Honoring September’s Heroes during National Home Care Month in November

This September –“Preparedness Month” – home care providers and staff put their preparedness and response plans to test as Hurricane Irene and Tropical Storm Lee battered much of Eastern New York in two consecutive sweeps.

Providers continue to send HCA amazing stories about their efforts assisting in evacuation orders, staffing emergency shelters, ensuring that vulnerable patients were safe and had supplies in their homes, and coping with unimaginable losses to their operations and to the homes and personal belongings of patients and staff.

Many of these stories were detailed in the September 2 edition of HCA’s ASAP newsletter, which provided a look at the damage sustained by HCR Home Care’s offices in Schoharie County – one of the hardest hit areas of New York – and the work of HCR staff in delivering vital supplies to local emergency shelters, via National Guard Black Hawk helicopter in one instance.

We also told stories about exceptional caregivers like Steve Schlamowitz, an LPN at Visiting Nurse Service of Schenectady and Saratoga Counties, and Morna Harvey, a Home Health Aide at Home Assistance Personnel, who went the extra mile to serve the community – in Mr. Schlamowitz’s case, by helping to evacuate neighbors on flood-ravaged roads and, in Ms. Harvey’s case, by rescuing a dementia patient who needed emergency hospital care during the storm.

HCA has heard even more stories from members, like MJHS whose over 100 employees at two oceanfront centers for rehabilitation and nursing care ran 24-to-36-hour-long shifts safely and securely transferring 655 patients prior to the storm. Meanwhile, hundreds of MJHS Home Care, Hospice and Palliative Care employees called on, visited, transferred and – in some cases – stayed overnight with patients.

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In one instance, a Manhattan-based MJHS home care nurse brought batteries and water to an oxygen-dependent patient who refused to leave home. Another, on her day off, tended to the wound of a patient in Far Rockaway whose caregiver panicked after a tree fell on his house. One other patient refused to leave her cat, saying they would ride the waters together. Like countless others across the city, the home health aide stayed with her patient.

Weeks later, many providers and patients are still affected by the damage. At the time of this writing, providers in the southern tier region reported that several patients remained displaced (some located with families, some in facilities), while many of the program’s employees are still working to pick up the pieces of damaged homes and properties.

Hurricane Irene and Tropical Storm Lee brought to light the great heroism of New York’s home care staff. This November provides us with yet another opportunity to recognize the response efforts of New York’s home care community: during National Home Care Month.

Caregivers do amazing work every single day to keep patients out of the hospital, ensure the safety of patients in the home, teach patients about managing their care needs, promote medication compliance and aid compassionately in the process of healing.

Each of these qualities, which define the very practice of home care, becomes even more exceptional in the event of a disaster response environment where the unique role and skills of caregivers are put to the test.

Each year, HCA seeks nominations for our National Home Care Month awards, presented at our Quality and Technology Conference in November. (See related story.) When considering your nominations, look to the outstanding work of your staff whose exceptional talents as caregivers helped elevate your organization’s response to Hurricane Irene and Tropical Storm Lee, making a world of difference for your patients and your community. A nomination form is available at:


For further tips on celebrating National Home Care Month, see the August edition of The Educator at:


HCA will be supplying additional tips in the weeks to come, through www.nationalhomecaremonth.com and other venues.
As “Preparedness Month” closes, in the wake of widespread disasters throughout New York State, providers are asking: What could we have done better to prepare?

New York home care agencies have undergone some stressful times coping with the recent Hurricane Irene and Tropical Storm Lee while also rising to the occasion on behalf of patients. (See related cover story.)

In Metropolitan New York City, providers faced mandatory evacuations of patients in low-lying zones. The Home Based Care Alliance, a coalition of providers co-sponsored by the New York City Office of Emergency Management (NYCOEM) and the city Department of Mental Health and Hygiene, responded by working with the city to facilitate the evacuation of homebound patients using 311 to deploy the right type of transportation to patients’ homes. Although there were some glitches with the 311 process, overall the evacuation went well, with demand for assistance being less than expected – approximately 500 individuals requested assistance with evacuation.

The Alliance maintained a presence in the NYCOEM emergency operations center while the evacuation order remained in place. Once the order was lifted, Access-A-Ride worked with providers to return patients to their homes; although this appeared to be more of a difficult process administratively than the actual evacuation and the Alliance will evaluate and improve their plan accordingly.

HCA worked with the alliance to disseminate information that providers could pass on to their patients. One of the greatest concerns that surfaced during the evacuation was that of “patient abandonment” in cases where the patient refused to evacuate. HCA intends to work with the state Department of Health (DOH) to create guidelines for staff in such a situation.

And while downstate escaped most of the Hurricane’s wrath, many upstate areas and home care agencies experienced untold damage: entire villages were destroyed, roads were closed, facilities were evacuated, shelters went into operation, and lives were lost.

Receding waters left chaos, mud and mold. Cleanup is under way, but it will take months and years for things to go back to “normal.”

On September 13, President Obama declared a major disaster under the Stafford Act for Broome, Chenango, Delaware, Otsego and Tioga Counties in the State of New York as a result of the remnants of Tropical Storm Lee. On September 24, U.S. Health and Human Services (HHS) Secretary Kathleen Sebelius declared a public health emergency in the State of New York and authorized waivers under Section 1135 of the Social Security Act for the counties specified in the President’s declaration.

Section 1135 authorizes HHS to waive or modify certain Medicare, Medicaid, CHIP, and HIPAA requirements. Section 1135 information for home health and hospice, respectively, is available in Section K (page 19) and Section L (page 20) in a document titled: Emergency-Related Policies and Procedures That May Be Implemented Without Section 1135 Waivers at: http://www.cms.gov/Emergency/Downloads/Consolidated_Medicare-FFS_Emergency_QsAs.pdf.


Providers looking for relief from state requirements need to work with their Regional Department of Health Offices. Going forward, resources are available to assist providers with concerns about patient care, housing and business continuity. HCA’s emergency preparedness website www.homecareprepare.org has additional resources for providers.

Lexi Silver is HCA’s Vice President for Policy and Clinical Affairs. She can be reached at asilver@hcanys.org.
Recognize an Exceptional Home Health Aide and/or Telehealth Champion in Your Agency

Nominations due October 14 for statewide recognition given at Quality and Technology Conference in November

Providing hope, assistance, and improved quality of life for patients is the mission of every home health aide. But what often goes unrecognized is the unique compassion these caregivers provide, in many instances going beyond the call of duty.

One need only see the cover story in this month’s Educator for examples of home health aides who went the extra mile during a crisis like Hurricane Irene and Tropical Storm Lee; but these kinds of stories are a daily part of the home care experience, as caregivers rise to the occasion in the face of other urgent challenges, whether it is a storm, a patient in need of emergency care, or some other environmental factor that prompts a heroic deed.

Now is your opportunity to nominate an exceptional caregiver in your organization for HCA’s Home Health Aide of the Year award as well as our Nurse Telehealth Champion of the Year award, both in observance of National Home Care Month this November.

Home health aide award

Please send us your story about an extraordinary caregiver who has shown incomparable caring within the last year. Perhaps a patient has written a touching letter of commendation for a home health aide at your organization, or a peer or supervisor has heard a story of selflessness on the part of an aide caring for patients.

In this new era of health care, where customer service is a major component of quality reporting and outcomes, this is your chance to show your appreciation to one of your organization’s strongest assets: your committed direct-care staff. You can also use this occasion to celebrate the work of all home health aides and share your stories within your community.

Home telehealth champion

We all know that home telehealth is changing the practice of home care nursing, creating opportunities for innovation and clinical program development. While these new technologies continue to captivate our imagination, they are only as powerful as the people applying them in the field and incorporating them in their operations.

HCA’s Nurse Telehealth Champion of the Year award provides a two-fold opportunity: to recognize exceptional nurses but, also, to highlight the creative leadership role of nurses in applying new technologies for the good of patients and their organizations.

Continued on next page...
In nominating a nurse for this award, consider the following: How has telehealth changed the quality of life for one or more of your patients through the efforts of nursing staff? Who has taken the initiative to increase telehealth usage with successful outcomes and a streamlined process or begun a program and worked hard to get staff, families, physicians and other stakeholders on board?

The most compelling nominations in this category will include data on quality indicators, such as reductions in hospitalization rates, and/or cost-savings as a result of telehealth utilization.

This award presents an opportunity to raise the profile of home telehealth and to recognize the creative leadership role of nursing staff who have developed or operated these programs at your organizations.

Both the Home Health Aide of the Year and the Nurse Telehealth Champion of the Year will be recognized at HCA’s Quality and Technology Conference awards dinner on November 2 in Troy, NY.

The Quality and Technology Conference, formerly the Clinical and Technology conference, will feature expert presentations on the basics of quality improvement, enhancements for health coaching, and the latest on pressure ulcers, among other sessions.

Apropos of the nurse telehealth honors, day two of the conference will be devoted to the newly developed telehealth certification program, believed to be the first in the nation! Attendees will learn the basics of telehealth, the rationale for using this technology, different program models and patient criteria, plus information on performance and quality improvement. To supplement the certification, participants will be required to complete an online evaluation and two case studies demonstrating their mastery of home telehealth.

The telehealth certification program has also been submitted to the New York State Nurses Association for approval to award contact hours.

For your convenience, the awards nomination form, information about the Quality and Technology Conference and a conference registration form are all provided in one brochure at http://www.hcanys.org/documents/2011QualityandTechnologyConferenceBrochure.pdf.

There is also a discount for HCA members who register two people from the same agency before October 7. Let us save you a seat – register today!
Making the Connection in Achieving Goals Under Value-Based Purchasing

By Trish Tulloch

Are clinicians aware of the penalties and rewards that accompany value-based purchasing (VBP)? How are health care professionals motivated to improve quality outcomes and enhance efficiencies of care? Providers from across the country are most successful when they consider the following three approaches:

• The Big Picture: Do your clinical staff understand how VBP may affect your agency’s growth and participation in other CMS programs? How often does your agency pursue education efforts with the industry’s state and national associations?

• Cultural Priorities: Quality is a top-down process. Does your agency ensure staff participation with ongoing quality initiatives that impact patient care and services? Do you pay staff to participate in quality and education programs?

• Incentives: Are clinical performance evaluations, and subsequent incentives, specific for both quality and satisfaction metrics? Do clinicians know your quality and satisfaction priorities?

Related Research


This 15-year study explores how organizations engage and motivate staff to harness autonomy, creativity and innovation.

The most common de-motivator is a lack of clear, measureable goals.

Bottom Line: Employees are motivated by clear, measureable goals with recognition for small incremental “wins.” Access to clinical expertise and clinician resources are essential to support defined goal progression.

Leadership Mandates

Ensure leadership and staff have the essential tools to succeed in our Value Based Economy.

• Technical Components: Clinical Best Practices; Certifications; Specialty Services such as High Technology, Telehealth, Coding, Diabetes, Chronic Care and Case Management.

• Managerial Skills: Electronic; Regulatory and Compliance Oversight; Clinician Support Services; Time Management.

Clinician Engagement Ensures Success

• Change Readiness is critical to meet VBP and other health care reform imperatives.

• Clinician engagement cultivates motivation, innovation, and creativity to meet quality and care efficiencies.

• Track and trend measurable agency quality and satisfaction outcomes.

• Seek ongoing clinician input into goal setting for quality and efficiency goals.

• Cultivate best practices that provide recognition for mission quality priorities.

• Seek industry expertise to identify and enhance objective goal progression as needed.

Trish Tulloch is a Senior Consultant for RBC Limited, a national health care and management consulting firm in Staatsburg, New York. Please address all questions and comments to Trish at educator@hcany.org.
Medicare Open Enrollment Period Changes

This fall, the open enrollment period, during which Medicare beneficiaries can change their Medicare health and drug coverage, will be from October 15 through December 7. Prior to this year, it ran from November 15 to December 31.

During the open enrollment period, individuals can join a Medicare Advantage (MA) managed care plan, return to Medicare fee-for-service (FFS), switch Medicare managed care plans, and add, drop or change Medicare Part D drug coverage.

Any changes made are effective January 1, 2012. If Medicare beneficiaries don't enroll in or change Part D plans by December 7, they may not be able to change plans or enroll in Part D until 2013 (unless they are eligible for a special enrollment period).

Those already enrolled in an MA plan should receive an “Annual Notice of Change” by September 30. This notice lists the changes in one’s plan, including formularies, premiums, and copayment amounts. Sometime in September, all Medicare beneficiaries will be mailed the “Medicare and You” 2012 handbook.

The U.S. Centers for Medicare and Medicaid Services has announced that 29 Medicare “stand-alone” prescription drug plans (that are not a part of a managed care plan) will be available to Medicare beneficiaries in New York State for 2012. A list of such plans, as well as another list of those MA plans that provide drug coverage, are at http://wnylc.com/health/entry/161/.

Medicare Advantage Disenrollment Period

As in 2011, the Medicare Advantage (MA) Disenrollment Period will occur from January 1 to February 14 in 2012. During this period, Medicare beneficiaries can switch from an MA plan to Medicare FFS but not from an MA plan to another MA plan. Beneficiaries switching to Medicare FFS can also enroll in a Part D prescription drug plan. Changes made during this disenrollment period take effect the first day of the following month.

Other Changes

Also, starting in 2012, the discount for generic drugs purchased during the coverage gap (known as the “doughnut hole”) under Medicare Part D will increase from 7 to 14 percent. As in 2011, there will be a 50 percent discount for brand-name drugs purchased during the doughnut hole in 2012.

Resources

Those already enrolled in an MA plan should receive an “Annual Notice of Change” by September 30. This notice lists the changes in their plan, including formularies, premiums, and copayment amounts. Sometime in late September, all Medicare beneficiaries will be mailed the “Medicare and You” 2012 handbook.

Medicare beneficiaries can obtain assistance with their Medicare options by contacting the state’s Health Information Insurance, Counseling and Assistance Program (HIICAP). For the location of a local HIICAP, call 1-800-701-0501.

Beneficiaries can compare their current coverage with all of the options that are available in their area at: www.medicare.gov/find-a-plan.

For more information, contact Andrew Koski at (518) 810-0662 or akoski@hcanys.org.
Scheduled Learning Opportunities

October 11 – Teleconference (3 to 4pm)
Hospice Education – Aide Resource: Depression and the Hospice Patient

October 14 – Teleconference (3 to 4pm)
The Aide’s Role in Prevention of Food Borne Illnesses: What You’ve Always Wanted to Know

November 2-3
Quality and Technology Conference – A Signature Event

“Hot Topics” Three-Part Webinar Series
Nov 3 – The Connected Home Health Care Agency
Nov 17 – Forecast for Home Health: Changes on the Horizon
Nov 29 – Preparing for HIPPA 5010 and ICD-10 – Are you ready?

Four-Part Webinar Series
Nov 9 – Planning the Care
Nov 10 – Performing the Comprehensive Assessment and Evaluation
Nov 16 – Coordination of the Care Team
Nov 17 – Episode Management

For more information on any of these webinars, programs or events, visit www.hcanys.org/events.cfm or contact Lynda Schoonbeek at (518) 810-0656 or email her at lschoonbeek@hcanys.org.

At the request of members, HCA is pleased to present a four-part Webinar series on Case Management, The Key to Success in Homecare. Sharon Litwin, nationally renowned speaker on home care case management, will present the series.

Topics include:
Planning the Care - November 9
Performing the Comprehensive Assessment and Evaluation - November 10
Coordination of the Care Team - November 16
Episode Management - November 17

The registration fee includes all four Webinars. Register today at www.hcanys.org/events.cfm.
“As a result of this budget, home care agencies will shut down and patients will require higher-cost services.”

Joanne Cunningham, president HCA

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Submitting an Article Idea
Please fill out an article submission form prior to writing your piece. If your idea is selected, we will provide you with the guidelines for preparing your article. Just contact us at educator@hcanys.org to receive the submission form, and you could be headed toward achieving recognition as one of our authors.

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Submission Deadline
The deadline for submitting article ideas and advertising in the next issue of The Educator is: October 15.