in Health Practice Management from Franklin Pierce College. He also worked at the agency as an RN case manager from 2001 to 2004 and has hospital clinical experience as well. In addition to his clinical knowledge and experience, Scott brings a strong business background, having served as Assistant Vice President at both The Bank of New Haven and Green Mountain Bank.

ANDI STEEL RETIRES FROM LAKE SUNAPEE REGION VNA & AFFILIATES

Andrea Steel started her career in New Hampshire as a part-time staff nurse for the Lake Sunapee Region VNA in 1973 and, 35 years later, retired from the agency as its President and CEO. Andi also served on the Board of the Home Care Association from 2000-2007, including two terms as president.



When asked what the best thing about her job has been, Andi says, "You learn so much from the patients you care for, they give back more than you give. I have stayed in home care for 35 years because the experiences have been so powerful." Andi is looking forward to spending time with her husband, Bill, traveling, and enjoying her three beautiful grandchildren.

Shortage of NH Home Care Workers Linked to Lack of Affordable Housing

Long Term Care Needs Outpacing Labor Supply

New Hampshire's senior population is expected to more than double by 2020. Already the fifth oldest state in the U.S., New Hampshire is growing older at a faster rate than the nation. That's one reason the demand for health and long-term care services for this population will continue to grow, and is expected to significantly exceed workforce capacity in the years ahead.

Coupled with an aging population, New Hampshire is experiencing a decrease in the number of working age people 25 to 44 years old. One important reason New Hampshire has seen a loss of the younger worker is the lack of adequate affordable housing. This will continue to be one of the most critical issues for New Hampshire towns in addressing the looming workforce shortage in home healthcare.

Nationally, the Bureau of Labor Statistics predicts a 45 percent increase in demand for long-term care by 2010 or about 800,000 new jobs, according to the Institute for the Future of Aging Services (January 2007). This widening workforce "care gap" between the shrinking population of potential workers (women between the ages of 25 and 44) and the growing elderly population of persons 65+ poses a significant public policy challenge.

Long-term care services in the home generally refer to personal care and supervision for seniors with functional limitations and for victims of Alzheimer's disease. Historically, these services have been provided by home health aides (who must be licensed nursing assistants—LNAs—according to state statute), homemakers and personal care workers. The increased use of new models of care, specifically consumer-directed options, has brought some new labor to the market, but the demand for services

delivered by home care agencies is still expected to grow in the coming decades.

"There is no doubt that rapid growth is occurring now among the population most often needing home care, and that growth will certainly continue into the future," states Peter Francese, Director of Demographic Forecasts for the New England Economic Partnership. "But at the same time there's been a loss among the young workers that home care agencies need."

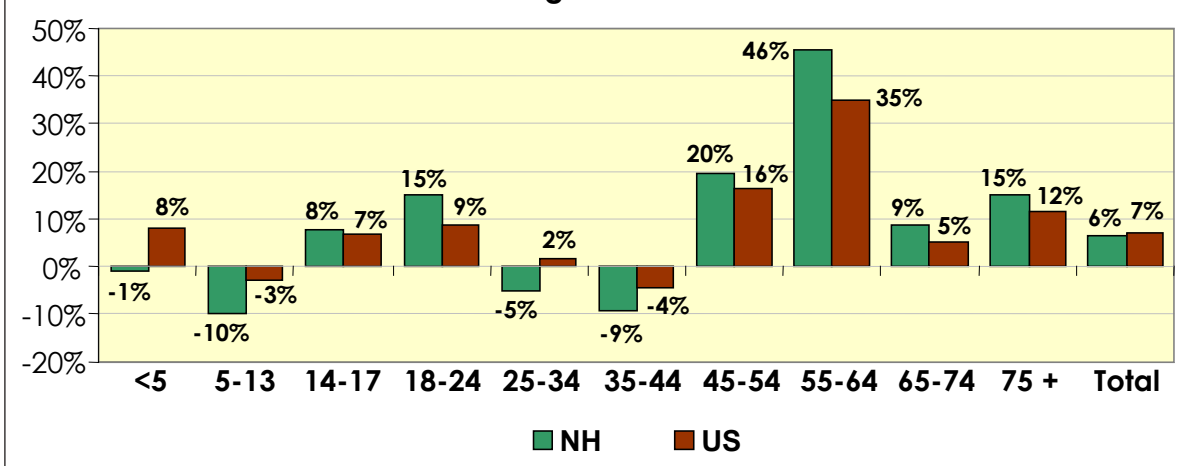
Demand for Nursing and Therapy Professionals Also Exceed Supply

As seniors age, they often acquire chronic medical conditions requiring the attention of other healthcare professionals, such as physical therapists, occupational therapists, and nurses. These professions are also experiencing severe labor shortages, and home health agencies are struggling to compete with other, better-financed sectors of healthcare to maintain their workforce.

"Home care certainly is affected by shortages as much as hospitals, out-patient facilities, nursing homes and other health care providers," says Susan Young, Home Care Association executive director. "In

an informal poll of HCANH members, providers cited a shortage of physical therapists as their most critical labor issue, followed by nursing. Most reported that the LNA supply is generally adequate, at least for the time being."

Chart I: NH & US age shifts from 2000 to 2007



Impact: There is no doubt that rapid growth is occurring now among the population most often needing home care, and that growth will certainly continue into the future. But at the same time, there's been a loss among the young workers that home care agencies need.

travel by consolidating patient assignments. "Sometimes the demands of patients don't allow you to be efficient in your travels," adds Hotchkiss. "But we do try to geographically locate our staff." Another measure many agencies have adopted is electronic charts, allowing staff to get patient information electronically from home or on the road. "All of our professional clinicians have laptops issued by us," continues Hotchkiss. "Support staff and LNAs use a telephony system that allows them

to document their visits by phone. We encourage staff to come to the office only for meetings and as necessary."

"We drive over 1 million miles a year," states **Barbara Duckett**, CEO of Home Healthcare, Hospice & Community Services in Keene. "So every penny we add to our mileage reimbursement policy increases our costs by \$10,000." The organization pays 44 cents per mile, a number they calculate covers the cost of gas, with some left over for maintenance and upkeep of vehicles. "Very few agencies are able to pay the federal

IRS rate; we found that our mileage reimbursements are average for the state. Our agency works hard to reduce travel time by sound and tight scheduling, but that is not always possible in a rural setting."

The problem of making home care available in rural areas was exacerbated in 2006 by the elimination of a 5 percent differential or "add-on" in Medicare rates. This bonus payment often spelled the difference between survival and bankruptcy for small rural providers.

"A rural client is difficult to get to. A patient 30 miles from the center of Keene who requires two visits per day means 120 miles traveled, on top of the cost to send the nurse, therapist, or aide," adds Duckett. "That is a sizeable cost to a rural agency."

High gas prices are hurting all agencies, rural and non-rural alike.

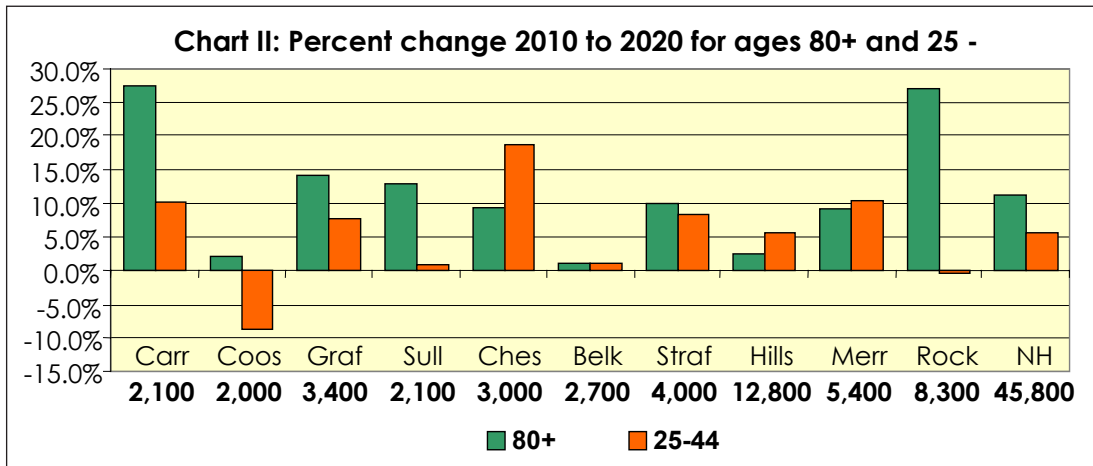
Efforts to obtain increased Medicare reimbursement through reinstatement of the rural add-on and other measures have not been successful to date. Providers are also worried that the state's current budget woes may lead NH policymakers to underfund Medicaid rates in the next State budget. If payors fail to set rates at reasonable levels, access to home care could be in jeopardy for some NH residents.

AFFORDABLE HOUSING

continued from pg 3

Moving forward, policymakers in the areas of health, long-term care, affordable housing, labor, welfare, and immigration must partner

with providers, state associations, and researchers to identify and implement the most successful interventions for developing and sustaining this workforce at both policy and practice levels.



Impact: During the next decade NH residents ages 80+ are projected to rise about 1% per year. But that will likely be twice the rate of growth for NH's ages 25 to 44 population (Source: NH Office of Energy & Planning)