



American Academy of  
Home Care Physicians

# Frontiers

AAHCP becoming American Academy of Home Care Medicine  
*Home Care Medicine's Voice*

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*The AAHCP 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.*

## Annual Meeting

# Home Care Medicine Best of Care, Best of Business, Largest and Most Successful Annual Meeting

by Gary Swartz, JD, MPA, Associate Executive Director

The Academy held its largest and most successful Annual Meeting, **Home Care Medicine, Best of Care, Best of Business**, May 2 and 3 in Grapevine, Texas.

The success of the meeting was due to the Academy members who attended and to the efforts of the volunteer Planning Committee led by Chair, Dr. Eric De Jonge and Co-Chair Dr. Mindy Fain.



Thank you to the Planning Committee for its invaluable and tireless service



in programming and fundraising. Special thanks to Robert Sowislo of U.S. Medical Management, LLC/Visiting Physicians Association for his work on the Annual Meeting and generation of exhibitors and sponsorship.

The slides that accompanied presentations



Special Edition: Annual Report



# AAHCP

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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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Editor-in-Chief: Mindy Fain, MD. Comments on the Newsletter can be emailed to the Editor at: aahcp@comcast.net.



are posted to the Academy website at [www.aahcp.org](http://www.aahcp.org) > Meetings and Programs > 2013 Annual Meeting > Agenda/ Handouts.

## Annual Meeting Presentation/ Session Highlights

Attendees heard and enjoyed the opportunity to interact with a stellar two day line-up of speakers. Keynote addresses that aptly framed the meeting were provided by Jennie Chin Hansen, RN, CEO, of the American Geriatrics Society and Dr. John Burton, Professor of Medicine, the Johns Hopkins University School of Medicine. These speakers provided the historical background for the services of attendees. Talks included both a recounting of the history of the geriatrics and housecall fields in the country, and a personal reflection on the needs, opportunities and professional satisfaction provided to them personally through service in the field. Dr. Burton and Ms. Hansen ended their remarks by emphasizing the importance of the work of Academy members, and that interdisciplinary teams will have a strong impact.

Presentations before and after these keynotes

covered topics including practice start-up, home care medicine as part of a service line, key elements for success, care transitions and working with HHA partners. Also covered were VA practice initiatives, CMS policy and shared savings including Independence at Home, standards, and workforce development from a policy and practice management standpoint. Clinical and educational presentations included challenging cases, polypharmacy, behavioral and psychosocial needs, difficult behavioral issues, pain management, wound care, telemonitoring, and technology in the home.

Your Academy Annual Meeting has now become an international meeting. Advanced and emerging housecall practices are occurring in other countries. Dr. Samir Sinha presented on the Canadian model and financing of a housecall practice in the province of Ontario. From Dr. Sinha's presentation it is clear that there are shared demographics including financial pressures on government and families and that these issues and pressures do not rec-

## 2013 Annual Meeting Program Committee Members

<b>Chair:</b> Eric DeJonge, MD	Edward Ratner, MD
<b>Co-Chair:</b> Mindy Fain, MD	Scharmaine Lawson-Baker, FNP-BC, DNP
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# Largest and Most Successful Annual Meeting



ognize borders. Thus, there is much to be learned through shared learning and review of international developments of housecall practice.

Sheryl Cramer, MD, June Leland, MD and Ruth Shea, MSW presented the three “Housecall Highlights” throughout the program.

Certain driving forces and overall themes that will influence your housecall practice and also inform Academy programming over the next year were heard at the Annual Meeting. These driving forces and themes include:

- The transition from fee-for-service, non-accountable, siloed, uncoordinated care to coordinated care, bundled/global payments, population health management and payment for outcomes/value and that of “shared savings.”
- Data and patient tracking including transition into the hospital and back to the community/home. Data and patient tracking would be enabled through connectivity, electronic health records, and data develop-

ment including measures reported for certification and payment. Data development and presentation is also critical to identify, understand and market the value of one’s services and practice.

- Medication reconciliation as a critical service for practices to provide during each transition of location of care and also during each encounter with one’s patient.
- Interdisciplinary teams: The pressures for increased accountability and access will drive the “raising of the bar” as relates to the practice of hiring of clinical and administrative staff. In short, the expectations and requirements of the field of medicine in the home are increasing as are the professional career, satisfaction and financial opportunities.
- Partnerships with other professionals and organizations in one’s

community that are non-acute care based will grow in importance. Relationships with acute care facilities particularly as relates to transitions of care and the opportunity to demonstrate value and participate in shared savings will be important as well.

- Patient acquisition and attribution to the practice will become critically important. Thus the appropriate establishment of patient-primary care provider relationships, assessment of patient condition, and accurate and specific diagnostic coding of patient conditions will grow in importance, as will risk stratification, HCC scoring, and other issues.

## Other Meeting Highlights Include:

- Record Setting Attendance - Preliminary figures produce attendance of 265 including speakers

## First-Ever “IAH Day” Brings Demonstration Program Participants Together

Representatives from the IAH Demonstration sites met together for the first time on May 1. Above is a “class picture” of the participants.



In the meeting, lessons learned during the first year were discussed along with clinical and administrative case studies of issues arising in the Demonstration. Plans were made for the Learning Collaborative’s second year, designed to support the success of projects.

# Largest and Most Successful Annual Meeting



and sponsors. Final attendance figures will be received in the next weeks from the American Geriatric Society. The Academy Annual Meeting has grown by 20% in two years based on your support. This is in contrast to the experience of other medical and professional societies. Thank you for your participation. One attendee described the Successful Transitions of Care panel presentation as “astounding.”

- Record Number of Exhibits and Amount of Sponsorship - This year’s meeting included the largest number and variety of exhibitors and largest amount of sponsorship revenue for the Academy.
- Meeting Innovations - More time than ever was provided by design for questions during and after presentations. Presentations were limited in time and kept timely to enhance attendee interaction and participation. Live tweeting and emailing of questions were added.
- Table Discussions During Lunch - ten interactive and wide ranging table discussions were organized during lunch in the exhibit hall. Attendees made great use of the opportunity to share questions and knowledge.

- Evening Reception in the Exhibit Hall - An evening reception in the exhibit hall provided for great networking and development of camaraderie among attendees. This reception, thanks to the generosity of Aprima Medical Software Inc., added to the satisfaction of the exhibitors and sponsors of the meeting.

## Review of Annual Meeting Evaluations

Thank you to attendees for your completion of the Annual Meeting evaluations. Comments from prior year Annual Meeting evaluations informed the development and conduct of this year’s meeting. Your evaluations will be reviewed carefully so that next year’s meeting continues to meet your needs and interests.

## 2014 Annual Meeting in Orlando, Florida - May 2014

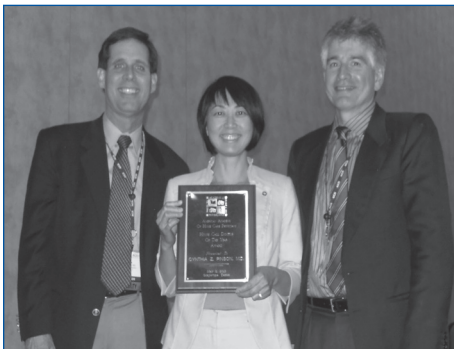
Support your Academy and volunteer to participate in the 2014 Annual Meeting Planning Committee to help us build on this year’s incredible success. Building on this year’s Texas hospitality and meeting success, we already look forward to seeing you mid-May, 2014 in the Sunshine State!

Thank you to Planning Committee members, exhibitors/sponsors and to YOU for the 2013 Academy Annual Meeting success!

# Annual Meeting Features Awards and Re-Election of Board Members

Dr. Bruce Leff began his Annual Meeting address by celebrating our Academy members, who are helping define and execute the models of care that are gradually defining the field of home care medicine. Our members were commended for the gradual growth in house calls despite a challenging Medicare fee schedule, growing participation of nurse practitioners and physician assistants, and for the growth of the VA Home-Based Primary Care Program.

Dr. Leff highlighted a few of the Academy's many accomplishments during the past year, including the first year of the IAH Demonstration, a decade-long



*2013 House Call Doctor of the Year Cynthia Pinson, MD, Dr. Tom Cornwell and Dr. Bruce Leff*

effort of the Academy! Dr. Leff thanked the Alliance for Home Health Quality & Innovation whose grant permitted the development of the Medical Director's Training web-based course, and to Dr. Ed Ratner who worked as volunteer course director and content developer. He went on to thank The Retirement Research Foundation whose 2012 funding supported the IAH Learning Collaborative. He also thanked Dr. Tom Cornwell, President-elect, for spearheading the Academy's \$25,000 fundraising drive, and to Peter Whinfrey for pledging to match dollar for dollar up to \$25,000 to the Academy, as well as making a similar

gift to the IAH effort. We are gradually evolving toward a broader definition of who we are, looking toward our name change to American Academy of Home Care Medicine in 2014.

Dr. Leff encouraged members to get involved in any of our committees: Annual Meeting, Public Policy, Education, Research or other Academy work groups. Remember, volunteers are our lifeblood, so please let us know if you are interested in getting involved!

Members were then asked to re-elect Board members Dr. Bruce Leff, Dr. Thomas Cornwell, Brent Feorene, and Dr. Eric DeJonge. All were re-elected to the Board.

Dr. Thomas Cornwell presented the House Call Awards in place of Awards Committee Chair, Dr. Theresa Soriano. The 2013 Eric Baron House Call Doctor of the Year was awarded to Dr. Cynthia Pinson, founder of Travel MD pictured at left. Dr. Pinson was the first female physician to start a medical practice devoted to making house calls in the tri-state area of West Virginia, Ohio and Kentucky. There had been no such practice prior to Travel MD. "Dr. Pinson is a pioneer in this domain," said Dr. Rabah Boukhemis.

The 2013 House Call Clinician of the Year was awarded to Nurse Practitioner Barbara Sutton, pictured above right. In her nomination Ms. Sutton's collaborative physician Dr. Tracey Hashemi wrote, "Barb is an innovator and pioneer. She is pioneering partnerships with our hospital and physician partners to establish new and innovative programs to help our partners keep their patients healthy and out of the hospital." Another colleague Jean Hansen wrote "Barb continually inspires and motivates our palliative care team and is an inspiration



*2013 House Call Clinician of the Year Barbara Sutton, RN, MS, ANP-BC, ACHPN Dr. Tom Cornwell and Dr. Bruce Leff*

to us all."

The 2013 Poster of the Year was awarded to Dr. Bruce Kinosian (pictured below) for "Hospital at Home as an Inter-agency Collaborative in the VA."

The 2013 Student Poster of the Year was awarded to Elizabeth Pedowitz (pictured on page 15) for "Time Spent Providing Care Outside of Home Visits in a Home Based Primary Care Program."

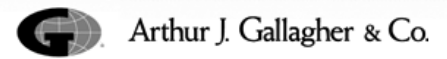
This year, the Academy also presented a few special awards. Dr. Edward Ratner was awarded the President's Award



*2013 Poster of the Year winner Dr. Bruce Kinosian with Dr. Bruce Leff*

*Continued on page 15*

# Thank you to our 2013 Annual Meeting Exhibitors and Sponsors!



# If You Weren't at the Annual Meeting, You Missed a Great One

by Bruce Leff, MD, President



I sometimes struggle a bit to come up with a topic for this column, but not this time! As I write, I'm at the Dallas airport waiting for my delayed flight back home, but am still buzzing with the vibe from the Academy Annual Meeting, which concluded today.

For those of you who attended the meeting, let me thank you for your active participation in what was the best Academy Annual Meeting I have ever attended. I am in awe of our staff, Program Planning Committee, and the chairs of the committee, Eric DeJonge, MD and Mindy Fain, MD. They put together a superb lineup of speakers, panels, breakout sessions and testimonials and, in great part, relied on meeting attendees to drive the conversation by limiting didactic time and building in extensive time for provocative discussion and Q&A. By virtue of this format, the audience contributed as much to the teaching as did the speakers.

For those members who did not attend, I want to describe my two key highlights of the meeting. The first occurred when during one of the Q&A sessions, Dr. DeJonge reminded the audience (our largest ever at over 275 participants) that the Academy is to change its name in 2014 to the American Academy of Home Care Medicine. Spontaneous sustained applause erupted from the audience. I looked around to see nurse practitioners, social workers, physician assistants and physicians all putting their hands together in proud recognition of the skills and professionalism of

their colleagues in all disciplines, and of the direction the Academy is taking.

The second was the keynote on the second day of the meeting by Dr. John Burton. Dr. Burton gave me permission to summarize his remarks. He described his own career journey as he morphed from specialist to generalist to house call doc to geriatrician and the history of the development of the house calls program at Johns Hopkins, and how he used his house calls program as the nidus to develop the entire spectrum of geriatrics services.

As part of his preparation for his talk, Dr. Burton asked several health systems

*Dr. DeJonge reminded the audience... that the Academy is to change its name in 2014 to the American Academy of Home Care Medicine. Spontaneous sustained applause erupted from the audience.*

leaders, policy professionals, and others from around the country whether they saw any role for house calls in the future of U.S. medicine as it evolves rapidly in the post Affordable Care Act era. He said that he heard a unanimous "yes," so long as house calls could robustly prove that it delivers high quality care in a cost effective manner when compared to more mainstream care delivery models.

He noted that to the extent that we work in teams that we were ahead of the curve in health service delivery. Team-based care must be the new normal in medicine - teams can deliver care

in smarter, wiser ways and it is that collective wisdom that we need to bring to the care of our patients.

He argued that all politics and health care is local and that we must aim to influence our local health care environments by getting to the table and making our case. We are the only ones who know how to do what we do and the true value of the care we provide. We must make that case to our local health care leaders and develop common goals with the worthy partners among them to help our systems change for the better, always keeping the needs of patients and their families and caregivers in the front of our minds.

Dr. Burton provided some cautions. He noted that we, as a field have a name and marketing issue. Home care or house calls - our current labels don't always effectively communicate effectively what we do and

he suggested that we develop ways to better define ourselves, our work, and our field. Finally, he told us that we should "worry about gizmos," high-tech devices or procedures for which clinical benefit in a specific clinical context is not clearly defined. As technology invades the home we should be careful to use only that technology for which there is clear benefit for the patient. If we become an unwitting conduit of gizmos, we risk our ability to deliver the best patient-centered care.

As he concluded his remarks, Dr. Burton noted that "the force is with us." It most certainly is.

## Honor Roll of Donors

For the Period of May 25, 2012 through May 7, 2013. Thank you to the following members for their generous and thoughtful gifts in support of our programs and services:

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# American Academy of Home Care Physicians Annual Report to the Membership 2012

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2007-2009

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2004-2007

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2002-2004

**Wayne McCormick, MD, MPH**

2000-2002

**Edward Ratner, MD**

1998-2000

**George Taler, MD**

1996-1998

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1994-1996

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FAAP, FCCP, FACPE**

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1989-1992

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1988-1989

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# Membership, Programs & Services

## 1. Membership Diversification

The AAHCP continues to be delighted with the growth in diversity of our membership, with a current total membership around 1,271. Medical Directors make up 19% of our membership. Nurse Practitioners, Registered Nurses and Physician Assistants make up nearly 16% of our membership. About 70% of our membership is made up of Physicians (including Medical Directors), and the remaining members are employees of home health agencies, administrators, residents and students, flat rate groups and small groups.

## 2. Annual Scientific Meeting and Member Recognition

The 2012 program “Bringing Home the Care Continuum: Harnessing High Tech, High Touch Home Care Medicine” featured presentations on successful management of the home care medical practice, the changing home care neighborhood, innovations in health care, emerging technologies, telemedicine, update on IAH, the regulatory environment in home health care, and clinical and educational topics. Winner of the Eric Baron House Call Doctor of the Year award was Dr. Linda DeCherrie. Winner of the Clinician of the Year award was Nancy Reyes, RN, APN-C. Poster of the Year Award winner was Dr. Ina Li.

## 3. Newsletter

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

## 4. Public Policy

The major event of the year was the beginning of the Independence at Home demonstration, a decade-long effort of the Academy. The AAHCP also provided comments on numerous regulations including reform of the Medicare physician payment formula, meaningful use measures, audit and billing issues.

## 5. Medical Malpractice Insurance

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

## Financial Information: 2012

<b>Total Revenue:</b>	\$500,483
<b>Expenses:</b>	
Program Services	\$439,860
Management and General	\$95,221
Fundraising	\$8,905
Payments to Affiliates	-0-
Total Expenses	\$583,986
<b>Excess or (deficit) for the year</b>	<b>\$(83,503)</b>
<b>Net assets or fund balances at the end of the year</b>	<b>\$806,738</b>

## Sponsors

- Amedisys, Inc
- Banyan International Corporation
- Bayer Healthcare Viterion Telehealthcare
- Cleveland Clinic
- Gentiva Health Services, Inc
- Gerontological Advanced Practice Nurses Association
- Harden Healthcare
- Home Care Assistance, LLC
- The Home Doctor
- Hopkins Medical Products
- Intel/GE Care Innovations
- Invacare Corporation
- National Association for Home Care & Hospice
- Safe Visits
- Sterling Medical Services

# AAHCP Publications & Training Materials

## **Home Care Medicine – A Field Guide to developing successful practices and programs**

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

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

## **Advanced Issues in House Call Program Management**

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

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

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

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

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

## **Making House Calls A Part of Your Practice**

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

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

## **Medical Directorship of Home Health Agencies**

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

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

## **Medical Visits in Assisted Living Facilities and Other Congregate Care Settings: A Primer for Facility Operators and Medical Providers**

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

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

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

## **Recommended Clinical Practice Guidelines**

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

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

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

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

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

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

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

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

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To order these publications and training materials, please visit [www.aahcp.org](http://www.aahcp.org) and click “Online Store” or call the AAHCP at 410-676-7966.

# 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 AAHCP members! View the brochure and register on our website at [www.aahcp.org](http://www.aahcp.org) > Home Care Medical Direction.

## Welcome, New Members!

The Academy would like to welcome the following new members:

### ALABAMA

Anitra Batie, MD

### ARKANSAS

Daron Merryman, MD

### ARIZONIA

Joyce Benjamin, FNP  
Lois Schwartz, ANP

### CALIFORNIA

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Silvia C. Arizaga, MD

### COLORADO

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J. Kevin Shutter

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Catherine Christensen, FNP  
Waleed Elyaman, MD  
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Daniel James Little, PhD, ARNP  
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# Face to Face Visit Assistance

by Kevin S. Henning, MD, FAAFP, FAAHPM

Since 2011 the Centers for Medicare and Medicaid Services (CMS) have required the certifying physician to have face to face (FTF) encounters with patients who are referred for home health services. These visits must occur up to 90 days prior and 30 days after the home health start of care. The documentation must describe how the patient is homebound and needs skilled services thus making the patient eligible for home health care.

You are likely aware that many home health agencies are unable to secure the required documentation for a small number of their referred patients. Patients may not have a consistent attending physician who feels comfortable providing the documentation. Because of practice demands, some doctors do not return documentation in a timely fashion. And finally, some physicians are simply hard to reach. If you are a medical director or physician consultant for a home health company, you may be able to assist your agency in its effort to remain compliant with this regulatory requirement.

Ask your agency to describe its process for securing FTF documentation. Do they have a consistent, logical well-documented process? Busy agencies that might receive dozens of referrals per day need a system to track receipt of the FTF and other documentation. Which individuals in the care center are responsible for contacting the physician? Does your agency help patients make and keep follow up appointments with their doctors? Does your home health company provide resources and information to physicians about the FTF documentation requirement?

Even under the best of circumstances and with solid processes home health agencies will not be able to acquire FTF documentation for all referred patients. In those circumstances I encourage you to consider helping your agency with their process and volunteer to contact delinquent physicians.

When speaking to physicians about the requirement for face to face documentation, consider these “talking points”:

1. The need for a documented face to face encounter has been a CMS

requirement since 2011.

2. The encounter requirement exists to ensure patients are under the care of a physician, are homebound and have a skilled need.
3. Homebound status implies a considerable and taxing effort is required for the patient to leave the home. Infrequent absences from the home for a brief duration to attend a religious service or medical appointment are acceptable.
4. Skilled nursing services include medically necessary services such as nursing observation and assessment, management and evaluation of the condition and teaching.
5. The home health agency is prohibited from completing the face to face documentation for the physician.
6. The AAHCP has published resources that offer advice to physicians on the F2F requirements and would be glad to share them.
7. Submitting the F2F documentation to the home health agency allows

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## Unique House Call Physician in Southwest Ohio

Trusted Healthcare, Inc. is seeking BC/BE Physicians to provide hands-on quality of care to patients with multiple chronic diseases. The perfect physician candidate is one who is looking for a non-traditional setting with the temperament of giving back to the community. Benefits include competitive starting salary, health benefits, paid malpractice and tail coverage, paid holidays, paid time off, paid CME, monthly car allowance for mileage, no weekends, and an end-of-year bonus potential.

Southwestern Ohio is a fantastic place to raise a family and offers all the warmth and charm you can find only in the Midwest. Excellent school districts and a variety of private schools. We are also home to the US Air Force Museum and Wright-Patterson Air Force Base and are within an hour's drive of big-city attractions. This world-class community truly offers the “best of both worlds” - - community charm with easy access to metropolitan amenities. This is an opportunity worth considering!

Please forward CV to Audrey Harper, Physician Recruitment Manager. Email Audrey. harper@khnetwork.org or fax: 937-522-7331. Phone: 937-395-8544 or cell: 740-607-5924.



# Update of the Home Care Literature: March - April 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.

## Home Care Research

A.M. Tolppanen, P. Lavikainen, H. Soininen and S. Hartikainen; D. Kado, Editor. Incident Hip Fractures among Community Dwelling Persons with Alzheimer's Disease in a Finnish Nationwide Register-Based Cohort. PLoS One. 2013; 8(3): e59124. Published online 2013 March 18. doi: 10.1371/journal.pone.0059124.

In this, an exposure-matched cohort study conducted in Finland, the authors investigated the association between AD and prevalent and incident hip fractures. The study population included all community-dwelling persons with verified AD diagnosis in Finland, range 42-101 years. The authors concluded that persons with AD were twice as likely to have previous hip fracture in 2005 (odds ratio, 95% confidence interval 2.00, 1.82-2.20) than matched aged population without AD. They were also more likely to experience incident hip fracture during the four-year follow-up (hazard ratio, 95% confidence interval 2.57, 2.32-2.84, adjusted for health status, psychotropic drug and bisphosphonate use). Although people with AD had higher risk of hip fractures regardless of sex, the risk increase was larger in men than women.

## Quality of Care

H. Hörder, K. Frändin, and M. Larsson. Self-respect through ability to keep fear

of frailty at a distance: Successful ageing from the perspective of community-dwelling older people. Int J Qual Stud Health Well-being. 2013; 8: 10.3402/qhw.v8i0.20194. Published online 2013 March 18. doi: 10.3402/qhw.v8i0.20194.

With population ageing, there is an increased interest in how to promote a good old age. A predominant concept in these discussions is successful ageing, which is mainly based on researchers' definitions. This article aims to explore successful ageing from the perspective of community-dwelling older people (24 persons aged 77-90 years). Individual open interviews were conducted and analyzed according to qualitative content analysis. An overarching theme was formulated as "self-respect through ability to keep fear of frailty at a distance." This embraced the content of four categories: "having sufficient bodily resources for security and opportunities," "structures that promote security and opportuni-

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## Article of the Month

### Assessment

J E Signorovitch, D Macaulay, M Diener, Y Yan, E Q Wu, J-B Gruenberger, and B M Frier. Hypoglycaemia and accident risk in people with type 2 diabetes mellitus treated with non-insulin antidiabetes drugs. Diabetes Obes Metab. 2013 April; 15(4): 335-341. Published online 2012 November 22. doi: 10.1111/dom.12031.

The aim of this study is to assess associations between hypoglycaemia and risk of accidents resulting in hospital visits among people with type 2 diabetes receiving antidiabetes drugs without insulin. A total of N = 5,582 people with claims for hypoglycaemia and N = 27,910 with no such claims were included. Following initiation of an antidiabetes drug, the occurrence of accidents resulting in hospital visits was compared between people with and without claims for hypoglycaemia using multivariable Cox proportional hazard models adjusted for demographics, comorbidities, prior treatments and prior medical service use. Additional analyses were stratified by age 65 years or older. The authors concluded that in people with type 2 diabetes receiving antidiabetes drugs without insulin, hypoglycaemia was associated with a significantly higher risk of accidents resulting in hospital visits, including accidents related to driving and falls.

# Media Outreach for AAHCP Members

by Melissa Fernlund, AAHCP Public Relations Consultant

The Academy encourages members to use local media to spread the word about the benefits of house calls and home medicine. Local outlets (TV, radio, print, and web) are always looking for feel good, human interest stories, and PR provides excellent ROI. Here are the steps:

1. Identify a patient and caregiver(s), and invite them to participate. Explain clearly so they can grant informed consent, and secure permission in writing. Make sure they are comfortable with publicity. Consider any security issues the exposure may bring. Avoid using full names, addresses, and other identifiers. (Say "Mrs. K from Boca Raton...")
2. Once your patient is on board, identify the target media, and send them a short email (one paragraph) inviting them to accompany you on a house call. Explain a bit about the person's life in their prime and now, and why house calls are better for
3. Schedule and enjoy the house call. Include as many team members as possible. Usually patients love the attention.
4. Ask the reporter for story input (or approval, in certain markets) prior to publication. This isn't always possible, but go ahead and ask. Remember that reporters have tight deadlines, and you may only have a few minutes to review their work.
5. Once the story is published, please send a copy or link to the Academy. Post the same on your website (you may again need written permission). Then bask in the glory!

him/her. Tug those heart strings! Pitch to the editor or reporter; email addresses are available in print or online. Follow up the following week if you don't receive an initial response. Stories have to be exclusive, so pitch to one outlet at a time.

## Where is AAHCP...



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## Face to Face Assistance

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the patient to receive ordered home health services and allows them to remain in compliance with Medicare regulations.

Although the FTF encounter requirement for patients receiving home health care added a small amount of administrative work for both the physician and home health agency, the burden is not unreasonable and is consistent with sound medical care. Home health medical directors should be able to assist their agencies with compliance so patients can receive the care at home they need.

## Annual Meeting Features Awards Continued from page 5



2013 Student Poster of the Year winner Elizabeth Pedowitz with Dr. Bruce Leff

for Outstanding Contributions to the American Academy of Home Care Physicians for his work in public policy, education and as an Academy President and leader. Board members who were rotating off the Board were honored. Dr. Michael Fleming and Dr. Steven Phillips (pictured below) were each given awards for appreciation of their service. The Academy congratulates all of this year's winners!



Dr. Michael Fleming, Dr. Steven Phillips with Dr. Bruce Leff

## Literature Review

Continued from page 14

ties," "feeling valuable in relation to the outside world," and "choosing gratitude instead of worries." Ageing seems to be a dynamic process rather than a static structure and might therefore be susceptible to actions. Paying attention to attitudes and treating the older person with respect, particularly with regard to worries about increasing vulnerability, can lead to better ways of promoting successful ageing.

*Share AAHCP's mission and encourage colleagues to join*

The American Academy of Home Care Physicians 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.

AAHCP 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).
- 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:**

- Practice Management publications, website and personal technical assistance.
- Public Policy representation; legislative representation such as IAH.
- 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.

**2012 Membership Fees\***

Physicians	\$195	Residents/Students	\$75
Groups (MD, NP, PA or combination)	Custom**	Affiliate (home care agency employee)	\$195
Associate (NPs, PAs, RNs)	\$115	Corporate Sponsor Membership	\$2,000

\*For international membership, add \$15  
\*\*Special discounts and flat rate options available - call 410-676-7966

**2012 Membership Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
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New membership     Renewing membership

Please state your area of expertise or specialty: \_\_\_\_\_