



Homefront

ASSOCIATION OF NEW HAMPSHIRE

May 2002

Home Care Nursing Shortage Realities

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The entire healthcare industry faces a challenging nursing shortage in New Hampshire and nationally where the average age of nurses is 47 and 42.5 years, respectively. Several factors contribute to imminent shortages.

Over the next four years, New Hampshire is expected to produce 50 percent fewer nursing students than the rest of the country. Forty percent of the current national nursing force will have retired by 2015. By 2020, the state's population of people 65 and older will double and stretch the limits of the healthcare industry overall. *Plus*, at the same time the nursing shortage is climaxing, federal and private insurers are relying on less-costly home care services to reduce hospital stays, and even more federal home care budget cuts are scheduled. Unless addressed immediately, nursing shortages are likely to have a detrimental affect on healthcare in the Granite State.

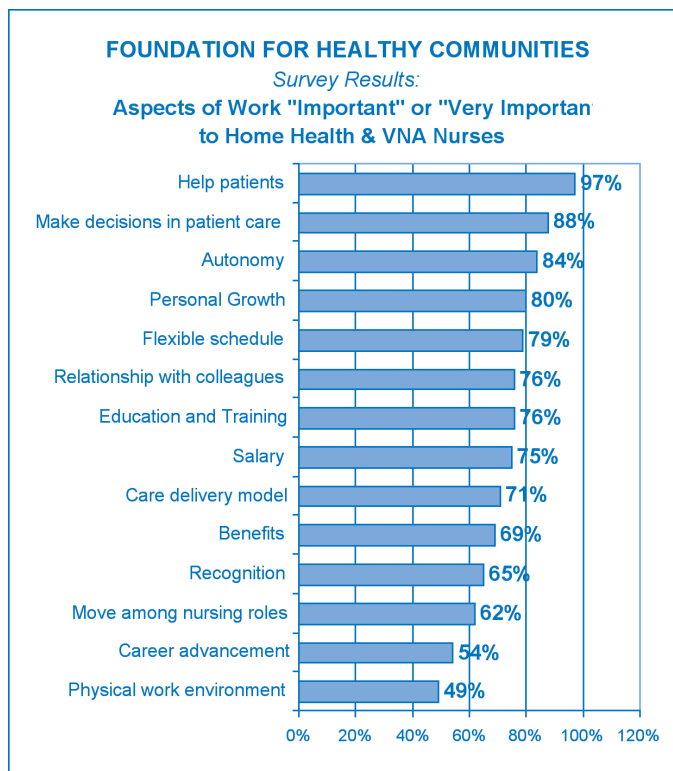
Many states are addressing the nursing shortage crisis with legislation creating scholarship programs and other recruitment and retention strategies. So far, New Hampshire has relied on its private sector to study and

address the crisis. Many New Hampshire hospitals and long-term care facilities offer sign-on

bonus incentives or attractive tuition reimbursement programs in their nurse recruitment efforts. Tighter and tighter

reimbursement levels, however, have prevented home care agencies from competing on this level.

Home care must find creative ways to remain competitive.



Home care must find creative ways to remain competitive. The table at the right, excerpted from a recent *Foundation for Healthy Communities* study, offers insight into areas important to home care nurses. As the table shows, home care nurses care more about their autonomy, their ability to make decisions for patient care, job flexibility, and personal growth than for the working environment or promotion opportunities. They feel more valued for their work of

Nursing Shortage continued on page 3



Letter from the Executive Director

May 2002

Dear Friends of Home Care:

Home care has changed a lot since VNAs were first established in the late 19th century with the most dramatic changes occurring since the advent of Medicare and Medicaid in the 1960s. In the past ten years, we've seen the growth of home care technology, as well as increased reliance on home care to provide an alternative to those needing long-term care supports. We've also seen significant changes in how care is paid for and how we measure the quality of care and consumer satisfaction.

All in all, home care has taken on a new identity in the 21st century, and the Home Care Association decided to celebrate with a new, more modern corporate identity.

Our updated logo represents our membership, comprised of agencies of varying sizes, locations, and service capacities, with the Association as a common link. It also symbolizes our vision of how home care works, with the client at the center, receiving and directing the care delivered by a variety of professionals who work with family caregivers, volunteers, and other community organizations. We hope you'll agree we've been successful in capturing the essence of home care with our new look—traditional caregiving with the most up-to-date skills.

Best wishes,

Susan M. Young
Executive Director

Congress Considers Home Health Cutbacks

Medicare home health services face two reimbursement reductions in the coming year. First, while New Hampshire home care providers already operate conservatively, they may be forced to work leaner still as a 15 percent reduction in payments is slated to take effect October 1, 2002. In addition, the temporary relief measure establishing a 10 percent reimbursement add-on for rural home care agencies will expire in April 2003. Home care cannot afford to take another blow as it struggles to maintain adequate staffing and meet other rising costs.

The Home Care Association believes Congress should preserve the Medicare home health benefit by eliminating the slated 15 percent reimbursement cut, and by making permanent the 10 percent add-on for rural agencies. Unless these across-the-board cuts are addressed, New Hampshire agencies will lose thousands of

"However, the Bush Administration is advocating retention of the cut."

dollars of Medicare revenue. One proposal, the "Home Health Fairness Act of 2001 (HR 975), would eliminate the additional 15 percent cut in home health payments and permanently extend the 10 percent add-on payments for rural home health agencies. Congressman Sununu is a co-sponsor of HR 975, while Senators Gregg and Smith have both signed on to the Senate version (S 326) of this legislation. However, the Bush Administration is advocating retention of the cut.

As this newsletter goes to press, a Medicare legislative package being developed jointly by the House Ways and Means and Energy and Commerce Committees addresses home health reimbursement. This measure introduces a Medicare prescription drug benefit, as well as a number of payment changes, including the elimination of the 15 percent cut and the extension of the rural add-on

Health Cutbacks continued on page 4

Resolution of the Pill Planner Stir

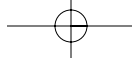
Who would ever imagine that simple placement of prescription drug medications into reminder dispensers or pill planners by home care and hospice professionals would cause such a stir? The filling of pill planners is a common nursing activity performed for disabled and impaired individuals living at home.

In revising administrative rules, the Department of Health and Human Services proposed to prohibit the use of pill planners—a long-standing practice in the home. Their decision was endorsed by the New Hampshire Attorney General's office who stated, "Until either

the legislature or the courts further define the limits on the prohibition of the transfer of prescription and controlled drugs into unlabeled containers, it is our advice that State regulations should continue to prohibit the use of pill planners that are not filled and labeled by a licensed pharmacist."

The filling of pill planners by nurses serves the interest of public health and safety by allowing the preparation of a week's worth of medications in a single visit to promote compliance with physician orders. Otherwise, some patients would require more frequent nursing visits to conduct this simple exercise, hardly a cost-effective

Pill Planner continued on page 3



Sununu Introduces The Home Health Nurse and Patient Act

WASHINGTON, DC – Earlier this month U.S. Rep. John E. Sununu (R-NH) introduced "The Home Health Nurse and Patient Act of 2000" - legislation designed to reduce burdensome paperwork and provide incentive for more nurses to remain in the home health profession.

"Home health nurses in New Hampshire and across the country spend as much as 48 minutes filling out paperwork for every hour of patient care. With red tape like this, many choose to leave this critically important profession," said Sununu, Vice Chairman of the House Budget Committee and member of the Appropriations Committee. "My legislation simplifies home healthcare paperwork rules and will create more time for personal patient care.



With these changes in place, home health nurses have more incentive to remain on the job, ensuring that patients have access to the care that they need."

The legislation ensures that home health agencies are no longer required to collect data for the Outcome Assessment and Information Set (OASIS) for non-Medicare/Medicaid patients and directs the Department of Health and Human Services to review and implement more efficient procedures for filing OASIS. OASIS is a patient assessment instrument filled out by home health nurses and utilized by HHS to set Medicare payment rates. OASIS is also used to collect data that can be utilized to evaluate the clinical outcomes of patients.

"Home health nurses in New Hampshire and across the country spend as much as 48 minutes filling out paperwork for every hour of patient care."

made to simplify OASIS for a long time. We're very grateful that Representative Sununu has taken the time to understand this issue and has taken a leadership role on it in Congress."

Sununu continued, "A more streamlined and effective OASIS regulation would not only alleviate the burden on nurses, but would abbreviate the time that patients, who are often weak

from surgery or other medical treatments, must spend answering numerous questions, many of which are not clinically significant."

Commenting on the introduction of the legislation, Susan Young, Executive Director, Home Care Association of New Hampshire said, "The implementation of OASIS is a lengthy tool and all the data that is collected is not used. We have been recommending that changes be

Senator Russell Feingold (D-WI) has introduced identical legislation in the Senate.



Nursing Shortage continued from the front page any nursing group. In sum, the home care industry must effectively recruit and retain quality nurses today to meet growing demand by addressing barriers like nursing image, compensation, job satisfaction, and paperwork burdens.

The home care industry will likely always be challenged with maintaining and growing its current staffing levels because of its dependence on seasoned professionals. Fortunately, home care nursing vacancies are at a manageable level today in most regions of the state (with the exception of some specialty areas, like pediatrics); however, that will

vary with client census peaks and staff turnovers. As a result, it will be important for home care agencies in New Hampshire and across the country to closely monitor and proactively address imminent staffing shortages.

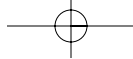
Overall, the *Foundation for Healthy Communities* study revealed nurses choose their profession to help individuals and make a difference in people's lives. That typically means offering environments where more time can be spent with patients, and more one-on-one patient treatment is the norm. Home care offers nurses the ripest opportunity to meet these nursing ideals.



Pill Planner continued from page 2 option, or would be at risk of taking their medications incorrectly and suffering the consequences.

Granite State Home Health Association, the lobbying affiliate of the Home Care Association, asked Rep. Alida Millham (R-Gilford) to include an amendment to an existing bill making technical changes to the Pharmacy Act, HB 1218. Rep. Millham crafted an exemption to the Pharmacy Act that clearly states home health and hospice nurses may use pill planners and similar devices to assist with medication administration. The amended bill passed both House and Senate in April.





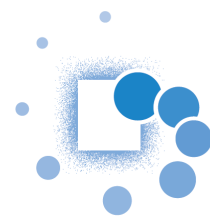
Celebrate Nursing Assistant Day - June 6th

The Home Care Association is currently preparing for one of our favorite annual programs—NH Nursing Assistant Day, June 6th. In partnership with several other healthcare associations, HCANH invites its



membership to nominate outstanding nursing assistants who have made a special contribution in their work helping to meet

the needs of individuals and families across the state. The HCANH staff takes upon itself the difficult and pleasurable task of choosing only one nursing assistant to honor as New Hampshire's Home Care Nursing Assistant of the Year. The awards will be given at a special celebration on the State House Lawn.



Education

Networking

Research

Leadership

Communications

Public Policy

New and Improved Website

Visitors to www.homecarenh.org our website at will discover a brand new look, and notice the evolution of a new Career Center. The Career Center provides home care newcomers and seasoned home care professionals with resources to manage their careers and explore career opportunities in home health care. Plans are also in the works to improve the availability of web-based home care information and resources

for policymakers, referral sources, and individuals and their families.

We are always looking for ways to improve our member and public services through our web presence, so if you have any feedback or suggestions to offer please e-mail them to Shirley Iacopino, Communications Director, at siacopino@homecarenh.org.



Health Cutbacks continued from page 2 that benefits many New Hampshire agencies. However, a first-ever beneficiary co-payment for home health services is proposed in the bill. The Home Care Association opposes the co-payment measure. Not only will it have a negative impact on Medicare beneficiaries, but home care agencies will also incur significant administrative costs to collect the co-payments. We believe a co-payment will actually cost agencies more than it will generate in new revenue.

The House is expected to finish work on the Medicare legislation before summer, while the Senate will produce its version in the fall. Then a legislative compromise must be negotiated for approval by both houses. Continuing advocacy on these issues is imperative to secure the elimination of the payment reductions and forestall a home health co-payment.



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. With 38 member agencies, 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 our website: www.homecarenh.org.



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