



American Academy of
Home Care Medicine

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Frontiers

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

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\$25,000 matching gift for
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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.

New Name!

30th Anniversary!

Annual Meeting Invitation!

Happy New Year! And do we have reasons to celebrate!

- A New Name - American Academy of Home Care Medicine - signaling our "big tent" welcome of all with interest in this field
- Our 30th Anniversary
- Our 2014 Annual Meeting May 14-15 - See your special invitation inside this edition of *Frontiers*. Registration is now open!

All this and more are in this special edition. Read on... and enjoy!

AAHCM

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Editor-in-Chief: Mindy Fain, MD.

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

Letter to the Editor

Dear Editor:

I write to tell our members about our new President whom many may not know. I first met Dr. Cornwell around 1992, when we were both working in related start-up housecall programs trying to navigate the boundaries of medicine and entrepreneurship. Soon, I found myself reading many charts in preparation for the necessary appeals to get paid the \$40-70 fee Medicare allowed....and then tried to recoup when the audit process proved irrational comparing our patients and behaviors to office-based physicians.

Dr. Cornwell's charts were typically three pages long, a narrative of incredible detail that he personally must have typed late at night given his amazing productivity averaging 8-10 calls daily. They told the story not only of our patients, but of a physician so dedicated to their care that he would spend such time as necessary to provide a complete "story" of why this unique patient was suffering in their home and what he was going to do about it. They often involved references to his strong faith and penchant for praying with his patients, a trait which led him to receive the AMA's most prestigious national physician award 20 years later.

I first tried to get Dr. Cornwell's permission to let me nominate him for the AAHCM Board many years ago, but he knew enough to wait until "he was ready." He felt he needed to participate in the structural fabric of our wonderful Academy, which he did as itemized below over the years. By the time he finally succumbed to

the clamor for his leadership, he had built a unique, non-profit organization near Chicago that has become one of the leading housecall Centers of Excellence in the nation. Through his amazing "team" approach to everything, he has the strong backing of a major hospital and recently major philanthropy dedicated to expanding the Vision of home care medicine throughout the country.

The Academy is extremely fortunate to have Dr. Cornwell build on the successes of past presidents, and all our patients will benefit from his extraordinary experience in every facet of this unique field. As a list of his more recent accomplishments shows not only his commitment, but how you, too, can get involved:

- 2001-2009: Chair Awards Committee
- 2009: Introduced Nancy Zweibel from the Retirement Research Foundation (RRF) to the AAHCM. The RRF has given the AAHCM > \$200,000 in grants and has also given \$100,000 to the National Medical House Calls Network
- 2010: helped to update all our booklets
- 2010: wrote 4 of the 11 chapters for our most recent booklet, *Advanced Issues in House Call Program Management*
- 2011-2012: contributed to the original field guide and contrib-

Continued on page 10

President's Message

by *Thomas Cornwell, MD, President*



I am honored to serve as President of the American Academy of Home Care Medicine. I want to start by thanking my incredible predecessor, Dr. Bruce Leff, who has been a remarkable leader at a critical time for the Academy. Bruce not only brought skillful leadership to the Academy, he also brought tremendous contacts he has developed through his national leadership roles. I have been blessed to be on the phone with him and Connie Row weekly for the past two years. I have learned much and can begin my Presidency at full speed ahead. I am grateful that Bruce plans to continue to be very engaged in all aspects of the Academy's work and moving our field forward.

I truly believe home care medicine is at a "tipping point" and there is a perfect storm fanning our sails. Factors include:

- Our aging society desperately in need of better care at lower costs which we provide
- Legislation penalizing thirty day readmissions that we prevent
- An emphasis on moving from fee-for-service volume-based reimbursement to value-based which we epitomize
- The Independence at Home Legislation that will show the critical value of our work
- Medicaid's most rapidly increasing cost is for long-term care which we lower by enabling patients to remain at home.

Now is the time for home care medicine to become part of the fabric of our health care system. Our country desperately needs home care medicine for home-limited patients, to support their caregivers and to dramatically reduce costs. An enormous amount of work will be required to make this happen, as Bruce Leff reviewed in his last message:

- Adequate reimbursement
- Quality Standards
- Practice Certification
- Workforce development and technical assistance
- Public awareness

The AAHCM will be working hard in all these areas. We are fortunate to have board members like our Past-President Bruce Leff who among other things is Director of the Geriatrics clinic at Johns Hopkins. Our President-Elect is Mindy Fain who is Chief of Geriatrics, Internal Medicine and Palliative Care at University of Arizona College of Medicine. All of our board members are national leaders in their own right and give hundreds of hours per year to advance the field and support the work of our members.

October 18th I celebrated 20 years of making over 31,000 house calls. I have been on the front lines like most of our board members. One of my favorite sayings is "Many hands make the load light." My house call mentor Dr. Gresham Bayne says similarly, "A rising sea

carries all boats." We need to advance the new field of home care medicine, which will be a huge load to lift. My major goal over the next two years is to better enable our members to use their hands to lighten the work load and help the sea to rise. Here are some immediate ways we can help each other:

- First, please make sure you are following the rules. We had one member plead guilty, another convicted and two others arrested for Medicare fraud this year. Go to the AAHCM website to view our Ethics statement and our Webinar on compliance. The AAHCM will be working on audit tools to help your practice.
- We have a \$25,000 matching gift this fall - please donate. If all our 1,400 members donated \$50 we would raise \$70,000 to help make the load light.
- Please encourage all members in your practice to join the AAHCM - many hands make the load light.
- Please join us at the May 2014 Annual Meeting in Orlando. Drs. Eric DeJonge and Mindy Fain and their committee have put together an incredible program that will be very interactive and allow time for networking and meeting with national experts.

I look forward to an exciting two years of working with you and helping the sea to rise.

VA Perspectives

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 is the inaugural column in *Frontiers*, one which will provide perspectives on VA Home Based Primary Care (HBPC). It is indeed a privilege to have a regular forum in which issues in VA home care will be discussed.

The Department of Veterans Affairs operates the largest health care system in the United States. The HBPC Program has grown from a handful of sites in the 1970s to hundreds of programs today. HBPC offers interdisciplinary, longitudinal home care from a cadre of expert professionals to Veterans with multiple medical conditions, individuals who have

difficulty travelling to the outpatient clinic for their care due to severe illness or disability. It is unique in that it is a capitated, rather than a fee-for-service, program. Enrollment in HBPC has resulted in decreased health care utilization and costs for the Veterans it serves, and HBPC has positively informed the policy discussions on the clinical importance and viability of Independence at Home as a new community-based model for Medicare.

There are many questions which deserve discussion:

- How can we assure the safe, consis-

tent use of medications at home?

- How can the transition from hospital to home be improved, and re-hospitalization be prevented?
- How can caregivers be best supported and their burden minimized?
- In a health care system that is fragmented, how can communication be improved and care be better coordinated?

It is my hope that these discussions will be useful for those who provide home care throughout our entire healthcare system, both public and private.



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Our mission is to provide accessible, affordable solutions to the house call industry. We are experienced in house call practice start-up, development, and optimization. Call us today for your FREE consultation! AAHCP members receive a 15% discount on their first engagement in any of our service lines!



Recruiting

- 💡 15+ years of staffing leaders in healthcare (physicians, podiatrists, staff)
- 💡 Flexible rates for recruiting (e.g. physician placement fee = \$7,500)
- 💡 Extensive experience in recruiting house call providers



Marketing

- 💡 Full range of print & digital design solutions (websites, flyers, brochures, etc.)
- 💡 Niche knowledge allows us to customize your brand & marketing strategy
- 💡 Add credibility and value to your business with professional branding



Consulting

- 💡 We specialize in the geriatric and house call communities
- 💡 New practice build-outs to operational overhauls
- 💡 Proven success in revenue cycle management



If Value is the Question, Home Care Medicine is the Answer

Your Invitation!

2014 Annual Meeting
30th Anniversary Celebration

May 14-15, 2014

Swan & Dolphin Hotel & Resort, Orlando, FL



Why this Event?

This highly-anticipated conference highlights the benefits of bringing medical care into the home. Unlike other industry meetings, our annual meeting is exclusively focused on home centered medicine with ample time for networking and establishing business relationships with more than 200 attendees. Exploring key issues, this meeting presents best of care and best of business practices.

The conference will include clinical and practice management tracks, small group consultation with experts, networking reception, and lessons from the VA. It will also include an update on the Independence at Home demonstration, which began in 2012. Managed care and Medicaid providers are already using this care model for high cost populations.

When you leave this event, you will understand the health policy, economic, epidemiologic and demographic trends that impact home medical care. You will better understand how to successfully manage your home centered medical practice from the logistical, quality and financial perspectives. You will learn “state of the art” diagnosis and treatment of complex patient, and how to successfully manage caregiver issues seen in your practice. 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 health care by attending our Annual Meeting!

Program Highlights

- Keynote Address: Past, Present, and Future of Home Care Medicine
- Expert Discussion Seminars
- Evidence for Value of Home Care Medicine (HCM)
- Home Care Medicine for Special Populations
- Moving Home Care Medicine into the Mainstream
- Creative Approaches to Complex Patients at Home
- Measuring Success in Home Care Medicine
- How to Advocate and Create Change?
- Home Care Medicine Policy Update: 2014 and Beyond
- VA Home Care Medicine Update
- Present and Future of 24/7 Care - Urgent Care/Monitoring/Use of Paramedic Staff
- Natural Disasters, Bedbugs and Other Adventures
- What are Successful Financial Strategies for Home Care Medicine?

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. Explain successful financial strategies for home care medicine
5. Examine methods to measure success in home care medicine
6. Serve as an effective agent of change and advocacy in health care

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 Society designates this live educational activity for a maximum of 12.25 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Earn CME Credits!

Wed., May 14, 2014: 7.5 Credits

Thurs., May 15, 2014: 4.75 Credits

If Value is the Question, Home Care Medicine is the Answer



Wednesday, May 14, 2014

7:00-7:50	Expert Seminars 1. Negotiating with Large Payors/Health System 2. Practice Management - Billing, HCC, Audits 3. Effective Change and Advocacy 4. How to Operate an Effective I-D Team 5. First-time Attendees/New Practices 6. Special Issues for NPs/PA - Policy 7. Special Issues for the VA	Kristopher Smith/James Stover Julia Jung/Gary Swartz R. Jeffrey Hulley/Richard Endress George Taler/Jean Yudin Thomas Cornwell/Jenna Crawley Deborah Baker/Jim Pyles Thomas Edes
8:00-8:10	Welcome/Introduction	Eric DeJonge
8:10-8:30	Keynote: Past, Present, Future of HCM	Video
8:30-10:15	Plenary: Evidence for Value of HCM From the VA In Medicare Advantage In the ACO World In Medicare FFS	Moderator: Bruce Leff Thomas Edes Ron Shumacher Alan Abrams Eric DeJonge
10:15-10:20	House Call Highlight	George Taler
10:20-10:35	Coffee Break	
10:35-12:00	Home Care Medicine for Special Populations Younger Adults Mental Health Services at Home Dual-Eligible Beneficiaries	Moderator: Mindy Fain Thomas Cornwell Michele Karel Jane Mohler
10:35-12:00	Moving Home Care Medicine into the Mainstream Large Health Systems Medicare Advantage Plans Should You Become a PCMH?	Moderator: Julia Jung Jeremy Boal Pam Coleman Rodney Hornbake
12:00-1:00	Lunch - Peer Group Networking Tables	
1:00-1:05	House Call Highlight	C. Gresham Bayne
1:05-2:35	Plenary: Creative Approaches to Complex Patients Medical House Call Team Washington Hospital Center Washington, DC	Moderator: Thomas Cornwell Namirah Jamshed Ruth Shea Janet Goldberg Julie Beecher
2:35-3:05	AAHCM President's Address/Awards	Thomas Cornwell
3:05-3:20	Coffee Break	
3:20-4:50	Measuring Success in Home Care Medicine 1. Challenges of Quality Metrics for Frail, Seriously Ill Adults 2. Quality Metrics for Housecalls Medicine: The Current State 3. Linking Policy to Outcomes in Payment: The Future of Housecall Metrics	Moderator: Bruce Leff Patricia Nay Bruce Leff Christine Ritchie
3:20-4:50	How to Advocate and Create Change? Grassroots/Community Level Effective Organizational Change Success in Federal Advocacy	Moderator, Mindy Fain Richard Endress Barry Zweibel William Hall
5:00-7:00	Networking Reception	

Registration Now Open!

To register, or for more information, visit www.americangeriatrics.org. A link to online registration is also available on our website at www.aahcm.org/?page=2014_Annual_Meeting

Cost: \$395 early bird; \$445 on site. Early Bird deadline is April 11, 2014



Thursday, May 15, 2014

7:00-7:50	Expert Seminars <ol style="list-style-type: none"> 1. Negotiating with Large Payors/Health System 2. Practice Management - Billing, HCC, Audits 3. Effective Change and Advocacy 4. How to Operate an Effective I-D Team 5. First-time Attendees/New Practices 6. Special Issues for NPs/PA - Policy 	Kristopher Smith/James Stover Julia Jung/Gary Swartz R. Jeffrey Hulley/Richard Endress George Taler/Jean Yudin Thomas Cornwell/Jenna Crawley Deborah Baker/Jim Pyles
8:00-8:05	Welcome Back	Eric DeJonge
8:10-9:40	Policy Update: IAH, ACA, and Beyond <ol style="list-style-type: none"> 1. Role of HCM in Health Reform 2. Practical Updates - What Will Help or Hurt You Tomorrow 3. Implications for the Future 	Moderator: Eric DeJonge Jim Pyles George Taler Linda DeCherrie
8:10-9:40	VA Home Care Medicine Update <ol style="list-style-type: none"> 1. Caring Effectively for the Ventilator Dependent Patient at Home 2. Managing Dementia at Home: The VA REACH Program 	Moderator: Deborah Peltier Susan Bray-Hall Amy Light Adam Turigliatto Linda O. Nichols Robert Burns
9:40-9:50	Coffee Break	
9:50-10:50	Present and Future of 24/7 Care Urgent Care/Monitoring Use of Paramedic Staff	Kristopher Smith Stephanie Bruce Romiro Jervis
9:50-10:50	Natural Disasters, Bedbugs and Other Adventures Emergency Preparedness Bed Bugs and Other Safety Challenges	Moderator: Jean Yudin Wen Dombrowski Jennifer Crawley
10:55-11:55	What Are Successful Financial Strategies for HCM Non-profit Providers Large Health System Large Diversified Business Health Plan Perspective	Moderator: Eric DeJonge Brent Feorene Kristopher Smith Robert Sowislo James Stover
11:55-12:00	Wrap up	Eric DeJonge



Jean Yudin, GNP-BC

Director, House Call Program, Univ. of Pennsylvania

“Nurse Practitioners interested in home centered medicine should make this the one meeting to attend. There is a great blend of practice management, clinical skills and policy insights all crucial for caring for our frail elders, information not found at single discipline meetings.”



Ruth Shea, LICSW

Medical House Call Program, MedStar Washington Hospital Center

“Social Workers in Home Care Medicine - come learn about best practices and innovations of social work practice with patients and caregivers, while being a member of the interdisciplinary medical team.”

Care Integration Across the Care Continuum: House Call Practice as Hub, in Hub and Spoke Care Model for Improved Care Delivery

An Interview with AAHCM Member William Mills, MD

by Constance F. Row, LFACHE, Executive Director

Dr. Mills is the Chief Medical Officer for Home Health and Hospice and Vice President of Medical Affairs Division of Care Management at Kindred Healthcare.

I caught up with Dr. Mills who is starting his new position with Kindred Healthcare.

Dr. Mills, first tell me a little about yourself.

I am a Cleveland, Ohio native and went to Case Western Reserve and trained at affiliated hospitals. After training, I became aware of the cost/quality dilemma and devoted myself to designing innovative primary care models. I then started a home-based primary care practice called Western Reserve Senior Care in Northeast Ohio which began in 2008 and now has grown to 10 providers in 7 counties. I became an Academy member in 2009. Our house calls model has some similarities to others - we have physicians/non-physician provider teams who are supported by a back office in each location. We provide house calls to private homes and assisted living facilities with full continuity of care as we follow patients also in hospitals and nursing homes. We also quarterback any other services our patients need - home health, hospice, etc.

How did you come to connect with Kindred Healthcare?

Kindred is the largest diversified post-acute company in the US, combining Transitional Care Hospitals (certified as long-term acute care hospitals) with

nursing and rehabilitation centers, a rehabilitation business, inpatient rehabilitation hospitals, home health and hospice. It operates in over two thousand locations in 46 states.

I had been on their Medical Advisory Board for home health and hospice and they became interested in the home based primary care model. They proposed to acquire my practice and for me to be the medical leader in a new division devoted to care management. The idea is to improve patient outcomes by focusing on a patient-centered care approach and integrating care, getting away from the more traditional silo / place of service approach. The idea is to build care platforms out from the grassroots/community, not just inwards from the hospitals as has been the traditional care model. It is not necessarily the place of service that should be the focus, but instead specific types of care that can be provided with the given resources available. Increasingly, we are becoming more sophisticated with the types of quality care that can be delivered in the home.

What will you be doing in your new position?

I will be building patient-centered care models with the house call as the center, building out to the other places of care.



William Mills, MD

The patient's goals and quality metrics will drive the model out from the patient's residence, rather than the "go to the hospital first" traditional model. Many of AAHCM's principles will be used on the home based care model we will be using.

Once we have expanded in Ohio, the idea is to take this concept nationwide, so this may be potentially interesting to other member practices that would like to think about building this concept in their own area of the country.

This sounds like an outstanding opportunity to create something new and better. What advice do you have for other members seeking this kind or other innovative opportunities?

First, be passionate. Second, tell the story of the importance of house calls. Tell your patients, tell your home health agencies, your hospital systems, the media and everyone who will listen. Our value is not yet well known. For those who may be interested in possible collaborative opportunities, I would be delighted to discuss.

Update of the Home Care Literature: September - October 2013

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

Mariska G. Oosterveld-Vlug, H. Roeline W. Pasman, Isis E. van Gennip, Dick L. Willems, Bregje D. Onwuteaka-Philipsen, and Apar Kishor Ganti, Editor. Changes in the Personal Dignity of Nursing Home Residents: A Longitudinal Qualitative Interview Study. PLoS One. 2013; 8(9): e73822. Published online 2013 September 12. doi: 10.1371/journal.pone.0073822.

Most nursing home residents spend the remainder of their life, until death, within a nursing home. As preserving dignity is an important aim of the care given here, insight into the way residents experience their dignity throughout their entire admission period is valuable. In conclusion, the study showed that although the direction in which a resident's personal dignity develops is also dependent on one's character and coping capacities, nursing home staff can contribute to dignity by creating optimal conditions to help a nursing home resident recover feelings of control and of being regarded as a worthwhile person.

Home Care Research

Gill F Lewin, Helman S Alfonso, and Janine J Alan. Evidence for the long term cost effectiveness of home care rehabilitation programs. Clin Interv Aging. 2013; 8: 1273-1281. Published online 2013 October 2. doi: 10.2147/CIA.S49164.

The objectives of this study were to de-

termine whether older individuals who participated in a rehabilitation (restorative) program. In Australia, rehabilitation has been described as having the following key components:

1. An emphasis on capacity building or restorative care to maintain or promote a client's capacity to live as independently as possible, with an aim of improving functional independence, quality of life, and social participation;
2. An emphasis on a holistic, person-centered approach to care, which promotes clients' wellness and active participation in decisions about care;
3. An attempt to provide more timely, flexible, and targeted services that are capable of maximizing clients' independence.

Continued on page 10

Article of the Month

Quality of Care

Tim Sharp, MA, BMBA, Emily Moran, BSc(Hons), Islan Kuhn, MA(Hons), MSc, Stephen Barclay, MA, FRCGP, MSc, MD, FHEA. Do the elderly have a voice? Advance care planning discussions with frail and older individuals: a systematic literature review and narrative synthesis. British Journal of General Practice, Volume 63, Number 615, October 2013, pp. e657-e668(12). Published online 2013 September 30. doi: 10.3399/bjgp13X673667

The marked disparity between the majority of older individuals who would like the opportunity to discuss their end-of-life care and the minority that currently have this opportunity raises important questions if the wishes of this large group in society are to be respected. The challenge is to find effective ways of encouraging dialogue and choice within the constraints of the current healthcare systems and personal circumstances. The study also showed that most doctors believed it was their professional responsibility to initiate discussions, but felt limited by time pressures and the absence of a precipitating event.

Member News

Medical Director Training NOW AVAILABLE!

Finally, low-cost, easy to use, web-based Home Health Agency Medical Director training is available! Don't miss out, and tell your friends. Training consists of eight modules and CME credit will be awarded for completion of the entire course. Cost is just \$20 for AAHCM members! View the brochure and register on our website at www.aahcm.org > Home Care Medical Direction.

President-Elect Dr. Mindy Fain accepted as Tucson Fellow

President-Elect Dr. Mindy Fain accepted as Public Policy/Thought Leadership Program's Tucson Fellow based on her expertise in home care medicine. Dr. Fain has committed to writing several op-ed pieces to promote home care medicine.

Scharmain Lawson-Baker, FNP-BC, DNP was Cover Story

AAHCM member Scharmain Lawson-Baker, FNP-BC, DNP was the cover story in the November, 2013 issue of Nurses FYI Magazine for her work with the underserved senior population in New Orleans.

Welcome, New Members!

The Academy would like to welcome the following new members:

ARIZONA

Sarah Scagnelli, PA-C

CALIFORNIA

Connie Chen, MD
Clarissa Kripke
Lawrence J. Mietus, MD
Melissa Vourlitis, DO
Tarquin Williams

CONNECTICUT

Holly Penkacik

FLORIDA

Shannon Abbott
Vorbes Aleger, MD
Julian Cedeno, MSN, NP-C
Richard Miller, PA
William Sheahan, MD

ILLINOIS

Tina Casey
Jan Clarke, MD
Maggie Lazatin
Louie Pavelchik

INDIANA

Voltaire Lazatin
Dr. Robert Mehl, JR

KENTUCKY

William Mills, MD
Dr. Michael B. Sanders

MASSACHUSETTS

Michelle Morreale-Karl, MD

MISSOURI

Ami Grimes
Gerald M. Mahon, MD
Reuben Thaker

NEW YORK

Sean Murphy

OHIO

Dr. Chimezie C. Amanambu
Dr. Catherine A. Bishop

OKLAHOMA

Rebecca Carter, APRN
Susan Egbe

SOUTH DAKOTA

Laura Roozenboom, RN

TEXAS

Belinda D. Armstrong
Ronald Crossno
Julia Jung, CPA
Dr. Hobert L. Smith

VIRGINIA

Jennifer Fellman, NP
Timothy Lapham, MD

WEST VIRGINIA

Claudia Pierce, ANP

Letter to the Editor

Continued from page 2

uted to additional chapter on NPs/PAs

- 2011-2012: Co-Editor for the 4th edition of *Medical Management of the Home Care Patient*
- 2011-2013: President-elect, Chair Board Development Committee, member Practice Management, Strategic Planning and Annual Meeting Committees
- Began AAHCM's formal fundraising program. Over the past three years this has brought in over \$120,000 with an additional \$25K pledged this year.

Respectfully,

C. Gresham Bayne MD

AAHCM Board Member, Past President

Update of the Home Care Literature

Continued from page 9

Rather than immediately receiving conventional home care services had a reduced need for ongoing support and lower home care costs over the next 57 months (nearly 5 years). The authors concluded that individuals who had received a reablement service were less likely to use a personal care service throughout the follow-up period or any other type of home care over the next 3 years. This reduced use of home care services was associated with median cost savings per person of approximately AU \$12,500 over nearly 5 years.

The AAHCM has received a \$25,000 matching gift for our fundraiser. Please help us reach our goal of \$25,000!!

The AAHCM is a small organization that is changing how health care is delivered to the most complex and costliest patients in our society. Working together we are stronger! Help us to:

- Continue to advance Independence at Home
- Help fight abusive audits
- Advocate for house call providers to bill for the Complex Chronic Care Management Codes in 2015
- Disseminate clinical knowledge in home care medicine

Please consider making a tax deductible contribution of \$25, \$50, \$100 or more to the American Academy of Home Care Medicine.

There are two convenient ways to give:

1. Mail a check to: The American Academy of Home Care Medicine, PO Box 1037, Edgewood, MD 21040-0337.
2. Fill out credit card information below and fax to the AAHCM at (410) 676-7980 or mail it to: The American Academy of Home Care Medicine, PO Box 1037, Edgewood, MD 21040-0337.

Donation Amount: _____ Name as it appears on Credit Card: _____

Credit Card Type: VISA MasterCard American Express Other _____

Card Number: _____ Expiration Date: _____

Address: _____

2014 marks the 30th Anniversary of the Academy and coincides with our name change to the American Academy of Home Care Medicine. Please help us celebrate through a generous donation!!

Sincerely,



Thomas Cornwell, MD
President, American Academy of Home Care Medicine
Chair, Fundraising Committee

Where is AAHCM...



Find us
on
Facebook



Follow
us on
Twitter



View our
profile on
LinkedIn

Share AAHCM's mission and encourage colleagues to join

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

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

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

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

Who should join?

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

Benefits:

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

2014 Membership Fees*

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

2014 Membership Application

Name: _____ Date: _____

Address: _____

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

Make checks payable to:

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

E-mail: _____

New membership Renewing membership

Please state your area of expertise or specialty: _____