

WINTER 2017 | VOLUME 3, ISSUE 1



# VNSNY TODAY

NEWS FROM THE VISITING NURSE SERVICE OF NEW YORK



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## Helping Retirement Homes Open the Door to Hospice Care



**New VNSNY–IHI Pilot Aims to Increase End-of-Life Care Access for Nursing Home Residents**

Hospice services help ensure that someone's final days are spent in comfort and peace, spending time with their loved ones under the care of skilled specialists. Nursing homes, however, are often hesitant to call in hospice services when their residents begin to fail. A new VNSNY Hospice pilot program is now aiming to change

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VNSNY is helping area nursing homes access hospice services. Above: A VNSNY Hospice nurse (in blue shirt) and facility nurse tend to a patient at the Hamilton Park Nursing and Rehabilitation Center in Brooklyn.

## VNSNY Earns Highest Platinum Credentialing from SAGECare

VNSNY's certified home health agency has been awarded Platinum certification by SAGE (Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders), confirming that more than 80 percent of the workforce in VNSNY's Home Care division has successfully completed the SAGE training. VNSNY is the largest home- and community-based health care organization in the New York City metropolitan area to receive Platinum-level LGBTQ cultural competency training from SAGE.

The SAGE training is designed to increase awareness among VNSNY clinical and administrative staff of cultural issues and sensitivities around sexual orientation and gender identification, so as to ensure a welcoming and respectful health care environment for all individuals within the LGBTQ community. "I'm thrilled that VNSNY has received this recognition, and that so many of our employees have now gone through this important training," says Marki Flannery, Executive Vice President and Chief of Provider

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## Also in this issue:

- Breaking the Cycle of Hospitalization for Mentally Ill Homeless
- Online Columns Highlight Key Health Care Issues



## An Interview with VNSNY's President and CEO

*Christopher Olivia, MD, Discusses Value-Based Care*

Christopher Olivia, MD, joined VNSNY as its new President and CEO on January 1st of this year. Dr. Olivia's extensive background in health care, as a physician and insurance and provider industry executive, is ideally suited to VNSNY's 124-year-old mission of providing care to New York's most vulnerable populations. *VNSNY Today* spoke to him about his vision for the organization.

**In today's changing health care landscape, what is VNSNY's top priority looking ahead?**

One important area we're focused on now, both in

our Provider Operations and in VNSNY CHOICE Health Plans, is our value-based care initiative, in which VNSNY and other health care providers are reimbursed according to the outcomes we achieve, instead of getting paid for the number of services we provide—which is what happens with the old fee-for-service model.

**How does VNSNY's switch to value-based care reflect its mission to promote health and well-being by providing high-level, cost-effective health care in the home and community?**

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# Helping Retirement Homes Open the Door to Hospice Care

Hospice services help ensure that someone's final days are spent in comfort and peace, spending time with their loved ones under the care of skilled specialists. Nursing homes, however, are often hesitant to call in hospice services when their residents begin to fail. A new VNSNY Hospice pilot program is now aiming to change that, by working closely with local nursing homes to improve the hospice referral process.

VNSNY was selected by the Institute for Healthcare Improvement (IHI) to participate in the project, which is part of a larger IHI initiative to improve care delivery for high-risk patients. "We've been meeting regularly with five New York City-area nursing homes to explain the services that our interdisciplinary hospice care teams provide, and work on how we can coordinate our activities," explains Rosemary Baughn, Senior Vice President of Hospice and Palliative Care.

The goal of the pilot, which VNSNY is conducting in collaboration with the Allure Group, a Brooklyn-based nursing home operator, is to establish a clear process for identifying nursing home residents who would benefit from hospice and then bring hospice services to them at their bedside. The pilot builds on previous work VNSNY has done with Allure to improve pain management in nursing homes and develop a hospice screening tool for nursing home residents.

"This program is really about integrating the two cultures," says Bonnie Lauder, Director of Quality Management Services for VNSNY Hospice, who is helping spearhead the pilot. "The goals of nursing homes are focused on restorative and chronic care. We're helping the nursing home's clinicians understand when it's appropriate to change course and start providing palliative end-of-life care instead, so these residents don't cycle in and out of the hospital."

VNSNY's hospice group has also been educating nursing home staff on aspects of hospice care, including the use of medical directives to withhold life-sustaining treatment, and is developing metrics to track the program's success. The IHI conducts monthly coaching sessions with VNSNY Hospice leadership as well, to review the project's progress and provide feedback.

"Our discussions have been extremely positive," adds Lauder. "We've been meeting with our nursing

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home colleagues on the unit level, which has been tremendous. We're able to help them recognize when someone is actually nearing the end of life, and they're helping us understand the best way to fit hospice services into the nursing home environment."



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## **In today's changing health care landscape, what is VNSNY's top priority looking ahead?**

One important area we're focused on now, both in our Provider Operations and in VNSNY CHOICE Health Plans, is our value-based care initiative, in which VNSNY and other health care providers are reimbursed according to the outcomes we achieve, instead of getting paid for the number of services we provide—which is what happens with the old fee-for-service model.

## **How does VNSNY's switch to value-based care reflect its mission to promote health and well-being by providing high-level, cost-effective health care in the home and community?**

Evidence shows that value-based care is the most cost-effective approach to providing medical care, and that it also produces consistently good outcomes compared to other payment models. In addition, home health care

plays a central role in value-based care—so by advancing value-based models, we are also fulfilling another important aspect of our mission, which is to be a leader in developing innovative services that help people function independently, and to help shape health care policies that support home- and community-based health care services.

## **How is value-based care impacting VNSNY's Provider Operations?**

Our entire clinical and support staff are highly focused on these new models. We're providing extensive training and support materials to everyone in the organization—including our intake staff, our clinicians, our population care coordinators and our office staff—to make sure we check off every box, every time in terms of effective care coordination of our patients. It's been a great team effort. We're especially focused on innovation, including using technology to reduce costs and improve care. Among other efforts, our departments are working together to achieve more timely start-of-care measures and reduce hospitalizations through better discharge planning and intake coordination.

## **How is VNSNY CHOICE utilizing value-based care with its plan members?**

CHOICE is now working closely with physicians in local Independent Practice Associations (IPAs) on value-based models aimed at increasing our members' access to care and optimizing their care coordination, so our members can successfully manage chronic

diseases like diabetes. We're also working with members and their families as well as our contracted licensed agencies to improve quality measures, such as reducing falls and ensuring that members have advanced directives in place.

## **What kind of results are you seeing so far?**

We've already seen value-based care lead to measurable improvements in our member and patient satisfaction scores and our quality and outcomes measures. We're also helping our referring partners save money. For example, in the Medicare bundled payment model for joint replacement patients, patients are using slightly more home care, but overall their cost of care is \$3,700 lower than similar patients without value-based care—which means hospitals share in the savings. Through this type of cost reduction, CHOICE is able to reward our provider partners, while our Provider Operations is sharing savings and quality incentive payments with our payers.

## **Where is value-based care heading?**

Frankly, it's the future of health care. Medicare anticipates that over 50 percent of its payments will be value-based by 2018—and in New York State, Medicaid projects that 80 to 90 percent of its volume will be value-based by 2020. At VNSNY, we're committed to doing everything necessary to make value-based care a success. That includes engaging all of our healthcare partners to create a seamless health care continuum for everyone in the community.

## VNSNY Earns Highest Platinum LGBTQ Credentialing from SAGECare

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The SAGE training is designed to increase awareness among VNSNY clinical and administrative staff of cultural issues and sensitivities around sexual orientation and gender identification, so as to ensure a welcoming and respectful health care environment for all

individuals within the LGBTQ community. "I'm thrilled that VNSNY has received this recognition, and that so many of our employees have now gone through this important training," says Marki Flannery, Executive Vice President and Chief of Provider Operations. "This Platinum credential from SAGE reflects VNSNY's commitment to providing culturally sensitive home health care to all New Yorkers, including members of the LGBTQ community."

VNSNY's Hospice and Palliative Care division has already earned Platinum certification from SAGE, which covers topics such as confidentiality, avoiding assumptions about partnership or marital status, an overview of LGBTQ history, and using gender-appropriate terminology with transgender patients and clients.



# VNSNY Mental Health Initiative Aims to Break the Cycle of Hospitalization for Homeless Psychiatric Patients

For homeless New Yorkers who have been diagnosed with schizophrenia or other serious mental illness and require treatment in a psychiatric hospital, the toughest challenge typically comes after they're discharged. "Once they return to the community, many mentally ill individuals living in the city's shelter system simply stop taking their medications," explains Manisha Vijayaraghavan, Director of the Health Home program at VNSNY's Community Mental Health Services (CMHS) division. "When this happens, their conditions invariably worsen again and they end up right back in the emergency department or the psychiatric ward."

VNSNY is working to break this cycle. In a new Medicaid collaboration with St. Barnabas Medical Center in the Bronx, care coordinators from VNSNY's CMHS division supervise patients for the first six months following their discharge from the St. Barnabas psychiatric unit. During this six-month period, the coordinators work to establish their clients in stable housing, visit them regularly to make sure they are sticking to their treatment plan, arrange for clinical care—including with VNSNY's own psychiatric treatment programs, where appropriate—and travel with them to appointments.

Over time, the CTI coordinators will also connect their clients directly with a Health Home network in their neighborhood that can take over their supervision on a permanent basis. The coordinators start the process of securing permanent housing for their clients as well, and may link them with other needed services such as substance abuse treatment.

"Our program is called Critical Time Intervention or CTI, because the period following discharge is so important for patients with serious mental health conditions," says Vijayaraghavan. VNSNY's two CTI coordinators are being funded through New York's DSRIP initiative, a statewide effort to reduce preventable hospital admissions among the state's Medicaid population. The CTI coordinators, who are overseen by a VNSNY licensed clinical social worker, receive notice from St. Barnabas when a likely candidate is about to be discharged from their psychiatric unit. One of the coordinators meets with the

client in the hospital as often as necessary to put an orderly discharge process in place, then follows up regularly in the community.

The new program began accepting referrals in January, and aims to connect with 80 clients in the first year. Before a client is discharged from the program, the CTI coordinator will accompany that client to at least two meetings with their local Health Home, the Medicaid care management program in which all of the patient's caregivers collaborate with each other to address the patient's needs in a comprehensive manner. "Some of these individuals have been hospitalized dozens of times over the past few years," notes Neil Pessin, Vice President of CMHS. "With the CTI program, we're able to focus all the resources of our division on helping them. We're excited at this chance to really make an impact with this vulnerable population."





## VNSNY Care Teams Focus on Swift Problem Resolution

When one of the nurses on VNSNY's Interdisciplinary Care Team 7 recently told team manager Shannon Whittington that a patient was upset over medical supplies that had been delivered to her home, Whittington moved swiftly to address the issue. "The patient no longer needed the supplies and wanted them out of her house," recalls Whittington. She immediately had the nurse arrange for the supplies to be picked up, and contacted the patient to explain what was happening. "I then followed up with another phone call asking the patient whether everything had gone okay," she says. "By acting quickly and closing the loop, we went from a very disgruntled patient to a very happy one."

This emphasis on rapid problem resolution—including staying on the case until a clear solution is in place, and communicating with patients and their families at all stages of the resolution process—has been a focus of

VNSNY's ongoing patient experience campaign, *Every Patient, Every Member, Every Time!* "Some problems are beyond a clinical team's direct control, such as an incorrect bill that gets sent out," notes Angela Barody, Vice President of Quality and Customer Experience at VNSNY. "In these cases, however, it's still up to the clinicians to notify the relevant department, confirm that steps are being taken to correct the issue, and keep the patient updated on the status of the resolution."

To underscore this, staff members with VNSNY Home Care, Partners in Care, Hospice and CHOICE Health Plans have been role-playing problem resolutions with each other during training sessions. "It's a great chance to see your own reactions through your colleagues' eyes," says Barody.

The campaign has led to a steady uptick in the patient satisfaction scores of VNSNY's care teams, and a new appreciation for how



*Home health aides from VNSNY's private pay division, Partners in Care, observe a role-playing exercise, as part of a training session on how to enhance the experience of their patients and clients.*

small issues can impact the way a patient perceives their efforts. "A patient may have the best therapist and the best nurse," says Whittington, "but if they're unhappy with their supply delivery or how they've been kept informed, they lump that together with their clinical care. We want each patient to finish their home care episode feeling it was the best experience they've ever had."

## New Program Brings Heart Pump Patients Home Sooner

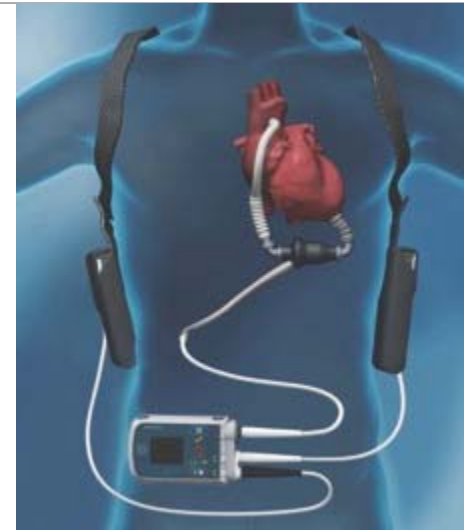
The mechanical heart pumps known as ventricular assistive devices, or VADs, are life-savers for heart failure patients in need of a heart transplant. Many of these patients are now returning home from the hospital much sooner, thanks to a new program that is teaching VNSNY nurses to manage VAD patients in their homes.

In the new program, VNSNY's nurses receive specialized training from clinicians with NewYork-Presbyterian Medical Center's VAD program on how to care for VAD patients once they're discharged. This training includes learning how to safely change the sterile dressings where the wires of the patient's VAD device exit the body—which requires carefully disconnecting and reconnecting the device's external battery pack—as well as other protocols to ensure the wound heals properly and stays infection-free. The nurses, part of a select group of VNSNY nurses with prior cardiac training, also learn how to use a Doppler device to measure patients' blood pressure and adjust medications accordingly, and meet with actual VAD patients to learn about the challenges of living with the devices.

"Infection is the number one cause of complications in VAD patients, so these protocols are extremely important," explains Sandy Merlino, VNSNY's Vice President for Hospital Market Development.

"Before this program, some of these patients were literally living in the hospital, because the support wasn't in place to care for them at home. Now our nurses are able care for them in a home setting, and are also teaching their families how to manage the devices. As a result, patients can go home to be with their loved ones as soon as 30 days after their devices are implanted."

Patients with failing hearts can survive with a VAD for five years or longer, adding valuable years of life, and in some cases buying time until a heart transplant can be performed. "This collaboration between our nurses and NewYork-Presbyterian has been wonderful for the patients and their families," notes Merlino, "and it's also saving a great deal in health care costs. Being able to care for these cardiac patients in the comfort of their homes is a win all the way around."





## VNSNY Staff Receives National Accolades



Rose Madden-Baer, VNSNY's Senior Vice President for Population Health and Clinical Support Services, and Dawn Dowding, Senior Research Scientist and Professor of Nursing at the VNSNY Center for Home Care Policy and Research, have been named Fellows at the American Academy of Nursing (AAN). Rose and Dawn were selected for the AAN fellowships — the highest honor in the nursing profession — in recognition of their significant contributions to VNSNY and to the field of health care policy as a whole. They were inducted in a formal ceremony this past October at the Academy's annual policy conference in Washington, DC.



In addition, VNSNY Hospice and Palliative Care was the recent recipient of the Foundation of New York State Nurses' Evidence-Based Practice Award for the division's collaborative project with the NYU Meyers Doctor of Nursing Practice (DNP) program. Guided by Bonnie Lauder, Director of Quality Management Services for VNSNY Hospice, the project focused on refining use of the teach-back method, in which healthcare providers confirm they've explained something properly by asking the patient to repeat that information back to them in the patient's own words.



*VNSNY has been selected by the **New York Foundation for Eldercare** to receive its 2017 Community Service Award. The award, to be presented at the foundation's yearly Awards Recognition Dinner on March 2, recognizes VNSNY for its innovative programs for New York-area seniors. These include the organization's initiative to provide free shingles vaccines and educational workshops for New York City residents, its specialized hospice program for U.S. military veterans, and a new pilot project that places home health aides trained as health coaches at congregate care sites around the city—all of which benefit from New York Foundation for Eldercare funding.*

## New Risk Stratification Model Enhances CHOICE Care Management

To help guide its care management planning, VNSNY's insurance division, CHOICE Health Plans, is rolling out a new risk stratification model for its Medicare Advantage plans that uses claims data to assess plan members' overall medical status. "Our risk stratification algorithm looks at factors like hospitalizations, any medical conditions the member may have, medication and physician usage, and behavioral health factors," says Jaime McDonald, Director of Care and Utilization Management for VNSNY CHOICE. "Based on this data, members are placed in one of four risk categories: low, medium, medium rising, and high."

The higher the risk category, the more closely that member will be followed by a CHOICE nurse care coordinator. "Using the model, we also then develop a care management plan tailored to that member's specific needs," says McDonald.



If a member falls into a high-risk category, a member's assigned CHOICE care coordinator will check in by phone at least once a month—and more often as needed—to ensure that the member has a solid network of care in place, including all necessary physicians, nurses, therapists, and behavioral and social work care. The coordinator will also confirm that appointments are kept and medications are being taken as prescribed, assist with referrals to other resources such as nutrition and behavioral health services, and monitor the member's overall well-being and social support.

The CHOICE care management team is currently finalizing specific coordination protocols based on the model, and is working to integrate the risk stratification algorithm into its care management software. For members who require hospitalization, nurse care coordinators have also begun reaching out before discharge to set up transitional care plans. In addition, CHOICE members' annual health risk assessments are now carried out by CHOICE Member Service Representatives, rather than by an outside vendor, enabling them to quickly address issues that may emerge, such as signs that a member is depressed or socially isolated.

"We're working with our members' medical providers as well, including primary care physicians and specialists," adds Nancy Gonzalez-Guerrero, Vice President of Clinical Operations at CHOICE. "Our goal is to ensure that they're providing exactly the right level of care."

## Online Columns by VNSNY Leadership Spotlight Cutting-Edge Health Care Issues

In her latest *Huffington Post* column, Marki Flannery, VNSNY'S Executive Vice President and Chief of Provider Operations, points out a key fact about the ongoing debate over the future of U.S. health care: "Whatever health-related legislation is passed in the months to come," she writes, "it's certain to include one key component of the Democrats' own health care reform plan: value-based care." Flannery goes on to note that value-based care has "been shown to be the single most effective approach for slowing the rise in health care expenditures while also improving patients' outcomes and overall healthcare experience."

Over the past several years, Flannery and other VNSNY senior leaders have published regular online columns on a wide range of health issues, offering their own insights and advancing the national discussion on key health care topics. Dr. Hany Abdelaal, President of VNSNY CHOICE Health Plans, posted essays recently in HuffPo about treating anxiety in seniors and why Medicaid is doing a better job of caring for patients with complex conditions than many people might expect. Jennifer Rajewski, Senior Vice President of Partners in Care, authors her own column in About.com on how home health care providers are adapting to the diverse cultural backgrounds of their clients.

Other VNSNY online columnists include Rosemary Baughn, Senior Vice President of VNSNY Hospice and Palliative Care, and Susan Northover, Senior Vice President of Patient Care Services, both regular HuffPo contributors. Baughn's recent posts include essays

about the importance of compassion and empathy in end-of-life care and how to improve Americans' access to hospice services, while Northover has written on the healing power of touch and the nurturing qualities of hope.

The widely noted columns—all of which are archived online—are frequently picked up by other Internet outlets as well, amplifying their impact even more. "Having a web-based platform to talk about cutting-edge health care issues is a tremendous opportunity," says Flannery.

