



American Academy of
Home Care Medicine

Frontiers

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

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.

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AAHCM Management Transition Announced!

The American Academy of Home Care Medicine (AAHCM) is pleased to announce Association Management Center (AMC), a leading Chicago-based association management company which helps clients Achieve What You Believe, will now provide full-service management to the Academy beginning September 1, 2015. "With this change triggered by the retirement of long time Executive Director Constance Row, we are pleased to have found a partner in AMC that is interested in investing the effort in helping our industry succeed into the future. I'm convinced that with the evident synergies between our association and other AMC client partners, this relationship will take AAHCM to the next level of success," said AAHCM president, Tom Cornwell, MD.

AMC is a trusted partner to 32 leading national and international organizations

and has a staff of more than 200 professionals. The company provides strategic guidance to boards and volunteers, and oversees day-to-day operations, making it possible for its association partners to achieve their goals. The AAHCM account team will be led by executive director, Suzanne Simons, MS (Pictured above), who brings significant experience in healthcare and association leadership to the role. She is supported by a group of staff who will provide operational support to the Academy as it works to



AAHCM

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Thomas Cornwell, MD, FAAFP

Immediate Past President

Bruce Leff, MD

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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.

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

continue its leadership role in home care medicine.

Gary Swartz, MPA, JD will remain connected to AAHCM as a Baltimore-based full-time consultant handling the AAHCM public policy and practice management issues he handles now for the membership and the Board. Ms. Row will also serve in a consulting role for a period of time during the transition.

Work has been well underway throughout the summer as the Academy has been preparing to make this exciting change. Following is important contact information to know beginning

September 1. Be sure to watch the website for additional information.

The new mailing address:

American Academy of
Home Care Medicine
8735 West Higgins Road, Suite 300
Chicago IL 60631

For general membership inquiries, please contact:

Member Services Representatives at
(847) 375-4719 or info@aahcm.org.

This new chapter in the life of the AAHCM is filled with hope and promise. We hope that you will join us on the journey.

Meet the New Board Members

Linnea Nagel, PA-C, MPAS



Linnea Nagel received her bachelor's degree in Biomedical Science from Marquette University in 2004 and her Master's degree

in Physician Assistant Studies in 2005. After graduation, she worked clinically as a nephrology PA for 4 years before joining UW Health Partners Watertown Regional Medical Center in 2009. While attending a national conference, Linnea had the opportunity to hear Dr. Gresham Bayne (Past President, AAHCM) speak about home care medicine. Compelled to action and mentored by Dr. Thomas Cornwell (President, AAHCM) she wrote a proposal and received subsequent funding to start a house calls program. In the fall of 2013 she accepted a full time faculty position at Marquette University in the Physician Assistant Department and in the spring of 2015 she was promoted to Director of Clinical Education.

Barbara Sutton, RN, MS, ANP-BC, ACHPN



Barbara Sutton is the Manager of JourneyCare's Palliative Care Program, overseeing a team of advanced practice nurses, licensed social

workers and collaborations with physicians with the goal of managing pain, symptoms and anxiety for patients and families touched by serious illness while assisting with goal setting and enhancing quality of life. Ms. Sutton earned a Master's Degree in Nursing and APRN with a concentration in adult nursing practitioner from North Park University. Prior to joining JourneyCare, Ms. Sutton spent over 15 years working in home-based patient care. It was through her experience with these homebound patients that Ms. Sutton discovered the emerging field of palliative care. In 2013, she was honored as the Academy's House Call Clinician of the Year.

Farewell to Connie Row, the Little Engine that Could

by Thomas Cornwell, MD, President



Last year we bid farewell to three giants on the board, Gresham Bayne, Peter Boling and George Taler. We now bid farewell to our tiny giant and fearless leader, Connie Row. After failing to retire back in 1997 when Gresham Bayne, Peter Boling and George Taler convinced her to take on the cause of the American Academy of Home Care Physicians, she is attempting to retire once again. Connie had always been drawn to making a difference in the world, and was convinced working with such passionate people to spread home care medicine could make an incredible difference to home limited patients, caregivers and health care costs - and she was right!

When Connie took over the Academy in 1997, there were only three months of operating funds in the bank (\$50,000), and the future looked bleak. One of the early moves Connie made to help save the Academy was to move operations into her house, which continued for the next 17 years until she recently sold her house (and the new owner did not desire for the Academy to stay!).

Connie has been an amazing leader and truly the Little Engine That Could. The boxed list is just a sample of what has happened during her tenure.

When I started on the Board in 2008 two things shocked me: one was to find out Connie was only half-time, and

the other was that our entire payroll was under \$100,000. How could she

- 1998 Complexity of house call codes increased, payments doubled, times assigned to visits so providers could bill based on time
- 2002 Certification and Recertification Home Health
- 2006 Complexity of domiciliary codes (Assisted Living) increased, payments doubled/tripled, times assigned
- 2010 IAH Medicare demonstration amendment finds a home in the Affordable Care Act
- 2011 Termination of carrier-wide audit; payment for Medicare Wellness Exam
- 2014 Name change to American Academy of Home Care Medicine
- 2015 Chronic Care Management Codes
- 2015 The Senate and House vote by unanimous consent to extend the IAH demonstration another two years and bill is signed by President Obama
- 2016 Payment for Advance Care Planning?? (She's working on it)

accomplish so much with such limited resources? What I quickly learned was that while she was technically half-time, she gave us well more than full-time work. She has passionately worked to create an effective and financially stable Academy to best support home care providers on the

front line. She has also been successful in obtaining over \$375,000 in grants for the Academy to further its work.

During her eighteen-year tenure Connie has worked with numerous board members and eight Academy Presidents including Drs. Peter Boling, George Taler, Ed Ratner, Wayne McCormick, Gresham Bayne, Joe Ramsdell, Tom Edes, Bruce Leff and Tom Cornwell. Connie humbly gives credit to much of the Academy's success to the hard work and leadership of the Board. She remarked how it often seemed that during a difficult time the right person came along with just the right resources.

After starting with \$50,000 in the bank with a questionable future, Connie is now leaving the Academy with \$900,000 in the bank and a bright future. She helped make the Academy an attractive partner and helped find a powerful new home at the Association Management Center in Chicago.

Connie has been such a blessing and mentor to me as I went from being a full-time house call doctor to leading our Academy. It was my honor at this year's annual meeting to give her the fourth ever AAHCM Lifetime Achievement Award. She has mightily raised the sea and all our house call boats over the past eighteen years.

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Member News

PCOM Partners with Residentialist Group to help treat high-risk elderly in Philadelphia

Philadelphia College of Osteopathic Medicine (PCOM) is embarking on an enterprise partnership with The Residentialist Group (TRG), a California-based management group specializing in the development and operation of house call programs to serve patients in Philadelphia.

President Signs Extension of Independence At Home Legislation

The President has signed *The Medicare Independence at Home Medical Practice Demonstration Improvement Act of 2015* which extends the IAH Demonstration for another two years. This important victory comes in the aftermath of outstanding results released by CMS on the first-year results of the IAH Demonstration. Under this extension,

the existing providers (all Academy members) will be able to continue to serve the approximately 10,000 beneficiaries authorized under the original Demonstration. For further information about IAH, see www.IAHNow.com. For the outstanding first-year results of the Demonstration, see the CMS Press Release www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-06-18.html.

Welcome, New Members!

The Academy would like to welcome the following new members:

ARIZONA

Greta Ivers, MD

CALIFORNIA

Caron Houston, MD
Dr. Pourya Shazi

DISTRICT OF COLUMBIA

Maggie H. Lee, MD

GEORGIA

Dr. Lakshman D. Dinavahi

HAWAII

Marghee Maupin

ILLINOIS

Dr. John Liu

INDIANA

Stephanie Bryant-Lipp, NP
Olivia Cronin, MD
Brook Curry, PA-C
Nikki O'Rourke, NP
Cindy Schaefer
Erin Walia, PA-C

KENTUCKY

Kristen Miller

MICHIGAN

Dawn Davis

NEBRASKA

Rebecca Wester

NORTH CAROLINA

Dr. Rebecca Henderson

OREGON

Dr. Page Griffin
Monica Hada

SOUTH CAROLINA

Dr. John Kleckley

TEXAS

Jordan Boynton, FNP
Dr. Patricia A. Connally
Rhonda Khorasani
Tolulope Omolayo, GNP
Glencora Sharfman, MD

VIRGINIA

Monika Virk

Save the Date!!!

2016 Annual Meeting

May 17-18, 2016

Long Beach, CA



VA Perspectives: “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 excerpts from talks given during the monthly HBPC Medical Directors’ National Conference Call. A new regular feature was added in January, 2015, “If I Could Change One Thing in HBPC, I Would...” HBPC Medical Directors were invited to speak about one thing they would change in the VA Home Based Primary Care Program, if given the opportunity.

Theresa Allison, MD, PhD, Medical Director, HBPC Program, San Francisco VA Medical Center, Associate Professor of Medicine and Family and Community Medicine, UCSF Division of Geriatrics

Take the Thickened Liquid Challenge! (February 10, 2015)

If I could change one thing in HBPC, I would change the way we give our patients something to drink. I would make sure that our team was empowered to discuss goals of care every time we learned that a Veteran was not safe to swallow regular liquids. Above all, I would protect them from honey-thickened liquids.

Have you ever tried honey-thickened liquid? It is the evil cousin of nectar-thick liquids, water that has been mixed with cornstarch until it resembles sludge. It tastes sort of like water, but the texture is nasty.

My friends over at the GeriPal Blog, Eric Widera and Alex Smith, are challenging the dogma of the modified barium swallow study, the suggestion that fluids entering the lungs must lead to pneumonia

and death. They have presented evidence that suggests that nectar thick liquids are actually less likely to be aspirated than honey thick.

This resonates with me because I think of food and drink as ways of expressing love, and what kind of love is it to give someone water that they cannot stand to drink?

In order to change the way we practice medicine, they have issued the THICKENED LIQUID CHALLENGE:

So what do you do?
The rules are simple:

- 12 Hour Challenge (I did this, and I don’t recommend it!): all fluids must be thickened to “honey consistency” using a beverage thickener for a 12 hour continuous period. Food does not have to be thickened.
- Mini-challenge: drink an 8 ounce drink thickened to honey consistency (coffee, wine, juice, water, or any drink of your choice).
- Videotape your-

self and include an announcement that you accept the challenge.

- If you fail the challenge, donate \$20 to the geriatrics or palliative care charity of your choice.
- At the end of your challenge, nominate a minimum of three other people/teams to participate in the challenge.

When posting the challenge online, please use the hashtag #thickenedliquidchallenge

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Update of the Home Care Literature: July - August 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

Chia-Min Chen, Ming-Ju Tsai, Po-Ju Wei, Yu-Chung Su, Chih-Jen Yang, Meng-Ni Wu, Chung-Yao Hsu, Shang-Jyh Hwang, Inn-Wen Chong, and Ming-Shyan Huang. Erectile Dysfunction in Patients with Sleep Apnea. A Na-

tionwide Population-Based Study. *LoS One*. 2015; 10(7): e0132510. Published online 2015 Jul 15. doi: 10.1371/journal.pone.0132510.

Increased incidence of erectile dysfunction (ED) has been reported among patients with sleep apnea (SA). From the database of one million representative subjects randomly sampled from individuals enrolled in the NHI system in 2010, authors identified adult patients having SA and excluded those having a diagnosis of ED prior to SA. The incidence rate of ED was significantly higher in probable SA patients as compared with the corresponding control subjects. In line with previous studies, this population-based large-scale study confirmed an increased ED incidence in SA patients in Chinese population. Physicians need to pay attention to the possible underlying SA while treating ED patients.

Home Care Research

Carmelle Peisah, Julie-Anne Strukovski, Chanaka Wijeratne, Rosalind Mulholland, Georgina Luscombe, and Henry Brodaty. The development and testing of the quality use of medications in dementia (QUM-D): a tool for quality prescribing for behavioral and psychological symptoms of dementia (BPSD). *Nt Psychogeriatr*. 2015 Aug; 27(8): 1313-1322. Published online 2015 Feb 2. doi: 10.1017/S1041610214002816.

Behavioral and psychological symptoms of dementia (BPSD) are virtually ubiquitous in dementia. Excessive recourse to use of psychotropics which have high risk to benefit ratio remains a global problem. Consensual opinion using Delphi method was that quality prescribing in dementia comprised ten factors including failure to use first line non-pharmacological strategies, indica-

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Article of the Month

Quality of Care

David Picker, Kevin Heard, Thomas C. Bailey, Nathan R. Martin, Gina N. LaRossa, and Marin H. Kollef. The number of discharge medications predicts thirty-day hospital readmission: a cohort study. *BMC Health Serv Res*. 2015; 15: 282. Published online 2015 Jul 23. doi: 10.1186/s12913-015-0950-9.

Hospital readmission occurs often and is difficult to predict. Polypharmacy has been identified as a potential risk factor for hospital readmission. To determine whether the number of discharge medications is predictive of thirty-day readmission using a retrospective cohort study design performed at Barnes-Jewish Hospital from January 15, 2013 to May 9, 2013. The primary outcome assessed was thirty-day hospital readmission. The authors concluded that the number of discharge medications is associated with the prevalence of thirty-day hospital readmission. A risk score, that includes the number of discharge medications, accurately predicts patients at risk for thirty-day readmission. Our findings suggest that relatively simple and accessible parameters can identify patients at high risk for hospital readmission potentially distinguishing such individuals for interventions to minimize readmissions.

The point is not to complete the challenge. The point is to give it a try. The point is to experience what our patients go through, and laugh a little, and make sure that every member of our team can start talking about quality of life and the little things that matter. In HBPC we have the potential to create a ripple through the whole VA because so many of us work in more than one part of the system.

Robert M. Kaiser, MD, MHSc, Medical Director, HBPC Program, Washington, DC VA Medical Center, Associate Professor of Medicine, Division of Geriatrics and Palliative Medicine, George Washington University School of Medicine

Improve the Hiring and Credentialing of New HPBC Team Members (March 10, 2015)

If I could change one thing in HBPC, I would change how we go about hiring and bringing on new team members in HBPC. The two most trying impediments to hiring someone are as follows:

- 1. a job vacancy cannot generally be posted to be filled again until the person who holds that position has left; and
2. the new person who is subsequently hired must wait for a while before being credentialed, even if he or she is already employed by the VA (and for the person who is being hired from outside the VA, credentialing also takes some time).

Here is what I'd propose: create a revolving personnel fund, generously bankrolled by the Department of Veterans Affairs, which would give local medical

centers the financial ability to have two people doing the same job on staff simultaneously. There would be no fiscal roadblock to hiring someone promptly and early enough to receive proper orientation and training. The VA's national credentialing system should function and be recognized as such, so that VA personnel can easily transfer from one VA medical center to another. The need for a new employee to be re-credentialed by the local VA medical center should be waived. HBPC Teams would be able to hire quickly the professionals they need to provide the best care possible for the Veterans on their rolls. Such changes would have a positive impact on those HBPC programs that wish to expand their rosters expeditiously to meet the growing demand for community-based care.

President's Message

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I end with a fitting quote from Dr. Tom Edes, Past-President of the AAHCM and Director of Geriatrics and Extended Care for the Department of Veterans Affairs. He writes, "Imagine my surprise when first meeting the legendary Connie Row. How could someone so bold, so relentless, so effective, so fearless, so invincible...be so...tiny!" I am glad we had this tiny giant, this Little Engine that Could, fighting for us for the past eighteen years. The field of home care medicine is forever indebted to her.

Tom Conwell MD

Update of the Home Care Literature

Continued from page 6

tion, choice of drug, consent, dosage, mode of administration, titration, polypharmacy, toxicity, and review. These elements formed the quality use of medications in dementia (QUM-D) tool, lower scores of which reflected quality prescribing, with a possible range of scores from 0 to 30. The authors concluded the QUM-D as a tool which may help to improve quality prescribing practices in the context of BPSD.

CareLink Mobile Practice Manager advertisement featuring a map of Phoenix and text: 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!

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	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		
Residents/Students	\$75		

*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: _____

Make checks payable to:

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New membership Renewing membership

Please state your area of expertise or specialty: _____