



THE VAHHA VOICE

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Six Home Care Agencies Appeal CON Decision

Six of the 12 not-for-profit home health agencies in Vermont have filed an appeal to the decision by Commissioner John Crowley of Banking, Insurance, Securities & Health Care Administration (BISHCA) to grant a statewide Certificate of Need (CON) to the Professional Nurses Service, Inc. of Burlington. The CON allows the for-profit company to provide home care service to Medicare and all Medicaid patients.

“This was a very difficult decision by everyone, those who voted to continue the appeal and those who decided not to continue,” said Peter Cobb, the executive director of the Vermont Assembly of Home Health Agencies, the professional association that represents the 12 not-for-profit home care agencies. “There was, however, unanimous agreement among the agencies that the

Commissioner’s decision is seriously flawed.”

“This split decision reflects the fact that each agency is a community-based and community-controlled agency serving the needs of its respective community as its local board

sees fit. Although the agencies have collaborated in many ways to improve home health services in Vermont, in the end each agency is responsible to its local community and the particular needs of its community. That is the very strength of Vermont’s existing home health system,” Cobb said.

“The reason that the Rutland VNA continues to oppose the decision is simple. We are very concerned that the addition of a for-profit home care company to the mix will adversely impact our ability to assure universal access to medically necessary services in our community and our ability to subsidize a wide range of state initiatives designed to benefit Vermonters.”

Ron Cioffi, CEO of the Rutland VNA

The agencies which have appealed Commissioner Crowley’s decision are: Addison County Home Health in Middlebury, Rutland Area VNA & Hospice, Dorset Nursing Service, Caledonia Home Health Care & Hospice in St. Johnsbury, Manchester Health Services,

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RAVNAH Donates to Hurricane Relief

When the Visiting Nurse Association of America (VNAA) sent out an appeal nationwide to help the men and women of the VNA of Greater New Orleans rebuild their shattered lives in the wake of Hurricane Katrina, the Rutland Area Visiting Nurse Association & Hospice stepped up to

help. In addition to RAVNAH offering jobs to the displaced workers, a monetary donation of \$7,500 from the agency and its employees was sent to the VNAA Relief Fund.

“It really struck me that, just like us, the dedicated home health care workers of New Orleans are used to bringing compassionate care to others – and now they are the ones in need of help,” said Ron Cioffi, executive director of RAVNAH. “As many are now without homes and jobs, sending a donation to them seemed like the right thing to do.”

The VNAAs’ National Hurricane Relief Fund has already raised \$120,000. The VNAA recently met with the CEO of VNA of Greater New Orleans, Eduardo Medina, to plan how best to distribute the relief funds to staff as quickly and efficiently as possible. The VNAA reports that families desperately need this assistance to help put their lives back together, and RAVNAH’s generosity will certainly help in this humanitarian endeavor.

Homecare Hurricane Relief Fund

A Hurricane Katrina Homecare Recovery Fund and Center has opened in New Iberia, Louisiana. Funds can be electronically sent by contacting the Homecare Association of Louisiana at 800/283-4252. Checks to the account can be made to the Hurricane Katrina Homecare Recovery Fund and mailed to: Hurricane Katrina Homecare Recovery Fund, 223 East Main St. New Iberia, LA. 70560. Donations go to home care staff and their families.

GW Names David Reynolds to Geiger Gibson Visitors

The George Washington University School and Health Services, Department of Health Policy, has announced that David Reynolds, DrPH, has been named the 2005 Geiger Gibson Distinguished Visitor in Community Health Policy. The Distinguished Visitorship is part of the Geiger Gibson Program, which honors Drs. Jack Geiger and Count Gibson, pioneers in community health and advocates for human rights, and also celebrates the nation's community health centers. Individuals selected as Distinguished Visitors have exhibited extraordinary and sustained leadership in community health policy and practice.

Dr. Reynolds is the founding executive director of Northern Counties Health Care, Inc. (NCHC), covering a three-county region known as the Northeast Kingdom of Vermont. This not-for-profit network is comprised of six community health centers and two dental practices in Concord, Danville, Hardwick, Island Pond, and St. Johnsbury, as well as Caledonia Home Health Care and Hospice Agency. More than 20,000 Vermonters rely on NCHC for their medical care. In many of the communities it serves, NCHC is the only source of comprehensive primary healthcare.

"For nearly 30 years Vermont has benefited from David Reynolds' work as a tireless advocate on behalf of those

who struggle the most in our communities," said Sen. Patrick Leahy (D-VT). "David has been nationally recognized for his work at Northern Counties Health Care, and I am incredibly pleased that students and faculty at George Washington University will benefit from his expertise throughout the next year."

Reynolds is a past recipient of a Pew Foundation Fellowship in Health Policy and an International Leadership Fellowship from the Kellogg Foundation. In addition to his position as executive director of NCHC, he serves as chair of Vermont's Medicaid Advisory Board and was a member of the state's Health Resource Allocation Plan (HRAP) advisory committee, which was charged with developing Vermont's healthcare plan aimed at improving healthcare quality and lowering costs for Vermonters. The health plan was officially adopted by Governor Jim Douglas on August 2, 2005.

Reynolds has also served as president of the Bi-State Primary Care Association and the Vermont Assembly of Home Health Agencies, on whose boards he continues to serve. In 2004, he was inducted as one of the first members of the National Association of Community Health Center's Grassroots Advocacy Hall of Fame.

Emily Dale Receives March of Dimes Recognition

Emily Dale, RN, IBCLC with Lamoille Home Health & Hospice has just received the prestigious March of Dimes award for her work on the Maternal and Child health programs.

"I work with the Maternal Child Health nurses from around the state and there are a lot of incredible nurses. I can't believe that I would receive this award," Dale said when asked how she felt to be the award recipient.

Dale has been a nurse with LHH&H since 1991 and an International Board Certified Lactation Consultant (IBCLC) since 1994. Originally working as a general home health nurse, she went back to her true passion and love for nursing to work with children and their families when LHH&H adopted the state Healthy Babies Kids & Families program. In 1994, she studied and passed the IBCLC test. In order to maintain this certification, she needs to attend annual in-services on breastfeeding. She is currently the supervisor of the Lamoille Maternal Child Health program and keeps time available to see patients.

The biggest challenge for her, she said, is discovering what the patients and families goals are, then to include the whole family in the plan on the road to wellness. Once

this has been accomplished is when she finds her greatest satisfaction-success.

Working with mothers and their children has helped Dale realize that success is defined differently by each family. For many single mothers, she said, success is providing a good life for her child "and at the same time becoming self-resilient and independent when she didn't think she could."

"Emily Dale is part educator, part nurse, part inspirational speaker, resourceful, dedicated and involved with her community. She believes in her patients and helping them reach their goals. We believe she is a worthy recipient of this award and are proud to call her a member of our team," said Ann Mallett, Executive Director of the Lamoille agency.



VAHHA Awards \$15,000 in Scholarships for 2005-2006

The Board of Directors of the Vermont Assembly of Home Health Agencies has awarded a total of \$15,000 in scholarships to 18 different students for the 2005/2006 school year. In the four years since the fund was established, the VAHHA Board has awarded \$40,000 in scholarships.

The awards were granted from the Elizabeth Davis Scholarship Fund. The scholarship was established to assist home care professionals with obtaining advanced degrees and students seeking bachelor's or associate degrees in a health profession. The scholarship is available to any Vermont resident who is studying for a degree in a health care profession and who plans to work in home care in Vermont upon completion of the program. To be eligible for the scholarship a student must be enrolled in a certified college (does not have to be a Vermont college) and must be studying

nursing (RN and LPN), physical therapy, speech therapy, occupational therapy, or medical social work. To apply, the student must contact the Vermont Student Assistant Corporation for an application. Two brief essays are required. There is no financial requirement although financial need is considered.

Applications for the 2006-07 school year are due June 1, 2006. To apply, contact VSAC. Call 1-888-253-4819 or write to: VSAC Scholarship Program, PO Box 2000 Champlain Mill, Winooski, VT 05404-2601. The VSAC e-mail address is info@vsac.org. For more information about the application process check the VSAC web site: www.vsac.org. Questions about the scholarship, call VAHHA at 1-800-713-0893 (in Vermont) or 802-229-0579 or send your questions to vahha@adelphia.net.

2005-06 Elizabeth Davis Scholarship Winners

2005-06 – Total Awards \$15,000

<i>Name</i>	<i>Amount</i>	<i>Study</i>	<i>Town</i>	<i>College</i>
Karen LaClair	\$2,000	RN	Berlin	Norwich University
Meghan Sperry	\$2,000	RN	Williamstown	Norwich University
Ashley Demers	\$1,000	RN	Troy	University of Vermont
Jessica Enright	\$1,000	RN	So. Royalton	University of Vermont
Jodi Kramer	\$1,000	RN	Dummerston	New Hampshire Technical College
Kelly Piche	\$1,000	RN	Shelburne	University of Vermont
Katherine Roome	\$1,000	LPN	Burlington	Vermont Technical College
Gloria Thomas	\$1,000	RN	Burlington	Vermont Technical College
Melissa Barker	\$500	RN	Bomoseen	Castleton State College
Jennifer Cushing	\$500	RN	Williamstown	Rivier College
Tracey Billings	\$500	RN	St. Johnsbury	Vermont Technical College
Jessica Bolduc	\$500	OT	Colchester	University Of New England
Monica Commo	\$500	MSN	Montpelier	University of Vermont
Laura Davis	\$500	RN	West Burke	Norwich University
Abigail Dodd	\$500	RN	St. Albans	University of New Hampshire
Pamela Mintzer	\$500	PT	Rutland	Russell Sage
Kari Orost	\$500	RN	Johnson	Southern Vermont College
Tracey Whitcomb	\$500	RN	Burlington	University of Vermont



Vermont Joins In Opposition to the Wage Index Formula

The Vermont Assembly of Home Health Agencies has joined five other states in opposition to the formula used by the Centers for Medicaid and Medicare Services (CMS) to determine the home care wage index. This formula is used to determine Medicare payment rates for home care agencies. The problem with the formula, according to VAHHA members, is that it puts home care agencies at a significant disadvantage with local hospitals. The other associations opposing the CMS formula are the Connecticut Association for Home Care, Home & Health Care Association of Massachusetts, Home Care Association of New Hampshire, Associated Home Health Industries of Florida, and the Ohio Council for Home Care.

“The six state associations have worked closely together to craft a plan that not only works but also makes sense,” said VAHHA Director Peter Cobb. “The bottom line is the current system is unfair to home care agencies.”

These proposed changes, Cobb said, address the inaccuracies with the current system as well as the lack of parity with hospitals.

In Chittenden and Franklin counties, the home health wage index is 22.2% below the hospital wage index. This gap exists because the hospital there received special congressional treatment in statute (reclassification to Boston) as one of the sometimes-called “Section 152” facilities. That 22.2% differential equates to over \$1 million per year in

reduced Medicare PPS revenues for the home health agencies in the Burlington region. This loss (and the corresponding substantial premium paid to the hospital by Medicare as a “Boston” facility) results in hospital recruiters routinely “out bidding” home health agency nurse recruitment efforts, Cobb said.

The Chittenden/Franklin wage index has been highly unstable resulting in significant challenges to home health agency budget planning, operations management and fiscal wellbeing, according to Church Hindes, CEO of the VNA of Chittenden and Grand Isle Counties

“Obviously, this up and down pattern bears no relationship whatsoever to the actual labor costs in this region,” Hindes said. According to Hindes, the newly announced Chittenden/Franklin wage index will be 10.5% below what the rate was in October 2000.

“This, too, is ludicrously inconsistent with the actual compensation changes in the Burlington local health professions labor market,” Hindes said.

In addition, the Chittenden/Franklin rate is now lower than the rural Vermont index, despite Burlington being the location of the tertiary academic medical center for the region with a disproportionate number of well-compensated advanced practice and specialty nurse clinicians and other health professional - represented by a labor union with aggressive salary demands.

Governor Sets Health Care Agenda - Health and Welfare Cautious

In an editorial published in the Sunday *Rutland Herald* and *Times Argus* Governor James Douglas outlined his health care priorities for 2006. “This is not a crisis in quality - although there is room for improvement - it is a crisis of affordability,” Douglas wrote. His proposal includes:

- Funding the Chronic Care Initiative;
- Providing financial incentives for individuals to make healthy decisions such as eating well, exercising, not smoking and getting regular physicals;
- Enhancing the use of information technology and electronic medical records;
- Providing more public information on price and quality of health care services;
- Reducing the cost shift by increasing reimbursements paid to providers by the Medicaid program.
- Increasing prevention and education programs like the Fit and Healthy Kids and Healthy Aging initiatives;
- Passing medical malpractice tort reform.

Senator James Leddy, Chairman of the Senate Health and Welfare Committee, said his committee would seriously consider all of the proposals but cautioned that Douglas’ projects don’t solve the biggest problem - how to provide health services Vermonters without health insurance.

Leddy and other Committee members also are concerned about the cost of the proposals. Senator Flanagan of Chittenden said that before the committee can approve any of the proposals, it must determine how much the programs will cost, where the money needed will come from, and what difference the programs will make to Vermonters.

Several public hearings were held this summer on health care. Both Governor Douglas and a special legislative committee held a series of hearing to determine what Vermonters want for health care.

The Snelling Center, which was hired to organize the Legislative committee’s public hearings, is writing a report on the findings from those hearings. The report is due in early December.



Summary of Recommended Changes to the Wage Index Calculation

Below are the recommendations on the wage index calculation that were sent to the Centers for Medicare and Medicare Services by the six state coalition. As of press time, CMS had not responded. More details are available on the VAHHA homepage at: www.vnavt.com.

Eligibility for relief. Array all counties based on the ratio of the 2006 Bureau of Labor Statistic (BLS) Adjusted Benchmark Wage Index to the actual 2006 pre-reclassification, pre-floor Metropolitan Service Area (MSA - Chittenden and Franklin Counties) wage index based on hospital cost reports. Only those counties with a BLS ratio > 1.02 would qualify for any relief. 3858 out of the 3238 counties examined meet this criterion.

Addressing inaccuracy. Apply a second threshold to the 858 counties that meet the criterion above: select those counties with a BLS ratio > 1.03. This leaves 591 of the 858 counties eligible for this component of relief. For those 591 counties, the MSA portion of the blend will be the raw average of the applicable 2004, 2005 & 2006 MSA wage

indices for home health. This is intended to smooth out the effects of any unjustified reductions during that time period. For the remaining counties, the MSA portion of the blend would be the 2006 MSA.

Addressing parity with hospitals. Apply a second threshold to the 858 counties that meet the test in #1 above: select only counties with a hospital parity ratio > 1.02. This leaves 629 of the 858 counties eligible for parity relief. For those 629 counties, multiply the 2006 CBSA wage index by the parity ratio and blend that with the unadjusted 2006 CBSA on a 50-50 basis – this becomes the CBSA component of the blend for the 629 counties that qualify. This results in essentially a one-quarter parity adjustment for qualifying counties - envisioned to be the first step in a multistep process leading to increasing parity with hospitals. For the remaining counties, the CBSA portion of the blend would be the 2006 CBSA.

Blend. Blend the 2006 MSA & CBSA wage indices as defined above on a 50-50 basis.

VNAs of Chittenden, White River Selected to VNAA's CHAMP Program

Program will provide selected HHAs with specialized management training and tools

The Visiting Nurse Association of Chittenden, Grand Isle Counties and the VNA & Hospice of Vermont and New Hampshire of White River Junction have been named as two of the first 15 homecare agencies accepted into Visiting Nurse Associations of America's (VNAA) CHAMP program. These agencies, all from New England, are the first of three teams to be trained in 2006. Two additional teams will also be selected to participate in the program.

VNAA's Curricula for Homecare Advances in Management and Practice (CHAMP) Program, funded by The Atlantic Philanthropies, is a ground-breaking national practice improvement program designed by renowned homecare, nursing and geriatric health experts.

The VNAA CHAMP program will use a train-the-trainer model to embed in homecare agencies the capacity for continuous practice improvement. Frontline nurse managers will be given specialized management training

and tools to facilitate the field nurse's acquisition of select best practices, ultimately improving geriatric care. This 10-month multimode training program includes: an E-Learning program; a web-based E-measurement system; face-to-face workshops; and group coaching calls.

"We are delighted and proud to launch this national program – the first of its kind!" stated Carolyn Markey, President and CEO of VNAA. "I am especially grateful to The Atlantic Philanthropies for financially supporting this program, and to our national advisory committee of healthcare and nursing experts. This is the most exciting quality improvement program in the industry, and VNAA is honored to offer this program to homecare agencies across the country."

The first program topic is Medication Management, crucial for elderly homecare patients' health and quality of life.

Autumn Fashion Show Sold Out Again

Central Vermont Home Health and Hospice held its largest fundraiser of the year, its annual Colors of Autumn Fashion Show and Dinner, on Thursday, October 6, at National Life in Montpelier. Once again the event sold out to a capacity crowd of 375 guests. This top social event of the year featured fashions from 14 locally owned Central Vermont clothing stores, and had 28 community members as models. While previous events have netted the agency in

excess of \$20,000 a year in proceeds, it is expected those funds will approach \$30,000 for this year's event.

Lead sponsors include Gardner Insurances Services, Inc., National Life Group, The Times Argus, Jerome The Florist, L. Brown & Sons Printing, Connor Contracting, Bates & Murray, Charlene and Karl Rinker, Perkins-Parker Funeral Home, and CVHHH friend and supporter Lola Aiken.

Put Your Hands in the Air and Put That Donut Down

According to a recent article in the *Wall Street Journal*, a new study that followed Americans for three decades suggests that over the long haul, 9 out of 10 men and 7 out of 10 women will become overweight. Half of the men and women in the study who had made it well into adulthood without a weight problem ultimately became overweight. A third of those women and a quarter of the men became obese. The findings, published in the *Annals of Internal Medicine*, show obesity may be a greater problem than indicated by studies that look at a cross-section of the population at one

point in time. Those so-called "snapshots" of obesity have found about 6 in 10 are overweight and about 1 in 3 are obese.

The number of deaths linked to obesity has been heavily debated. Earlier this year the U.S. Centers for Disease Control and Prevention said obesity caused only about 25,814 deaths annually in the United States - far fewer than the 365,000 deaths the agency had earlier reported. Other scientists have disagreed with the revised conclusion, while organizations representing the food and restaurant industry think weight-related ills have been overstated.

Aging Well at Home...With the DNA

Dorset Nursing Association (DNA) has started a new monthly TV program called "Aging Well at Home", courtesy of Greater Northshire Access TV. The first "Aging Well at Home" program was broadcast on GNAT-TV local access Cable Channel 15 on October 25. The programs also will be shown on Rutland PEG TV Channel 15, and the Bennington Catamount Access TV.

The goal is to offer information to families and individuals to help them stay well, stay home, and stay independent with appropriate services and community resources. The first show focused on DNA's Home Telemedicine Program including a home visit with a DNA patient who volunteered to demonstrate her DNA HomMed Telemonitor for the program. Dorset Nursing aims to reduce unnecessary hospitalizations of our patients using our easy to use HomMed Telemonitors.

Each month DNA's "Aging Well at Home" will offer important health and wellness information. Aging is a universal experience that affects all of us from birth to the end of life. Future program topics include: The New

Medicare Prescription Drug Plan, Dorset Nursing's "Run, Girl Run Program", Visiting Nurse / Home Health services, Adult Day Care Programs, DNA's Senior Exercise program, etc. Watch for DNA's "Aging Well at Home" on your local Cable access TV stations. For more information call DNA at 802-362-1200.

For information about VAHHA and the 12 member home health agencies, check out our web listing at: www.vnavt.com.

A statewide jobs listing and VNA events calendar are also listed on the home page.

Questions, call (802) 229-0579 or write to: vahha@adelphia.net. Our mailing address is 10 Main Street, Montpelier, VT 05602



Vermont Gov. James Douglas gets his blood pressure checked by Phyllis Tarbell, Director the Dorset Visiting Nurse Association at the Manchester Chamber Business Fair held recently at the Equinox Hotel. Tarbell is using a new in-home, tele-health monitoring system. The tele-monitors, which are used to monitor blood pressure and pulse, were purchased from a grant from the USDA Rural Development. These machines, which connect to the main office through the telephone lines, allow the agency to check vital signs without sending a nurse to the home.

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and the VNA & Hospice of Southwestern Vermont Health Center in Bennington.

“The reason that the Rutland VNA continues to oppose the decision is simple. We are very concerned that the addition of a for-profit home care company to the mix will adversely impact our ability to assure universal access to medically necessary services in our community and our ability to subsidize a wide range of state initiatives designed to benefit Vermonters,” said Ron Cioffi, Chief Executive Officer of the Rutland VNA.

David Reynolds, CEO of the Northern Counties Health Care, the parent company of the Caledonia Home Health Care agrees. In addition, he thinks there is no reason to change what works well. “We don’t think the case has been proven in our region that there is unmet need. The state has never informed us of any problems, which is a requirement of the law. During the five-week remediation period to determine whether or not the home care agencies were meeting the needs of Vermonters, there were no missed visits, no delayed discharges from hospitals, and no patient complaints in our area,” Reynolds said.

Church Hindes, CEO of the VNA of Chittenden and Grand Isle Counties said his agency opted not to appeal. “Our VNA Board carefully considered the question of whether or not to appeal and concluded that while they strongly disagree with the Commissioner’s decision they did not want to continue a protracted legal battle. New home care legislation signed by the Governor in June sets very high standards of performance for all Vermont home health agencies and assured that all the home health agencies will be held to the same standards or face losing their permission to serve Vermonters. We look forward to working with the state to protect and continue Vermont’s uniquely strong home health system.”

Phil White, one of the two attorneys retained by the six agencies to continue the appeal said the Commissioner’s decision is a significant change from long-standing state policy. “For decades Vermont has embraced a clear policy favoring community-based, non-profit agencies serving designated geographical areas as the best way to expand access to home health services in Vermont,” White said. “The agencies believe that by any objective measure this long-standing state policy has proven its worth. Vermont is the only state in the nation that has been able to provide universal access to medically necessary home health services regardless of ability to pay or location of residence. They are proud of this achievement. The agencies are unanimous in their belief that if a substantial change to this system is to be made it should only be made based on clear and objective information that there is unmet need. At a time when Vermont is grappling with the issue of how to provide universal access to health care services, this is not the time to adopt significant changes to one of the areas of the health care system that does provide universal access to services.”

“We believe that the law requires (1) that if this system is going to be changed, such a change should be based on objective, verifiable information that patients would experience serious access problems unless this CON application were granted and (2) if a statewide CON is to be granted, the applicant should be required to clearly establish that access issues exist in each region of the state.” White added.

“The agencies provided objective, verifiable information that not a single Vermonter with physician’s orders or state authorization has been denied access to home health services regardless of the location of their residence or their ability to pay. The level of “missed visits” was miniscule and in most cases simply unavoidable by any home health agency including, PNS,” White said.

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