



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...

**Mindy Fain, MD,
Assumes the Presidency
of AAHCM**

PAGE 1

President's Message

Thanks to All Who Have
Helped the Sea to Rise!

PAGE 3

**VA Home-Based Primary
Care**

VA Perspectives: "If I Could
Change One Thing in HBPC, I
Would..."

PAGE 4

Evidence-Based Care

Update of the Home Care
Literature: September–October
2015

PAGE 6

**2015 Was a Year
of Challenges and
Opportunities for Home
Care Medicine**

PAGE 8

**Register Now for
AAHCM's 2016 Annual
Meeting**

PAGE 10

Dr. Mindy Fain Assumes the Presidency of AAHCM

Thomas Cornwell, MD, AAHCM Immediate Past President

I am excited to introduce you to our outstanding new president, Mindy Fain, MD. I have had the privilege of working with Dr. Fain over the past two years in her role as president-elect. We have had weekly conference calls with AAHCM's executive director, navigating all the opportunities and challenges of healthcare reform and advancing home care medicine nationally. Dr. Fain is ready to take over running the Academy. I would like to tell you a little about our fabulous new president.

Dr. Fain is a geriatrician and palliative care physician wholly passionate about home care medicine. She is a faculty member at the University of Arizona, where she is the Anne and Alden Hart Professor of Medicine and division chief of geriatrics, general internal medicine, and palliative medicine and codirector of the Arizona Center on Aging. For more than 25 years she was the medical director of the Home-Based Primary Care Program at the Southern Arizona VA Healthcare System, where she provided care in the home for older veterans with advancing chronic illness

and their families as part of an interdisciplinary healthcare team. While medical director she also built and directed a comprehensive telehealth program to care for veterans with comorbid conditions. During this time she also became an inaugural member of the American Academy of Home Care Physicians.

Dr. Fain is currently the medical director of Healthy Together Care Partnership, a home-based team program she developed in partnership with the University of Arizona Health Plans to provide primary care and care coordination for vulnerable, dual-eligible beneficiaries. More recently she partnered with Banner Health System, the Legacy Foundation of Sierra Vista, and the



Mindy Fain, MD

continued on page 2

AAHCM

8735 W. Higgins Road, Ste. 300
Chicago, IL 60631-2738
Phone: 847.375.4719
Fax: 847.375.6395
Email: info@aahcm.org
Website: www.aahcm.org

President

Mindy Fain, MD

Immediate Past President

Thomas Cornwell, MD FAAFP

President-Elect

Eric DeJonge, MD

Treasurer

Brent T. Feorene, MBA

Secretary

Jean Yudin, MSN RN CS

Executive Director

Suzanne Simons, MS

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 © 2015 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: info@aahcm.org.

Advertising is accepted. Contact Julie Ichiba at 847.375.3697 or jichiba@aahcm.org

Home Centered Care Institute (HCCI) to develop and implement a home-based primary care pilot program for high-risk/high-cost homebound older Arizonans in rural Cochise/Santa Cruz counties, testing the role of telehealth in remote areas. She leads two statewide educational grants: the Arizona Geriatric Workforce Education Program, a federally funded geriatric program to train health professionals and care partners across the state to promote excellence in the care of vulnerable seniors, and the Arizona Reynolds Program of Applied Geriatrics, a physician training program funded by the Donald W. Reynolds Foundation to improve the care of frail, older adults.

In 2003 Dr. Fain was named a Local Legend from Arizona, and she served as a member of former Representative Gabby Giffords' Senior and Aging Issue Advisory Council. Recently she was a board member of University of Arizona Health Network, and she chaired the board's Quality and Safety Committee. She currently serves on the American Board of Internal Medicine (ABIM) Geriatric Medicine Board and is a member of the National Institute on Aging Behavior and Social Science of Aging Review panel. Her research areas of interest are frailty and high-value models of care for vulnerable populations.

Dr. Fain has been a collaborative national leader and looks forward to bringing her collaborative experience and vision to the Academy. I think you can see we are fortunate to have Dr. Mindy Fain as our new president. She brings a wealth of experience and passion to her role. In addition to being president-elect for the past two years, Mindy has also co-chaired our Annual Meeting Committee and the committee that developed the Home Care Medicine Core Competencies. She is extremely energetic and looks forward to working with our new management team at Association Management Center to take AAHCM to the next level. ■

Addus HomeCare

For When There's Not a Doctor in the House

Addus has been delivering activities of daily living support to seniors and people with disabilities for over 35 years.

Learn more about us and our Dual Advantage® model by visiting www.addus.com.

130 locations in 22 states

888-233-8746

 Addus HomeCare
Serving Families at Home Since 1979

Thanks to All Who Have Helped the Sea to Rise!



Thomas Cornwell, MD, Immediate Past President

October 18th marked the end of an exciting two years serving as your president. The theme of my presidency has been “a rising sea carries all boats.” This happens through many hands working together. Over the past two years, the sea of home care medicine has risen in remarkable ways. Below are some “rising the sea” successes and a few of the people I am so thankful for as they helped make it happen.

Millions of house calls made by our members with support from interdisciplinary team members improved the quality of life for home-limited patients and their caregivers.

- The number of house calls continues to rise.
- 2014 saw our name change from the American Academy of Home Care Physicians to the American Academy of Home Care Medicine to reflect the importance of all house call providers, the interdisciplinary team, and all who support “raising the sea.”
- Numerous press articles were published about our members describing the value of home care medicine.

Outstanding Annual Meetings and education met our members' needs for evidence-based resources and lifelong learning.

- Bob Sowislo and Drs. Mindy Fain, Eric DeJonge, Steve Landers, and Bill Mills demonstrated exceptional

leadership on the annual meeting committees. We thank them and all committee members for their contributions.

- Thanks to Bob Sowislo and the Sponsorship Committee, as sponsorship during the past three years increased from \$49,000 to \$124,000 to \$225,000.
- Drs. Mindy Fain and Deon Cox-Haley led the development of Home Care Medicine Clinical Competencies, which will help direct our educational efforts.
- Drs. Bruce Leff and Jen Hayashi and a number of outstanding contributors developed the first textbook for home care medicine, *Geriatric Home-Based Medical Care: Principles and Practice*, forthcoming in 2016 from Springer.

The Independence at Home Medicare demonstration could become the most successful Medicare demonstration ever.

- The first-year results include \$25 million in total savings and \$3,070 in savings per beneficiary. Second-year results are expected in November 2015 with even more impressive results.
- A two-year IAH demonstration extension was approved by unanimous consent in both the Senate and the House of Representatives and was signed by President Obama.
- A successful IAH Learning Collaborative, supported through

grants from the Retirement Research Foundation and the Commonwealth Foundation, was held. Knowledge gained will be published soon and made available to our members.

- Thank you to all the practices involved in this encouraging demonstration project, to all on the public policy committee and Jim Pyles and Peggy Tighe for their work on Capitol Hill, and to our congressional champions, including Senators Markey and Wyden and Representatives Mike Thompson, Peter Roskam, and Michael Burgess.

Peer-reviewed journal articles help advance the field and raise the sea.

- The evidence base supporting the work we do is growing. Thanks to all who have published, including Drs. Tom Edes, Bruce Kinosian, Eric DeJonge, George Taler, and colleagues at MedStar Washington Hospital Center; Theresa Soriano, Linda DeCherrie, Cameron Hernandez, and colleagues at Mount Sinai; Bruce Leff and Christine Ritchie; and all others who have contributed to the science behind our work.

A remarkable board of directors continued working hard to ensure AAHCM grows and strategically evolves to meet our members' needs.

- The past two years saw the departure of three “founding fathers” of

continued on page 5

“If I Could Change One Thing in HBPC, I Would...”

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

This month's VA Perspectives column contains a talk given during the January 2015 HBPC Medical Directors' National Conference Call. A new regular feature has been added this year, “If I Could Change One Thing in HBPC, I Would...” HBPC medical directors are invited to speak about one thing they would change in the VA Home Based Primary Care program, if given the opportunity.

Caring for Minds and Spirits (January 2015)

by Jon Fuller, MD, Deputy ACOS, Geriatrics & Extended Care, Medical Director, Home Based Primary Care, VA Palo Alto Health Care System, Clinical Associate Professor of Medicine, Stanford University School of Medicine

Thank you for the opportunity to engage in this new feature for the call. I have seriously contemplated what to address in my choice. I've thought of nearly a billion things I'd like to see changed in HBPC, ranging from very concrete items to more contemplative ones. I have chosen a more contemplative item, perhaps because of proximity to the holidays. I think it will surprise you and, I hope, stimulate your own reflection on our unique HBPC program and the value it holds not only for our veterans but also for ourselves.

If I could change one thing about HBPC, I would add a robust volunteer program. I believe the single most important thing we offer patients is relationships. More important than a blood pressure, an antihypertensive, an INR, an EKG, or a progress note is the human touch, an inquiry about their child or grandchild—or even

the dog or cat—or any of the comforting, empathetic things we do or say to help them cope with the many losses they've experienced, whether of a spouse; a family member; a friend; a pet; their sight; their hearing; a limb; their memory; or their ability to drive, ambulate, or live independently.

It is these things we provide that are not measured in a performance measure or an External Peer Review Program score or by The Joint Commission or a CAP-OIG. And by *volunteer program*, I mean one that is organized and structured to focus on the social aspects of our patients—to establish friendships that are often lost with the isolation our patients experience: to read for the blind, to reminisce about the “good ole days,” to complain about the kids these days, to share the confusion with new technology, to shop for groceries, to be concerned about what is in the refrigerator, to argue about current politics, to supplement the fading memory, to assist with the bath or the transfer to bed, to remember that the underwear goes on before the pants and the socks before the shoes, and, at times, to just sit and cry with the caregiver.

This is what I see is the undervalued and priceless service our providers

offer. It is these stories I hear during team meetings that just mesmerize me when I think about the human condition and how we transit this universe. Centuries of life are represented in our team meetings, and this life is passing before our eyes. I want to prioritize caring for our patients' minds and spirits as we are also caring for their bodies.

I would like to see a social review of every patient, perhaps an isolation quotient or a loneliness measure, and an intervention in the care plan. It is said that 40% of one's health is shaped by socioeconomic factors and 20% by clinical care. I would like to see a prioritization of assessing and augmenting those factors. And for good measure, I'd like to see incorporation of the Veteran History Project as a standard element for every volunteer program incorporated into the HBPC program.

These relationships make a difference in our patients' lives and make a lasting impression on our lives. It is the Theresas, Davids, Toms, Deborahs, Peggys, Susans, Cynthias, Sophias, Darlenes, and Daynas that make the world go 'round.

So this is what I would like to see—if I could only change one thing for HBPC. ■

President's Message

continued from page 3

the modern home care movement: Drs. Bayne, Boling, and Taler.

- The past two years also saw the addition of remarkable new board members, Drs. Bruce Kinoshian, Bill Mills, and Theresa Soriano, as well as Barb Sutton, APN-BC, and Linnea Nagel, PA-C.

A successful transition to Association Management Center

- Thanks to outgoing executive director Connie Row and her team for their help with the transition.
- Thanks to our new executive director, Suzanne Simons, and AMC for

their remarkable efforts during the transition.

It was an incredible honor to follow in the footsteps of AAHCM's two past presidents, Dr. Tom Edes, the Director of Geriatrics and Extended Care for the Veterans Administration, and Dr. Bruce Leff, Professor of Medicine at Johns Hopkins University and Director of the Center on Aging and Health. I am extremely excited about the Academy's future under the leadership of our new president, Dr. Mindy Fain, Division Chief Geriatrics, General Internal Medicine & Palliative Care at University of Arizona College

of Medicine and President-Elect Dr. Eric DeJonge, Director of Geriatrics and cofounder of the Medical House Call Program at MedStar Washington Hospital Center.

With Dr. Fain's leadership, the incredible resources of Association Management Center, and the remarkable home care medicine provided by Academy members, I am certain the sea is going to continue to rise exponentially. Working together, we will continue to dramatically improve the healthcare landscape for the sickest and costliest patients in our society. ■

Meet Your New AAHCM Professional Team



Suzanne Simons, MS
Executive Director



Molly Hewitt
Education Manager



Elizabeth Sherman
Director of Marketing and Communications



Marie Buerger
Finance Manager



Julie Ichiba
Senior Professional Relations & Development Manager



Sarah Tiwana
Operations Coordinator



Amy Haberman
Marketing Coordinator



Emily Maxwell
Member Services Specialist

Gary Swartz, JD MPA
Associate Executive Director for Public Policy and Practice Management



**Dawn Herman, MBA
BSN RN CEN**
Director of Professional Education



Chai Pagulayan
Education Administrator

Update of the Home Care Literature: September–October 2015

By Galina Khemlina, MD, University of California, San Diego, Department of Geriatrics

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 not set in stone. Readers are encouraged to submit articles or topics that may have been missed.

Assessment

Takehiko Doi, Hiroyuki Shimada, Hyuma Makizako, Kota Tsutsumimoto, Ryo Hotta, Sho Nakakubo, & Takao

Suzuki. Insulin-Like Growth Factor-1 Related to Disability Among Older Adults. *J Gerontol A Biol Sci Med Sci*. 2015 Sep 30. doi: 10.1093/geron/ glv167.

Disability is a crucial health problem for aging adults. Identifying a biological contributory factor would be useful. Serum insulin-like growth factor-1 (IGF-1) plays an important role in the endocrine system and is associated with frailty. However, there is no consensus about the relationship between IGF-1 and disability. This study, which included 4,133 older adults (mean age, 71.8 ± 5.4 years), aimed to examine whether IGF-1 was related to incident disability among older adults. In the analysis, stratified by sex, there was significant relationship

between IGF-1 and disability among women but not among men. The authors concluded that lower serum IGF-1 was independently related to disability among older adults.

Assessment

Julia G. Kirkham, Namkee Choi, & Dallas P. Seitz. Meta-analysis of problem-solving therapy for the treatment of major depressive disorder in older adults. *Int J Geriatr Psychiatry*. 2015 Oct 5. doi: 10.1002/gps.4358.

Major depressive disorder (MDD) affects many older adults and is associated with poor medical and mental health outcomes. Problem Solving Therapy (PST) has emerged as a promising psychotherapy for MDD in older adults, although the efficacy of

Article of the Month

Quality of Care

Marjaana Koponen, Heidi Taipale, Antti Tanskanen, Anna-Maija Tolppanen, Jari Tiihonen, Riitta Ahonen, & Sirpa Hartikainen. Long-term use of antipsychotics among community-dwelling persons with Alzheimer's disease: a nationwide register-based study. *Eur Neuropsychopharmacol*. 2015 Oct;25(10):1706-1713. doi: 10.1016/j.euroneuro.2015.07.008. Epub 2015 Jul 21.

Antipsychotics are recommended only for short-term treatment of severe behavioral and psychological symptoms of dementia. The objective of this study was to evaluate the duration of antipsychotic use and factors associated with long-term use (365 days or greater) among community-dwelling persons with Alzheimer's disease (AD) during a 7-year follow-up. This was a nationwide, register-based cohort study that included all community-dwelling residents in Finland diagnosed with AD in 2005 (N = 7,217).

Among users with at least one year of follow-up time after initiating antipsychotic use, prevalence of long-term use was 57% (893/1,563). Long-term use was associated with initiation of use after AD diagnosis and the choice of antipsychotic. Duration of use was more likely to be shorter among haloperidol users and longer among quetiapine users when compared with risperidone users. Long-term use of antipsychotics is frequent among community-dwelling persons with AD. Duration of use is not in line with the guidelines recommending time-limited use of antipsychotics.

PST in this population has not been well described. The authors examined the effectiveness of PST for the treatment of MDD in older adults in a systematic review and meta-analysis. This review and the existing research literature on PST suggest that it is an effective treatment for older people with MDD. Further study is required to understand long-term outcomes associated with PST and its efficacy when compared with other treatments.

Home Care Research

Milo A. Puhan, Tsung Yu, Inge Stegeman, Ravi Varadhan, Sonal Singh, & Cynthia M. Boyd. Benefit-harm analysis and charts for individualized and preference-sensitive prevention: example of low-dose aspirin for primary prevention of cardiovascular disease and cancer. *BMC Med.* 2015;13:250. Epub 2015 Oct 1. doi: 10.1186/s12916-015-0493-2.

Clinical practice guidelines provide separate recommendations for

different diseases that may be prevented or treated by the same intervention. Also, they commonly provide recommendations for entire populations but not for individuals. To address these two limitations, the authors conducted benefit-harm analyses for a wide range of individuals using the example of low-dose aspirin for primary prevention of cardiovascular disease and cancer and to develop benefit-harm charts that show the overall benefit-harm balance for individuals. ■

Welcome, New Members!

The Academy would like to welcome the following new members, who joined between August 8 and October 28, 2015:

California

Dr. David Palestrant
Dr. Hanna Rhee

Colorado

Dr. Linda Blust
Mr. Kevin Riddleberger
Dr. Robin L Smith

Florida

Ms. Darlene Ethel Chee
Ms. Heidi Cornelius
Dr. Lucy Guerra
Mr. Jimmy Hilton
Dr. Jarred E Mait
Mr. Fred Shaw
Dr. Kaley Tash
Ms. Joanne Turner
Dr. Richard M Wacksman
Mr. Jeffrey Wacksman

Georgia

Ms. Shanda T Hartley

Hawaii

Dr. Joseph Burris

Illinois

Dr. Diana Alanis
Ms. Nannette M Laino
Dr. Bhupinder Singh
Dr. Mary Beth Sutkowski

Kentucky

Dr. Bruce A Snider

Massachusetts

Ms. Cathy Fabrizi
Dr. Jennifer L Patten

Maryland

Ms. Comfort Panda
Ms. Jacquelyn Paylor
Ms. Temitope Williams
Dr. Mia Yang

Michigan

Dr. Steve Stein

Missouri

Dr. Rachel Seymour

North Dakota

Mr. Trent W Bitz

New Jersey

Ms. Dionne Holt
Ms. Sanchita Mitra

Ohio

Dr. Charmaine Gutjahr
Ms. Joelle Hollowell
Dr. Abi Katz

Oklahoma

Mr. Nathan Gates

South Carolina

Ms. Wendy Jordan

Texas

Ms. Landry Deuboue
Ms. Kayla Hall
Mr. Matthew Orosa

Virginia

Ms. Joan E Benton

Washington

Dr. Margaret F Gaines
Ms. Barb Wharton

West Virginia

Ms. Nicole A Radabaugh

Republic of Maldives

Dr. Ishag Shafeeg

2015 Was a Year of Challenges and Opportunities for Home Care Medicine

By Gary Swartz, JD MPA, AAHCM Associate Executive Director for Public Policy and Practice Management

What a year! Although challenges to your practice are increasing, so are opportunities for home care medicine. This is a testament to your services and to AAHCM leadership for positioning the Academy for the future.

The year will end with momentum to move from volume to value and to move care to the lowest cost setting with consolidation in sectors that affect the delivery of home care medicine. The success of the Independence at Home (IAH) demonstration gives momentum to the potential that the model will be enacted into a permanent national benefit. The role and success of your Academy was seen in coverage and payment for chronic care management (CPT 99490) and advance care planning (ACP; see below) in 2016 as well as the success and extension of the IAH demonstration. The Academy conducted a webinar on November 5 to review developments from the Physician Fee Schedule Final Payment Rule for 2016, including focus on ACP. (Access the presentation at AAHCM.org).

Advance Care Planning

The Centers for Medicare and Medicaid Services (CMS) announced coverage and payment for Advance Care Planning (ACP) discussions held with patients by physicians, nurse practitioners, and physician assistants (CPT 99497). Coverage will include explanation and discussion of advance directives and assistance completing ACP forms, by physicians or other qualified health professionals. The first 30 minutes of ACP discussions have a national Medicare allowed amount of

\$86 inclusive of beneficiaries' 20% co-payment. The next 30 minutes (CPT 99498) have a nationally allowed amount of \$75 inclusive of the beneficiary's 20% copayment.

ACP may be billed on the same day or on a different day as other evaluation and management services and during the same service period as transition care management or chronic care management.

Value-Based Reimbursement

The year began with ongoing concern regarding fee for service payments under the Medicare Fee Schedule due to the Sustainable Growth Rate formula, but it ends with real momentum driving the move from volume to value. Academy members should pay increasing attention to national developments and also local opportunities to capitalize on the benefits of your services as this momentum gains speed.

The move to value was put into action through a January 26, 2015, announcement by Health and Human Services Secretary Sylvia M. Burwell. HHS set a goal of tying 30% of Medicare FFS payments to quality or value through alternative payment models, such as Accountable Care Organizations or bundled payment arrangements by the end of 2016 and tying 50% of payments to quality or value by the end of 2018. HHS also set a goal of tying 85% of all traditional Medicare payments to quality or value by 2016 and 90% by 2018.

Also in 2015, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was passed.

MACRA

- repealed the 1997 Sustainable Growth Rate formula
- established specified increases to the Medicare Professional Fee Schedule, including an increase of 0.5% in July 2015 and 0.5% for 2016.

However, other legislation negates the 2016 increase. As a result, the conversion factor for 2016 will be \$35.83 compared with \$35.93 in place at the end of 2015.

MACRA also establishes

- the Merit-Based Incentive Payment System (MIPS) to integrate existing (PQRS, Meaningful Use, and VBPM) quality and reporting programs as of 2019
- incentives for participating in alternate payment models (APMs) effective 2019, whereby Part-B-eligible providers will be exempt from MIPS and eligible for a 5% bonus on their prior calendar year Medicare Part B payments to the extent that their practice has met threshold participation in APMs.

Compliance

The year saw convictions of unscrupulous providers, including some in home care medicine. Moreover, the year ends with the publication of the Office of Inspector General (OIG) Work Plan for Fiscal Year 2016. The OIG work plan includes that "home visits" will be a subject of study. "We will determine whether Medicare payments to physicians for evaluation and management home visits were reasonable and made in accordance with Medicare requirements."¹

AAHCM will offer an updated webinar on medical necessity requirements and documentation for house-call services (including care plan oversight, transitional care management, chronic care management, and now ACP). We will work to make reference materials easier to locate on the AAHCM website. The Academy will also work to identify external resources for your reference, should you feel the need for such assistance.

Private Health Plan Increase in Medicare and Medicaid and Market Consolidation

The number of beneficiaries in private health plans continues to grow, now representing about one in three Medicare beneficiaries nationally. Managed care continues to grow in the Medicaid

and dual-eligible markets. The Academy is increasing its attention to these developments to advocate for the inclusion of home care medicine.

Independence at Home (IAH)

CMS announced on June 18, 2015, that IAH practices saved over \$25 million in the demonstration's first performance year—an average savings of \$3,070 per participating beneficiary. The IAH demonstration was extended by Congress through September, 2017. The Academy and IAH supporters are working to make IAH a permanent Medicare benefit available to all who need the service. CMS's release of the results from the second performance year (ended September, 2014) is expected by the end of 2015. The

Academy will provide you with additional information and disseminate the lessons learned from IAH in terms of practice transformation that will be necessary for success under MACRA value-based payment models.

In 2015 there has been tremendous opportunity for home care medicine. Be sure to take advantage of and participate in this opportunity—make plans now to attend the dynamic multitrack Annual Meeting May 17-18 in Long Beach, CA to ensure the success of your practice. ■

Reference

1. Office of Inspector General, US Department of Health and Human Services. Work Plan. <http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current>. Accessed November 16, 2015.

CareLink
Mobile Practice Manager



House Call Patient Scheduling
Made Easy!



Features Designed Specifically for House Call Providers:

- Map based patient scheduling and optimization tools
- Patient care collaboration with ALs and HHs
- Interactive workbooks to improve office workflows
- And many, many more!

www.mymobilepracticemanager.com

1-888-483-7265

Call or Click to set up a free demo today!

Register Now for AAHCM's 2016 Annual Meeting

By Dawn Herman, MBA BSN RN CEN, Director of Professional Education

Join the American Academy of Home Care Medicine at its 2016 Annual Meeting in Long Beach, CA, May 17-18, 2016. (Note: The 2016 conference begins a day earlier than in previous years to accommodate new content.) The conference theme is Home Based Primary Care: At the Center of Compassionate, High Value Care in America. AAHCM is focused on helping patients and healthcare providers achieve the mutual goal that "home care should be available to all who want it." AAHCM is the premier organization supporting home-based primary care providers as leaders in the integration of team care for population health management.

Whether you are an individual physician providing home-based primary care or a nurse, nurse practitioner, physician assistant, care coordinator, social worker, physical therapist, or



occupational therapist, this conference will offer each member of the multi-disciplinary team practical and timely solutions on how best to provide care to their patients and their families.

The conference will include clinical and practice management tracks, and presentations will be case based as well as interactive, allowing the audience to interact with national experts and

gain valuable insights and answers to their questions. Attendees will leave our conference with practical tips, answers, and, as important, connections to others in the field.

Program Highlights include

- Panel Discussion: Policy, Presidential Politics and Predictions
- Panel Discussion: NP, PA, and Social Work Practice: Roles and Opportunities in Population Health Management
- Moderated Session: Positioning your Practice for Success with Payers
- Panel Discussion: Home-Based Primary Care Led Population Management
- Emerging Technologies for Clinicians and Practices: Insights from the VA.

Whether you are an established home care provider or are considering entering home-based primary care, this conference will have something for you! When you leave this premier educational program, you will understand the trends in population health management and health and payment policies that affect your practice. You will better understand how to more effectively manage your practice from logistical, quality, and financial perspectives. You will learn strategies to advocate and create change, and you will be prepared to impact the future of home care medicine in your community. Be part of the leading edge of healthcare by attending our Annual Meeting! ■



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
- Home care agencies (affiliate membership)
- Corporations (sponsor membership)
- Groups of MDs, NPs, PAs, or a combination or home health agencies and their medical directors (group membership)—discounts available
- Other home care professionals (associate membership)

Member Benefits

- "Members-only" prices on Annual Conference and publications
- Information on clinical, administrative, regulatory and technology issues, and academic literature through *Frontiers* and weekly e-Newsletter
- Public Policy representation; revenue-related regulations and legislative representation such as IAH
- Consulting and networking through our members-only Listserv
- Clinical guidelines and communication templates
- For house call providers, listing in our online Provider Locator
- Assistance for faculty who train residents in Home Care

2015 Membership Fees*

Physicians	\$250	Affiliate (home care agency employee)	\$195
NP/PA	\$200	Practice Administrators	\$195
Groups (MD, NP, PA or combination)	Custom†	Corporate Sponsor Membership	\$2,750
Associate (RNs, SWs, PTs, etc.)	\$115	*For international membership, add \$15	
Residents/Students	\$75	†Special discounts and flat rate options available. Contact Member Services at 847-375-4719 or info@aaahcm.org.	

Membership Application

Name: _____ Date: _____

Address: _____

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

Make checks payable to:

American Academy of Home Care Medicine
PO Box 3781
Oak Brook, IL 60522
Phone: 847.375.4719 • info@aaahcm.org
www.aaahcm.org

Email: _____

New membership Renewing membership

Please state your area of expertise or specialty: _____



8735 W. Higgins Road
Suite 300
Chicago, IL 60631

NONPROFIT
ORGANIZATION
U.S. POSTAGE
PAID
DES PLAINES, IL
PERMIT NO. 188

AAHCM ANNUAL MEETING

MAY 17-18, 2016

Hyatt Regency Long Beach | Long Beach, CA



Register Now at www.aahcm.org!

For special member pricing, call 877.375.4719 to receive your discount code.