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Gold Star Kick-Off Out of Crisis Comes Opportunity

There is a serious staffing crisis in health care, Betsy Davis, former director of the VNA of Chittenden and the VNA and Hospice of Vermont and New Hampshire, told two dozen home care staff but “out of crisis comes opportunity,” Davis said. A former VAHHA president and current president of the Community of Vermont Elders, Davis presented the keynote address at the VAHHA Gold Star Kick-off event on May 15.

“To deal with crisis means taking bold steps to make change,” Davis said. She added that agencies which have a healthy relationship between staff and management produce better results. “If you have a caring environment you get better quality care. Healthy relationships make all the difference,” Davis said.

One bold step by the VAHHA membership is the Gold Star program. The program kick-off in May was a combination pep rally and program workshop. The VAHHA Gold Star Program is based on a similar program run by the Vermont Health Care Association, which represents the state’s nursing homes. It is designed to recognize home health agencies that employ best practices for recruitment and retention of caregivers, particularly direct care staff. Agencies which choose to participate must select at least one best practice to incorporate into the agency operations over the next six months. The best practice options include changes to staff recruitment, staff orientation, staffing levels and work hours, professional development, supervision, team approaches and staff

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Rutland and Dorset Home Health Agencies to Merge

Pending Certificate of Need approval by the state, the Rutland Area Visiting Nurse Association & Hospice (RAVNAH) and the Dorset Nursing Association (DNA) plan to merge operations. The Boards of Directors of both agencies voted unanimously in April to combine resources to create a single more efficient organization to serve the home health needs of patients, according to Ron Cioffi, Chief Executive Officer of the Rutland Area VNA and Hospice.

“RAVNAH and DNA have worked closely over the years and share a common mission,” Cioffi said. “That mission is to provide the best possible medically necessary care to all who need it, regardless of ability to pay. Our joint purpose, our contiguous geographical areas, and the nationwide complexity of health care all encouraged streamlining for efficiency as much as possible. We look forward to becoming

a better, stronger, single organization rather than two similar operations with numerous duplications of administrative duties.”

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Founding member of DNA and Board Member Emeritus, Terry Tyler has been involved in the merger discussions all along. He is very pleased that the two agencies are so similar and that the patients will be the ones to benefit. “With 100 years of caregiving experience between our two agencies, the quality of service to the patients

in the areas we serve will not only be maintained but will, I predict, improve. I am delighted that we are able to ensure quality home care in Dorset, Rupert and Pawlet not only now, but well into the future,” Tyler said.

Dorset Nursing Association has long been the smallest of Vermont’s 12 home health agencies. RAVNAH provides

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VNA of SVHC Gets JCAHO Gold Star

The Visiting Nurse Association and Hospice of Southwestern Vermont Health Care has received the Gold Star of Approval of the Joint Commission on Accreditation of Healthcare Organization, according to agency director Julia Maroney.

Maroney said the Joint Commission's accreditation shows that the agency has made a significant investment in quality on a day-to-day basis from the top down. "We seek accreditation for our organization because we want to be the best and we view obtaining Joint Commission accreditation as another step toward excellence," she said.

Maroney also noted that accreditation is attained only through cooperation and communication among staff members. "Everyone here at VNA & Hospice of SVHC plays a valuable role in working to meet the standards," Maroney said.

"VNA & Hospice was evaluated against a set of national standards by a Joint Commission surveyor experienced in the delivery of home care services," said Maryanne Popovich, Executive Director of JCAHO's Home Care Accreditation Program. "Achieving accreditation

demonstrates VNA & Hospice's commitment to provide high quality and safe care to its patients."

VNA & Hospice of SVHC, a not-for-profit organization, offers a comprehensive range of home health and hospice services for children and adults in the Vermont towns of Bennington, North Bennington, Shaftsbury, Pownal, and Woodford. It provides Bennington's only full-service, Medicare-certified Hospice program. For further information, call (802) 442-5502. VNA is part of Southwestern Vermont Health Care, a non-profit organization that exists solely for the benefit of the communities it serves. VNA & Hospice of SVHC has been Joint Commission accredited since 1993.

Founded in 1951, the Joint Commission is dedicated to continuously improving the safety and quality of the nation's health care through voluntary accreditation. VNA & Hospice of SVHC, which provides home health and hospice services, received the accreditation award after it demonstrated compliance with the Joint Commission's national standards for home care organizations.

RAVNAH Holds 59th Annual Meeting and Celebrates Open House

Storyteller, newspaper columnist and VPR commentator Willem Lange was the keynote speaker at the 59th Annual Meeting of the Rutland Area Visiting Nurse Association & Hospice (RAVNAH) which was held Tuesday, May 23 at the Rutland Country Club. Lange addressed the topic of aging in Vermont with his talk *Maple Syrup and the Search for Eternal Life*. RAVNAH honored several board members and community members during the event.

RAVNAH held a 60th anniversary open house on Wednesday, May 10 from 3 – 6 p.m. at their offices at 7 Albert Cree Drive in Rutland. Festivities included food, raffle prizes,

demonstrations and helpful information on the latest advances in home health care and community health services. The Open House was a celebration of conclusion of RAVNAH's successful capital fund drive, the Caregiver Campaign.

RAVNAH, the fourth largest home care agency in Vermont, serves all the towns in Rutland County. The agency has 206 employees and an annual budget of \$9 million dollars. RAVNAH staff make 88,000 homes visits each year.

The agency is currently seeking state approval to add the three towns - Rupert, Pawlet and Dorset - now served by the Dorset Nursing Association.

CMS to Begin Adult Day Demonstrations

The Centers for Medicare & Medicaid Services (CMS) recently announced the implementation of a medical adult day care services demonstration, according to an agency press release. The goal of the project is to pair home health agencies with medical adult day care services to offer adult day services to Medicare beneficiaries as a substitute for some of the care provided in the home. Currently, beneficiaries who receive

medical adult day services pay out-of-pocket or are covered by a third-party payer. However, in the demonstration, adult day services will be provided in conjunction with the home health Medicare benefit, and beneficiaries will have no out-of-pocket expenses. Five home health agencies have been selected to test the three-year demonstration, which is slated to begin in June.

Addison's Betsy Gossens Receives WomenSafe Award

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WomenSafe has announced Betsy Stolle Gossens as the 2006 recipient of the Kimberly Krans Women Who Change the World Award. This award is presented annually to a woman in Addison County and Rochester whose outstanding work and achievements have furthered the safety of women and children in the Addison community.

This year WomenSafe renamed this award to honor Kimberly Krans, a longtime supporter and member of the WomanSafe community. While a student at Middlebury College, Krans helped to create the campus women's center that is now Chellis House and served as a WomenSafe volunteer. After completing graduate work and returning to Addison County as a midwife, she became an active member of the WomenSafe board of directors.

Krans brought her passion for peace, equality and empowerment to everything she did, and exemplified extraordinary commitment to her belief in the universal right to "freedom to live in peace and to be our best creative selves". WomenSafe has renamed the Woman Who Change the World Award to honor her life and ensure that her legacy lives on.

This year's award recipient, Betsy Stolle Gossens, perfectly exemplifies the spirit of Kimberly Krans as a tireless, effective and joyful agent for change. For the past 30 years, as a pediatric physical therapist at Addison County Home Health and Hospice, Gossens has touched the lives of hundreds of children with disabilities and their family members. She has treated virtually every child with special needs in Addison County, and has earned the professional respect of clinicians inside and outside of Vermont.

Gossens is quick and generous in sharing her knowledge with others, and innovative and imaginative in her therapy. Her commitment to working with families beautifully illustrates the success of the family-centered care philosophy. Her outstanding contribution to the welfare of our community reminds us that sometimes changing the work can happen on the smallest and most important scale: one child at a time.

This year's Kimberly Krans Women Who Change the World Award was held on March 29 at the United Methodist Church in Middlebury.

Northern New England Tough Sell for Managed Care

Northern New England has proved a tough sell for Medicare managed care plans. According to recent data from the Centers for Medicare and Medicaid Services (CMS), only 117 Vermonters, 860 people in Maine and 1,496 New Hampshire residents have signed on. The numbers in the

southern three states are much higher where 147,000 in Massachusetts, 31,000 in Connecticut and 52,000 in Rhode Island are on Medicare managed care. Medicare hopes to get 30% of enrollees on managed care by the end of the decade.

Merger- *Continued from page 1*

care in Rutland City and 32 surrounding Rutland county towns. The merger is effective pending Certificate of Need approval by the Department of Banking and Insurance.

Phyllis Tarbell, Executive Director of DNA, echoed Tyler's remarks adding that, "We are very glad that we will retain the DNA Brooks House office on Route 30 in Dorset, and that the DNA staff will continue to provide home care to our patients under the name Dorset Nursing Association in what will become RAVNAH's southern branch office. It is a boon to our patients and to our staff that we are able to accomplish this merger, and do so in such a spirit of cooperation and unity."

Tarbell said that, given the size of the agency and the diminishing Medicare and Medicaid reimbursement payments, a merger made financial sense.

"The revenue is shrinking and not growing and we have this small three-town area with a total population of 4,500 people," Tarbell said. "So there's no opportunity to achieve economies of scale."

RAVNAH has an annual budget of \$8.5 million to \$9 million, RAVNAH has 206 employees and makes 88,000 visits a year. The Dorset budget is about \$1 million with about 25 employees.

For more information about the home care and Visiting Nurse agencies in Vermont check the VAHHA home page at:

vnavt.com



Health Care Legislation Passed

Governor Jim Douglas and the Legislature agreed on a health care bill that includes a privately-run Catamount Health Care Plan. This legislation should provide health insurance to about 25,000 of the 60,000 Vermonters now without insurance.

The two sides had been at odds over who would run the insurance program; many legislators wanted a state-run program but the Governor wanted a privately-run program. Under the compromise, private insurance will run the program but if they fail to voluntarily offer Catamount Health, state regulators could mandate that they do so. Also, after two years, the Commission on Health Care Reform will evaluate whether

having Catamount offered through the private market was cost effective; if not, the state takes over.

A consultant selected jointly by the administration and the commission will carry out the evaluation. Catamount Health will be financed in part through an increase in the state's cigarette tax and assessments levied on employers who do not provide health insurance for their workers. Under the bill, employers who don't offer insurance or cover all their workers will pay \$365 per full-time equivalent slot per year, with eight slots exempt from the assessment for the first two years.

Highlights from the Health Care Legislation

“Catamount Health” - This is a fairly comprehensive health insurance plan with sliding scale premiums. The State is hoping that the major insurance carriers will offer this plan and the State will subsidize the premiums. The program will be financed by a combination of Medicaid (Global Commitment) funds, tobacco tax, and employer assessments. Details of the plan to be determined. The plan starts in 2007.

Employer Sponsored Insurance (ESI) - Low income workers who now get Medicaid will get a state subsidy to pay for some of the cost of their employers insurance. The subsidy will also be offered to uninsured individuals with incomes under 300% of Federal Poverty Level (FPL).

Healthy Lifestyle Bonus - The legislation allows insurers to offer healthy lifestyle insurance discounts. The legislation allows up to a 15% of premium for compliance with health promotion programs.

Employer Assessments - The legislation requires employers who do not offer insurance to pay an employer assessment of \$365/year per Full-time Equivalents (FTEs). The first 8 FTEs are exempted in fiscal year 07 and the first 6 FTEs in 2009, and the first 4 FTEs in Fiscal Year 2010 and thereafter.

Chronic Care - The bill pays for the state's Blue Print on Health Care by establishing a system of health management for chronic conditions such as diabetes. The hope is that paying for preventive care now will reduce total health care costs later by dealing with conditions before they become costly.

Medicaid Payments - Hospitals and some other health providers are guaranteed rate increases for the next three.

Health Commission - Commission on Health Care Reform to review the privately-run program by 2009 to determine if it is cost-effectiveness. If not, state could step in.

IRS Rules Against Nurse Registry

According to an article in *Ober/Kaler Health Law Alert*, a non-profit home care agency recently lost its IRS nonprofit status due to issues related to its nurse registry. Two issues were cited. First, the IRS felt the registry service was too limited because it served only a subset of the people in the community. Second, the IRS concluded that a registry is a traditional business activity carried on by for-profit organizations and not charitable in nature. The IRS determined that the organization's activities

were not charitable because it was an arranger of service not a provider of charitable care. The IRS ruled that the primary purpose therefore was operating a business rather than promoting the general welfare of the people of the community. The agency served as an agent between the patient and the nurse. When the agency received phone calls asking for assistance, its staff collected the relevant information, assessed the need for care and then matched services from its registry to the patient.

Eastern Star Donates Shawls for Cancer Patients Plus \$11,864

The Order of the Eastern Star has donated \$11,864 to the twelve Vermont nonprofit home care agencies plus the women of the organization have crocheted and knitted nearly 200 shawls to be given to home care patients with cancer. The money and shawls were presented to the Vermont Assembly of Home Health Agencies (VAHHA) at the Order's annual meeting held June 2 at the Sheraton hotel in South Burlington.

"This is a tremendous gift of both time and money," said Peter Cobb, Executive Director for VAHHA, the trade association for the nonprofit home care agencies in the state. "I am sure it took hundreds of hours to create these shawls. Home care patients with cancer will use them and cherish them."

Home care agencies in Vermont have received generous donations from the Eastern Star for several years, Cobb added. Over the past five years the Eastern Star has donated nearly \$40,000 to Vermont's home care agencies. "Obviously everyone involved with home care greatly appreciates this generosity."

According to Jerri Riegler, Past Grand Master and current Grand Secretary of the Vermont Grand Chapter, there are about 3300 members in Vermont at the 43 chapters. The

Vermont group donated \$70,000 dollars at its June meeting to more than 30 Vermont non-profit organizations. This year home care, especially home care's cancer patients, was selected as the major charity for the year by the organization. Erron Carey, a breast cancer survivor and past Worthy Grand Matron and Frederick Harrington, Worthy Grand Patron of the group, selected home care in part to honor Deanna

Maloney a former Grand Worthy Matron and cancer patient who died recently at the Respite House in Williston. The Respite House, which is run by the VNA of Chittenden, Grand Isle Counties, is a home for the terminally ill.

"It was a labor of love," Carey said about the work that created the shawls and earned the money for the donation.

"The decision to select home care was very personal," Rieger said.

The money for the donations comes from a combination of fund raising by the Eastern Star members and from money donated by the Eastern Star Home Benevolence fund.

Both the money and the shawls were divided evenly among the twelve agencies. "Cancer patients throughout the state will benefit from these generous gifts," Cobb said.

"It was a labor of love"
Erron Carey, breast cancer survivor
and past Worthy Grand Matron,
Order of the Eastern Star

Killington Pico Rotary Hosts 18th Annual Hospice Golf Classic

The Killington Pico Rotary Club held its 18th Annual Golf Tournament on Wednesday, May 31, to benefit the Hospice Program of the Rutland Area Visiting Nurse Association & Hospice (RAVNAH). The Tournament was

held at the Green Mountain National Golf Course in Killington, Vermont. Over the past several years, the Killington Pico Rotary Club has donated more than \$60,000 in support of RAVNAH's Hospice program.

Changes of Note at VNA Chittenden and VNAH-VT/NH

Angel Collins, RN, MSW, is now the Director of the End of Life Programs for the VNA of Chittenden. Angel has been assistant director of the program since 1991 and her leadership has brought stability to the Hospice program, growth in the Palliative Care service and expansion of programs and services for Vermont Respite House.

Mark Hamilton is the new Chief Financial Officer at the Visiting Nurse Association & Hospice of Vermont and New

Hampshire. Most recently Mark was the director of finance and business development for the \$20 million home health division of Parkview Health Systems of Fort Wayne, Indiana. He has a Master's Degree in Business Administration from Indiana Institute of Technology and a BS from Purdue. The VNAH of VT/NH serves towns in both Vermont and New Hampshire and is the second largest agency in Vermont.

Nurses Who Fly Under the Radar

Karen, a Vermont woman in her 50s, had breast cancer that metastasized into her spinal column, creating a serious wound. A visiting nurse was able to provide wound care as well as intravenous chemotherapy in Karen's home. During this time, the nurse taught her and her husband how to care for the IV, and how to clean and dress the wound. Karen responded well to treatments. She was able to leave her home after a while and resume much of her independence.

Karen's story is one of more than 5,000. That is the number of patients seen at home last year in the 86 towns — half of them in the Upper Valley — served by the Visiting Nurse Association & Hospice of Vermont and New Hampshire, one of many such agencies in the two states. Last year, its staff made 78,000 home visits — to help an infant with a breathing obstruction born to a teenage mother with limited family support; to assist an elderly widower suffering from heart failure and taking multiple medications; or to check on a retiree with a knee replacement.

Home care is the safety net of community health, but it is a service that exists under the radar. There are no offices where care is provided. Instead, clinicians travel in their automobiles to work in someone's home. Overall in the Twin States, more than 57,000 patients were seen by visiting nurses in their homes in 2004.

Home health is a compassionate and highly cost-effective method of delivering care. For instance, the average Medicare payment for 60 days of home care is \$2,213; for one day in the hospital, \$3,608; for 60 days in a skilled nursing facility, \$28,560.

Yet the service's challenges and needs often go unrecognized. For the value, federal and state governments provide an inequitable level of support. Medicare payments have been reduced significantly over the past 10 years. The percent of total Medicare expenditures spent on home care shrank from 8.7 percent in 1997 to 3.4 percent in 2006. President Bush's new budget calls for multi-year cuts in home care and hospice that will total \$4 billion by 2011.

More than 63 percent of our agency's revenue comes from Medicare, the federal health insurance program for people over 65; 17 percent comes from Medicaid, the joint federal and state program that helps with medical costs for the poor; and the remainder comes from private insurance and sliding-scale fees. Shortfalls in reimbursements and costs absorbed from serving people unable to pay result in substantial operating losses each year.

Vermont's new Choices for Care program, which allows the state's Medicaid-eligible seniors to choose among nursing homes, residential-care facilities and their own homes, is targeting more funds for long-term home care.

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Gold Star- *Continued from page 1*

recognition. In order to qualify for a Gold Star the agency must submit an action plan to improve operations in one of these seven areas.

A VAHHA Gold Star Council will review the applications and determine which agencies qualify. In December, the Council will review the actions taken by the agencies and determine which should receive the VAHHA Gold Star.

Mary Shriver, Director of the Vermont Health Care Association, which represents the state's nursing homes, said the first year of their Gold Star went well. Shriver, who was a member of a panel of experts who addressed the home care staff at the VAHHA Gold Star kick-off, said although there have been some concerns, mostly due to the paperwork involved, the program is working; program participants have seen results in better recruitment and retention of staff.

Nancy Freeze, the Administrator of the Mayo Health Care, one of the nursing homes in the VHCA Gold Star program, told the home care staff that if they think the program

could work, go ahead and do it and don't wait until you have time. "If you wait until you have time, you'll never have time," she said.

Melissa Norman, the Human Resource Director for the Rutland Area VNA and Hospice and one of the architects of the VAHHA program, told the group that the purpose of the Gold Star is the change the culture at the agency so that all staff, from management to direct care workers, become part of the team that determines how the work gets done at the agency.

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anywhere in Vermont and get the
agency that serves your town.**

State Awards Grant to RAVNAH's *Menu for Healthy Living* Program

The Rutland Area Visiting Nurse Association and Hospice has received a \$24,770 grant from Vermont's Senior Center Earmark Project through the Department of Disabilities, Aging and Independent Living to help the agency promote and support successful aging and independent living. RAVNAH's *Menu for Healthy Living* program, to be launched at the Parker House in Rutland, will provide community seniors with access to on-site nurse support and consultations,

information on chronic diseases and prevention strategies, links to community resources, and free educational and wellness programs. The grant will also fund a computer resource center within Parker House, complete with Internet access, which will enable seniors on an ongoing basis to educate themselves. The grant was secured by the Rutland Health Foundation.

CMS Launches Direct Care Workforce Resource Center

The Centers for Medicare and Medicaid Services (CMS) has launched the National Direct Service Workforce Resource Center. The Resource Center was created to respond to the large and growing shortage of workers who provide direct care and personal assistance to people with disabilities and older adults in the community. The direct service workforce includes direct support professionals, personal attendants, home health aides, certified nurse assistants and others.

The Center will provide information, resources and assistance to state and local governments, policy makers, researchers, employers, workers and consumers and will support efforts to improve the quality of the workforce and to enhance recruitment and retention of direct support professionals.

Nurses - *Continued from page 6*

In New Hampshire, home health agencies will finally see a 4.6 percent rise in Medicaid reimbursement rates, which have not changed since 1999. But this increase does not begin to cover the escalating labor costs in the midst of increasing demand for services and a limited labor pool.

The VNA & Hospice must be adequately prepared to serve a growing number of seniors. In Grafton County alone the population over 65 will increase by nearly 400 percent to 37,000 by 2025. The frail elderly over 85, a significant portion of our patients, will increase by 85 percent. In Vermont, the number of people over 65 will double in the next 25 years. Modern medicine helps the elderly live longer, but they are living with more complex chronic conditions requiring a greater level of care.

An American Health Care Association study projects a 66 percent growth in demand for nurses in nursing facilities between 1991 and 2020; for nurses in home- health settings, the demand increases by 270 percent. Staffing is positively correlated with quality of care. To attract and retain skilled clinicians and clinical support staff we must remain competitive. Wage costs will increase by 9 percent in 2006, mileage reimbursement by 30 percent, health insurance premiums by 13 percent.

In the face of growing demand, our staff is focused on working more efficiently so quality of care is maintained. Our nurses and therapists use laptop computers to streamline

record-keeping and accelerate reimbursements. Changes in financial management mean better control over expenses.

Teaching patients to use telemonitors, which relay vital statistics to health-care professionals, brings quantum improvement to the efficiency of care and to patient satisfaction. (However, the use of telemonitors is not supported by government or private insurance.)

With help from the community, we have made a difference in the quality of life for many. We are grateful for the generous support from private donors and local towns. But the growing need for care means that the federal and state governments must look to home care as a means of health care cost containment and make realistic changes in their funding. The public should have a voice in this spending, and we hope it will include yours.

The author of this article is Sue Larman, President and Chief Executive Officer of the Visiting Nurse Association & Hospice of Vermont and New Hampshire, which is headquartered in Wilder. The district office serving the Upper Valley is in Lebanon.

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