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Frontiers

American Academy of Home Care Medicine
Home Care Medicine's Voice

American Academy of Home Care Medicine

The AAHCM empowers you to serve patients who need health care in their homes through public advocacy, clinical education, practice management support, and connections to a network of over 1,000 professionals in home care medicine.

In this issue...

Education

AAHCM Develops Educational Competencies for Field of Home Care Medicine

By Mindy Fain, MD Anne & Alden Hart Professor of Medicine; Division Chief, Geriatrics, General Internal Medicine and Palliative Medicine; Co-Director, Arizona Center on Aging; President-Elect, American Academy of Home Care Medicine

How do we prepare clinicians to provide safe and effective care in the home for patients and families?

A key answer lies in education - continuing education for practicing health professionals, and educational opportunities for students and other trainees who are new to the field of home care medicine.

Ultimately, we intend for these competencies to constitute the framework for a national curriculum in home care medicine education for all health professionals. We anticipate that they will be adopted by clinical societies, and be integrated into licensing and certifying examinations.

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AAHCM

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Meet the New Board Members

Bruce Kinosian, MD

Dr. Kinosian is a general internist/geriatrician and a health services researcher at the University of Pennsylvania. He has produced influential cost-effectiveness analyses of interventions for cardiovascular disease, models for Alzheimer's Disease among other work. His interest in community-based long-term care has led to both clinical and research involvement in the VA's home-based primary care program and PACE with multiple publications. He is also a participant in the Independence at Home Demonstration as a clinician, IAH Learning Collaborative Faculty member, and researcher. He serves as a research adviser to AAHCM as well as serving as a Board member.

William Mills, MD

Dr. Mills is a practicing, board-certified physician who provides care to the elderly and the homebound. Dr. Mills currently serves as a Vice President and Chief Medical Officer for Care Management for Kindred Healthcare (NYSE:KND), the country's largest diversified post acute care provider. His current work includes development of Kindred's Home-Based Primary Care Service line and leadership on the organization's Patient-Centered Care Management initiatives. In this role, he is developing innovative care management models focused on delivery of quality care at a lower cost to the system's highest cost beneficiaries. In 2008, Dr. Mills founded Western Reserve Senior Care, a multi-specialty visiting medical provider group, acquired by Kindred in 2013. Mills, a graduate of University of Rochester, Case Western Reserve, and MetroHealth, has published and presented numerous research studies on a variety of scientific and medical topics, including the home-based primary care model. He currently serves on the Board of Directors of the American Academy of Home Care Medicine.

Theresa Soriano, MD, MPH

Dr. Soriano is a board-certified internist and palliative medicine physician, Associate Professor of Medicine, Geriatrics and Palliative Medicine at Icahn School of Medicine at Mount Sinai, and Executive Director of the Mount Sinai Visiting Doctors Program, the nation's largest academic home-based primary and palliative care program. She has gained a national reputation in the field of home-based primary care clinical practice, quality, and leadership, serving on several institutional and external committees, including recent appointment to the American Academy of House Call Medicine (AAHCM) Board of Directors. Over the last few years, Dr. Soriano's work in the field of home-based primary care has expanded to leadership positions overseeing other outcomes-driven practices, population health initiatives and government-sponsored care management programs serving vulnerable populations with complex medical and social needs.

2014: A Wonderful Year in Review

by Thomas Cornwell, MD, President

This has been a wonderful year for the Academy and for the field of home care medicine as a whole. Some of the highlights include:

For the Academy:

- 2014 brought in our official name change from the American Academy of Home Care Physicians to the American Academy of Home Care Medicine that was enthusiastically received by members.
- Independence at Home: IAH participants continue to work hard to make the Demonstration a success, with results now called "promising" by CMS CMO Dr. Patrick Conway. We received $118,000 in grants to support the IAH Learning Collaborative and $110,000 in donations to support advocacy work. The grant support helped bring to CMS' attention the need to modify the payment methodology to improve accuracy.
- Home care medicine programs are growing in ACO's and managed care. Board member Robert Sowislo and member Dr. Alan Abrams have presented data not only at our Annual Meeting but at the CMS CMMI ACO conference on savings associated with house call programs. House calls are now being provided by managed care companies such as United Health Care (Optum subsidiary) and Cigna (Allegis Care), and Humana has established an initiative called Humana at Home. Progress is also being made in Medicaid managed care in certain markets as well.
- The AAHCM has had high-level meetings with senior CMS administrators, the Medicare Payment Advisory Commission (MedPAC) and others to increase their understanding of the value and importance of home care medicine.

Home care medicine programs are growing in ACO's and managed care.... House calls are now being provided by managed care companies such as United Health Care and Cigna , and Humana has established an initiative called Humana at Home.

- Success in achieving payment for chronic care management.
- The most successful Annual meeting ever with record attendance and wonderful reviews. Sponsorships for the meeting went up from $49,000 in 2013 to $124,000 in 2014 which is not only important for our mission but shows the importance sponsors see in the work we are doing. Please plan on joining us for the annual meeting May 2015 in National Harbor!
- Eight webinars on practice management topics by Associate Director Gary Swartz for members and one for the National Alliance of Caregiving.
- President Elect Mindy Fain and member Deon Cox-Haley have led a team to develop clinical competencies for home care medicine you can read about in this issue of Frontiers. The AAHCM co-sponsored a very successful Institute of Medicine workshop on the Future of Home Health Care which involved several AAHCM members as leaders or speakers.
- At her retirement party member Benneth Husted received a "Lifetime Achievement Award" from the AAHCM and also a video message from Senator Wyden thanking her for her service to Portland Oregon and our country.

For the field of home care medicine:

- Multiple positive articles in newspapers around the country, featuring YOUR work, including one long article in the Washington Post regarding Past-President Dr. Peter Boling's program.
- Past President and Board member Dr. Bruce Leff and member Dr.

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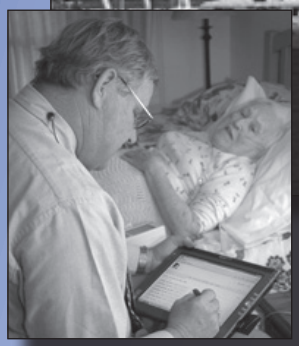
Your Invitation!

Delivering on the Promise of Home Based Primary Care



2015 Annual Meeting

Gaylord National Hotel & Convention Center
National Harbor, Maryland
May 14-15, 2015

Why this Event?

To spread the word about the many benefits of bringing medical care into the home for populations in need, and how to keep the momentum going. Unlike other industry meetings, the AAHCM Annual Meeting is exclusively focused on taking the field of home-centered medical care forward with ample time for networking and establishing clinical and business relationships with more than 300 attendees. Exploring key issues, this meeting presents the best of care and best of business practices.

The conference will include clinical and practice management tracks, small group consultation with experts, a networking reception, lessons from the VA, the Independence at Home Demonstration program and information on how managed care and Medicaid programs are beginning to use home-based primary care models for high cost populations.

When you leave this event, you will understand the trends: demographic, population health management , health and payment policies that affect your practice. You will better understand how to better manage your practice from the logistical, quality and financial perspectives. You will learn new information about the "state of the art" in diagnosis and treatment of complex patients, and how to successfully manage caregiver issues. You will learn strategies to advocate and create change, and you will be pre¬pared to impact the future of home care medicine in your community. Be part of the leading edge of health care by attending our Annual Meeting!

Registration Now Open!

	Early Bird	On-Site
AAHCM Members:	$395	$445
Non-Members:	$535	$600

Early Bird Registration Ends April 10, 2015!

Program Highlights

- Keynotes from Dr. Diane Meier, Sean Cavanaugh, and Senator Ron Wyden (Invited)
- Expert Discussion Seminars
- Panel Discussion: Revisiting the Value Proposition
- Team Building: An Interdisciplinary Approach
- ICD 10 - HCC Coding for Home Based Primary Care
- Clinical Tracks including: Pain Management, Mental Health, and Heart Failure at Home
- CMS Value-Based Purchasing Program
- Building the Effective Home Care Neighborhood
- Building Effective Palliative Models of Care
- Networking reception

Earn CME Credits!

Thursday: 7.5 CME credits

Friday: 5.0 CME credits

Objectives

At the completion of the meeting participants will be able to:

1. Describe the evidence for current and future value of home care medicine
2. Provide an update on home care medicine policy
3. Describe approaches to team-based home care for complex patients and special populations
4. Introduce and delivery on clinical best practices in the home setting
5. Examine methods to measure success in home care medicine
6. Serve as an effective agent of change and advocacy in health care
7. Explain successful financial strategies for home care medicine

Accreditation: The American Geriatrics Society is accredited by the Accreditation Council for Continuing Medical Edu¬cation (ACCME) to provide continuing medical education for physicians.

Continuing Education Hours: The American Geriatrics So¬ciety designates this live educational activity for a maximum of 12.5 AMA PRA Category 1 Credit(s)TM. Physicians should claim only credit commensurate with the extent of their participation in the activity.

For more information, contact the American Academy of Home Care Medicine at 410-676-7966 or aahcm@aahcm.org or visit www.aahcm.org.

Delivering on the Promise of Home Based Primary Care

Join us for 1½ action-packed days to learn with your peers about the latest in the field of home care medicine's innovations, technologies, practice manage¬ment solutions and clinical practice solutions. Plus, enjoy opportunities to network, see exhibitors and more, all in a great location!

May 14, 2015

7:00-7:50	Expert Discussion Seminars/Morning Learning with Breakfast	
	1. Practice Management	Julia Jung, CPA/Robert Sowislo
	2. First Time Attendees/New Members	Thomas Cornwell, MD
	3. Negotiating with Large Payors	Kristopher Smith, MD
	4. Effective Change and Advocacy	Barbara Sutton, ANP
	5. Documenting for Clinical and Financial Success	Alan Kronhaus, MD
	6. Special Issues for NPs/PAs	Gary Swartz, JD, MPA
	7. Malpractice/Risk Management	Beth Berger, RPLU
8:00-8:15	Welcome	Steven Landers, MD, MPH
8:15-9:00	Keynote Speaker	Diane Meier, MD, FACP
9:00-10:15	Panel Discussion: Revisiting the Value Proposition	Moderator: Kristopher Smith, MD, MPP
	Medicare Shared Savings Program ACO	David Berman
	Independence at Home	George Taler, MD
	Pioneer ACO	Alan Abrams, MD, MPH
	Managed Care	Kristopher Smith, MD, MPP
10:15-10:20	House Call Highlight	Gretchen Nordstrom, MSW
10:20-10:45	Coffee Break	
10:45-12:00	Team Building: An Interdisciplinary Approach	Moderator: Ruth Ann Tsukuda, PhD
	Panel Discussion:	June Leland, MD
		Barbara StHilaire, LCSW
		Susan Morse, RN
		Marla McLaughlin, PhD
10:45-12:00	ICD 10 - HCC Coding for Home Based Primary Care	Moderator: Robert Sowislo
	Panel Discussion:	Steven Phillips, MD
		To be announced
12:00-1:00	Lunch Tables & Discussion Groups	Moderator
	1. NP/PA	Jean Yudin, NP/Barbara Sutton, ANP
	2. Social Work - Special Issues	Jennifer Crawley, LICSW/ Stephanie Bruce, MD
	3. Students/Trainees	Mindy Fain, MD
	4. Am I Compliant?	James Pyles, Esq.
	5. Administrators/Practice Management	Julie Beecher, NP/Glenna Devonport
	6. Veterans Administration	Rachel Miller, MD

1:00-2:20	Clinical Tracks	Moderator: Julia Jung, CPA
1:00-1:20	Track I: Pain Management (Hydrocodone)	Lauren Offenberger
1:20-1:40	Track II: Mental Health/Psychiatric	To be announced
1:40-2:00	Track III: Heart Failure at Home	Eiran Gorodeski, MD, MPH
2:00-2:20	Q & A Session for Clinical Tracks	
1:00-2:20	Public Policy: CMS Value-Based Purchasing Program Panel Discussion:	Moderator: J. Michael Benfield, MD Gary Swartz, JD, MPA Bruce Kinosian, MD
2:20-2:25	House Call Highlight	Lynn Beatty, MD
2:25-3:15	AAHCM President's Address/Awards	Thomas Cornwell, MD
3:15-3:30	Coffee Break	
3:30-4:15	Public Policy/Advocacy Keynote	Sean Cavanaugh
4:15-5:00	Public Policy Update Panel Discussion:	Moderator: Eric DeJonge, MD Robert Sowislo Linda DeCherrie, MD James Pyles, Esq.
5:00-7:00	Networking Reception	

May 15, 2015

7:00-7:50	Expert Discussion Seminars/Morning Learning with Breakfast	
	1. Practice Management	Julia Jung, CPA/Robert Sowislo
	2. First Time Attendees/New Members	Thomas Cornwell, MD
	3. Negotiating with Large Payors	Kristopher Smith, MD
	4. Effective Change and Advocacy	Barbara Sutton, ANP
	5. Documenting for Clinical and Financial Success	Alan Kronhaus, MD
	6. Special Issues for NPs/PAs	Gary Swartz, JD, MPA
	7. Malpractice/Risk Management	Beth Berger, RPLU
8:00-8:15	Welcome Back	Steven Landers, MD, MPH
8:15-9:00	Keynote Speaker	Senator Ron Wyden (INVITED)
9:00-10:15	Building the Effective Home Care Neighborhood IOM Workshop Post-Acute Care VNAA	Moderator: Mindy Fain, MD Teresa Lee, JD, MPH William Mills, MD Tracey Moorhead
10:15-10:20	House Call Highlight	John Strandmark, MD
10:20-10:35	Coffee Break	
10:35-11:35	Building Effective Palliative Models of Care Panel Discussion: Christine Ritchie, MD, MSPH Theresa Soriano, MD, MPH	Moderator: Martha Twaddle, MD Martha Twaddle, MD
11:35-12:15	Wrap Up and Closing	Steven Landers, MD, MPH

VA Perspectives: Integrating Palliative Care into Home Based Primary Care

by Robert Kaiser, MD, Medical Director Home Based Primary Care Program, Washington, D.C. Veterans Affairs Medical Center, Associate Professor of Medicine, George Washington University School of Medicine

Providing primary care to Veterans in the home setting places clinicians in a unique position to integrate palliative care into primary care. As defined by the Center to Advance Palliative Care,

"Palliative care is focused on providing patients with relief from the symptoms, pain, and stresses of a serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family."

Caring for patients in their own homes is subjectively different than seeing them in an office, because they are situated in a familiar environment in which they are more in control and at ease; this enables discussions to take place on difficult clinical issues, discussions that might seem intimidating when taking place on the clinician's traditional turf. Home visits are typically less rushed, and open and candid conversations can take place in a relaxed atmosphere. Clinicians can properly initiate palliative care and address, in a timely and unobtrusive fashion, important issues such as goals of care, pain management, psychological well-being, and physical function.

Advance care planning discussions to define goals of care can unfold, unhurriedly, over the course of several visits. If the presence of caregivers or family members is needed or warranted for such discussions, coordination of their participation may be less complicated - and they themselves may feel more comfortable - by having the discussions at home. Patients can take their time in describing what is important to them, and clinicians can take the time to listen. Tools such as the "Magic Questions" (www.cherp.research.va.gov/promise/PROMISESummer2013Newsletter.pdf) or "Five Wishes" (www.agingwithdignity.org/five-wishes.php) may be suitable and helpful to guide these conversations. Although the primary care provider on the team has the ultimate responsibility for documenting the patient's wishes in a note in the electronic record, other members of the HBPC interdisciplinary team (in particular the nurse case manager, social worker, and psychologist) also have important roles to play in initiating, and in participating, in advance care planning discussions and establishing a patient's goals of care.

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Nominate Your Peers for 2015 House Call Doctor, Clinician, or Educator of the Year

It's not too early to begin thinking of a colleague who deserves to be named House Call Doctor , Clinician, or Educator of the Year. Presented to an outstanding practitioner at the Annual Scientific Meeting awards ceremony, to be held on May 14 in National Harbor, MD, these prestigious awards are meant to honor those clinicians who are pioneers in bringing house calls back into medical care mainstream.

Please make sure your nomination includes your name, phone number and email address, and the nominee's name, address, phone number and email address. Include the reasons for the nomination. These could include how the clinician has advanced the art and science of house call medicine, how they have impacted the homebound and their community, how they have sacrificed for the sake of their patients, and how they have shown the highest integrity. Include a resume, if available, and up to five supporting documents that describe the nominee's accomplishments, and letters of support.

Nominations should be sent to the AAHCM office by March 1, 2015.
Nominations may be sent via mail: AAHCM, P.O. Box 1037, Edgewood, MD 21040; via fax: 410-676-7980; or as an email attachment to: aahcm@aahcm.org.

Member News

AAHCM Awards the Lifetime Achievement Award

Dr. Benneth Husted received the AAHCM Lifetime Achievement Award at a ceremony on October 26, 2014 in Portland, Oregon. Please join us in congratulating Dr. Husted for her outstanding service to patients in Portland, for the growth of Housecall Providers, and for her contributions to the Academy and to the field of home care medicine.

Electronic Booklets NOW AVAILABLE!

Responding to member requests for increased speed, popular Academy publications are now available for purchase in electronic format to download and read or print. See the digital publications by going to our online store at www.aahcm.org › Online Store › Electronic Booklets.

Medical Director Training NOW AVAILABLE!

The Medical Director web-based Medical Director Training developed by the AAHCM under a grant has recently been made more flexible. Now you can review individual modules, and choose between credit (a certificate), or CME-approval for completing the whole course. This means that EVERYONE, NPs, PA, administrators, health system executives can take advantage of the course, using the modules that are of interest to them covering both administrative and clinical aspects of home health agency scope of practice, operations, relationships with providers and compliance issues. The training is free, unless you take it for CME credit, in which case the charge is $20. The course is only subsidized for one more year, so use it now! For further information or to register, go to www.aahcm.org › Education › Home Care Medical Direction.

Welcome, New Members!

The Academy would like to welcome the following new members:

ALASKA
Dr. Danita Koehler

CALIFORNIA
Dr. Jigar Ghelani
Dr. Taras Litvin

COLORADO
Dr. Jonathon P. Savage

FLORIDA
Dr. Kacian Brown

ILLINOIS
Ken Berger
Sham Hyder

INDIANA
Dr. Shara Croff

MARYLAND
Rosemary Ingado, PA

MASSACHUSETTS
Cara Chevalier, MD
Anant Vinjamoori

MICHIGAN
Monica Rei
Chris Van Antwerp

MINNESOTA
Chris Johnson, MD

MISSOURI
Tamera Javier

NEW JERSEY
Chaitra Channappa, MD

NEW MEXICO
Seren Cohen, PhD

NEW YORK
Aydin Bonabi
Dr. Georges Labaze
William Mcclintic, DO
Dr. R. Curtis Mills
Steven Templeton, PA

OKLAHOMA
Rakesh Shrivastava

PUERTO RICO
Ramon Mendez-Sexton, MD

TEXAS
Allison Dobecka, ANP
Annabella Ferrari, MD

VIRGINIA
Adrienna Charles, MD
Katherine Hughes

Want to Win Free Annual Meeting Registration by Advancing the Field? Send in Your Housecalls "Choosing Wisely" Principles/Best Practices by February!

The Academy has a contest underway to develop a compilation of Best Practices/Choosing Wisely practices to avoid. The contest is modeled after the Choosing Wisely Initiative (www.choosingwisely.org/about-us/) and also noted below. **We need your ideas to share with your colleagues at the Annual Meeting.**

So take a few moments to consider:

- What best practice/s have you established that you wish someone had told you about when you started to practice? What lesson/s learned about home care medicine practice would be the first that you would tell someone just starting home care medicine practice?
- What services or procedures have you eliminated from your home care medicine practice because it is
  - Not supported by evidence
  - Duplicative of other tests or procedures already received
  - Not free from harm
  - Not truly necessary

How to Submit Your Recommendations, Contribute to the Field and Be Considered for the Prize!

Follow the directions below and send in your top principles/lessons learned for home care medicine to aahcm@aahcm.org.

1. Follow the template to the right to write up your home care medicine principles/best practices.
2. Email your principles to aahcm@aahcm.org by February 28

The Academy will form a group to judge the submissions based on potential impact for Academy members, patient care and reduction in unnecessary cost. The Academy will announce a winner. The Best Practices/Choosing Wisely principles will be organized and published for the Annual Meeting and you will be recognized there as well.

Did you know about Choosing Wisely and how it can help you and your patients?

An initiative of the ABIM Foundation, Choosing Wisely® (www.choosingwisely.org/about-us/) aims to promote conversations between providers and patients by helping patients choose care that is:

- Supported by evidence
- Not duplicative of other tests or procedures already
- Free from harm
- Truly necessary

Choosing Wisely provides a suite of communication education modules to help providers engage in these conversations with their patients, and a growing library of video resources provides diverse perspectives on its impact and challenges. These materials are on the Choosing Wisely website at www.choosingwisely.org.

We look forward to receiving your home care medicine principles/best practices. Contact Gary Swartz with any questions. Send in your recommendations by February 28 to advance the field and WIN! See you at the Annual Meeting.

Template

1. **Each principle/best practice should be presented as a single, action-oriented recommendation that is no more than 15 words in length. The goal is to provide a clear intervention for your colleagues and patients to consider. Here is an example of a recommendation sentence:**

   Don't insert percutaneous feeding tubes in individuals with advanced dementia.

2. **Support your recommendation sentences with concise evidentiary statements, less than 75 words in length. These should provide the evidence and thinking behind the recommendation, and should also specify when the highlighted intervention is appropriate and provide any conditional clauses or stipulations:**

   Don't insert percutaneous feeding tubes in individuals with advanced dementia. Instead, offer oral assisted feedings. Studies have found feeding tubes do not result in improved survival, prevention of aspiration pneumonia, or improved healing of pressure ulcers. Feeding tube use in such patients has actually been associated with pressure ulcer development, use of physical and pharmacological restraints, and patient distress about the tube itself. Assistance with oral feeding is an evidence-based approach to provide nutrition for patients with advanced dementia and feeding problems; in the final phase of this disease, assisted feeding may focus on comfort and human interaction more than nutritional goals.

3. **Provide a listing of the primary organization(s) whose resources or research was used as evidence. Include synthesized, informal, non-academic citations identifying the key sources used in developing the recommendations. Example sources:**

   Finucane TE, Christmas C, Travis K. Tube feeding in patients with advanced dementia: A review of the evidence. JAMA. 1999;282(14):1365-1370.

   Gabriel SE, Normand ST. Getting the methods right - The foundation of patient-centered outcomes research. N Engl J Med [Internet]. 2012 Aug 30;367(9):787-90.

Avoid using overly complex terminology - but not at the risk of reducing the value and credibility of the recommendations made. The more accessible and easier to understand your recommendations are, the more likely they will be clearly understood and have a lasting impact for your colleagues and patients.

President's Message

Continued from page 3

Christine Ritchie (also President-elect of AAHPM) continue their work to develop clinical quality indicators for the field of home care medicine with grant support. Dr. Leff and AAHCM member Dr. Jen Hayashi are starting work on the first textbook for home care medicine.

- On the research front, a marvelous article with outstanding data from the Washington Hospital Center was published in the October JAGS. Board member Dr. Eric DeJonge was lead author. Another article updating Veterans Administration data was published in the same October edition, with lead authors Past President Dr. Thomas Edes and Dr. Bruce Kinosian, both of whom are on the Board. The same October edition of JAGS contained an important supportive editorial by Drs. Leff and Boling. Mount Sinai (New York) members Dr. Theresa Soriano (also a Board member) and Dr. Linda DeCherrie were also active on the publications front.

I believe Home Care Medicine's time has come and many are raising the sea to lift the numerous home care medicine boats operating in our country. I look forward to working in 2015 with our amazing board and all our members to continue raising the sea and expanding home care medicine nationally.

Tom Cornwell

CMS Final Payment Rule for 2015, Chronic Care Management Service and What You Should be Doing Now

By Gary Swartz, JD, MPA, Associate Executive Director

The CMS Final Payment Rule for 2015 adds payment for CPT 99490 - chronic care management (CCM), and finalizes aspects of the Value Based Payment Modifier (VBPM) among other important developments for Academy members. The Academy continues to advocate for you on issues related to chronic care management payment codes and models, and issues related to the VBPM.

A summary of the Final Rule is available on the Academy site at http://c.ymcdn.com/sites/www.aahcm.org/resource/resmgr/2015_Payment_Rule_Chart.pdf Please also review the webinar recording and slides from November 19, 2014 posted to the Academy site for more details particularly as relates to the new code and payment for chronic care management and provisions regarding the VBPM.

CMS Payment for Chronic Care Management (CCM) is Most Significant Development in Final Rule for Academy Members

CMS finalized CPT 99490 as a monthly code with a national allowed amount of $42.60 beginning 2015. The code requires at least 20 minutes of clinical staff time directed by a physician or other qualified healthcare professional, per calendar month, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/de-compensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.

What you should be asking and doing now:

1. Review the summarized CMS required elements of service that includes 24/7 access to care and that are found in the Academy November 19, 2015 webinar material.
2. Determine what you can provide and what do you need to arrange. Note that CCM services can be provided by both employed and contractual staff (both incident to physician/NP) services so determine the resources required for service.
3. Review patient list/population - which patients are eligible to receive CCM that you currently serve and how will you identify patients as they join the practice? Which patients are served through CPO/TCM as they occur? Note that the CPO and TCM codes pay more than the CCM. Also note the CMS permits only one Part B provider to be paid for the CCM in one month and this emphasizes the need to establish and document primary care provider -patient relationship.
4. Beneficiary Consent Required;
   a. Develop processes to inform the beneficiary of CCM and obtain beneficiary consent.
   b. Incorporate beneficiary consent into your patient intake forms and process for patients that meet the criteria to receive the service. This is to be maintained in the patient record and updated on an annual basis.
   c. Develop means to inform current patients of the CCM as they become eligible and to satisfy the beneficiary consent requirements.
5. Electronic health records required - assure that your electronic health record is certified to at least the 2011 "meaningful use" standards. Note that those outside the employed practice need not be on your EHR. However, to have their time count toward the 20 minutes, those services relating to the care plan must be documented in the medical record in your certified EHR. Beyond obtaining this information directly from your EHR vendor, certification status can be found on the ONC-HIT site at www.healthit.gov/policy-researchers-implementers/certification-programs-policy.
6. Evaluate health plan agreements - confirm coverage and payment (level) for CCM.

Value Based Payment Modifier (VBPM)

CMS finalized aspects of its VBPM pro-

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Update of the Home Care Literature:
November - December 2014

by Galina Khemlina, MD, VA San Diego Healthcare

The goal of this column is to briefly review interesting articles appearing in the recent home care literature with a focus on articles relevant to physicians. The reviews are not meant to be comprehensive or stand alone but are intended to give readers enough information to decide if they want to read the original article. Because of the decentralization of the home care literature, there are likely to be significant articles that are overlooked and these categories are by no means set in stone. Readers are encouraged to submit articles or topics that may have been missed.

Assessment

Hideyuki Nakae, PhD, PT and Hitoshi Tsushima, PhD, PT. Effects of Home Exercise on Physical Function and Activity in Home Care Patients with Parkinson's Disease. J Phys Ther Sci. Nov 2014; 26(11): 1701–1706. Published online Nov 13, 2014. doi: 10.1589/jpts.26.1701.

The aim of this study was to clarify the effects of guidance in home exercise on physical function and the amount of activity in home care patients with Parkinson's disease (PD). A 2-month home exercise intervention consisting of self-administered exercise by patients (self-exercise) and home visit exercise therapy guided by a physical therapist (home visit exercise) was conducted in 10 home care patients with PD to compare changes in physical function, activities of daily living, and postural status between before and after the intervention. The authors concluded that guidance in home exercise in home care patients with PD can be effective in making self-exercise a habit, improving range of motion and muscle strength, and reducing the time spent in a supine position.

Home Care Research

Damian Hedinger, Julia Braun, Ueli Zellweger, Vladimir Kaplan, Matthias Bopp, and for the Swiss National Cohort Study Group,Erik von Elm, Editor. Moving to and Dying in a Nursing Home Depends Not Only on Health - An Analysis of Socio-Demographic Determinants of Place of Death in Switzerland.PLoS One. 2014; 9(11): e113236. Published online Nov 19, 2014. doi: 10.1371/journal.pone.0113236

In developed countries generally about 7 out of 10 deaths occur in institutions such as acute care hospitals or nursing homes. However, less is known about the influence of non-medical determinants of place of death. This study examines the influence of socio-demographic and regional factors on place of death in Switzerland. The authors concluded that place of death substantially depends on socio-demographic determinants such as household characteristics and living conditions as well as on regional factors. Individuals with a lower socio-economic position, living alone or having no children are more prone to die in a nursing home. Health policy should empower these vulnerable groups to choose their place of death in accordance to needs and wishes.

Article of the Month

Quality of Care

Blakiston M, Zaman S. Nosocomial bacteriuria in elderly inpatients may be leading to considerable antibiotic overuse: an audit of current management practice in a secondary level care hospital in New Zealand. Infect Drug Resist. 2014; 7: 301–308. Published online Nov 13, 2014. doi: 10.2147/IDR.S66036.

Bacteriuria in the form of symptomatic urinary tract infection (UTI) and asymptomatic bacteriuria (ASB) is common in the elderly. There is no clinical benefit obtained by treating elderly individuals with ASB. However, its high prevalence leads to the overdiagnosis of UTI and unnecessary antibiotic use, which can result in adverse events, including Clostridium difficile The results suggest that inappropriate urine screening was occurring and that 43% of antibiotic courses and 55% of all antibiotic treatment days were unnecessary. Current practice is amenable to improvement by performing urine culture only when clinically indicated, focusing on clinical signs and symptoms to diagnose clinically significant UTI rather than a positive culture, and using, where possible, the ecologically least damaging antibiotic for the shortest duration required.

Therefore, it should come as no surprise that education is a major topic of discussion at our board meetings. At the last meeting, the board unanimously agreed to move forward on developing and implementing an educational strategy to meet these needs. A small working group was brought together with a full understanding of the limited resources available at the time for this project.

A critical step in creating an educational curriculum is to develop the set of core competencies that define the field, as these competencies will drive the curriculum. The clinical competencies are the attitudes, knowledge and skills that every clinician requires in order to perform a task or function in the field.

Importantly, competencies can also serve as measurement criteria to assess whether or not a desired level of capability has been attained. In this way, competencies can form the basis for practice certification and licensing examinations.

A working group, under the leadership of Dr. Deon Hayley, was charged to develop and attain consensus on the competencies. The development process included a review of currently accepted competencies from related fields (for example, geriatric and palliative medicine). Ultimately, a limited number of content domains were agreed upon, and expanded to include multiple performance tasks.

We have finished this first task, and we are excited to share the AAHCM clinical competencies with you. The draft begins: "the clinician caring for patients at home should have the following attitudes, knowledge and skills to be able to practice effective and safe care." The 12 broad domains, under which there are over 50 sub-tasks, are at the right.

As the next step, the competencies will be matched to currently available curriculum. In light of the many rich educational resources already developed by the VA and others, we don't anticipate that we will need to develop many new materials. Ultimately, we intend for these competencies to constitute the framework for a national curriculum in home care medicine education for all health professionals. We anticipate that they will be adopted by clinical societies, and be integrated into licensing and certifying examinations.

The draft document is posted on the AAHCM website at http://c.ymcdn.com/sites/aahcm.site-ym.com/resource/resmgr/Docs/HomeCareMedicine-Comptencies_.pdf. We hope that you will review the competencies carefully, and we welcome all suggestions.

1. *Care for the complex patient at home (pediatric, adult, and geriatric)*
2. *Medication management*
3. *Functional impairment and rehabilitation*
4. *Cognitive, affective and behavioral health*
5. *Caregiver assessment and support*
6. *Patient and staff safety*
7. *Acute/emergent care*
8. *Palliative and end of life care*
9. *Interprofessional care*
10. *Communication and professionalism*
11. *Community and system based resources and supportive care and services*
12. *Practice management*

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VA Perspectives
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Effective symptom management is an essential ongoing task of palliative care. Pain is one of the most common symptoms, and as the fifth vital sign, is assessed at each home visit. The HBPC interdisciplinary team is well-positioned to address pain in detail: how, when, and where it occurs, and the impact of pain on the day-to-day functioning of the patient and his or her psychological well-being. Any therapeutic regimen should be multi-modal, and include an appropriate drug regimen (administered on a regular schedule if needed) as well as non-pharmacologic interventions. The physical therapist can recommend strengthening exercises, transferring techniques, assistive devices, and durable medical equipment. The psychologist can provide psychotherapy or cognitive behavioral therapy for those patients experiencing depression due to pain, and referral to psychiatry, if indicated. If spiritual pain is noted, soliciting help from a chaplain or the patient's own clergy would be in order. Other significant symptoms, such as dyspnea, anxiety, and insomnia, may also be treated with an interdisciplinary approach by the HBPC Team.

When a patient has an advancing terminal illness, and has less than six months to live, referral to a community hospice may then be needed, and such services may complement those provided by the HBPC Team. Such a clinical alliance may be critical in allowing the patient to remain at home. Every Veteran who is eligible for care in the VA Healthcare System, no matter his or her age, is eligible for hospice care. For those Veterans who do not qualify for hospice care under Medicare, the VA will pay for community hospice. The HBPC can continue to follow the patient - without this being considered a duplication of services - and thereby assure continuity of care at the end of life. Hospice has the ability to provide a home health aide for a number of hours per week, in addition to those provided by the VA. A hospice nurse makes weekly visits and is on call for after-hours clinical concerns and visits if needed. Many hospices provide crisis care when a patient has refractory symptoms or is actively dying and needs full-time nursing care, or alternatively, provide an option for admission to an inpatient hospice unit. After a patient dies, the community hospice will continue to visit the family for bereavement support for a full year.

The continuum of care, from palliative care to hospice care, can and should be readily and seamlessly initiated and implemented within the interdisciplinary framework of the VA Home Based Primary Care program. By so doing, clinicians can tackle the clinical priorities of Veterans with chronic illness, and by so doing, improve their quality of life as they approach the end of life.

CMS Final Payment Rule for 2015, Chronic Care Management Service and What You Should be Doing Now
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gram. The VBPM will bonus or penalize practices according to quality and cost measures reported 2 years prior in comparison to one's specialty. The program begins 2015 (on 2013 data) for practices of 100 or more, adds practices 10 to 99 in 2016 and moves down practice size through to solo physicians as of 2017. NPs and PAs will be included in 2018.

CMS has also modified the amount of bonus or penalty that will apply. This amount will be plus or minus up to 2X for solo to 9 physicians and plus or minus 4X for groups 10 or more by 2017. CMS continues to implement the VBPM with PQRS (and approved derivatives) serving to develop the quality numerator of the quality over cost calculation. Practices will lose payment of up to approximately 6% from their Medicare payment for not reporting PQRS. Therefore, it is imperative that Academy member practices from solo on up report PQRS in 2015.

Please note that as currently structured, the VBPM program will penalize many practices due to the unique nature of the housecall population and the Academy is advocating on your behalf for modifications that take into account the unique characteristics of the housecall population.

Additional information will be provided throughout the year including the Annual Meeting and is available on the Academy site. CMS material on PQRS can be found at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html?redirect=/PQRS/ and on the VBPM can be found at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeedbackProgram/ValueBasedPaymentModifier.html

Attend the Annual Meeting on May 14-15, 2015 in National Harbor, MD. The Annual Meeting program is on the Academy site and registration will be available soon. Updates regarding the CCM service and the VBPM will be provided. The Annual Meeting will also provide the valuable opportunity to learn directly from your colleagues how they are adopting practice and technology to facilitate patient care and practice management including rendering and documenting the chronic care management service. See you in May!

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Share AAHCM's mission and encourage colleagues to join

The American Academy of Home Care Medicine is an organization of physicians and other home care professionals dedicated to promoting the art, science, and practice of medicine in the home. Achievement of that mission will require that providers be educated regarding home care; that they be actively involved in the evolution of home care medicine procedures, their delivery, and management; and that provider interests in the delivery of home care be voiced and protected. We urge membership and participation in the long-term future of home care.

AAHCM intends to provide the structure through which providers can evaluate home care and their position in it. It will monitor emerging technologies and appropriate delivery systems for the practicing physician, as well as the legal and regulatory environment. The Academy will be in a position to present providers' views regarding their interests and concerns in home care. Finally, the Academy will actively collaborate and cooperate with other organizations wishing to enhance the quality of home care. With these intentions for the Academy in mind, we hope to enlist physicians and home care professionals who will actively support and promote these changes in home care.

Home care medicine is one of the most rapidly expanding areas of health care. These changes are occurring because:

- Changing demographics demand a responsive health care system.
- Technology is becoming more portable.
- Home care medicine is a cost-effective and compassionate form of health care.
- Most persons prefer being treated at home.

Who should join?

- Practicing physicians.
- Nurse practitioners and physician assistants (associate membership).
- Practice administrators.
- Medical directors of home care agencies.
- Students and physicians in training.
- Other home care professionals (associate membership).
- Home care agencies (affiliate membership).
- Corporations (sponsor membership).
- Groups of MDs, NPs, PAs or a mixture; or home health agencies and their medical directors (group membership) - *Discounts available.*

Benefits:

- Public Policy representation; revenue-related regulations and legislative representation such as IAH.
- Practice Management publications, website and technical assistance.
- Information on clinical, administrative, regulatory and technology issues, and the academic literature through our Newsletter and e-Newsletter.
- Standards of excellence, including the Academy's Guidelines and Ethics Statement.
- For house call providers, listing in our online Provider Locator.
- Consulting and networking through our members-only list-serv.
- Clinical guidelines and communication templates.
- Discounted attendance to Academy meetings.
- "Members-only" prices on educational media and publications.
- Assistance for faculty who train residents in Home Care.

2015 Membership Fees*

Physicians	$250
NP/PA	$200
Groups (MD, NP, PA or combination)	Custom**
Associate (RNs, SWs, PTs, etc.)	$115
Residents/Students	$75
Affiliate (home care agency employee)	$195
Practice Administrators	$195
Corporate Sponsor Membership	$2,750

*For international membership, add $15
**Special discounts and flat rate options available - call 410-676-7966

2015 Membership Application

Name: _____ Date: _____

Address: _____

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