

SUMMER 2018 | VOLUME 4, ISSUE 3



VNSNY TODAY

NEWS FROM THE VISITING NURSE SERVICE OF NEW YORK



Study Shows Value of Using In-Person Interpreters to Bridge Patient Language Gaps
2



VNSNY Helps Train the Next Generation of Mental Health Clinicians
4

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Continued on page 4

125 Years Later, VNSNY's Mission Is Still Going Strong



Lillian Wald's legacy in action: A clinician in VNSNY's Maternity-Newborn-Pediatrics program provides home support to a vulnerable young New Yorker recovering from an injury.

When staff, family and friends of the Visiting Nurse Service of New York come together on Manhattan's Lower East Side in mid-September for a party marking the joint 125th anniversary of VNSNY and the Henry Street Settlement—in front of the very Henry Street Settlement House where Lillian Wald launched VNSNY in 1893—the organization's continuing legacy will be a vital presence: As VNSNY frontline and support staff mingle with members of the community they've served for over a century, a mile to the west VNSNY's Chinatown Community Center will be hosting its usual flow of visitors in its role as a hub for senior services, including the network of eldercare provided by VNSNY's Chinatown Neighborhood Naturally Occurring Retirement Community. At the same time, in residences across New York City and the surrounding counties, VNSNY clinicians will be making weekend calls to bring needed care to their most fragile patients.

Continued on page 3

Also in this issue:

- Ensuring Top-Quality HHA Care for CHOICE Health Plan Members
- Highlighting NYC's LGBTQ Health Care Bill of Rights



An Interview with VNSNY's Executive Vice President and Chief Strategy Officer

David Rosales Discusses VNSNY's Strategic Priorities

David Rosales is a past veteran of VNSNY's Performance and Innovation Department—most recently serving as the department's Vice President. This June, after several years with a national healthcare consulting firm, David returned to head up VNSNY's Strategy division.

What has it been like returning to VNSNY?

It's been thrilling to be back at VNSNY. This place is like family, and the work we do remains vital to the healthcare fabric of this city. Coming back has been a homecoming of sorts—I've been meeting staff from across the organization, re-connecting with old colleagues, getting up to speed on our current challenges and opportunities, engaging with my new team, supporting our strategic planning process, and jumping into several new initiatives.

Continued on page 3

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In 2017, VNSNY, together with its generous supporters and community partners, provided over \$47 million in charitable care and community benefit programs. "Helping those in need continues to be our guiding light," says VNSNY President and CEO Marki Flannery.

This vibrant web of activity speaks to the strength of Wald's original vision in establishing VNSNY, and to the ongoing dedication and passion of those who have worked to sustain and expand that vision. "If Lillian were here with us today, I think she would be very proud to see how her mission is being carried on," says Marki Flannery, President and CEO of VNSNY.

In addition to the daily services offered by VNSNY Home Care, Hospice and CHOICE Health Plans, which serve many of New York's Medicare and Medicaid recipients, notes Flannery, VNSNY, together with its generous supporters and community partners, also provided over \$47 million in charitable care and community benefit programs last year. These range from VNSNY's Nurse-Family Partnership, which provides one-on-one support for young first-time mothers and their babies, to VNSNY Community Mental Health Services, which offer short- and long-term interventions for New Yorkers with mental illness, to the organization's Maternity-Newborn-Pediatrics program, which provides in-home healthcare services to children with complex medical needs.

Now, as VNSNY celebrates a landmark birthday, these programs and the tradition of caring they represent are at the center of its 125th anniversary



Lillian Wald's legacy in action: A clinician in VNSNY's Maternity-Newborn-Pediatrics program provides home support to a vulnerable young New Yorker recovering from an injury.

celebrations—including the organization's annual fundraising gala on November 8th, titled "Enriching Lives: 125 Years and Counting," which will raise funds for VNSNY's children and family support programs.

"Helping those in need was Lillian Wald's guiding principle," says Flannery. "Today, as VNSNY prepares to head into our next 125 years, that principle continues to be our inspiration and our guiding light."

VNSNY's COPD Hospice Program Aims to Improve Quality of Life and Reduce Hospitalizations

Advanced Training Focuses on Managing Symptoms at Home

Since he entered VNSNY Hospice care for his chronic obstructive pulmonary disease (COPD), retired architect Wallace Berger, age 93, has not had to visit the hospital once—a fact that his wife, Merle, credits to “the attentive care of VNSNY and his physician.” To help ensure that patients like Mr. Berger are able to live comfortably at home, VNSNY Hospice has ramped up its COPD protocols, implementing new training and treatment guidelines aimed at improving hospice clinicians’ ability to manage troubling symptoms such as shortness of breath in a home hospice setting.

“The goal of the program is to provide patients with severe to end-stage COPD with timely support and resources, in order to improve their and their families’ quality of life,” explains Dr. Ritchell Dignam, Medical Director of VNSNY’s hospice program. In addition, notes Dr. Dignam, the new protocols will be helpful in reducing rehospitalization of COPD patients within 30 days of hospital discharge.

One goal of the COPD program, which is unique among New York-area hospice agencies, is to encourage individuals with end-stage COPD and their physicians to enter specialized hospice care sooner, rather than continue to cycle through the hospital. Key elements of the program include empowering VNSNY Hospice nurses to order consults with respiratory therapists directly; emphasizing the use of nebulizers, which provide a continuous flow of bronchodilation medication; and training all hospice team members in techniques for relieving COPD-related symptoms such as anxiety.

“This new program is increasing awareness across our interdisciplinary care teams of the need to work closely with patients with COPD to avoid exacerbations, and to address symptoms swiftly if they occur,” says VNSNY hospice and cardiopulmonary nurse practitioner Fran Dooley, who is spearheading the advanced training. Besides the more proactive use of respiratory therapists, adds Dooley, VNSNY Hospice teams are now



VNSNY hospice and cardiopulmonary nurse practitioner Fran Dooley checks hospice patient Wallace Berger to make sure his COPD symptoms are under control. A new VNSNY Hospice program uses advanced protocols to help COPD patients manage their condition at home and avoid hospitalization.

focusing more intensively on ensuring that patients are familiar with assistive breathing equipment, including oxygen tanks and BIPAP or CPAP machines, and are routinely encouraging patients to utilize nebulizers in place of rescue inhalers, which can be more difficult to operate.

Trained nurses are also available 24/7 to make house calls if COPD-related shortness of breath should flare up, similar to the approach used in VNSNY Hospice’s highly successful heart failure program.

“As with heart failure, the trajectory of COPD at the end of life is unpredictable,” notes Dooley. “Even something as basic as a cold can send a COPD patient to the hospital if it’s not managed aggressively. With this program, we’re making sure our teams have all the tools they need to keep COPD patients comfortable and anxiety-free.”

An Interview with VNSNY's Executive Vice President and Chief Strategy Officer

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What are your top priorities as VNSNY's head of strategy?

My job is to work with leaders across the organization to help define VNSNY's strategic direction and support the execution of that strategy. This includes collaborating with our President and CEO Marki Flannery and her tremendous senior leadership team to flesh out VNSNY's strategic plan, by identifying the specific next steps that will enable us to successfully

execute on our growth goals, develop our care management capabilities, and bring our quality and patient experience up to world-class levels.

What can you tell us about this strategic plan?

One major element involves taking better advantage of synergies within VNSNY. We've been holding strategic planning workshops with staff from across the organization, from senior leadership to frontline staff, and that's definitely a key theme that's emerging. VNSNY has significant opportunities to operate in a more integrated way and leverage the diverse capabilities and services across the organization. We have incredible combined assets, as both a provider with a deep history and broad clinical expertise, and a health plan that understands how to manage risk. If we can unlock the synergies in these assets, our organization's potential is virtually unlimited, given the rapid shifts in our market towards home- and community-based care and a focus on high-need, complex populations.

Is VNSNY's strategic plan focusing on certain business areas more than others?

Our strategy is focused on growing all aspects of VNSNY's business. Within each business unit, however, we're continuing to get clarity on which



activities and investments we should and shouldn't be investing time and resources in. Strategy is mostly about deciding what you want to do, but it's also about deciding what *not* to do.

Improving VNSNY's quality measures is another important strategic goal. What will this require?

In today's healthcare landscape, quality is absolutely critical. With the rise of value-based purchasing, our quality performance relative to other organizations is going to have a significant impact on our reimbursement dollars. To improve this performance, we need to get better at designing our processes and interactions with the patient/member at the center. We have fantastic clinicians and support staff, and we need to give them the tools they need to communicate smoothly and effectively with one another.

Careful Monitoring Ensures Top-Quality Home Health Aide Care for CHOICE Health Plan Members

For the thousands of members enrolled in a VNSNY CHOICE Health Plan, one of the most important CHOICE benefits is often the regular services of a home health aide (HHA). “The assistance these dedicated HHAs provide with meals, bathing and other life activities is key to many of our members’ health and well-being,” says Dr. Hany Abdelaal, President of CHOICE. “For a lot of our members, these services are needed on a daily basis, so we have to make sure all of our aides are qualified and trained appropriately.”

To ensure that every HHA who walks into a member’s home is up to the job, all of the HHA agencies used by CHOICE are subject to the same industry-leading oversight. This includes VNSNY’s own licensed home care services agency, Partners in Care, known for its high standards, which supplies about half the HHAs used by CHOICE members. The other half are drawn from some 130 other HHA agencies in the CHOICE service area.

“Our goal is to ensure we have a high-performing, quality-driven provider network that meets the needs of our entire membership,” says John Caralyus, Director of Network Contracting and Provider Relations for VNSNY CHOICE. “We start by putting each agency through a very rigorous initial credentialing process, to validate that its training and compliance policies and procedures meet our requirements. To hold our agencies accountable, we also produce monthly performance scorecards that measure patient safety, hospital

admissions, customer complaints, and other quality metrics. In addition, we routinely monitor all state and federal regulatory sites to ensure that our provider network isn’t subject to any sanctions or exclusions.”

“The 13,000 members of our CHOICE Managed Long-Term Care plan, who account for over 90 percent of our HHA usage, are the frailest of New Yorkers,” adds Sal Bastardi, Vice President for Administrative Services in VNSNY’s Contract Administration Department. “We want to keep them safe and out of the hospital—and that means tightly monitoring our HHA agencies.”

Should an agency be sanctioned by New York State or CMS for any reason, they’re terminated from the CHOICE network that day, notes Bastardi. Similarly, if one of CHOICE’s regular audits turns up any deficiencies, the agency is immediately put on a corrective action plan. “We also meet regularly with agency leaders to provide training and share best practices,” he says.

All HHAs are individually supervised by nursing staff as well, to make sure that their care plans are adhered to. If an aide is late for a handoff or unable to make a scheduled visit, CHOICE managers will rush a replacement aide to the member’s home. In addition, if an aide turns out to be a less than ideal fit for a member, “our members can request a different HHA at any time,” notes Dr. Abdelaal.

“The comprehensive CHOICE oversight process is a great fit with our own rigorous HHA training and supervision protocols,” adds Jennifer Rajewski-Brullo,



For many CHOICE Health Plan members, the regular services of a home health aide (HHA) is one of their most important covered benefits. Above: An aide from VNSNY’s own HHA agency, Partners in Care, cares for a client.

Senior Vice President of Partners in Care. The recent implementation of a new data system has further streamlined this process, by allowing CHOICE and its contracted HHA agencies to note any problems directly in each CHOICE member’s digital record in real time, alerting CHOICE staff without the need for a phone call or email.

The new data system is one more way that CHOICE is working to ensure a caring and safe home environment for New York’s most vulnerable patients. “When an HHA walks into a plan member’s home, they’re representing CHOICE, no matter what agency they work for,” says Bastardi. “How that aide performs reflects on us.”

New NYU-VNSNY Study Shows Benefits from Bridging Patients' Language Gaps in Person

When caring for a home care patient with limited English proficiency (LEP), arranging for home visits from a clinician who speaks that patient's primary language—or having a professional interpreter on hand to bridge the language gap—leads to better outcomes and more efficient resource utilization than using a telephone-based interpreter or having no one available who shares the patient's language. This is the finding of a soon-to-be-published study by New York University associate professor of nursing Allison Squires, PhD, RN, based on a review of 34,000 patient home visits to LEP patients by VNSNY nurses and rehabilitation therapists.

The study, which is being submitted to the journal *Social Science & Medicine*, found that when LEP patients received



A member of VNSNY's diverse clinical staff converses in Chinese with a home care patient. A new study shows that bridging language gaps in person during home visits reduces hospital readmissions among non-English-speaking patients.

“language concordant” home visits, meaning they were visited by a care provider who either shared their primary language or was accompanied by an in-person interpreter, their risk of hospital readmissions was reduced. The study also showed that even if just the initial patient visit is language concordant, the patient ended up requiring fewer home care visits overall. In addition, when LEP patients were visited by the same provider throughout their home care episode, the study found it produced a larger comparative improvement in their outcomes than a similar continuity of care among English-speaking patients.

“For the LEP cases we analyzed, language concordant visits and continuity of care reduced readmission risk by one to seven percent, specific to patient language preference,” says Dr. Squires.

“These results demonstrate the value of having a clinical staff like VNSNY's with many different languages represented—especially in a linguistically diverse area like New York City,” notes Kathryn Bowles, van Ameringen Professor in Nursing Excellence at the University of Pennsylvania School of Nursing and Director of VNSNY's Center for Home Care Policy & Research.

The study also found that LEP patients overwhelmingly prefer to have a provider who speaks their language, and that if translation is required, they would rather the interpreter be there in the room with them. “In our follow-up interviews, both patients and providers indicated a clear preference for in-person interpreters, as opposed to telephone-based translation services,” says Dr. Squires. “This suggests that one strategy worth considering would be to train home health aides to serve as interpreters.”

VNSNY Spotlights New York City's LGBTQ Health Care Bill of Rights



As the head of VNSNY's Senior LGBTQ Outreach Program, Arthur Fitting works with community-based organizations, local care providers and residents to spread the word about ensuring health care access to patients of all sexual orientations and gender identities. As part of this effort, Fitting recently published an online essay spotlighting New York City's official LGBTQ Health Care Bill of Rights—10 important legal rights that every LGBTQ person can assert in any healthcare situation.

The bill, which Fitting calls “a critical piece of healthcare information,” includes a patient's right to be treated with dignity and respect by all healthcare staff, to receive compassionate, judgement-free care, and to have their gender identity and expression recognized and accommodated. “Today, many older LGBTQ people still find it difficult to find a physician or other healthcare professional they feel comfortable talking to,” he writes.

In his column, which was originally published by the Edge Media Network, Fitting also urges New York City residents who encounter health care-related discrimination to file a complaint—either by calling 311, or by contacting the New York City Commission on Human Rights through their website or phone hotline.

Fitting's essay is just one of the ways VNSNY's outreach program is promoting equal access to health care for LGBTQ individuals. Earlier this summer, VNSNY's 200-strong contingent of employees, family and friends—accompanied by a decorated float—was a spirited presence in the NYC PRIDE 2018 March in Manhattan. VNSNY's LGBTQ outreach team also attended this June's Pride Month celebrations in Queens and Brooklyn, where Fitting was featured prominently in News 12 Brooklyn's televised coverage of the event.

Supported by a New York Community Trust grant, the LGBTQ Outreach program is raising awareness of VNSNY's own pro-LGBTQ initiatives as well, including VNSNY's post-operative home care services for individuals undergoing gender-affirmation surgery and its SAGECare staff training, designed to ensure cultural sensitivity around issues of sexual orientation and gender identification.

“Our goal is to help create an environment where LGBTQ seniors can readily access all the health care they need,” says Fitting. “At the same time, we want to send the message that VNSNY is the go-to home care agency to help New York's LGBTQ seniors age safely in place.”

VNSNY Helps Train the Next Generation of Mental Health Clinicians

NYC-Funded Mental Health Service Corps is Expanding Care for Vulnerable New Yorkers

Thanks to a collaboration between VNSNY and New York City's ThriveNYC mental health initiative, a growing number of vulnerable New Yorkers are receiving mental health services they wouldn't otherwise have access to, while newly graduated mental health clinicians are gaining valuable on-the-job training.

The collaboration is part of the Mental Health Service Corps (MHSC), a key component of ThriveNYC. The MHSC awards three-year salary contracts to a diverse cross-section of mental health workers just beginning their careers. These contracts then pay for these clinicians to be embedded in select mental health agencies and primary care practices across the city that are in need of additional mental health clinicians to care for vulnerable populations—enabling the fledgling clinicians to gain hands-on experience providing direct patient care, while also allowing these sites to treat more patients.

VNSNY currently has MHSC clinicians embedded in five of its Community Mental Health Services (CMHS) sites. Two are working with CMHS's Bronx and Queens Mobile Crisis Units, which use short-term, on-the-spot interventions to stabilize New York City adults and children in acute psychological or emotional crisis, and three are with CMHS's Assertive Community Treatment teams, which provide long-term home-based treatment,

rehabilitation and support services to individuals with severe and persistent mental illness.

“The MHSC clinicians are fully integrated into our regular operations,” says Deborah Cho, Program Coordinator for VNSNY's Bronx Mobile Crisis Unit, where recently accredited social worker and MHSC participant Monique Mundle is embedded. “Monique has the same clinical responsibilities as our other team members.”

Besides their work within VNSNY, participants receive additional oversight and training from the MHSC program itself. “Working at VNSNY as an MHSC clinician has been a great experience,” says

Mundle. “I feel well-integrated into my site, and the staff made me feel welcome and valued from Day One. I get to share what I've learned at my MHSC clinical trainings with my team, and we've even utilized some of these learnings to improve our work flow. Serving communities of need and closing the mental health treatment gap for New Yorkers is at the core of MHSC, and being out in the field with VNSNY's Mobile Crisis team helps me realize this on a weekly basis.”

Following the success of its current MHSC clinicians, VNSNY is now applying to embed MHSC recruits in several additional programs, including CMHS's PEARLS and Geriatric Outreach programs, both aimed at seniors with depression and other mental health conditions, and its FRIENDS and Children's Mobile Crisis programs, which support the mental health of children and adolescents.

“The Mental Health Service Corps has been invaluable for everybody involved,” says Cho. “For the clinicians, it's an opportunity to receive structured, evidence-based training in the early stages of their career. And for agencies like VNSNY's Community Mental Health Services, it's an amazing opportunity to add an additional skilled staff member, allowing us to enhance behavioral health service delivery to the marginalized communities we serve. MHSC is truly an innovative and impactful program, and we're grateful to be a part of it.”



Between patient visits, psychiatric social worker Monique Mundle (left) talks with her supervisor, Deborah Cho, Program Coordinator for VNSNY's Bronx Mobile Crisis Unit. As a member of ThriveNYC's Mental Health Service Corps, Mundle is spending three years embedded in Cho's team.