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## VNSNY CHOICE Reports Record Enrollments for MLTC and MAP Plans

CHOICE Health Plans, the health insurance arm of VNSNY, set records for new enrollments to its Managed Long Term Care (MLTC) and Medicaid Advantage Plus (MAP) plans this past December and January. "CHOICE MLTC added 502 members in December and another 611 in January for an overall gain of more than 1,100 new enrollees," reports CHOICE Senior Vice President Lori Ferguson. "Over that same span, CHOICE Total, our integrated MAP plan, added more than 500 new members, which is the best two months for new enrollments it's ever had."

**CHOICE Total Plan Ranks First in Quality Performance Among New York State's MLTC and MAP Products**

See page 2 for details

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VNSNY CHOICE's MLTC and MAP plans added more than 1,600 new members combined in December and January. Above: A CHOICE plan member.

## Helping Psychiatric Patients Transition Safely Back Home

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VNSNY's mental health program provides a bridge between insurers and plan members after hospitalization.

Now, when Forbes showed up for a second visit at Eleanor's apartment, the elderly woman seemed confused. She had been to the hospital for a follow-up doctor's appointment, Eleanor said, but the doctor hadn't seen her.

Resolving this type of glitch is all part of the job for Forbes, who works with a VNSNY Community Mental Health program known as Behavioral Health

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- VNSNY Hospice Rolls Out e-MOLST Online Medical Orders



## An Interview with VNSNY's EVP and Chief Administrative Officer

Michael Bernstein Discusses the Emerging Role of Hospitality in Health Care

Michael Bernstein oversees a wide range of corporate functions for VNSNY, including Patient/Member Experience.

You've identified hospitality as a key to improving the experience of VNSNY's patients and plan members. Can you explain this?

Whenever we're delivering care, technical

proficiency is obviously essential—but there's another important element as well, and that's emotion. How does the patient or plan member feel about their encounter with us? Hospitality means making our patients and members feel that we're on their side. It's about eliciting positive emotions by being empathetic, asking what we can do for them, and then finding ways to say "yes" instead of "no."

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## CHOICE Total Plan Ranks First in Quality Performance Among New York State's MLTC and MAP Products

CHOICE Total, VNSNY CHOICE's Medicaid Advantage Plus (MAP) plan, has received the highest ranking of any MAP or Medicaid managed long-term care (MLTC) plan in New York State for 2018. The rankings are determined by the New York State Department of Health (DOH) 2018 Quality Incentive Program, which compares the performance of every MLTC and MAP plan in the state. CHOICE Total achieved the program's highest possible Tier 3 rating based on its combined point totals in four categories: Quality, Member Satisfaction, Compliance, and Efficiency.

In addition, CHOICE's MLTC plan achieved a solid Tier 1 rating, showing significant improvement in its performance in the Quality category. Based on their rankings, CHOICE Total and CHOICE MLTC will both receive a financial incentive from the DOH quality pool later this

year. "High quality is important to our members, our providers, and our future growth," notes CHOICE President Dr. Hany Abdelaal, "and we will continue to strive for the highest quality in all of our products."

*The CHOICE Total Medicaid Advantage Plus (MAP) plan achieved New York State DOH's highest possible Tier 3 rating for 2018. Right: A CHOICE member.*



## VNSNY CHOICE Reports Record Enrollments for MLTC and MAP Plans

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Ferguson credits the surge in new enrollments to a combination of increased referrals through enhanced partnership development efforts, and improvements in the plans’ operations. “What’s most important is that the new members being referred to us are happy with the service our plans are providing,” she says.

Among other improvements, CHOICE has streamlined its system for processing new enrollments. “New members are now being processed much more quickly,” notes Ferguson, “and we are ensuring these members have authorizations in place on the first day of enrollment.”

CHOICE has also reinforced its care coordinator and call center operations to ensure that CHOICE representatives are available at all times, and has significantly ramped up communications with referring providers as well. “They’re now getting updates each week on the status of the referrals that come to us,” says Ferguson.

The enhanced quality of CHOICE’s operations was reflected in the recent announcement that CHOICE Total outsourced every other MLTC or MAP plan in the state on New York’s 2018 Quality Incentive rankings (see previous article). “A key part of our growth strategy is to be known as a company that’s highly reliable and easy to work with—one that communicates well with our members and providers, and that meets their needs quickly and effectively,” says Dr. Hany Abdelaal, President of VNSNY CHOICE. “Based on the feedback we’re receiving, that message is getting out.”

*VNSNY CHOICE’s MLTC and MAP plans added more than 1,600 new members combined in December and January. Right: A CHOICE plan member.*



# An Interview with VNSNY's EVP and Chief Administrative Officer

*Michael Bernstein Discusses the Emerging Role of Hospitality in Health Care*

*Michael Bernstein oversees a wide range of corporate functions for VNSNY, including Patient/Member Experience.*

## You've identified hospitality as a key to improving the experience of VNSNY's patients and plan members. Can you explain this?

Whenever we're delivering care, technical proficiency is obviously essential—but there's another important element as well, and that's emotion. How does the patient or plan member feel about their encounter with us? Hospitality means making our patients and members feel that we're on their side. It's about eliciting positive emotions by being empathetic, asking what we can do for them, and then finding ways to say "yes" instead of "no."



## Hospitality is traditionally associated with travel and entertainment. How hard will it be to extend this approach to health care?

It's already happening. For example, a major New York City medical center just hired a hotel industry veteran as their new head of patient experience. That makes sense, because hospitality is really the missing piece of the health care puzzle. No matter how skilled a care provider is, a patient or member's emotional feeling about the care they receive directly impacts their satisfaction levels. There's also research indicating that people who feel well taken care of emotionally have better health outcomes, as well.

## How are you implementing this approach at VNSNY?

When one of our employees goes into someone's home or speaks with a home care patient or CHOICE health plan member over the phone, we're asking them to place as much emphasis on the emotional interaction as they do on the medical aspect of that encounter. For this approach to work, our staff members also have to be in a good emotional place. They have to *want* to make our patients and members feel cared for and important. And that in turn links back to VNSNY's management: We have to make sure our employees feel taken care of—that they're supported by their managers, that their concerns are being heard, and that they have a good work-life balance.



## Are you saying that hospitality is a strategic priority for VNSNY?

Yes. We're interested in making this hospitality approach to patient and member care part of our employee training. We're also integrating hospitality into our strategic goals around patient/member and employee satisfaction, and it's playing a key role as we look to expand our patient and member experience teams. We're fortunate that people who gravitate to health care tend to be empathetic and positive. Now we need to give them the resources to bring out those qualities on a consistent basis.

## Can you elaborate on this last point?

The more pressure-filled your work environment is, the more challenging it is to be empathetic and an active listener. We need to equip our teams with tools—both technological and staffing-wise—so they feel comfortable managing through times when the pressure is on. Again, it comes down to our patients and members feeling that, when all is said and done, we are on their side—now, and in the future.

# Helping Psychiatric Patients Transition Safely Back Home

Eleanor (not her real name) was newly discharged from a New York City mental health hospital after several weeks of treatment for clinical depression. VNSNY social worker Latasha Forbes had already met once with Eleanor in the hospital, and knew that she lived alone and suffered from early-stage dementia. Now, when Forbes showed up for a second visit at Eleanor's apartment, the elderly woman seemed confused. She had been to the hospital for a follow-up doctor's appointment, Eleanor said, but the doctor hadn't seen her.

Resolving this type of glitch is all part of the job for Forbes, who works with a VNSNY Community Mental Health program known as Behavioral Health Community Transitions (BHCT). Launched in 2011, the BHCT program contracts with insurance companies to help ensure that their members who have undergone psychiatric hospitalization are transitioned safely back to the community, and that the plans meet their regulatory requirements (known as HEDIS measures) for timely post-hospitalization follow-up.



*VNSNY's mental health program provides a bridge between insurers and plan members after hospitalization.*

"Often, these patients are so glad to be back home that they simply forget to go to their scheduled appointments or pick up their prescribed medications," says Forbes, who manages the program for VNSNY and also visits patients herself. VNSNY's 50 BHCT licensed clinical social workers see up to 1,000 referrals every month across New York City, Long Island and Westchester—meeting with each patient once in the hospital, and then again out in the community to go over the treatment plan and conduct a comprehensive needs assessment

that will be shared with the patient's physicians and insurance company coordinators.

Despite working with a challenging population, the clinicians connect successfully with the vast majority of their referrals, and the program's HEDIS compliance rates have been above the state average for five years running. "Our clinicians meet patients wherever they are," explains Forbes. "About one-third of our clients are homeless, living either on the street or in the shelter system. Our assessments will address their housing situation and any gaps in care, such as a need for a primary care physician or dentist, or school support in the case of minors."

In this case, Forbes explained to Eleanor that she had gotten her dates wrong and that her doctor's appointment wasn't until the next day. After calling the physician's office to confirm that Eleanor was now clear on the date and time, Forbes went over Eleanor's treatment plan with her and assessed her other medical and social needs.

"We've helped over 30,000 patients transition back into their community and avoid the confusion and frustration that often leads to readmission," says Forbes. "We're really a bridge between the health plan and the plan member—another set of experienced clinical eyes, making sure these individuals get the follow-up they need."



*Latasha Forbes, above, is one of 50 BHCT licensed clinical social workers who've helped over 30,000 patients transition back into the community.*

# WIO Care Management Training Empowers Partners in Care Home Health Aides

Two cutting-edge VNSNY training programs for home health aides (HHAs) are empowering these aides to play a more proactive role in supporting the health and well-being of their clients. The training programs are focused on enhancing the care management skills of HHAs at Partners in Care, VNSNY's licensed home care services agency (LHCSA), who are caring for individuals enrolled in Medicaid managed long-term care (MLTC) plans.

One of the courses teaches aides to monitor plan members for signs of emerging health problems such as a developing infection or congestive heart failure exacerbation. "While it's too early to evaluate the direct impact of this HHA training, preliminary data shows that Partners in Care's performance improved on a range of value-based measures between the first and second half of 2018," notes Jessica Williams, Director of Government Grants for VNSNY. "These measures include improvements in control of pain, Nursing Facility Level of Care (NFLOC) scores, shortness of breath, urinary continence and flu vaccinations."

VNSNY is also conducting a second training program that teaches HHAs to serve as health coaches, using motivational interviewing to help clients improve their nutritional status, social support, and other social determinants of health. The Health Coach initiative will soon launch a pilot study that will link high-risk members of

VNSNY's CHOICE MLTC plan to HHAs with health coach training. "The study will carefully track the plan members to see how this advanced HHA training impacts their outcomes over time," says Williams.

To facilitate their care management activities, HHAs in both programs also receive a state-of-the-art phone app that lets them quickly transmit information on their clients' health to their supervisors. "Home health aides spend far more time with MLTC members than any other care providers, and are ideally positioned to monitor their health," says Williams. "These new training programs are ensuring that HHAs are truly part of the home care team, which is very exciting." Costs for both HHA programs are paid for through state-funded contracts with Ladders to Value, a New York State Workforce Investment Organization (WIO). Ladders to Value is a unique partnership between VNSNY, 1199 Service Employees International Union (SEIU), the 1199 Training and Upgrading Fund, and the Continuing Care Leadership Coalition (CCLC). While the Ladders to Value HHA training courses are conducted by VNSNY, they aren't limited to Partners in Care aides, but are available at no charge to all home health aides across the New York City area. The 1199 Training and Upgrading Fund is also providing additional training courses for HHAs at other sites across the New York metro area.



*VNSNY is training home health aides to monitor clients' symptoms and serve as health coaches, with the goal of improving client outcomes.*

# VNSNY Expands Its Post-Surgical Gender Affirmation Program

As the rate of gender affirmation procedures being performed by New York-area surgeons accelerates, VNSNY's post-surgical Gender Affirmation Program (GAP) is also expanding its scope to meet the needs of this growing patient population.

"VNSNY is New York City's leading provider of home care services for people who have gender affirmation surgery," says GAP Program Director Shannon Whittington. "So we want to be sure we have enough trained clinicians to support the care of all gender affirmation patients who are referred to us."

Since GAP's launch in 2016, its clinicians have cared for over 300 patients following their gender affirmation procedures, and that number will go up significantly in 2019. "Mount Sinai–Beth Israel, the city's most active center for these procedures, plans to begin doing 30 procedures per week going forward," says Whittington. "The transgender surgery programs at NYU Langone and Montefiore are also very active, and other medical centers around the metro area are looking to start gender affirmation practices as well."

To prepare for this growing volume, VNSNY has been training scores of additional nurses, therapists and social workers in the post-operative care of gender affirmation surgery patients. "Over 200 clinicians have now gone through our training program, which emphasizes both clinical skills and the importance of cultural sensitivity, such as using a patient's correct pronoun," explains

Whittington. VNSNY's GAP training has also been expanded to include post-surgical support for procedures other than genital surgery, she notes, including breast augmentation and facial feminization procedures.

## "What Do You Need to Feel Better?"

For Manhattan resident Cookie Denise Carter, the specialized home care services of GAP nurse Sharone Copeland were a key part of her smooth recovery following her recent male-to-female procedure. Besides monitoring Cookie's healing process, Copeland also



*Sharone Copeland (right), a nurse with VNSNY's Gender Affirmation Program, examines one of her patients, Cookie Denise Carter. "Sharone advocated for me and helped me understand everything that was going on," says Cookie.*

arranged for needed equipment such as grabbars and a portable toilet, made sure that Cookie had daily home health aide care and, importantly, provided vital emotional support.

"From the moment Sharone first arrived the day after my surgery, she was always asking me, 'What do you need to feel better?'" Cookie recalls. Although her six weeks of GAP home care were completed a while back, Cookie adds, she and Copeland have remained friends. "Sharone advocated for me, assisted me in dealing with my pain, and helped me understand everything that was going on," she says. "I don't know what I would have done without her!"

## **TODAY Show Documentary Highlights the Special Role of a VNSNY Hospice Nurse**

For hospice nurses, every home hospice visit carries a special importance. “Our job is not to help people with terminal illnesses die, but to help them live,” explains VNSNY Hospice nurse Diane Blair. “With the assistance of my fellow hospice team members, including our team’s spiritual counselor and our social worker, I strive to make sure my patients have the best possible quality of life.”

This unique role of the hospice nurse is captured perfectly in the newest installment of “Walk in My Shoes,” a video series produced by NBC’s *TODAY Show* for the show’s website, TODAY.com. The five-minute documentary follows Nurse Blair over the course of several days as she calls on patients across her home borough of Staten Island.

“To me, this documentary was a once-in-a-lifetime opportunity to share what we do every day,” says Blair. “I’m honored to be a part of it.”

*To view Diane Blair’s “Walk in My Shoes” documentary online, visit: [today.com/news/walk-in-my-shoes](http://today.com/news/walk-in-my-shoes).*



# VNSNY Hospice Rolls Out e-MOLST Online Medical Orders to All Teams

*Digital End-of-Life Directive Gives Patients, Families and Clinicians Clarity and Peace of Mind*

Following a successful pilot last year, all of VNSNY Hospice’s clinical teams have now begun employing the electronic version of New York State’s Medical Orders for Life-Sustaining Treatment. Known as e-MOLST, it was created by a New York physician and is the most comprehensive set of portable medical orders for life-sustaining treatment ever approved by the state’s Department of Health.

Since late January, VNSNY Hospice has been using e-MOLST throughout its New York City service area—making it the only large urban hospice program in New York State to be utilizing the digital tool. “Early on, we decided we’d use the electronic form of MOLST exclusively, rather than the paper version,” explains Rivkah Brenenson, Quality Improvement Manager for VNSNY Hospice. “The e-MOLST has a number of advantages: An individual’s e-MOLST document can be accessed in any setting through a secure online portal, so the patient’s wishes are always known to medical professionals. And the e-MOLST also has automatic prompts that guide you when you’re filling it out, ensuring that each form is properly completed.”

The ability to use e-MOLST in different settings will become increasingly seamless as more of the state’s medical centers adopt the online directive, adds Brenenson. “For example, NYU Langone Health System is using e-MOLST, and we’re partnering closely with their staff on training and information-sharing.”



VNSNY will be tracking patient outcomes to see whether use of the e-MOLST reduces unwanted hospitalizations, notes Bonnie Lauder, Director of Quality Management Services. “In addition, we’re finding that discussions around the e-MOLST are offering a new way for clinicians to open up the conversation about a person’s end-of-life wishes in general,” she says. “It’s really a wonderful tool.”



*The MOLST form documents hospice patients’ decisions on a full range of specific treatment options.*