2015 AAHCM Annual Meeting Invitation Enclosed

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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...

AAHCM Business Roundtable What is it? How can it help you?

By Constance F. Row, LFACHE, Executive Director

There is something new under the sun at the Academy, a "Business Roundtable." This new initiative, formed from among some of the larger practices/businesses who are members of the Academy represents an exciting development for Academy members and the field of home care medicine. Managed Care Organizations, insurers, clinical testing companies, other businesses may want YOU, and be willing to pay you competitively for providing services. The services may include longitudinal primary care to a given group of home-limited patients, but they may also be more specific services (assessments, medication administration, etc.) for specific projects they have in mind.

The business roundtable is designed to do something the Academy has no mechanism to help with now- connecting individual Academy members with national companies who want national networks of providers, not just those in one or two geographic areas, and are willing to pay for your participation.

How will this happen?

- The Academy will act as an information and referral service for national contracts brought to the attention of the Business Roundtable. We will let you know the details of the opportunity through the eNewsletter, *Frontiers*, and a special section of our website, as Business Roundtable opportunities arise.
- You can evaluate the fit between the opportunity and your practice/organization and get back in touch with the offerer if you desire.
- Business/practice services will also be profiled for the benefit of our members.

Some obvious caveats. The Academy can-

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AAHCM

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What's New, What We Are Working on For You, and See You at May Annual Meeting!

By Gary Swartz, JD, MPA, Associate Executive Director

What's New

Resolution of the Sustainable Growth Rate (SGR) Issue - Congress, at the time of this article, had not yet resolved the SGR issue for the remainder of this year or on a more permanent basis. The Medicare Conversion Factor of $35.7547 remains in effect through the end of March. The Academy joins with other medical organizations in advocating for a permanent fix to the SGR issue. We will let you know of developments as soon as we are aware.

Supreme Court Decision King vs. Burwell - The Supreme Court in March will hear arguments in the case of King vs. Burwell that centers on whether subsidies to federally operated exchanges were permitted under the Affordable Care Act (ACA). A finding that subsidies are not permitted to the federal exchanges, based on reading of the ACA, this could lead to a finding that this area of the ACA is unconstitutional. Given the economic nexus of the subsidies to the exchanges (to the insurance market and the purpose of the ACA overall), the ACA itself could be found unconstitutional. While Academy members may not currently see patients directly impacted by the exchanges there are provisions in the ACA that impact Academy members. These include the requirement that health plans not exclude patients based on health status and the ACA was also the source of the Independence at Home Act. A Supreme Court decision in the case is expected to be announced in June.

What We Are Working on For You

Risk Adjusted Payment Model - The Academy continues to work on improving payment models to accurately project the cost of the high risk population that explains half of Medicare cost. This population is characterized by multiple chronic diseases, is home limited due to functional limitations, and reflects recent utilization of services. This reflects a material portion of Academy member patient population. There is also growing literature that the cost of this patient population is similar across the country even though the cost of care for the average Medicare beneficiary may vary greatly around the country. Academy work on this topic is important to protect your practice, particularly as you will be compared to providers within specialty who practice in other settings with patient populations that are much less sick and much less at risk. Current risk adjustment methodologies have shown to underestimate projected cost for a high risk (IAH like) housecalls population. The Academy goal is to impact payment models that will benefit Academy members in shared savings programs such as ACOs, in Medicare Advantage, Medicaid managed care, and in broad based approaches to evaluate performance such as the Medicare Value Based Payment Modifier. We look forward to discussing this topic and its growing importance with you at the Annual Meeting.

Chronic Care Management Service (CCM) - CPT 99490 - CCM became effective in January and resources regarding coverage, documentation and payment are available on the Academy site. Additionally, we will continue to provide you with updates in terms of use including CMS instructions to its contractors

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The Sea Continues to Rise

by Thomas Cornwell, MD, President

The theme of my Presidency has been that we can accomplish much more working together. Whether it is phrased, "Many hands make the load light," or "A rising sea lifts all boats," the point is, we are stronger in numbers. There have been many recent examples of this for which I am immensely grateful.

- A successful $25,000 matching gift campaign: I am thankful to the Home Centered Care Institute for their $25,000 matching gift and to our board and membership who helped us reach our goal. The $50,000 raised makes a big difference and covers 10% of our budget.
- An incredibly effective Public Policy Committee led by Bob Sowislo: We have developed relationships at the highest levels at CMS and in Congress. We have successfully communicated the value of home care medicine. The Independence at Home work continues to move forward. We now have Chronic Care Management codes which for the first time acknowledge all the work we do outside of patient visits. We are working on payments for Advance Care Planning codes. There are so many changes going on with health care in Washington DC and the Academy's Public Policy Committee makes sure house calls are on the radar with every new policy. We have your back and continue to fight for you.
- An exciting Annual Meeting Committee: This group of 18 individuals has been working tirelessly for the past seven months to bring you another stellar meeting. There will be an outstanding combination of national leaders in palliative care, public policy and the health care industry along with in the trenches clinical and practice management leaders to provide you with a wealth of information. Networking opportunities will abound being topped off with the all member reception. Sponsors are being targeted that you will value and help you be successful in your work. We are immensely grateful to our Platinum Sponsors including the Home Centered Care Institute, Kindred Healthcare and U.S. Medical Management/VPA.
- An Awards Committee for the first time chaired by a nurse practitioner, Barb Sutton.
- Increased Veterans Administration involvement in our Academy and at our Annual Meeting led by Dr. Robert Kaiser.

All the great home care medicine done by our members that is of greatest value in getting the sea to rise.

These are exciting times. Home Care Medicine's time has come!

Please help the sea to rise further by joining us at the AAHCM Annual Meeting in May. Dr. Tom Lally, founder of Physician Housecalls and 2014 House Call Doctor of the Year described how valuable the meeting is to him, "Despite the commitment of time and money, the AAHCM annual meeting is the most important meeting I attend all year. The knowledge, resources and colleagues that I have gained have been instrumental in the development of my practice. I view my membership and the annual meetings as essential elements in delivering quality home based care. My support for both cannot be overstated!"

Thomas Cornwell, MD

AAHCM Business Roundtable

Continued from page 1

not "vet" these opportunities or tell you whether they represent a good fit for your practice. The Academy is not in the business of endorsements. That part must be up to you. Obviously, not every opportunity will be a fit for everyone. But at least you will have a choice.

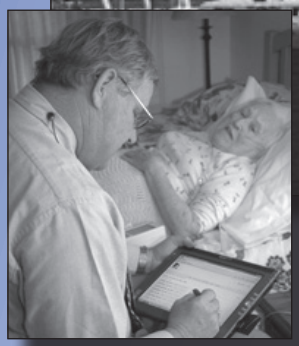
Founding members of the Roundtable include: Julia Jung, CPA, House Call Doctors, Dr. William Mills, Kindred Healthcare, and Robert Sowislo, U.S. Medical Management/VPA.

For more information about the Business Roundtable, contact Gary Swartz, Associate Executive Director at 410-676-7966 or gary.swartz@aahcm.org.

Watch out for the Business Roundtable opportunities in the eNewsletter, *Frontiers*, and the Academy website.

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
- Value-Based Purchasing Program
- Building the Effective Home Care Neighborhood
- Building Effective Palliative Models of Care
- Networking reception

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

Earn CME Credits!

Thursday: 7.5 CME credits

Friday: 5.0 CME credits

Accreditation: The American Geriatrics Society is accredited by the Accreditation Council for Continuing Medical Education (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.

Interview with Dr. Kristofer L. Smith, Vice President and Medical Director of Care Solutions North Shore/LIJ Health System, Manhasset, NY

by Constance F. Row, LFACHE, Executive Director

Dr. Kristofer L. Smith

A long-time member of the Academy, we first met Dr. Smith when he was part of the Mount Sinai Visiting Doctors Program, New York, where he helped lead efforts to produce the first tailored patient satisfaction survey as well as early quality measures for home based primary care. Dr. Smith went to North Shore/LIJ where he became the medical director of a large home based primary care program, which was chosen as one of the Independence at Home Demonstration sites. As a result of this work with high-risk community dwelling seniors he was recently promoted to lead the build of the health system's care management organization, which is responsible for the execution and performance of new value based payment programs. We thank him for giving time for this interview.

Tell us about North Short/LIJ. We keep hearing about its growth. What is its current focus?
North Shore/LIJ is one of the largest health systems in the country, at almost $8 billion in revenue and with 19 hospitals. The health system spans three counties and all five boroughs in New York City. The health system owns three nursing homes, an ambulance service, air emergency transport service, a home care agency, an infusion company, and a hospice agency. The system employs 2600 physicians, and recently launched an insurance company to take advantage of the new Federal exchanges.

The health system has acquired and built these clinical enterprises and then integrated them into a coordinated delivery system. The health system is currently working to leverage this full continuum of services to move from volume towards value-based care.

Tell us about your role in the system;
I am Vice President and Medical Director for Care Solutions, the health system's care management organization. Our team of clinicians and administrators are responsible for health system performance in Federal, state and commercial risk-bearing programs including IAH, but many others. The Care Solutions strategy is to activate and support our front-line clinicians in the care of our at-risk patients and to build or scale programs necessary in the new world of value-base care. Our efforts are highly respectful of existing patient-clinician relationships and seek to support and engage patients and providers at the point of care.

An important facet of my role is as a "chief interpretation officer". I occupy a space between the clinical, contracting, finance and operations teams, working to help each group understand the opportunities and challenges of the changing payment landscape. The job requires me to be respectfully disruptive of business as usual. It is essential to understand the financial dynamics at play in the change from fee-for-service to risk, and to articulate the value proposition for various programs. But I also have to balance the needs of these programs and the basic businesses of the health system. For example, growing a house calls program too quickly can erode the fee-for-service revenue base, leaving my health system unable to subsidize the growth of the program. In addition to navigating the complex political waters of payment reform, the job requires the development of new competencies including - targeting and engaging patients, deploying resources, measuring results, etc. Finally, I continue to practice medicine in our house calls program. Being active clinically with vulnerable patients reminds why we are pursuing such fundamental changes in health care and allows me to understand the landscape of my health care market.

Where do house calls fit into health systems like yours that take a population health approach?
I believe we need to change our messaging. We need to frame home care medicine as a part of the population health landscape. Every high-quality house calls program has become experts at the management of high risk patients. We need to stop thinking of ourselves as community benefit programs or peripheral to the march towards value. Our value in the ability to manage high risk should be central to every health system or group practice that is moving from volume to value.

Providers should frame themselves as taking care of high risk patients, capable of keeping patients at home and bringing new a market share to their partners. I am opposed to members just

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Member News

Dr. Thomas Cornwell, AAHCM President, has been chosen to receive the second Arnold P. Gold Foundation Humanism in Medicine Award at the American Geriatrics Society 2015 Annual Scientific Meeting. This award is intended to honor a practicing physician who best demonstrates the ideals of compassionate and respectful care for a patient's physical and emotional well-being. The awardee will have the following qualities: demonstrated compassion and empathy in the delivery of patient care, displays competence in scientific endeavors, shows respect for patients, families and co-workers, demonstrates cultural sensitivity in working with patients and family members of diverse backgrounds, displays effective, empathic communication and listening skills, understands a patient's need for interpretation of complex medical diagnoses and treatments and makes an effort to ensure patient comprehension, understands and shows respect for the patient's viewpoint, is sensitive to the patient's psychological well-being; and identifies emotional concerns of patients and family members, engenders trust and confidence. On behalf of the AAHCM, congratulations to Dr. Cornwell.

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:

ALABAMA
Durinda N. Warren

ARIZONA
Dr. Matthew Skinner
Murali Talluri, MD

CALIFORNIA
Dr. Maureen Dudgeon
Priti Modi, MD
Ron Ordona, NP
Jerrod Stacy

COLORADO
Michele Severson

DISTRICT OF COLUMBIA
Dayna Cooper
Dr. Peter Curran
Nadine Hailu, LPN
Gretchen Nordstrom, LICSW
Kathryn Rackson, MD
Mechthild Sullivan, CRNP

FLORIDA
Jim Hancock

GEORGIA
Rhonda Ballinger

ILLINOIS
Tammy Timm

KANSAS
Jessica Nichols, NP

MARYLAND
Deborah Pyles

MASSACHUSETTS
Henry Gravel, MD, FACEP
John Stively, MD
Richard Weiner, MD

MICHIGAN
Joe D'Aiuto

MINNESOTA
Dr. Abigail Holley

NEW JERSEY
Perry Goldenberg, DPM

NEW MEXICO
Leandro Centenera, MD

NEW YORK
Dr. Marie Aydelotte
Concia Mendoza, MD
Orlando Segarra, FNP
Dr. Ania Wajnberg

OKLAHOMA
Joe Witten, DO

OREGON
Kim Magness
Pamela Miner, MD
Kirk Porter, LCSW
Mary Sayre, RN

PENNSYLVANIA
Louisa Miceli

TEXAS
Dr. Gail Contreras
Penney Hughes
Weaver McClure
Sabrina Miller, APRN
Roseline Onwuelezi, FNP
Edgar Santiago

VIRGINIA
Heidi Gehman

Innovative Income Opportunity for **HOUSECALL** Physicians!

Visiting Physicians Association (VPA) has partnered with **Novartis**, a worldwide pharmaceutical company, to provide First Dose Observations (FDO) for a drug treatment protocol. This is not a clinical trial, this drug is fully FDA approved and has been prescribed to over 100,000 patients worldwide. This is a one time visit, and does not require ongoing patient management.

VPA would like to extend this opportunity to the national community of housecall physicians. Your expertise in managing patient care in the home environment will be a tremendous asset to this patient population.

VPA
Visiting Physicians Association®
Bringing Integrated Health Care Home®

WE PROVIDE:

- Full malpractice coverage with $1mm/$3mm limits
- Trained Medical Assistant to support you in the home or compensation for your existing Medical Assistant to support you in the home
- All required supplies
- ACLS training & certification if needed (ACLS required)
- Paid training on the FDO protocols

BENEFITS:

- **ENHANCED INCOME**
  Earn $1000-$1200 per FDO completed
- **INNOVATIVE IN-HOME CARE MODEL**
  Be at the forefront in expanding industry awareness of the service capabilities of housecall medicine
- **LONG TERM OPPORTUNITY**
  Multi—year contract. Become exclusive provider for your territory
- **FLEXIBILITY**
  Appointments can accommodate your current schedule
- **PRACTICE OPPORTUNITIES**
  Take your practice to new levels as leading-edge housecall medicine providers

For more information contact Amber Shaya: 248-824-6020
Email: FDO@visitingphysicians.com

Update of the Home Care Literature:
January - February 2015

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

Fariba Ghodsbin, MSc, Zahra Sharif Ahmadi, BS, Iran Jahanbin, MSc, and Farkhondeh Sharif, PhD. The Effects of Laughter Therapy on General Health of Elderly People Referring to Jahandidegan Community Center in Shiraz, Iran, 2014: A Randomized Controlled Trial. Int J Community Based Nurs Midwifery. Jan 2015; 3(1): 31-38. PMCID: PMC4280555.

The aim of this a randomized controlled trial with 72 senior citizens enrolled (aged 60 and over) was to investigate the effect of laughter therapy program on public health of senior citizens. The participants were assigned into experimental (N=36) and control (N=36) groups. Data were collected using General Health Questionnaire (GHQ-28) and demographic questionnaire. The participants of experimental group attended a laughter therapy program consisting of two 90-minute sessions per week lasting for 6 weeks. The conclusion of this study was that laughter therapy can improve general health and its subscales in elderly people.

Home Care Research

Chih-Yuan Huang, Yeh-Ting Hung, Chun-Ming Chang, Shiun-Yang Juang, and Ching-Chih Lee. The Association between Individual Income and Aggressive End-of-Life Treatment in Older Cancer Decedents in Taiwan. PLoS One. 2015; 10(1): e0116913. Published online Jan 13, 2015. doi: 10.1371/journal.pone.0116913.

The objective of this Retrospective cohort study was to examine the association of individual income and end of life (EOL) care in older cancer decedents in Taiwan. Participants were 28,978 decedents › 65 years were diagnosed with cancer and died during 2009-2011 in Taiwan. Of these decedents, 10941, 16535, and 1502 were categorized by individual income as having low, moderate, and high SES, respectively. The authors concluded that low individual income

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Article of the Month

Quality of Care

Marta Muszalik, Tomasz Kornatowski, Halina Zielińska-Więczkowska, Kornelia Kędziora-Kornatowska, and Ate Dijkstra. Functional assessment of geriatric patients in regard to health-related quality of life (HRQoL). Clin Interv Aging. 2015; 10: 61-67. Published online Dec 19, 2014. doi: 10.2147/CIA.S72825

The main aim of this research was to evaluate general health, functioning, and performance parameters, as well as care problems of Geriatric Clinic inpatients in relation to deficits in fulfilling needs. The assessment of health-related quality of life was also performed.

The results showed that the majority of respondents achieved high and medium levels of functional capability. The most significant problems were related to sleep disorders, restrictions in freedom of movement, loss of vital energy, and ailments resulting in the observable presence of pain. The authors concluded that good daily functioning of elderly patients significantly depended on their intellectual and mental efficiency. Elderly patients require a comprehensive, holistic approach to a variety of problems that occur with aging.

VA Perspectives: An Ideal Platform for Interprofessional Education

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

HBPC has the potential to bring professionals-in-training at the VA together in one clinical setting to learn the fundamental aspects of team-based care.

The VA Home Based Primary Care (HBPC) program is structured first and foremost as an interprofessional clinical enterprise, one in which nurses, physicians, social workers, physical therapists, psychologists, dieticians, and pharmacists all collaborate in the care of patients. The HBPC program is uniquely positioned to provide an ideal platform, not only for interprofessional care, but also for interprofessional education. Since the post World-War II era, the VA has a proud and longstanding history of serving as a training site for health care professionals, and this tradition has continued up until the present. HBPC has the potential to bring professionals-in-training at the VA together in one clinical setting to learn the fundamental aspects of team-based care.

Trainees are, not surprisingly, most often assigned to work with an HBPC team member of their own professional discipline. Nurses make home visits with nurses, physicians with physicians, social workers with social workers, and so on. This is to be expected in a professional world in which trainees must learn and master a very specialized field of knowledge, in order to become a recognized expert and an individual success. Even in such a system, trainees still have the opportunity and need to collaborate in an interprofessional fashion, particularly when clinical decision-making calls for leveraging the expertise of multiple professionals. This arrangement is understandable but not optimal. The challenge is to construct a better educational experience in which professionals-in-training can learn from each other - preferably at the same time, in the same place.

This is both an educational and a logistical challenge. The HBPC Team consists of seven different disciplines. Coordinating the schedules of seven training programs is a daunting, seemingly unrealistic, proposition, and all the disciplines may not be rotating through the HBPC program at the same time. A daunting proposition is not necessarily an impossible one, and if an educational experience were to be conceived in a way that would be seen as attractive and essential by training program directors, gathering trainees together at the same time would then quickly become popular and less problematic. Learning together would be seen as the norm, not as an aberration.

So, then, what type of educational experience might pass muster? Here is one place to begin. There is one day each week when all the disciplines of the HBPC Team meet together: the interdisciplinary team meeting. Ninety-day reviews are conducted and patients not on the schedule may be discussed if there are pressing issues that need to be addressed. Each professional offers his or her assessment of each patient's status. Problems are discussed, possible solutions are considered, and interdisciplinary care plans are written and implemented. The IDT is a real-world setting for interdisciplinary collaboration, one in which trainees could take charge, readily learn professional roles, team dynamics, and how to listen, communicate, and work successfully as a member of a team and solve problems with each other. The myriad of relevant problems dealt with by HBPC clinicians - medical, psychological, social, and functional - would be part of these discussions and provide a rich context for clinical education and the mastery of interprofessional skills.

HBPC is a program with great educational promise, one which could be used to provide clinical instruction on team-based care to the many trainees who continue to rely on the VA Healthcare System for their professional training. It has a potential which is full of possibility.

Update of the Home Care Lit.
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was associated with more aggressive EOL treatment. The major source of aggressiveness was the tendency for older decedents with low income to die in the acute care hospital. The indicators had an increasing trend from 2009 to 2011, except for hospital stay › 14 days. Public health providers should make available appropriate education and hospice resources to these decedents and their families, to reduce the amount of aggressive terminal care such decedents receive.

What's New, What We Are Working on For You

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regarding interpretation of code description, scope of services requirements and adjudication of claims for the service.

Independence at Home (IAH) - The Academy and participating practices were working at the time of this Article to obtain the long awaited release of Demonstration results. We will also work to assure that the results are provided to Congress. The Demonstration language was for a three year demonstration to end on May 31, 2015. Absent expansion legislation the IAH Demonstration would then conclude. The good news is that there is indication that IAH will be one of the most successful of the Medicare Demonstrations and that participant performance has been noticed through levels of CMS.

Annual Meeting

Annual Meeting - The Academy Annual Meeting Planning Committee has done another remarkable job in arranging an outstanding program for this year's Annual Meeting May 14-15 in National Harbor, MD. The range of topics and invited speakers as well as exhibit and networking opportunities will be at a broad and high level. Keynote speakers include Sean Cavanaugh Director of Medicare Services and Diane Meier, MD, Director of Palliative Care Center, Mt. Sinai. The Annual Meeting is highlighted elsewhere in this *Frontiers*. You should register now to take advantage of the early bird rate and to assure that you do not miss out on attendance as the Meeting will sell out.

Interview with Dr. Kristofer L. Smith

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doing transitional care, as patients with chronic illnesses in an advanced state never stop needing high intensity care models. Value based delivery systems need admission abatement programs and that means longitudinal home care medicine. Finally members should not just approach hospitals, but IPA's as many are pursuing Medicare Shared Savings Programs, where management of high cost patients will be essential to clinical and financial success.

In addition to Internal Medicine, I am also boarded in hospice and palliative care. Having palliative care explicitly a part of the delivery model will help engage with payers as many payers understand the data validating the impact of palliative care models. Furthermore all home care medicine programs, by the simple fact that 20-30% of the patient panels die annually must have palliative care integrated into the service model. To ignore this reality and defer until a patient is in hospice would be to miss an enormous opportunity to bring dignity and comfort to our patients.

AAHCM Forum Launched

Dear AAHCM Members:

This summer, one of the requests from the membership was for improvement of the current list-serv. Thanks to the generosity of Dr. Erik Gulbrandsen who has worked with AAHCM staff, we are pleased to announce that the new AAHCM Forum is live and ready for you to use!

How do I log in? Some AAHCM members established usernames and passwords while the Forum was being tested, if you are one of those members, simply go to aahcmforum.org (bookmark this page!) and log in. If you did not set up your own username and password, don't worry the Academy has done that for you. Go to aahcmforum.org > click log in > enter your email address > enter "password1". Once you are logged in you can update your profile and subscription to the forum. If you are still having problems logging in to the new forum contact Audrey McDonough at audrey.mcdonough@aahcm.org.

Do I have to log in to see messages? No, each user will receive a once weekly digest of new discussions, however, if there is a topic that you are interested in you can "watch" that thread and receive daily notifications if something new is posted.

Do I have to log in to reply to messages? Yes, a forum is different than our old list-serv in that way. In order to post new topics or reply to posts simply go to aahcmforum.org > log in > and reply. Simple!

What will happen to all the messages on the old list-serv? For now, nothing. The Academy will maintain the old list-serv for the time being, we hope that we can start to archive some of those old discussions on the new forum manually this summer.

Are there rules about what types of messages I can post? Yes, all the rules of usage are at http://homecareforum.org/index.php?help/terms. These rules include what we do and do not allow on the forum, discussion group etiquette, and legal notes and disclaimers.

Still have questions? Email the Academy at aahcm@aahcm.org.

We at the Academy are always looking for new ways to enhance your membership experience. We look forward to ALL of our members using and enjoying the new forum.

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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: _____

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

Email: _____

Make checks payable to:
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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: _____