



American Academy of
Home Care Medicine

Frontiers

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

In this issue...

Annual Meeting

2014 Annual Meeting Dubbed
"Best Ever" by Attendees! Focus
on Value a Consistent Theme
PAGE 1

Accomplishments & Awards

PAGE 5

Thank you to Sponsors

PAGE 6

President's Message

The Sea is Rising
PAGE 7

Honor Roll of Donors

PAGE 8

Annual Report to the Membership 2013

PAGE 9

VA Home Based Primary Care

Caring for the Caregiver
in Home Based Primary Care
PAGE 12

Evidence Based Care

Update of the Home
Care Literature:
May - June 2014
PAGE 13

Member News & Welcome New Members

PAGE 14

Annual Meeting

2014 Annual Meeting Dubbed "Best Ever" by Attendees! Focus on Value a Consistent Theme

By Constance F. Row, LFACHE, Executive Director, AAHCM

The 2014 Annual Meeting titled "If Value is the Question, Home Care Medicine is the Answer" took place for the largest number of attendees ever - 306 - at the Swan-Dolphin Hotel, Orlando, Florida May 14-15.

The meeting began both days with Expert Discussion Seminars covering a variety of member-requested topics. Particularly popular were sessions for first-time attendees, Special Issues for NPs/PAs, and Special Issues for the VA. Also popular both days were the Luncheon Roundtables covering

topics for such member groups as NPs and PAs, and also "Am I in Compliance" which highlighted for many members the need to develop their own compliance policies and training programs with a new Academy publication to help. Perfect for networking was the first-day reception at which all attendees had the chance to get better acquainted, while visiting exhibitors and enjoying light food and drink.



May 13 was an "IAH-Day" meeting of the Independence at Home Demonstration Program IAH Learning Collaborative participants who received the AAHCM Innovators Award (a first-time category).



Special Edition: Annual Report



AAHCM

P.O. Box 1037
Edgewood, MD 21040-0337
Phone: (410) 676-7966
Fax: (410) 676-7980
E-mail: aahcm@aahcm.org
Website: www.aahcm.org

President

Thomas Cornwell, MD, FAAFP

Immediate Past President

Bruce Leff, MD

President-Elect

Mindy Fain, MD

Secretary

Kathy A. Kemle, MS, PA-C

Treasurer

Brent T. Feorene, MBA

Executive Director

Constance F. Row, LFACHE

Associate Executive Director

Gary Swartz, JD, MPA

Director of Financial Services

Bernie Sciuto

Director of Administrative and Membership Services

Audrey McDonough

The opinions and recommendations expressed in this publication are not necessarily those of the American Academy of Home Care Medicine, its Editor, or Publisher. Every precaution is taken to ensure accuracy, but responsibility cannot be accepted for the correctness or accuracy of the information supplied or any opinion expressed.

Before using procedures or treatments discussed in this publication, clinicians should evaluate their patient's condition, compare the recommendations of other authorities, consider possible contraindications, and consult applicable manufacturer's product information.

No material may be reproduced in whole or in part, in any form, without written permission. ISSN# 1049-0027 © 2014 by American Academy of Home Care Medicine.

Editor-in-Chief: Mindy Fain, MD.

Associate Editor: Laura M. Vitkus. Comments on the Newsletter can be emailed to the Editor at: aahcm@aahcm.org.



Left to Right: Drs. Alan Abrams, Eric DeJonge, Bruce Leff, Ron Shumacher, and Thomas Edes

On Day 1, a special celebratory video about the history of the AAHCM and "Thinking Outside the Box" was presented, kicking off the meeting (the video can be viewed on the AAHCM home page). This was the last year of Board membership for three of the important pioneers and Past Presidents of the Academy, Drs. Gresham Bayne, Peter Boling and George Taler. All were featured in the video, and in House Call Highlights where they provided parting words of wisdom throughout the meeting.

The first important plenary session was on the Evidence for the Value of Home Care Medicine. Data was presented from the VA by Dr. Thomas Edes, from Medicare Advantage by Dr. Ron Shumacher, Chief Medical Officer (CMO) for Optum Complex Population Management, from the Beth Israel ACO by Dr. Alan Abrams, and by Dr. Eric DeJonge of the Washington Hospital Center with Medicare Fee for Service data about to be published in the Journal of the American Geriatric Society (JAGS) (see picture above).

All panelists observed the known information that the most expensive 5% of the Medicare population accounts for 50% of program cost.

Dr. Edes introduced the evidence for value within the VA. This includes a rebalancing or shift of long term care to the home. This shift, including the

growth of the home based primary care program, reflects savings to the federal government in both the VA and Medicare programs, positive clinical and financial outcomes, and high levels of satisfaction among veterans and their families.

Dr. Shumacher began by reviewing the growth of Medicare Advantage to 30% of the Medicare population. He also noted failings of traditional managed care approaches with its reliance on the traditional office and specialist based models of care that are unable to meet the 24/7 response time to address exacerbations of chronic illness and to avoid gaps in care. Dr. Shumacher cited the literature of the success of managed care approaches that incorporate housecalls and mentioned that it would take 10 housecalls to equal the cost of one ER visit. Along these lines, he highlighted transition programs that reduce avoidable readmissions by 30 to 45% and longitudinal care with care management that reduces avoidable ER and hospital admissions by 50 to 65%.

Dr. Abrams provided the background of the Beth Israel health system and Pioneer ACO (BIDCO) in Massachusetts. He also described the method by which participating ACOs are attributed Medicare beneficiaries to be part of their ACO. Dr. Abrams



Dr. Peter Boling, Past President, presenting his House Call Highlight

Dubbed “Best Ever” By Attendees!



Meeting Attendees used peer networking tables during lunch to discuss a variety of topics

then highlighted the process by which beneficiaries are identified as high risk through a database algorithm, inclusion on hospital listing as high risk for hospital admission, and those recognized by PCPs to be at high risk due to advanced illness, self-management challenges and functional and social/behavioral issues or limitations.

Specific to its house calls program, the Pioneer ACO targets the 3% highest risk beneficiaries for whom office based care is unable to meet their needs. The ACO then applies a housecall model that includes NP visit and outreach phone calls within a first month with more medical visits rendered PRN.

Dr. DeJonge discussed the results of the Washington Hospital Center (WHC) study - Effects of Home-Based Primary Care on Medicare Costs in High Risk Elders. This soon to be published study in JAGS reflects analysis of those in the WHC Program with a control population that did not receive team based home care medicine. The conclusion is a reduction in total Medicare costs by 17% that argues for scaling such home based primary care teams across the country. Interestingly, the study period predates the WHC program selection to participate in the Independence at Home Demonstration.

In summary, savings produced through the home care medicine programs presented include:

- VA Home Base Primary Care Program - The VA HBPC program has produced a 25% reduction in combined VA and Medicare hospital admissions, 36% reduction in combined hospital days and 13.4% reduction in combined VA and Medicare costs.
- Medicare Advantage - Reduction in admissions by approximately two-thirds across 8 markets. Similar reduction in ER admissions and SNF cost and reduction in per member per month cost of about one-third.
- BIDCO Medicare Pioneer ACO - A reduction of 13.2% at 9 months of finalized claims with the most significant savings in hospital admission and post acute care.
- Washington Hospital Center - WHC program services resulted in 17% lower Medicare cost (\$8,477 over 2 years) than control population in the soon-to-be published Washington Hospital Center study.

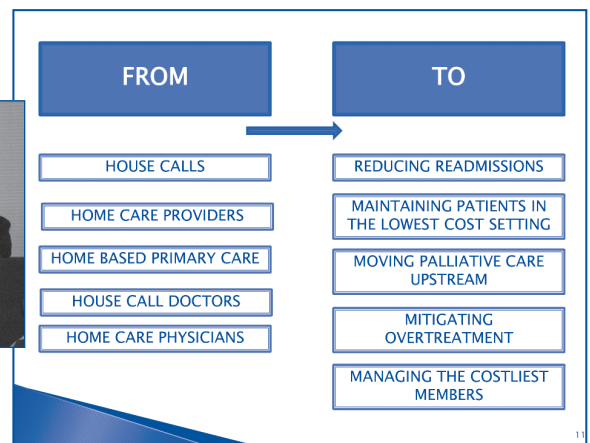
examples of home care medicine also measures the increase in beneficiary and caregiver satisfaction, beneficiary appreciation that the care is enabling them to remain in home and to avoid ER and hospital admissions.

Another important plenary was “Moving Home Care Medicine into the Mainstream” featuring advice from experts including Dr. Jeremy Boal who established the Mount Sinai house call program but now is CMO of New York’s Mount Sinai Health System, Dr. Ron Schumacher speaking about Medicare Advantage Plans, and Dr. Rodney Hornbake speaking on evaluating the question of whether to become a PCMH (see picture below). Dr. Boal’s presentation was deemed one of the most powerful of the entire meeting in which he argued that in moving from the world of fee-for-service to payment-for-value, the vocabulary for marketing house calls had to change from speaking about providers to speaking about outcomes and financial results. The slide and discussion that “stopped the show” is shown below, but members should also view the slides from the rest of presentation on the AAHCM website.

Importantly, each of these



Drs. Jeremy Boal, Ron Shumacher, Eric DeJonge, and Rodney Hornback with Moderator Julia Jung



Dubbed “Best Ever” By Attendees!



Dr. Bruce Kinoshian accepting the 2014 Poster of the Year Award with Drs. Eric DeJonge and Robert Kaiser



Winnie Sun, BscN accepting the 2014 Student Poster of the Year Award with Drs. Eric DeJonge and Robert Kaiser



Dr. Jennifer Vorhees accepting the 2014 Trainee Poster of the Year Award with Drs. Eric DeJonge and Robert Kaiser



Dr. Namirah Jamshed accepting the 2014 House Call Educator of the Year Award with Drs. Eric DeJonge, Thomas Cornwell, and Theresa Soriano

Other sessions had importance to many in the attendee group. First was a session on Home Care Medicine for special populations with presentations by President, Tom Cornwell on taking care of younger adults, VA presenter Michele Karel of the VA on mental health in this population and Jane Mohler on Dual-Eligibles. Certainly each could have been its own session, along with Palliative Care in home care medicine practices, so each is being considered for presentation at next year’s annual meeting as separated topics.

Another break-out session called “How to Advocate and Create Change” featured speakers talking about the grassroots/community level, effective organizational change, and Federal advocacy. This was an engaging and important presentation that emphasized the challenge and the requirement of working through individuals and organizations to achieve change and reach large goals. Richard Endress, a community health leader working with the Cadence Health System noted, as many members do each day, that population health management requires partnerships with multiple organizations that are not used to working with one another. There is, as in medicine, both an art and science to change and success whose ingredients include relationships, trust, sense of mission, development of “enlightened self interest” and leadership. Each of these is necessary to overcome fear and turf issues.

Dr. Barry Zweibel said that the change agent’s job included

reducing stress and strain of those involved with projects, increasing hardiness and resilience and highlighted that potential conflict always presented “moments of truth” where one had the opportunity to minimize destructive behaviors that often focus on personality and to replacing these with constructive behaviors that focus on solutions.



Dr. C. Gresham Bayne, Past President, presenting his House Call Highlight

William Hall, health executive and policy maker reviewed the importance of developing legislative competencies within one’s organization and developing and nurturing relationships with elected representatives and their staff. Staff relationships are critical as it is often the case that communication and meetings take place with staff rather than one’s elected representative. However, it is always critical to tie the request of the official to issues in the local area.



Meeting Attendees networking and visiting the 2014 Exhibitors

Continued on page 15

Accomplishments & Awards

President Tom Cornwell led the AAHCM Annual Meeting for members. He began with reiterating the many accomplishments of the Academy listed in the box below.



Dr. George Taler, Past President, accepting an award for his many years of service on the AAHCM Board of Directors before presenting his House Call Highlight

AAHCM Accomplishments

- 1996 Written and web-based Medical Director Training Seminars
- 1998 Developed higher level house call codes and increased house call code valuations that doubled payments
- 2000 Faculty Development Seminars
- 2000 Home Care Medicine Examination
- 2001 Website member referral list and member List-Serv
- 2003 Prevented payment cuts to house call codes
- 2004 Added the “House Call Clinician of the Year Award” to the already established “House Call Doctor of the Year Award” established in 1998
- 2005 Developed higher level Domiciliary (e.g. Assisted Living Facility) codes and increased code valuations that doubled payments; Successfully lobbied against two harmful Local Carrier Determinations (LCDs)
- 2008 Independence at Home (IAH) Legislation introduced; Codes added to the denominators of PQRI measures enabling AAHCM members to participate in the PQRI program.
- 2009 Agreement with Lockton Affinity to provide members quality, low-cost malpractice insurance
- 2010 IAH Legislation successfully included in the Affordable Care Act; weekly e-Newsletter started; all AAHCM booklets developed in the late 1990s fully revised and updated.
- 2011 Successful advocacy to influence termination of a carrier-wide coding audit that was harming members; successful advocacy for the Medicare Wellness Exam to be paid for in the home; *Home Care Medicine Field Guide* published
- 2012 IAH demonstration begins. IAH Learning Collaborative started through a grant from the Retirement Research Foundation; Fourth edition of *Medical Management of the Home Care Patient* published
- January 1, 2014 Name changed from the American Academy of Home Care Physicians to the American Academy of Home Care Medicine

He called the Academy “**The Little Engine that Could**” and called on members to think outside the box, and let the rising tide raise all boats.

The election of Board members was next. Selected were Dr. Bruce Kinosian, University of Pennsylvania, Dr. William Mills, Cleveland, Ohio, and Dr. Teresa Soriano, New York. Bios are on the website at www.aahcm.org > Board of Directors.

2014 Awards

Dr. Robert Kaiser presented the Poster of the Year Award to Dr. Bruce Kinosian, Student Poster of the Year Award to Winnie Sun, BscN, and the Trainee Poster of the Year Award to Dr. Jennifer Vorhees (see pictures on opposite page).

Dr. Theresa Soriano and Barbara Sutton, RN, MS, ANP-BC, ACHPN presented the House Call Doctor, Clinician, and Educator of the Year awards. Dr. Namirah Jamshed was named the 2014 House Call Educator of the Year (see picture on opposite page), Jeffrey Hulley, MS, DFAAPA, PA-C was named the 2014 House Call Clinician of the Year (see picture on right), and Dr. Thomas Lally, was named the 2014 Eric Baron House Call Doctor of the Year (see picture on right). The Academy congratulates all the 2014 award winners.



Jeffrey Hulley, MS, DFAAPA, PA-C accepting the 2014 House Call Clinician of the Year Award with Drs. Eric DeJonge, Thomas Cornwell, Theresa Soriano, and Barbara Sutton, RN, MS, ANP-BC, ACHPN



Dr. Thomas Lally accepting the 2014 Eric Baron House Call Doctor of the Year Award with Drs. Eric DeJonge, Theresa Soriano, and Barbara Sutton, RN, MS, ANP-BC, ACHPN

Thank you to our 2014 Annual Meeting Exhibitors & Sponsors!

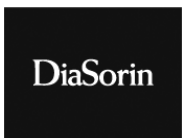
Platinum Partners



Silver Partners



Bronze & Corporate Partners



Key Supporters



President's Message

The Sea is Rising

by Thomas Cornwell, MD, President



I will continually use this column during my two year presidency to show how “many hands make the load light” and “a rising sea carries all boats.” The power of the American Academy of Home Care Medicine comes from its members working together to raise the field. Below are numerous examples in the past two months of how members and staff are making the “Sea Rise”. The Academy is also always on the lookout for sharks in the water to protect you. You can read more about many of these accomplishments throughout this issue of *Frontiers*.

The American Academy of Home Care Medicine Raising the Sea:

- Board members Drs. Eric DeJonge and Mindy Fain led a stellar team to put on the most successful Annual Meeting ever. Plan now to attend next year's May meeting at National Harbor outside Washington, DC.
- The Annual Meeting bid farewell to three long-time board members who are part of the “founding fathers” of our movement. They include Drs. Gresham Bayne, Peter Boling and George Taler. They not only have raised the sea, they helped to create the sea. Though off the board, they are all committed to continue to work to advance our field. The meeting also welcomed three new stellar board members; Drs. Bruce Kinoshian, William Mills and Theresa Soriano.

- Dr. Theresa Soriano led the awards committee who selected outstanding members who are helping the sea to rise in their communities and nationally. They included Dr. Tom Lally, House Call Doctor of the Year; Jeff Hulley, PA, House Call Clinician of the Year; and the Educator of the year, Dr. Namirah Jamshed.
- Dr. Bruce Leff is leading efforts to create standards for home care medicine to allow members to par-

The power of the American Academy of Home Care Medicine comes from its members working together to raise the field.

ticipate in chronic care codes being developed and to work with payers and ACOs.

- The AAHCM continues to be your voice. Recent examples include:
 - 4/25/14 meeting with Dr. Patrick Conway, Deputy Administrator for Innovation and Quality and CMS Chief Medical Officer. Several issues were discussed but the most important was the methodology for determining cost savings for IAH. This would have an immense impact on IAH

practices and any cost-savings models our members participate in moving forward. Work continues to try to improve the accuracy of the calculations.

- 5/1/14 your AAHCM leadership met with MEDPAC staff to brief them on IAH, showing them the cost-savings evidence and value of this field. Staff had only known PCMH.
- In May the Medicare contractor for New York, National Government Services (NGS), announced a pre-payment audit for codes 99348-99350. This would have created immense hardship for practices. That day, Executive Director Connie Row contacted the Medical Director, alerting him to the problem and reminding him of past successful communications and problem-solving. The more general approach has been called off and a more targeted one substituted. We are working to resolve remaining issues which focus on Podiatry.
- Medicare recently also announced a new “suggested” seven page “face-to-face” document to certify home health. Connie Row and the AAHCM again went into action. The template has been deferred. She currently is garnering support from larger organizations to make sure a different approach is used.

Continued on page 8

Honor Roll of Donors

For the Period of May 8, 2013 through May 28, 2014. Thank you to the following members for their generous and thoughtful gifts in support of our programs and services

C. Gresham Bayne, MD
Robin A. Beck, MD
Alex Binder, MBA
Antonio Cavazos, Jr., M.D.
Gil-young E Chae, DO
Thomas Cornwell, MD
Linda DeCherrie, MD
Thomas E. Edes, MD
Mindy J Fain, MD
Donna L Farinacci, RN
Kendra Hannahs
Terri Hobbs
Institute for Home Centered Care
Todd James, MD
Kathy A. Kemle, MS, PA-C
Steven Landers, MD, MPH
Bruce Leff, MD

Ina Li, MD
Russell C. Libby, MD
William R. Mills, MD
Patrick J. Murphy, MD
Camille R. Newton, MD
Margaret O. Rathier, MD
Sharri Rittenhouse, MSN
Laura F. Snider, DNP, FNP
Robert J. Sowislo, CFO*
Francesco Standoli, MD
George Taler, MD
Henry Tripp, MD
Norman E. Vinn, DO
Robert J Ward, DPM
Jean Yudin, MSN, RN, CS

*President's Council Member

President's Message Continued from page 7

Members Raising the Sea:

- Dr. Eric DeJonge and colleagues have an article coming out in this month's issue of the *Journal of the American Geriatrics Society* showing the cost savings associated with his house call program.
- Dr. Mindy Fain recently had an op-ed on the value of house calls published in the *Los Angeles Times*.
- Dr. Bruce Kinoshian was cited in positive article in the *Philadelphia Press*, discussing how house calls are viewed as part of the futuristic solu-

tion to health care problems.

- Dr. Benneth Husted recently had an incredibly successful community outreach event in Portland, Oregon. Close to 300 community members representing federal, state and local government, non-profits, insurers, home health providers and others came to hear about the value of home care medicine.

In this era of value-based medicine your Academy also desires to be a great value to you. Of our \$722,000 budget, only

24% (\$171,000) comes from membership dues and over half comes from donations and grants. PLEASE help the sea rise by making sure all providers in your group are members of the AAHCM or call the Academy to learn about group rates. Please also make a donation to YOUR Academy this fall. Remember, many hands make the load light and we can do so much more working together!

Tom Cornwell





American Academy of Home Care Medicine Annual Report to the Membership 2013

2013 Board of Directors

Thomas Cornwell, MD
President
HomeCare Physicians
Wheaton, IL

Bruce Leff, MD
Immediate Past President
Johns Hopkins Care Center
Baltimore, MD

Mindy Fain, MD
President Elect
Arizona Center on Aging
Tucson, AZ

Brent T. Feorene
Treasurer
Colonnade Healthcare Solutions
Westlake, OH

Kathy A. Kemle, MS, PA-C
Secretary
HomeCare Physicians
Wheaton, IL

C. Gresham Bayne, MD
Call Doctor Medical Group
San Diego, CA

Peter A. Boling, MD
Virginia Commonwealth
University
Richmond, VA

Eric DeJonge, MD
Washington Hospital Center
Washington, DC

Thomas Edes, MD
Department of Veterans Affairs
Washington, DC

Steven Landers, MD, MPH
VNA Health Group
Red Bank, NJ

Robert Sowislo
US Medical Management, LLC
Troy, MI

George Taler, MD
Washington Hospital Center
Washington, DC

Jean A. Yudin, MSN, RN, CS
Institute on Aging
University of Pennsylvania
Health System
Philadelphia, PA

Ex-Officio

James C. Pyles, Esq.
Powers, Pyles, Sutter &
Verville, PC
Washington, DC

Staff

Constance F. Row, LFACHE
Executive Director

Gary Swartz, JD, MPA
Associate Executive Director

Bernie Sciuto
Director of Financial Services

Audrey McDonough
Director of Administration and
Membership Services

Past AAHCM Presidents

2011-2013
Bruce Leff, MD

2009-2011
Thomas Edes, MD

2007-2009
Joe Ramsdell, MD

2004-2007
C. Gresham Bayne, MD

2002-2004
Wayne McCormick, MD, MPH

2000-2002
Edward Ratner, MD

1998-2000
George Taler, MD

1996-1998
Peter A. Boling, MD

1994-1996
**Allen I. Goldberg, MD, MBA,
FAAP, FCCP, FACPE**

1992-1994
Joanne Schwartzberg, MD

1989-1992
Joseph M. Keenan, MD

1988-1989
John Lewis, MD

Membership, Programs & Services

1. Membership Diversification

The AAHCM continues to be delighted with the growth in diversity of our membership, with a current total membership around 1,302. Nurse Practitioners and Physician Assistants make up nearly 17% of our membership. About 64% of our membership is made up of physicians, of which 5% are Medical Directors. Remaining members include employees of home health agencies, administrators, residents and provider groups.

2. Public Policy

2013 was the first full year of the 3-year Independence at Home demonstration, a decade-long effort of the Academy. The AAHCM also provided comments on numerous regulations including reform of the Medicare physician payment formula, meaningful use measures, audit and billing issues, and worked on new codes for transitional care, chronic care coordination and other matters.

3. Annual Scientific Meeting and Member Recognition

The 2013 program “Home Care Medicine (HCM): Best of Care, Best of Business” featured presentations on successful management of the home care medical practice, the changing home care neighborhood, innovations in health care, emerging technologies, telemedicine, update on IAH, the regulatory environment in home health care, and clinical and educational topics. Winner of the Eric Baron House Call Doctor of the Year award was Dr. Cynthia Pinson. Winner of the Clinician of the Year award was Barbara Sutton, RN, MS, ANP-BC, ACHPN. Poster of the Year Award winner was Dr. Bruce Kinosian.

4. Newsletter

This year’s bi-monthly editions of *Frontiers* have covered abstracts of the home care medicine literature and a variety of public policy, clinical and practice management topics, including a Medical Director’s column and new technology and strategic thinking columns. A weekly e-Newsletter continues to communicate the most up-to-date regulatory and practice management information to members. Back issues of *Frontiers* and the e-Newsletter are available in the member’s only section of the website.

5. Medical Director Training

Through a grant, the Academy co-developed and hosted a web-based training program for Medical Directors of Home Health Agencies. Visit www.aahcm.org > Home Care Medical Direction for more information.

6. Medical Malpractice Insurance

Our agreement with Lockton Affinity continues, allowing medical malpractice insurance to be offered to our members.

Financial Information: 2013

Total Revenue:	\$722,346
Expenses:	
Program Services	\$472,480
Management and General	\$96,272
Fundraising	\$6,811
Payments to Affiliates	-0-
Total Expenses	\$575,563
Excess or (deficit) for the year	\$146,783
Net assets or fund balances at the end of the year	\$953,521

Sponsors

- Amedisys, Inc.
- Aprima Medical Software
- Arthur J. Gallagher Risk Management Services
- Barton Medical Group
- Cardiocom
- DiaSorin, Inc.
- Environmental Solutions International
- Esaote North America, Inc.
- Evolution Health
- Gerontological Advanced Practice Nurses Assoc.
- Gentiva Health Services, Inc.
- The Gideons International
- Harden Healthcare, Home Health
- Hopkins Medical Products
- New Ni Medical (2011) LTD
- ProAssurance
- Suture Health, Inc.
- Veterans Care Coordination
- Visiting Nurse Association Health Group
- Visiting Nurse Services of New York
- Visiting Physicians Association
- VQ OrthoCare
- Washington Hospital Center

AAHCM Publications & Training Materials

Home Care Medicine - A Field Guide to Developing Successful Practices and Programs

Covering all aspects from building the program, design and implementation, measuring success, and growing your program, this manual will give you the guidance you need to start your program right and develop its success. Includes the first set of standards, called Guidelines, for the field of home care medicine.

\$90 members; \$100 non-members (plus \$12 shipping)

Advanced Issues in House Call Program Management

Serving as a complement to "Making House Calls a Part of Your Practice," this publication is intended for those who have an established practice and are seeking to refine it.

\$21 members, \$28 non-members (plus \$3.50 shipping)

Making Home Care Work in a Medical Practice: A Brief Guide to Reimbursement and Regulations

Covers codes and billing, domiciliary care visits, documentation for common house call codes, CPO billing, HME orders, and other issues.

\$13 members, \$15 non-members (plus \$3.50 shipping)

Making House Calls a Part of Your Practice

Offers practical tips for those considering adding house calls to their practice.

\$21 members, \$28 non-members (plus \$3.50 shipping)

Medical Directorship of Home Health Agencies

Covers topics such as the role of the medical director; rules, regulations, and standards; billing and reimbursement; Stark regulations; and includes sample contracts and forms.

\$30 members, \$50 non-members (plus \$3.50 shipping)

Bringing House Calls to Assisted Living & Other Group Facilities

Highlights the similarities and differences between making visits to assisted living facilities and individual homes. Introduces administrators and staff of congregate care facilities to the feasibility and benefits of arranging for home medical care services and provides an educational tool

for providers who have an interest in providing service in these settings.

\$21 members, \$28 non-members (plus \$3.50 shipping)

Recommended Clinical Practice Guidelines

These guidelines cover the basic elements of structure and process of care typically required by accrediting organization such as JCAHO enhanced with specific sections on issues specific to home care medicine. They are offered as a guide to "best practices" as we know them, and will be updated as further information becomes available.

\$15 members, \$35 non-members (plus \$3.50 shipping)

An Approach to the Management of Pressure Ulcers: A Home Care Perspective (CD-Rom)

Produced by the AAHCM through an unrestricted grant provided by KCI, Inc.; Dr. George Taler, editor and lead author. Intended for primary care physicians, nurse practitioners, physician assistants and nurses to enable the use of best practices in preventing and treating typical pressure ulcer wounds found in home care medical practice.

\$20.00 members, \$25.00 non-members (price includes shipping)

Medical Management of the Home Care Patient: Guidelines for Physicians, 4th edition (Developed with the AMA)

A broad overview of the field of home care, including medical management of patients in the home. Helps physicians identify and oversee the wide range of medical and social services available to assist patients at home. Careful utilization of appropriate services can prevent unnecessary rehospitalizations, emergency department visits and poorer than expected health outcomes.

\$19 members; \$35 non-members (plus \$3.50 shipping)

To order these publications and training materials, please visit www.aahcm.org and click "Online Store" or call the AAHCM at 410-676-7966.

Caring for the Caregiver in 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

Veterans enrolled in the VA Home Based Primary Care (HBPC) program typically have complex chronic illnesses, with multiple co-morbidities, in addition to significant functional, social, and psychological problems. Providing care for these patients can be extremely challenging for their caregivers, and over a period of time, may adversely affect their physical and mental health. To make certain that these patients are well-cared-for, the HBPC Team must assure that their caregivers are doing well. This is a task that requires ongoing concern and appropriate vigilance. It is an interprofessional responsibility, and is not the sole responsibility of the social worker or psychologist on the team.

There are a number of ways in which information about the caregiver's well-being can be appropriately obtained. In order to provide primary care in the home, one must have an appreciation for the patient as a member of a family unit, but one cannot forget that the caregiver is technically not a patient of the home care team. It is important to identify any physical, medical, or psychological problems that the caregiver may have, but the amount of medical information that may be obtained about the caregiver is limited by the individual caregiver's discretion. There is a delicate boundary of personal privacy that must be respected and maintained.

One can determine how the caregiver is doing by listening and observing, meticulously and insightfully, when the patient is admitted to the program and

at each subsequent visit. Together, the members of the HBPC team can construct an overall picture of the patient and how well the caregiver is coping in caring for that patient. How well is the patient functioning, and how much assistance does he or she need with activities of daily living and instrumental activities of daily living? Is the caregiver capable of providing such assistance? Does the patient have significant cognitive, behavioral, or psychological problems that may be challenging for the caregiver? Is the patient's house clean, well lit, and well-organized? Does the home have the proper durable medical equipment? Is the refrigerator well-stocked with food? Is the caregiver working alone, or does he or she have family members, friends, or paid individuals who are helping to care for the patient? Is the caregiver elderly or disabled? Does he or she appear fatigued?

There is a delicate boundary of personal privacy [with the caregiver] that must be respected and maintained.

Does he or she have a normal affect? Is the caregiver spending all of his or her time in the home? Does he or she appear well-nourished and well-rested?

Caregivers of HBPC patients are routinely assessed by an objective and validated measure such as the Zarit Burden Scale, which is routinely administered by the HBPC social worker at the time the Veteran is admitted to the program.

This scale provides a baseline assessment of how the caregiver is doing and can pinpoint possible areas of concern that may need to be addressed from the very beginning. The Zarit is repeated at one year, at the time of the social worker's annual assessment, or sooner if indicated. A high score may highlight the immediate need to improve the social support system at home. The social worker must also assess the caregiver's efficacy in self-care and educate him or her on the need for adequate rest, exercise, and pleasurable activities.

There are a number of VA programs which may help the overburdened caregiver including: the Home Health Aide (HHA) program, the Adult Day Health Care Program, or the Respite Program. A part-time home health aide can provide assistance with activities of daily living (bathing, dressing, and grooming) or with housekeeping or cooking. Adult Day Health allows the Veteran to participate in a structured program two or three days a week, while the Respite Program permits the Veteran to reside temporarily in a skilled nursing facility for two two-week blocks during the year. Those Veterans needing additional home health aide hours beyond those provided by the VA, may be eligible for additional help through the Medicaid Waiver Program. All of the above programs may provide the caregiver with an opportunity for time outside the home, which can be essential in preserving their health and well-being and in keeping the Veteran in a stable home environment for as long as possible.

Update of the Home Care Literature: May - June 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

Bente Elisabeth Bassøe Gjelsvik, Håkon Hofstad, Tori Smedal, Geir Egil Eide, Halvor Næss, Jan Sture Skouen, Bente Frisk, Silje Daltveit, and Liv Inger Strand. Balance and walking after three different models of stroke rehabilitation: early supported discharge in a day unit or at home, and traditional treatment (control). *BMJ Open*. 2014; 4(5):

e004358. Published online May 14, 2014. doi:10.1136/bmjopen-2013-004358.

The goal of this randomized controlled trial to compare the effects on balance and walking of three models of stroke rehabilitation: early supported discharge with rehabilitation in a day unit or at home, and traditional uncoordinated treatment (control). Two intervention groups were given early supported discharge with treatment in either a day unit or the patient's own home. The controls were offered traditional, uncoordinated treatment. The authors concluded that there was no difference in change between the groups for postural balance, but the secondary outcomes indicated that improvement of trunk control and walking was better in the intervention groups than in the control group.

Katsuhisa Sakano, Koufuchi Ryo, Yoh Tamaki, Ryoko Nakayama, Ayaka Hasaka, Ayako Takahashi, Shukuko Ebihara,

Keisuke Tozuka, and Ichiro Saito. Possible benefits of singing to the mental and physical condition of the elderly. *Biopsychosoc Med*. 2014; 8: 11. Published online May 21, 2014. doi:10.1186/1751-0759-8-11.

The evaluation and management of stress are important for the prevention of both depression and cardiovascular disease. In addition, the maintenance of the oral condition of the elderly is essential to enable them to stay healthy, especially to prevent aspiration pneumonia and improve mental health in an aging society. The authors in this study examined the efficacy of singing on the oral condition, mental health status, and immunity of the elderly to determine if singing could contribute to the improvement of their physical condition. The results showed that the amount of saliva increased and the level of cortisol, a salivary stress marker, decreased after singing. The authors concluded that that singing can be effective in improv-

Article of the Month

Quality of Care

Penny Rhodes and Sally J. Giles. "Risky Business": a critical analysis of the role of crisis resolution and home treatment teams. *J Ment Health*. Jun 2014; 23(3): 130-134. Published online Mar 24, 2014. doi:10.3109/09638237.2014.889284.

In 2000, the Department of Health for England recommended the creation of crisis resolution and home treatment teams (CRHTs) in order to reduce the number and length of psychiatric hospital admissions. Central to this was the role of gatekeeping all potential admissions. The goal of this study was to examine the interface between crisis resolution and home treatment and other mental health services. The authors concluded the CRHT model is likely to be most effective when there is low staff turnover, flexibility in inter-team working arrangements and senior practitioners have both acute and community experience. Rather than being seen primarily as gatekeeper to the acute service, it would be better to take a system approach and view the CRHT as a resource for clients awaiting discharge or seeking to avoid hospital admission that is equally available to both acute and community services.

ing the mental health and oral condition of the elderly.

Home Care Research

Richard H. Fortinsky, PhD, Elizabeth A. Madigan, PhD, RN, FAAN, T. Joseph Sheehan, PhD, Susan Tullai-McGuinness, PhD, RN, and Alison Kleppinger, MS. Risk Factors for Hospitalization in a National Sample of Medicare Home Health Care Patients. *J Appl Gerontol.* Jun 2014; 33(4): 474-493. Published online Aug 1, 2012.

doi:10.1177/0733464812454007.

Acute care hospitalization during or immediately following a Medicare home health care (HHC) episode is a major adverse outcome, but little has been published about HHC patient-level risk factors for hospitalization. The authors determined risk factors at HHC admission associated with subsequent acute care hospitalization in a nationally representative Medicare patient sample (n=374,123). Multivariate logistic

regression analysis found that the most influential risk factors (all p<.001) were: skin wound as primary HHC diagnosis; clinician-judged guarded rehabilitation prognosis; congestive heart failure as primary HHC diagnosis; presence of depressive symptoms; dyspnea severity; and Black, compared to White. HHC initiatives that minimize chronic condition exacerbations, and that actively treat depressive symptoms, might help reduce Medicare patient hospitalizations.

Member News

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 > Home Care Medical Direction.

Welcome, New Members!

The Academy would like to welcome the following new members:

AUSTRALIA

Dr. Penelope J. Webster

CALIFORNIA

David Cantin

COLORADO

Marcia Patterson, NP
Physician Housecalls, LLC

CONNECTICUT

Steven Paul Jeske, APRN

FLORIDA

Deborah Acebo
Patrick Ales, RN
Elizabeth Hedaria, ARNP
Misty Johnson, ARNP
Thomas Lampone, MD
Stephanie Martin, ARNP
Eugene Mascarenhas, MD
Dr. Patricia Glynis McEachrane-Gross
Susan Miller, MBA, ARNP

Sonja Summers, ARNP

Dr. Jonathan Ware
Scott Whittier, MD
Melissa Wright, ARNP

ILLINOIS

Munawar Kamal

INDIANA

Tammy Browning, PA
Erin Garrett, NP
Dr. David Mandelbaum
Barbara Darleen Newell, NP
Tanya Smith, PA

MICHIGAN

Frankie J. Daiek

MISSOURI

Bruce Lowrie, MD

NEW JERSEY

Lisa Desrochers
Raghuraj S. Tomar

NEW YORK

John Collins, MD
Chris Domarew, MD, PharmD, Rph
Kevin Dooley, MD
Kim Gendron, FNP, NPP
Geri Lehman, ANP-BC
Dr. Elizabeth McCormick

NORTH CAROLINA

Sean Harrison

TENNESSEE

Merry Fowler-Etling, NP

TEXAS

Elizabeth Brierre, ANP
Luz Dhindsa-Castaneda, MD
Gary Marcum

VIRGINIA

Thomas A. Shapcott, MD

Finally, the anticipated plenary session on the state of quality metrics for the field took place with Drs. Bruce Leff and Christine Ritchie discussing the challenges of creating metrics for this population of frail seniors, the current state of quality metrics for this field, and the future which will include linking policy outcomes in payment to house-call metrics.

The second day kicked off with a Home Care Medicine Policy Update featuring an overall talk on the importance of the field of home care medicine in health reform, specific updates on current Part B codes under review/possible implementation, and a talk on implications for the future. Jim Pyles, and Drs. George Taler and Linda DeCherrie participated in this session. Next was a special VA-sponsored session on caring effectively for the ventilator-dependent patient, and managing dementia at home attended by both VA and other members. An interesting session called "The Present and Future of 24/7 Care" featured sessions on the use of urgent care/monitoring at the Washington Hospital Center and use of paramedic staff at Long Island Jewish Hospital in connection with their house calls program. (They also are an IAH Demonstration site). Emergency preparedness, and bedbugs and other safety challenges were addressed in another breakout.

The final plenary session and closing session to the 2014 Annual Meeting addressed successful strategies for home care medicine with speakers covering non-profit providers, large health systems, large diversified businesses, and health plans. James Stover, CEO of University of Arizona Health Plan discussed the care coordination and value purchasing aspects of the Affordable Care Act. He then focused on the dual eligible population for the impact of care as we know that this population explains a great amount of local and na-

tional cost. Mr. Stover walked through the start up of the Healthy Together Care Partnership to manage the care of the dual eligible population and noted that the savings of the Partnership were going to repay the start up cost and then have a balance approaching one million dollars for the health plan to re-invest in the Gain Share/Performance Based Risk Partnership.

Mr. Brent Feorene, President of Colanade discussed financial viability in a not for profit model. He emphasized the importance of expense control and the impact of accurate categorization and recruitment of staff on cost. The importance of a physician champion for the program was noted and as with earlier speakers underscored the importance of developing mutually beneficial working relationships with relevant health system programs & services as well as with community based organizations to create a patient centered medical neighborhood.

Mr. Robert Sowislo, Executive with Visiting Physicians Association (VPA) based in Detroit described the organization built around physician led model and care coordination. He reviewed VPAs experience and impact of home care medicine with a Pioneer ACO and IAH. He noted that success factors included bringing your own population, post acute interventions, providing service to traditional medical practices, understanding the value of the home care medicine practice and negotiating a monthly payment per patient/health plan member to offset increased administrative and coordination expense. Mr. Sowislo added specific recommendations in operating in the Medicare Advantage and Medicaid Managed Care markets that included attention to start quality ratings, improved HEDIS (Healthcare Effectiveness Data and Information Set) scores and again payment for the additional care coordi-

ination that is necessary for success in managing high risk and dual eligible populations.

Dr. Kristopher Smith of North Shore Long Island Jewish Health System and director of the house calls program reviewed the payment models driving demand for home care medicine from fee-for-service to pay-for-performance and quality. He described the impact of the program on care coordination/medical reconciliation and admissions abatement. He then moved onto how to define one's product and its cost and to determine how your product will solve a problem or help your health system make money today or in the future. Dr. Smith noted the importance of having allies in the system and then to develop one's sales message. He closed by saying the model was one of advanced illness management that included medical management for patients with multiple chronic illnesses and functional impairment and described the attributes of the model such as palliative care focus, high quality care transitions, admission abatement and death at home. This session providing the perspective from four different settings rewarded attendees who stayed through the meeting's end with important clinical, financial and marketing takeaways for program success.

AAHCM's Annual Meeting Just Gets Better Every Year!

Save the Date!
2015 AAHCM Annual Meeting
May, 2015
National Harbor, MD

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.

2014 Membership Fees*

Physicians	\$195	Affiliate (home care agency employee)	\$195
Groups (MD, NP, PA or combination)	Custom**	Practice Administrators	\$195
Associate (NPs, PAs, RNs)	\$115	Corporate Sponsor Membership	\$2,750
Residents/Students	\$75	*For international membership, add \$15	
**Special discounts and flat rate options available - call 410-676-7966			

2014 Membership Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Make checks payable to: _____ E-mail: _____

American Academy of Home Care Medicine
P.O. Box 1037 • Edgewood, MD 21040-0337
Phone: (410) 676-7966 • Fax: (410) 676-7980
www.aahcm.org

New membership Renewing membership

Please state your area of expertise or specialty: _____