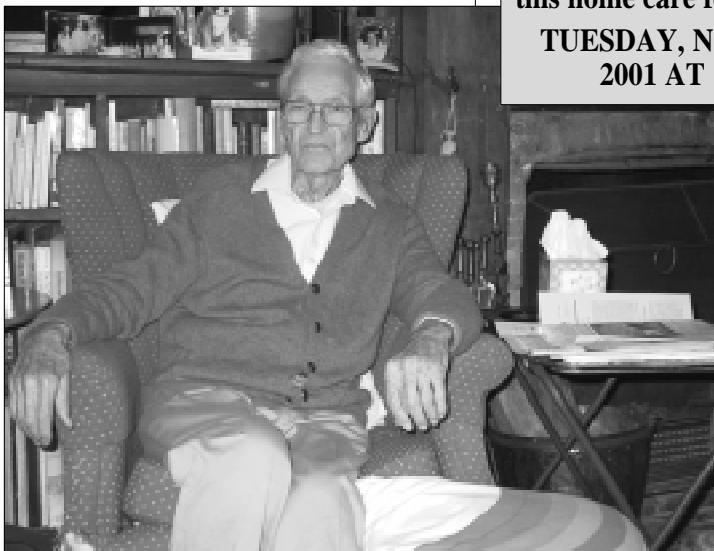


HOMEfront

Home Care to be featured on New Hampshire Public Television's *NH Outlook*

Mark your calendars and tune in to NH Public Television on Tuesday, November 13th for a feature story on home care. The story will appear as a direct result of the Home Care Association of New Hampshire's (HCANH) continuing efforts to make the public aware of home care as a long term care option and to raise the awareness of nurses and other professionals about career opportunities in home care.



Home care client A. Roehrig to be featured on *NH Outlook* in November.

The program segment will explore the theme, "Home Care is Independence Every Day" from a variety of perspectives beginning with home care client, A. Karl Roehrig. In his younger days, independence and freedom was something he fought for on behalf of his country while

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**Home Care
Association**
of New Hampshire

serving in the Army during World War II. Today at 87 years old, Mr. Roehrig's fight for independence is at a much more personal level.

At this stage in his life, independence centers on the ability to continue to live in the comfort and familiarity of his own home. Located near Peterborough, NH,

Tune into *NH Outlook* on your local NH Public Television station for this home care feature story.

**TUESDAY, NOVEMBER 13,
2001 AT 10:00 P.M.**

his two-hundred-year-old house is surrounded by apple trees planted years earlier by his father-in-law. The old-fashioned varieties of ripe red apples are picked by friends and neighbors who make them into apple pies for Mr. Roehrig to enjoy. His immaculate home with its chestnut beams,

wide floorboards and fireplaces is filled with objects, books and photos that reflect a lifetime of adventure, travel and family. On a shelf above a crowded bookcase, Mr. Roehrig points out old jars he has collected from his grandmother's cellar, even older Native American vessels and other artifacts from his travels to Africa and the Philippines. With a wave of his hand, Mr. Roehrig explains one of his reasons for wanting to remain in his own home, "I could never take all of this with me."

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Home Care Agencies Showcase Their Community Commitment

Many New Hampshire visiting nurse organizations can trace their history back 100 years or more. The VNAs and other non-profit home care agencies have been providing diversified home and community health care and supportive services in every community across the state, often with little fanfare. With the passage of legislation two years ago requiring healthcare charitable trusts to report their "community benefits" annually, the state's non-profit home health agencies are publicly quantifying the contributions they make to their communities, and the dollar value of these contributions is significant.

Community Health and Hospice, Inc. in Laconia and Home Health and Hospice Care in Nashua are two home care agencies that recently completed their community benefits reports. Their efforts and achievements represent the invaluable contributions made by non-profit home care agencies across the state.

Community Health and Hospice, Laconia

Serving primarily Belknap County and the Lakes Region community, Community Health and Hospice (CHH) reports that it serves the most important health issues facing citizens in the Lakes Region by

- Providing high quality, in-home, intermittent skilled nursing, medical social worker and therapy services to those who qualify and are in need, *regardless of ability to pay*;
- Providing high quality support, companion and chore services to the eld-

BENEFITS, continued on page 2

PBS, from front

In order to maintain as much independence as possible, Mr. Roehrig relies on family, friends, and neighbors for help with going to the grocery store, doctor's appointments and church. His independence is also greatly supported by the high-quality home health care services he receives on a weekly basis in the comfort of his home from Home Health-care, Hospice & Community Services (HCS) in Keene. The skill and dedication of these home health care professionals enable Mr. Roehrig and thousands of other New Hampshire citizens to maintain the dignity and independence they value most.

The *NH Outlook* segment will continue with an examination of home care from the perspective of those who work in this setting. Viewers will meet Mr. Roehrig's home care nurse and home health aide who will describe the many rewards of working in home health care, including the opportunity to help clients maintain their independence. Workers also value the qualities of flexibility and independence inherent in the home care professions. With support and supervision from their home care agencies, workers enjoy the unique opportunity of working independently in the field while caring for one patient at a time. When asked what they like most about their jobs, home care workers frequently respond that "you feel like you can give more and you get more back."

The segment will also feature the home care agency and Association perspective through interviews with Susan Young, Executive Director of HCANH, Margaret Gilmour, CEO of Home Health and Hospice Care and Margaret Frankhauser, CEO of Community Health and Hospice.

BENEFITS, from front

erly and disabled who cannot perform these functions independently;

- Providing health screening and preventive health measures to vulnerable populations in the Lakes Region; and
- Enhancing the health, growth and well being of children and their families in the Lakes Region, with particular attention to low income, uninsured, or other at-risk families.

These goals are representative of services offered by VNAs across the state. Many of the services are reimbursable by governmental and private payers, although many do not fully cover the cost of delivering these services. In addition, some patients do not have insurance benefits, while others do not qualify fully under their insurance plan. Within their financial means, CHH like other agencies across the state, does not turn away individuals based on the inability to pay.

The agency also offers some programs and services to residents of the Lakes Region with no reimbursement source, such as blood pressure screenings, foot care clinics, immunization clinics, child care nursing consultation, nursing consultation at senior housing, adult and child bereavement support, vision and hearing screening, and children's playgroup.

Home Health and Hospice Care, Nashua

"Home Health & Hospice Care is dedicated to promoting living with dignity by providing quality, comprehensive home and community health care for people in our com-

munities, regardless of their circumstances." So reads the mission statement of this home health agency that serves the Nashua area and several communities in northern Massachusetts.

HHHC's community benefit activities fall into two categories. First, "realization of their mission" is a policy, not a program and results in a significant provision of charity care for their target population every year. The agency provides care to people regardless of their ability to pay, and like Community Health and Hospice, they are reaching individuals who are uninsured or "under-insured." The largest allocation of their charitable dollars is being consumed by the state Medicaid program which chronically underfunds home health services.

The second category of benefit activities consists of specific programs such as bereavement services, support groups and counseling, volunteer training and coordination, Alzheimer's respite and support groups, Adult In-Home Care, and Maternal and Child Health. Again, several of these are under-funded state programs which the agency is underwriting with their charitable dollars.

What is the dollar value of home care's community benefits?

The totals are impressive. Community Health and Hospice contributed \$302,600 worth of care for which it was not reimbursed: \$109,300 in home care programs, \$15,100 for hospice and \$178,200 to cover their Young Family Programs which are partially

funded by the state.

At Home Health & Hospice the amount of home care charges for services furnished under the agency's charity care policy was \$163,557 for the year ended June 30, 2001. In addition, HHHC provided other health-related services at rates substantially below cost and occasionally free of charge altogether. Costs incurred in these activities amounted to an additional \$256,050, for a total of \$419,607. In the prior fiscal year, that total was \$346,305.

The story at other VNAs is similar. At Your VNA (Rochester/Rural District VNA) the total reflected in their community benefit report was \$215,060, while Home Healthcare, Hospice and Community Services in Keene, one of the state's largest agencies, recorded \$619,750 of community benefits in their most recent fiscal year.

Concerns for the future

While these reports are impressive and certainly demonstrate the importance of home health to the overall healthcare system in a community, they raise concerns for the future. All of the state's VNAs are grateful recipients of support from the towns and counties they serve, but the contributions they receive from communities, individuals and foundations cannot keep pace with the need. In particular, non-profit agencies cannot underwrite state programs like Medicaid indefinitely. Medicaid reimbursement rates for home health services have not been adjusted since 1999, despite a legislative mandate passed in 1998 that rates be reviewed and adjusted annually.



Message from the President of HCANH

Margaret C. Gilmour, CEO of Home Health & Hospice Care

Recently a letter appeared in The Nashua Telegraph from a woman who wrote to express her family's difficulty in finding financial assistance for her father-in-law's daily care. Unhappily, her experience is common to many families in New Hampshire (and the rest of the nation) and is likely to get worse.

Our state reimburses home health agencies at such a low rate for unskilled care

that most agencies cannot provide services for such programs as Adult In-Home Care and Alzheimer's Respite Care. Organizations offering this care do so at a considerable financial loss and must rely on the generosity of local governments, the United Way, and individuals to subsidize services.

Meanwhile, state lawmakers have spent the last few years arguing fruitlessly over

education funding, leaving a widening gulf between the long-term care needs of our seniors and New Hampshire's ability to meet these needs.

Ultimately, when this woman's father-in-law or a family member close to you requires skilled care, the family will probably be faced with the reality of a nursing shortage, adding to their financial and emotional burden. They will begin to feel as if they

need to fight the world simply to keep their loved one at home.

The answer to this problem is clear, yet complex. If we are properly to respect our seniors, we must simultaneously respect their caregivers by providing funding adequate for attracting and retaining both skilled and unskilled workers. This is not just this woman's problem, it is society's problem.

Spotlight On New Hampshire's Smaller Home Care Agencies

Good things come in small packages, so we are often told. This is certainly true of New Hampshire's smallest home care agencies. Yet while there are definite advantages to a small organization, there are special challenges, too.

What usually defines small and large home care agencies is the number of staff, although the same core home care services are delivered regardless of size. For example, agencies like Weeks Home Health Services in Lancaster, Moultonborough Visiting Nurse Services and Meredith Public Health Nursing Association employ fewer than 15 people, including clinical, administrative and management staff. Sometimes, the geographic reach of a small agency is a distinguishing characteristic. Moultonborough VNS serves only one town, Meredith Public Health serves the towns of Meredith and Center Harbor, and Weeks Home Health serves 13 towns. Comparatively, Concord Regional VNA serves 51 towns and employs nearly 300 people.

Staff size makes a difference.

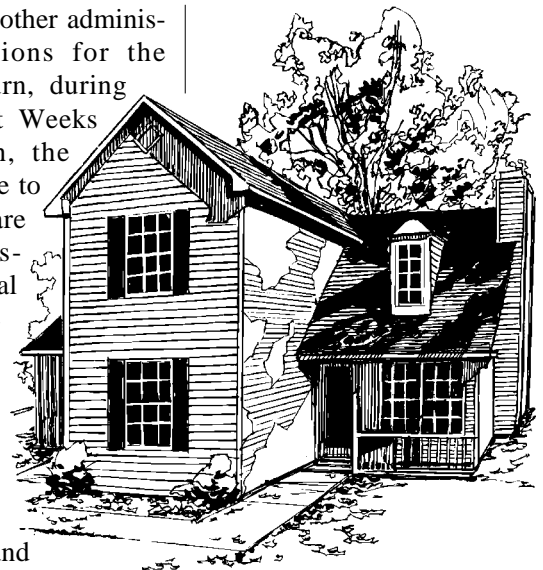
Without a doubt, staff size affects the delivery of care for small agencies. For example, Weeks Home Health employs six full-time registered nurses, who, with their homemakers and home health aides, care for an average of 250 to 280 clients per month. According to CEO Bob Fink, these six RNs "have to be all things to all people." While many larger agencies can employ specialists in high tech medical services, many small agencies just don't have the staff to draw on for such specialization. Instead, each nurse has to have an understanding and command of all areas of home health care so they can meet the diverse needs of their clients.

By necessity, smaller agencies supplement their workforce to meet both administrative and care needs. Weeks Home Health contracts with the local hospital with which it is affiliated for rehabilitative therapy services, and the hospital also handles pay-

roll and some other administrative functions for the agency. In turn, during slow times at Weeks Home Health, the hospital is able to offer home care nursing assistants additional hours at the medical center. Moultonborough VNS employs only nurses, while Meredith employs nurses and licensed nursing assistants (LNAs). Both contract with other organizations for the disciplines they don't have on staff.

Teamwork and flexibility are essential.

Flexibility is essential for the success of a small agency. Staff routinely cover for one another if schedule conflicts arise so that clients are not inconvenienced. According to Meredith Public Health CEO Jane Kiah, during times when client caseloads fluctuate at



her agency, "we all scurry to cover the new cases; everyone has to be willing to be flexible."

When the small agency serves a primarily rural area, travel and scheduling issues become much more critical and directly affect the agency's bottom line. At Weeks Home Health, nurses can travel anywhere from 40 to 90 miles in one day to care for clients. While travel is a significant factor for all home care agen-

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cies in our state, these driving distances stretch the reach of an already small staff.

One of the biggest advantages enjoyed by a smaller agency is enhanced communication. Smaller offices mean that all levels of staff see each other on a regular basis. According to Moultonborough CEO Deb Peaslee, "daily contact contributes to better knowledge sharing and the sense that everyone is on the same team." Jane Kiah starts her day at Meredith by touching base with the LNAs and by meeting with nurses to review the day's scheduling. Weeks CEO Bob Fink believes this shared time promotes a sense of connection to each other and with the agency as a "small, cohesive and caring team." Such stability is "by intent, not by default," reports Fink, whose agency enjoys low staff turnover.

Working for a home care agency in a small town also poses some challenges. Because people tend to know each other in small towns, maintaining privacy and confidentiality can be difficult. Home care staff vehicles can be recognized while visiting a client at home and staff run into neighbors outside of work who inquire about the well being of a client. Managers at the smaller agencies constantly reinforce confidentiality and work to provide their staff with guidance to counter potential privacy invasions.

Administrators wear many hats.

At agencies like Moultonborough and Meredith, the CEOs are themselves nurses, and maintain a client case load in addition to their management duties. These directors have the same responsibilities as executives at larger agencies, including working with a Board of Directors, engaging in community relations activities, overseeing financial performance, managing staff, and assuring compliance with all rules and laws.

Paperwork, a headache for all healthcare providers, is particularly onerous at small agencies. Regulatory requirements are not scaled to the size of an organization, so the burdensome amounts of regulatory paperwork that all providers complain of must be handled by fewer

administrative staff, often by the agency director alone. New requirements like the community benefits reporting, while helpful in showcasing agencies' value to their towns, can tax the resources of these agencies.

The delivery of care at smaller home care agencies is unique. Flexibility, teamwork, communication, and community relationships are present in every home care agency regardless of size, but they are critical to the survival and success of small agencies. Administrative workload, particularly in keeping up with regulatory burdens, are the major challenges. Smaller home care agencies deserve our admiration for the very large impact they make in their communities in a very quiet way.

November is
National Home Care Month
—AND—
National Hospice Month
Home Care: The Heart
of American Health Care

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. The Association carries out this mission through education, networking, research, leadership, and public policy information. With 40 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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