



Homefront

HOME CARE ASSOCIATION OF NEW HAMPSHIRE

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State Needs to Take Another Look at Its Long-Term Care Funding Priorities

White paper on the "woodwork effect" reveals cost-effectiveness of community-based care

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The recent state budget debate and the public outcry that followed announcement of a waiting list for the Medicaid waiver program for elderly and chronically ill persons (HCBC-ECI) underscores the need for the state to take another look at its long-term care financing structure. Although DHHS officials withdrew the HCBC waiting list plans in October, inadequate funding of community-based care remains an issue.

Most policymakers agree that it is far less costly to care for seniors and disabled adults in their homes, rather than picking up the escalating cost of nursing facility care for those that could remain at home

with adequate supports. In fact, historically the cost for in-home care in New Hampshire has been about one-third the cost of nursing home care. Recognizing that home care is also the preference of most people, the Legislature passed SB 409 five years ago to shift away from the traditional "institutional bias."

So why hasn't the state embraced community-based care when making budget appropriations? First, because nursing home care is a federally mandated entitlement. Second, because there is a fear of the build-it-and-they-will-come potential. That is, if community-based

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Specialty Nursing Skills on the Rise

Training grant helps meet growing needs in New Hampshire

Nursing skills are on the rise in several specialty areas thanks to a U.S. Department of Labor grant administered through the NH Nursing Workforce Partnership Project, a collaborative of the Concord-based Foundation for Healthy Communities and the Workforce Opportunity Council. Three programs presented by the Home Care Association of New Hampshire, with its partners VNA Health System of Northern New England and the Rural Home Care Network, are intended to expand and enhance the home care nursing profession in New Hampshire.

Scheduled through Spring 2004, the

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From left to right, wound care consultant Ginny Blackmer, RN of Sanbornton; presenter Denise Afflerbach, RN, BSN, of E-Z Graph of Victoria, Texas; and coordinator Barbara Normandin, RN of Community Health and Hospice, Laconia.

Governor Benson Proclaims Home Care and Hospice Month in New Hampshire

Last year more than 32,000 New Hampshire residents received in excess of 1.1 million home care visits from nearly five thousand professional caregivers employed by members of the Home Care Association of New Hampshire. The services they provide range from basic assistance with activities of daily living to advanced medical treatment and end-of-life care. These professionals work with volunteers and family caregivers every day to help ensure that loved ones are able to live independently and with dignity in the comfort of their own homes. They often make it possible for families to stay together. In their honor, Governor Craig Benson has proclaimed November as Home Care and Hospice Month in New Hampshire.



“Each November, home care agencies across the state take time to formally recognize, support, and celebrate the home care tradition in their communities,” said Susan Young, Executive Director of the Home Care Association of New Hampshire. For more information about the local availability of home care services visit www.homecarenh.org.

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care is readily available, more individuals and families will “come out of the woodwork” to apply for assistance, thereby wiping out any potential savings to the state. This latter phenomenon is called the “woodwork effect.”

But is there really a woodwork effect? And, if so, would it wipe out any savings? One response to that question has been offered in a white paper recently published by the Policy Resource Center at Franklin Pierce Law Center’s Institute for Health, Law and Ethics. Michelle Winchester, J.D., author of the report, presented her research findings at a legislative forum sponsored by the Real Choices project in October. She acknowledged there is a woodwork effect, but asserted that states can still save money by shifting long-term care spending to home and community-based services. She cited several states that have done

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so, including Maine, Colorado, Oregon, Washington and Kansas. She also anticipated that New Hampshire would see a more modest woodwork effect than these states, due to our lower poverty and disability rates and the fact that we

already have a higher rate of enrollment in the Medicaid program.

In order for the state to move more aggressively to take advantage of the potential savings offered by home and community-based

care, however, the HCBC infrastructure must be strengthened. That means paying reasonable reimbursement rates to providers so they can recruit and retain an adequate workforce and strengthening supports for the family caregivers that will continue to provide the bulk of care for their loved ones, even when HCBC services are in place. With an adequately funded community-based care system, the state stands to be in a better position to meet the needs of its growing elderly population.



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training programs are designed to meet the increasing demands for skilled home health services in the areas of pediatric care, infusion therapy and wound care. However, nurses and physical therapists working in other settings may benefit from the series as well. “The programs have received rave reviews from the nearly 300 nurses that have participated to date,” reported Susan Young, executive director of the Home Care Association.

To qualify for subsidized

registration fees, individuals must be registered nurses, residents of New Hampshire, and employed or willing to work for healthcare organizations registered to do business in the state, and agree to supply certain employment and wage data as a condition of participation. The programs are open to other healthcare professionals on a space-available basis at reduced or full cost. For more information visit www.homecarenh.org/events/workshops.php/.



Eleven Certified as Home and Hospice Care Executives

Eleven New Hampshire home care professionals were recently granted credentials as Certified Home/Hospice Care Executives (CHCE) by the National Association for Home Care and Hospice (NAHC), signifying that each individual has met home care and hospice industry voluntary standards for executive leadership. They are:

Sandra Babalis

VNA/Hospice of Southern Carroll County & Vicinity, Wolfeboro

Marilyn Barba

VNA/Hospice of Southern Carroll County & Vicinity, Wolfeboro

Polly Clough

Community Health & Hospice, Laconia

Sharon Covill

Upper Connecticut Valley Home Health, Colebrook

Elizabeth Griggs

Lake Sunapee Region VNA, New London

Linda Hotchkiss

Your VNA & Hospice, Rochester

Patricia Osimo

Home Healthcare, Hospice & Community Services, Keene

Carol Plumb

VNA of Franklin

Liane Schubring

Souhegan Home & Hospice Care, Milford

Joyce Teele

Lake Sunapee Region VNA, New London

Margaret Terrasi

Pemi-Baker Home Health & Hospice, Plymouth

In order to become certified as a CHCE, the candidates provided proof of degree, validated years of service as a home care executive or administrator, and passed a

standardized examination.

Home Care Association of New Hampshire Executive Director Susan Young said, "We are extremely pleased to announce these New Hampshire home care professionals as certified home and hospice care executives. Their success in passing the certification exam and professional standard requirements demonstrates how education, knowledge, and experience promote quality leadership in home care and hospice." In addition to the newly certified executives, Mary DeVeau of Concord Regional VNA and Andrea Steel of Lake Sunapee Region VNA became certified several years ago.

Developed in cooperation with home care experts and a national test-development company, NAHC's three-hour certification examination tests an individual's knowledge in the eight areas most relevant to the home care-hospice field. These include: finance and reimbursement; law and regulation; organizational planning and management; human resources; quality and risk management; public relations, marketing, and education; ethics; and information management.

The certification program was introduced in September 1996 in order to establish and maintain a uniform performance standard for home care and hospice executives and to strengthen industry leadership through continuing education and professional development. It also aims to provide consumers, employers, and caregivers with a mechanism for evaluating the professional commitment, knowledge, and conduct of home care and hospice executives.



Medicare Home Health Co-Payment Defeated

In our last issue, we reported on the move to include a co-payment on home health services as part of the Prescription Drug and Medicare Modernization Act of 2003 (H.R. 1/S.1). The potential for placing an added financial burden on the country's sickest beneficiaries prompted a united front of trade and consumer advocate opposition, leading to the demise of a Medicare home health co-pay.

After considerable debate in Washington, Congressional leaders nixed the co-pay. They also restored some limited funding for rural home health providers, but reduced the annual inflation update applied to Medicare home health reimbursement rates for the next three years.

Advocates in New Hampshire shared their concerns about the co-payment and the need for fiscal relief for rural agencies with the NH delegation. In September Senator Sununu signed on to a letter to the Senate conferees opposing the co-pay, similar to a letter both he and Senator Gregg co-signed last Spring on the same issue, and Rep. Bradley also pledged his support on the home health concerns. The turning point came when the National Association for Home Care & Hospice (NAHC) enlisted former Senate Majority Leader Robert Dole to represent NAHC and the home care industry. "Senator Dole's strong feelings about the issue and history with defeating such a co-pay in 1972 made him a relentless partner in our victory," said NAHC President Val Halamandaris.

As this issue of Homefront goes to press, the fate of this legislation remains uncertain, with most giving it only a 50/50 chance of passage this year.

National Home Health Quality Initiative Launched

Informed consumers and quality improvement are project goals

Earlier this month the Centers for Medicare and Medicaid Services (CMS), a federal agency of the U.S. Department of Health and Human Services, launched a national effort to improve the quality of care given to millions of Americans who use home health services. By generating and publishing quality data, the public reporting initiative helps consumers make informed decisions and creates incentives for home care agencies to further improve the quality of care they deliver to patients. The measures are an attempt at fair and consistent quality measurement across the home health industry.

In New Hampshire, all 35 of the state's Medicare-certified home health agencies have committed to working on the quality improvement program with the regional quality improvement organization, Northeast Healthcare Quality Foundation, under contract with CMS. Of all the states in the country, only New Hampshire, Maine, and Vermont have full participation of their Medicare-certified agencies in the voluntary national initiative.

The Home Health Quality Initiative is part of an ongoing federal effort that also focuses on improving the quality of care in nursing homes and hospitals. The home

health data released involves 11 quality measures chosen from among 41 Outcomes and Assessment Information Set (OASIS) reporting measures that have been used by home health agencies since 1999. They include four measures related to improvement in getting around, four measures related to improvement in meeting basic daily needs, two measures related to medical emergencies, and one measure related to mental health improvement. The quality report is an additional resource for families making home health decisions.

When selecting a home care agency, it is helpful to ask physicians and friends about their home care experiences. It is also important to learn how home care staff are selected and trained, what services agencies provide, whether the agency is accredited, and the extent of agency experiences with specialized services and disease management programs.

Home Health Compare quality data and other consumer information on home health agencies in New Hampshire, are available at Medicare's www.medicare.gov consumer Web site and through Medicare's 24-hour help line at 1-800-MEDICARE (1-800/633-4227).



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The Home Care Association of New Hampshire (HCANH) is a membership organization which enhances the ability of agencies providing home health care to deliver quality services to New Hampshire residents. HCANH is the only association of home health providers in the state and a member of the National Association for Home Care. HCANH is your resource for information about home health services, providers and issues. Call us at 1.800.639.1949 or visit

www.homecarenh.org



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