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Partners in Care Earns LGBT Platinum SAGE Certification

Over 7,000 Home Health Aides Have Received SAGECare Cultural Competency Training

In January, Partners in Care, VNSNY's licensed home care services agency, was awarded Platinum-level certification from the LGBT advocacy group SAGE (Services and Advocacy for GLBT Elders). This is SAGE's highest award, indicating that 80 percent or more of Partners in Care's home health aides (HHAs), nurses and other staff have received SAGECare LGBT cultural competency training.

Since the launch of Partners in Care's SAGECare educational initiative last year, all of its nearly 9,000 HHAs have attended specialized training sessions designed to raise their awareness of cultural issues and sensitivities around sexual orientation and gender identification. "This credential means that our LGBT clients can be assured they'll be treated with understanding and respect by every member of our staff," says Barbara Maccaro, Director of Quality Assurance and Education at Partners in Care. "We want the LGBT community to



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- VNSNY CHOICE Enhances Compliance Risk Assessment
- VNSNY Receives Grant for LGBT Outreach Project



Lester Schindel Discusses VNSNY's Vision for the Future

An Interview with VNSNY's Executive Vice President and Chief of Provider Services/Strategy & Physician Network Development

VNSNY recently refined its strategic road map. Can you summarize where the company is headed?

To sum up VNSNY's direction in just a sentence, we are transforming to become a leading home- and community-based care management organization. In the future, we'll not only be providing health care services in the home, but also employing sophisticated data analytics and care

coordination to manage the full continuum of post-acute care for our patients and plan members. As the baby boomer generation ages, demand for home care services is growing. We're ideally positioned to be a national leader in this expanding market. To do this, though, we need to use innovative technology and other cutting-edge approaches to deliver quality care in a cost-effective way.

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The state-of-the-art virtual rehab system uses a motion-sensor camera to display the patient's own body movements on a computer or television screen alongside the figure of an animated "therapist" avatar. The virtual therapist takes the patient through each prescribed exercise—making sure the patient is appropriately positioned, and offering corrections when an exercise isn't done properly—while the program counts and records every repetition, checking off each exercise as it's completed.



Besides guiding the patient through his or her exercise program, VERA features an educational portal where patients can learn more about their recovery process and read health and safety tips related to their condition, and a feedback portal where patients are prompted to complete surveys that measure their progress. This progress log is monitored by the patient's real-life rehabilitation therapist and other caregivers and can also be viewed by the patient, providing an additional source of positive reinforcement and motivation.

In the VNSNY pilot, which is being launched this spring, approximately 70 physical therapists in VNSNY Home

Right: VNSNY's physical therapists are piloting VERA, a virtual rehabilitation tool that uses an avatar to electronically "coach" patients through their exercises between home therapy visits.

Above: With VERA virtual rehab technology, a motion sensor camera displays the patient's movements on a computer or television screen, as shown in the green form image.



Care's Manhattan region will use VERA with patients recovering from knee replacement surgery. Based on the results of this pilot, the agency then plans to roll the product out throughout VNSNY's service area for patients with a range of conditions requiring physical therapy.

"We're excited to offer our clinicians and patients this cutting-edge technology," says Susan Northover, VNSNY's Senior Vice President for Patient Care Services. "By empowering our therapists to support their patients and encourage them to stick with their rehabilitation program between home therapy visits, we believe that VERA can help maintain and accelerate the post-surgery recovery process."

"We are very interested in virtual rehabilitation's potential to augment our rehabilitation therapy protocols," adds Joseph Gallagher, Director of Operation Support Services at VNSNY. "This innovative and cost-effective tool is one more example of how VNSNY is pioneering the use of new technology to expand our clinical reach and transform the field of home-based care management."

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With this credential, Partners in Care now joins VNSNY Hospice and VNSNY Home Care, which have also been awarded SAGECare Platinum certification—further establishing VNSNY as a preferred healthcare provider for New York City's 750,000 LGBT residents. "We're proud to be one of the few home care organizations in the New York City area to have provided LGBT training across our workforce," notes Jennifer Rajewski, Senior Vice President of Partners in Care.



VNSNY Receives Grant for LGBT Outreach Project

The New York Community Trust has awarded the Visiting Nurse Service of New York an 18-month, \$125,000 grant that will go towards hiring a full-time project manager for VNSNY's new LGBT Outreach and Expansion Project, aimed at improving healthcare access for New York City's older lesbian, gay, bisexual and transgender (LGBT) residents.

"This project manager's responsibilities will include forging relationships with both LGBT-dedicated and non-LGBT organizations in the community, and educating New York City's provider community on the best practices for working with LGBT seniors," explains Jacqueline Halpern, VNSNY's Director of Foundation and Corporate Relations. "The manager will also conduct educational activities with LGBT seniors to raise awareness of the services that VNSNY can provide them, and link them to those services. We want New York's LGBT seniors to know that VNSNY is a trusted ally with a long history of serving this community."

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To sum up VNSNY's direction in just a sentence, we are transforming to become a leading home- and community-based care management organization. In the future, we'll not only be providing health care services in the home, but also employing sophisticated data analytics and care coordination to manage the full continuum of post-acute care for our patients and plan members. As the baby boomer generation ages, demand for home care services is growing. We're ideally positioned to be a national leader in this expanding market. To do this, though, we need to use innovative technology and other cutting-edge approaches to deliver quality care in a cost-effective way.

Could you give some examples of these approaches?

Technology and innovation will be used to enhance our patient care experience. We also need to be smarter in the way we deliver care, using advanced technology to provide the highest level of care. We're currently piloting a virtual rehab program that lets our rehabilitation therapists remotely coach and monitor patients between home visits. [See Virtual Rehabilitation article on page 2.] And we're expanding our telemedicine program, using technology that sends patients' vital signs directly to their care providers on a daily basis, giving us an ongoing record of each patient's health status. Basically, we need to deliver care more intelligently. This includes using population

health techniques such as evidence-based algorithms to ensure that each patient and CHOICE member gets the right mix of services at the right time. We also recently created a new innovation group within VNSNY that's focused on new technologies for enhancing the care provided by our clinicians.

How is the shift toward value-based payments impacting VNSNY's strategy?

Value-based payments are where home care is heading—and with our care management expertise, we're at the forefront of this movement. On the government side, New York State is putting more and more emphasis on Medicaid managed long-term care (MLTC) plans, in which insurance plans are paid a fixed monthly amount per member. VNSNY CHOICE, our insurance arm, has one of the state's largest MLTC plans, and we're looking to grow that membership significantly. Meanwhile, VNSNY's certified home care agency is very involved in Medicare's value-based bundled payment initiatives, and is increasingly entering into value-based purchasing agreements with private insurers as well.

VNSNY is both a healthcare provider and a payer. Is that an advantage?

Absolutely. In fact, leveraging VNSNY's provider and insurance businesses in an integrated way will be key to our future success. Our licensed home care services agency, Partners in Care, which employs nearly 9,000 home health aides (HHAs), gets 75 percent of its business from our CHOICE MLTC plan—meaning that as CHOICE MLTC grows, so will Partners in Care. For



this same reason, we're focused on investing in our staff by providing advanced training and a career ladder for our HHAs. Studies show that providing home health aide services reduces people's hospitalization rates by 35 percent, and maintaining a skilled HHA workforce will be a big part of home care moving forward.

What other strengths does VNSNY have?

We're continuing to expand our relationships as a post-acute care provider for our referring partners, including New York's major hospital systems as well as local skilled nursing facilities and home care physicians. Finally, we feel our hospice business holds tremendous opportunity. VNSNY Hospice and Palliative Care is currently our single fastest-growing service. As the largest home-based hospice program in New York City, we're actively reaching out to local hospitals and palliative care physicians to explain the benefits of skilled end-of-life care, and encourage more families in the community to utilize this important resource.



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NEWS FROM THE VISITING NURSE SERVICE OF NEW YORK

VNSNY Partners with Mount Sinai to Pioneer Home-Based Palliative Care Model

Nurses and specially trained home health aides (HHAs) from Partners in Care, VNSNY's licensed home care services agency, are playing a central role in Mount Sinai Hope, a novel home-based palliative care initiative being piloted by the Mount Sinai Health System. Supported by funding from the Gary and Mary West Foundation, the initiative—which is not related to VNSNY Hospice's Project HOPE community outreach effort—sends interdisciplinary palliative care teams into the homes of Medicare patients with advanced, non-terminal medical conditions.

"The goal is to help these non-hospice patients manage their condition comfortably over a six-month period, to a point where they either no longer require in-home palliative care or are admitted into hospice," explains Lorna Canlas, VNSNY's Director of Strategic Partnerships and Program Development. The project's home-based approach is filling a crucial gap, she notes: "Chronically ill patients typically can't get these services in their homes, since insurers only cover palliative care administered in a hospital setting."

By tracking patient outcomes, Mount Sinai Hope aims to show that its model reduces hospitalization rates and overall cost of care—a critical step in persuading Medicare and other insurers to provide reimbursement for in-home palliative care services. The collaboration's care team consists of a Partners in Care registered nurse, who calls on patients at home to provide medication and other comfort care; two community health workers—Partners in Care HHAs trained in health coaching skills, who visit regularly to educate patients and their families and connect them to needed resources; and a Mount Sinai social worker. This team is supported by a physician and advanced practice nurse from Mount Sinai.

Mount Sinai Hope aims to show that its model reduces hospitalization rates and overall cost of care.

The project is being led by Mount Sinai palliative medicine specialists Dr. Sean Morrison, Dr. Nathan Goldstein and Dr. Linda DeCherrie. "While Mount Sinai already provides home-based care through Mount Sinai Visiting Doctors, this program is different in that the Mount Sinai Hope team will work with the patient's existing primary care doctor or specialists and be able to reach many more patients," explains Dr. DeCherrie.

"VNSNY has been an incredible partner in our efforts to improve care for persons with serious illness and their families," notes Dr. Morrison. "With this project, our goal is to move palliative care services from the hospital to the community and provide the added layer of support that will allow our patients to remain safely and comfortably at home."

"VNSNY's specialized HHAs will be integral to Mount Sinai Hope's success," adds Canlas. "This is a highly innovative departure from traditional approaches to home-based palliative care, and one that we believe will produce great benefits for patients, their families, and the wider community."

Cutting-Edge Program Brings Emergency Care to Hospice Patients in Their Homes

The caller, a family caregiver for a VNSNY Hospice patient, had phoned the patient's hospice nurse manager to report that he was experiencing severe shortness of breath. A diuretic pill hadn't helped, the caregiver said, and now she felt the only option was to have him taken by ambulance to the local emergency department.

The nurse manager knew that a 911 call would in all likelihood lead to a hospital admission—something no one wanted. She also saw from the patient's digital records that he was enrolled in VNSNY Hospice's new, cutting-edge community paramedicine collaboration with the Mount Sinai Health System. "Instead of calling EMS," the nurse manager replied, "what if I called a paramedic who can get there within an hour and provide symptom relief?"

The family caregiver agreed. Thirty-five minutes later, a paramedic was standing in their home. After hooking the patient up to an oxygen tank and

opening windows to let in fresh air, the paramedic phoned the VNSNY nurse manager and was immediately linked by phone with a VNSNY Hospice physician and a doctor at Mount Sinai's emergency department. After consulting briefly, the two doctors instructed the paramedic to offer the patient morphine for additional symptom control. By this point, however, the patient was feeling so much better that he declined the medication. The VNSNY physician then arranged for a follow-up visit by a hospice nurse that evening and prescribed an extra dose of diuretics.

"It was a real success story," says Dr. Ritchell Dignam, Chief Medical Officer for VNSNY Hospice. "The patient's symptoms were relieved, and he was able to remain in a home hospice setting and meet his goals of care."

Launched in January, the community paramedicine collaboration operates in similar fashion to the community paramedicine initiative rolled out last year by VNSNY Home Care and Mount Sinai: If a home hospice patient experiences a crisis when no medical professionals are present, the patient's clinical manager can call Mount Sinai and summon a specially trained paramedic, who arrives at the patient's home within 30 to 60 minutes. A VNSNY Hospice nurse then connects the paramedic telephonically to a physician team that prescribes palliative care measures, which the paramedic administers.

The main difference in the hospice program is its focus on symptom relief rather than treating the underlying non-curable condition. If more intensive symptom management is required, the paramedic will coordinate transfer or transport the patient to a VNSNY Hospice-contracted inpatient bed. The VNSNY and Mount Sinai teams meet to review each activation after the fact, and hold monthly calls to assess the program's progress.

The initiative is being piloted for VNSNY Hospice patients in Manhattan and will eventually be extended to New York City's other four boroughs, starting with the Bronx. Mount Sinai's team, headed by emergency medicine physician Dr. Kevin Munjal, "has been a great partner," says Dr. Dignam. "This approach provides an important added level of support for our patients," she notes. "I think our initiative could pave the way for adoption of this type of additional support model by hospice programs across the nation."



In a collaboration with the Mount Sinai Hospital System, a new program is sending paramedics to the homes of VNSNY hospice patients in distress. The paramedic then provides treatment after consulting by phone with a VNSNY hospice physician and a Mount Sinai doctor.

VNSNY CHOICE Rolls Out Enhanced Compliance Risk Assessment

VNSNY's managed care arm, VNSNY CHOICE Health Plans, has put in place a streamlined compliance risk assessment process that is enhancing CHOICE's ability to address potential vulnerabilities, while also providing an additional tool for identifying key financial and strategic objectives.

"Our previous assessment process involved the Compliance team meeting separately with each department," explains Dorian Needham, Vice President, Compliance and Regulatory Affairs at VNSNY CHOICE. "In our revised approach, the entire CHOICE management came together to collectively analyze each department's key 2018 compliance risks." Opening the discussion to the entire organization encouraged more intensive analysis of issues as they were raised, says Needham. In another important shift, the CHOICE Compliance Risk Dashboards, which spell out the improvement plans for key risk areas and give regular updates on each department's progress toward risk mitigation goals, are now being shared with all department heads as well.

"Under the leadership of CHOICE President Dr. Hany Abdelaal, the CHOICE compliance process has made major strides in recent years, and compliance has become deeply embedded in every aspect of our business," adds Needham. "Now, with this more dynamic and interactive approach to risk assessment, we're taking the process to the next level."

The revamped process has not only resulted in greater transparency and accountability, says Needham, but is also leading CHOICE managers to take a broader view of the organization's risk profile. "This year, we asked everyone not only to target potential compliance issues, but also to weigh in on perceived risks within CHOICE that are more strategic or financial in nature," he notes. Critical strategic or financial issues identified through this process will then be brought to the attention of CHOICE and VNSNY's senior leadership.

CHOICE's launch of this new model at the end of last year was the first step in a wider reimagining of the risk assessment process at VNSNY that is being led by VNSNY's Risk Department and rolled out across all business areas. "By instituting a more collaborative risk assessment framework for both VNSNY Provider Services and CHOICE, we are now better positioned to identify and understand the key interdependencies of risks across the organization," says Julianne Kasinow, VNSNY's Risk Manager, who is overseeing the implementation of the new process. "This is a critical component of enterprise risk management and will allow the process to be more effective in helping VNSNY achieve its strategic objectives."



VNSNY Staff's "Bomb Cyclone" Heroics Garner Media Attention

When the so-called "bomb cyclone" storm hit the New York metropolitan area last January, delivering 50-mile-per-hour gusts and a foot of steadily falling snow, most residents followed the authorities' instructions and stayed home. Hundreds of VNSNY nurses, rehabilitation therapists, social workers, and home health aides did just the opposite, however—heading out into the wind, ice and swirling snow to make needed calls on their patients and clients. The media took notice, with numerous publications featuring stories of VNSNY's frontline heroics that included mid-storm photos taken by the staff members themselves.

"There's no such thing as working from home in the business we're in," nurse Vinny Brigande told a reporter for the *New York Beacon*. In addition to Brigande, who spent much of that day providing wound care to diabetic patients on Staten Island, the publication shared the stories of physical therapist Suhas Kotian, who left home before 6:00 a.m. to reach patients in the Bronx, and nurse

Chinyere "Chi Chi" Okoro of VNSNY's Maternity, Newborn and Pediatric program, who trekked through the blizzard to check on pregnant mothers under her care.

The *Sea Cliff/Glen Head Herald Gazette* spotlighted physical therapist Bill Kraupner, who navigated the

hilly roads of Nassau County to call on elderly patients, providing not only therapy but also assistance securing basic necessities in their homes. VNSNY's staff also caught the attention of the national publication *Home Healthcare News*, which published a report on the regional response to the storm that included a profile of VNSNY nurse Everlin Gomez, who finished a patient visit on foot after her taxi skidded to a standstill on the snowy streets of Washington Heights.



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