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HHAs jump into action as first line of defense against swine flu

Re-education of basic infection control practices serves as first step

Increased education and diligent observation of families and patients are the key steps initially taken by home health staff members to prevent the spread of H1N1 flu (swine flu) among home health patients, staff, and family members.

The threat of swine flu at the end of the seasonal flu period does make it more challenging for staff members, points out **Mary Foronda, RN**, director of employee health and infection control for Metropolitan Jewish Health System in Brooklyn, NY. "Home health staff members are already watching family members and patients for signs and symptoms of flu, but staff members are now more diligent and conduct a more detailed assessment if someone has a cough, fever, or other flu symptoms," she explains. (See page 63 for symptoms and treatment of swine flu.)

Preventing the spread of the illness is one of the key goals of the Centers for Disease Control and Prevention in Atlanta, and frequent hand washing is one of the primary recommendations. "Our home health staff have an excellent rate of compliance with hand washing guidelines, but we are reminding everyone to constantly re-educate

EXECUTIVE SUMMARY

When cases of swine flu were first diagnosed in the United States, no one could predict how quickly it would spread and how it would affect victims. Home health agencies stepped up to the challenge with a focus on education and careful surveillance.

- Emergency plans for a pandemic were pulled off the shelf and examined.
- Patients and their families were re-educated about proper hand-washing techniques and other infection control steps to take to prevent exposure.
- Staff members were asked to take the same precautions in their own households.

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patients and their families," says **Mary Wagner**, RN, BSN, MEd, vice president of clinical practice at Metropolitan Jewish Home Care. Information about swine flu and the importance of hand washing and other ways to prevent transmission of the flu are shared at team meetings, she points out. Infection control is a continuous effort within the home care agency, but it is important to remind everyone of basic procedures at a time like this, she says. "The degree of publicity about swine flu makes staff members, patients, and family members more receptive to the education," she admits.

Community education is the most important

role home health can play in potential pandemics, says **Andrea Brown**, vice president of operations for PHC Services in Yonkers, NY. "Public health announcements through the media are helpful, but home health employees can enhance the information and make it more meaningful to patients and their families," she says.

When cases of swine flu were first reported in New York City, Brown's staff began calling all patients with information about symptoms and advice on how to protect themselves and how to avoid spreading the infection if they felt ill. Staff members were contacted with information about symptoms and were reminded to be aware of potential symptoms in patients and patients' family members, she adds. "We did have one paraprofessional who arrived at the home on Monday and discovered that the patient had developed flu-like symptoms over the weekend. She was able to get the patient to the doctor on Monday to be tested for swine flu," she says. Luckily, the patient's test was negative, but the staff member's quick action alleviated anxiety and uncertainty for the patient and family members, she points out.

In addition to asking staff members to pay close attention to patients and their families, supervisors and managers also ask staff members to be aware of potential exposure or infection in their own families, says Brown. "If an aide's child becomes sick, we don't have that aide available to care for patients, because he or she must stay home with the sick child," she says.

Although no employees have missed work due to swine flu, sick calls from employees are being monitored carefully to document symptoms and identify potential flu victims if necessary, says Foronda. Documenting reasons for sick days is an important part of any emergency plan to help predict potential staff shortages, as well as identify potential exposure to other people and patients, she adds.

Addressing potential work shortages is part of Brown's agency emergency plan; in the case of a pandemic. "This is a great time for everyone to review their emergency plan, in fact, all of our clinicians have been told to pull out the plan and make sure they are prepared for the next steps in the plan," she says. Next steps include identification of priority patients, ensuring care by family members for other patients, notification of other agencies for which PHC services provides assistance of potential shortages, and use of respirator masks if necessary, she says. **(For more information about emergency plans, see page 64.)**

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- **Mary Wagner**, RN, BSN, MEd, Vice President, Clinical Practice, Metropolitan Jewish Home Care, 6323 Seventh Avenue, Brooklyn, NY 11220. E-mail: mwagner@mjhs.org.
- The Centers for Disease Control and Prevention's web site on swine flu contains daily updates on the spread of the disease and guidance for the prevention and treatment of the disease. A special section for clinicians provides guidance on treatment of special audiences, including young children, patients with cardiovascular disease, and immuno-suppressed patients. Go to www.cdc.gov/h1n1flu/ for the main page of information. To find specific guidance papers for specific audiences, select "Guidance" on the left navigational bar.
- The Homecare Association of New York offers an emergency preparedness web site specifically for home care providers. Go to www.homecareprepare.org and select "pandemic" in the top navigational bar. A list of information links as well as planning tools to prepare for a pandemic are available.

Although patient care is a priority, Brown points out that home health agencies must not forget employees and their families. "Because we are medical care providers, we tend to focus on patients and their families. In a pandemic situation, we must also focus on our employees and their families, because if we forget to make sure they are protected, we lose our workforce." ■

Symptoms and treatment for swine flu

According to the Centers for Disease Control and Prevention (CDC), the symptoms of swine flu are the same as the symptoms for seasonal flu: fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhea. If a person

lives in an area in which swine flu has been identified, the CDC recommends a visit to the physician to determine if testing or treatment is necessary.

Because there is no vaccine available at this time to protect employees and home health patients and families against the swine flu, the CDC recommends the following steps to protect against exposure:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- Stay home if you are sick for seven days after your symptoms begin or until you have been symptom-free for 24 hours, whichever is longer. This is to keep from infecting others and spreading the virus further.

Other important actions that you can take are:

- Follow public health advice regarding school closures, avoiding crowds, and other social distancing measures.
- Be prepared in case you get sick and need to stay home for a week or so; a supply of over-the-counter medicines, alcohol-based hand rubs, tissues, and other related items could be useful and help avoid the need to make trips out in public while you are sick and contagious.

Once a person contracts swine flu, the CDC recommends that ill people stay home and avoid contact with other people as much as possible to prevent spreading the illness to others.

Although it is anticipated that most people will recover without needing medical care, people at high risk for flu complications may receive antiviral medications. There are two influenza antiviral medications that are recommended for use against H1N1 flu. The drugs that are used for treating H1N1 flu are called oseltamivir (trade name Tamiflu) and zanamivir (Relenza). As the H1N1 flu spreads, these antiviral drugs may become short in supply. Therefore, the drugs will be given first to those people who have been hospitalized or are at high risk of complications. The drugs work best if given within two days of becoming ill, but may be given later if illness is severe or for those at a high risk for complications.

(Excerpted from Centers for Disease Control and Prevention web site: www.cdc.gov/h1n1flu/. May 1, 2009.) ■

Emergency plans for pandemic get live test

Pay attention to workforce issues

Although no one is happy to see a potential pandemic, the swine flu situation does give home health agencies a chance to test their emergency plans in a real-life situation, points out **Phyllis Wang**, president of New York State Association of Health Care Providers (HCP), which represents home- and community-based providers in New York. New York agencies are required to have emergency plans in place for a variety of crises, but no real test of plans to address pandemics has occurred — until now, she says.

Although her association's member agencies are the ones providing direct care, the association is providing ongoing communication and advice to agencies, says Wang. "We are sending e-mail alerts to members to let them know where to find the latest information, and we are providing inservice materials that agencies can use for staff members," she says. "We've been working on emergency preparedness plans for agencies for many years, so we have tools and resources they can use," she adds.

The Home Care Association of New York State also has focused on emergency preparedness for its members and has included swine flu-specific information on the association's emergency preparedness web site (www.homecareprepare.org), says **Alexis Silver**, vice president for policy and clinical affairs for the association. "We've offered pandemic flu preparedness seminars and resources over the past three years, so we have re-posted them to the web site so people can review the material," she says. Handouts, infection control guidelines specific to flu and home health settings, and a tabletop exercise to test preparedness are available for free to anyone visiting the site, she points out.

Many of the steps recommended by both associations are basic infection control practices, points out Wang. "Hand washing, gloves, and masks all prevent spread of infection, and we also remind home health staff to re-educate families and patients on the importance of keeping surfaces clean," she says. "A bottle of bleach is essential for cleaning and with the

threat of a flu pandemic, we are not talking about just keeping surfaces in the patient's room clean," she adds.

"New York home health agencies learned a lot from 9/11," says Wang. One of those lessons was to anticipate not being able to get to patients due to physical impediments such as streets closed to outside traffic or, in the case of a pandemic, not being able to leave or enter a quarantined area, she points out. "At the state level, we've been working to get home health workers classified as first responders so we can go to our patients, but even without that classification, agencies should have an inventory of skills for all employees," she suggests.

An inventory of skills enables an agency to quickly identify which staff members can care for specialized patients, such as dialysis or pediatric patients, as well as who might have emergency medical technician training, or even construction experience if repairs need to be made to a building, says Wang. "This inventory should be part of an emergency plan," she adds.

The key responsibility of home health managers at this time is to stay on top of current information and communicate with staff and patients, suggests Wang. When communicating, however, be sure you present everything in the proper perspective that reassures people and prepares them, she suggests. "It's important to inform everyone of the facts, but remember that there is a line between informing and frightening." ■

SOURCES

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Outsource billing, coding to get best use of staff

Improved cash flow and increased productivity

The detail and precision required to code and submit claims to Medicare keeps increasing, and smaller home health agencies struggle to stay on top of continuous changes. One solution sought by many agency managers is to outsource some or all of the coding and billing activities of the agency.

"My director of nursing was handling the coding for all of our claims, but as our census grew, it became harder for her to code in a timely manner and oversee the nursing staff," says **Ryan Coe**, administrator of Coe Home Health in Mansfield, TX. "Time-wise, switching to an outside vendor for our coding activities not only gave my director of nursing more time for clinical responsibilities, but it also improved cash flow," he says. The vendor selected by Coe [HealthCarefirst, Ozark, MO] codes claims on the first day, he points out. "This improves cash flow, because we can send the bills out immediately rather than two or three days later," he says.

While Coe chooses to outsource the coding and handle the billing within his agency, **Margaret Carson**, executive director of Angelic Home Health and Hospice in Tulsa, OK, handles the coding in-house and has an outside vendor do the billing. "When I first opened the agency, I was wearing eight different hats, and it was difficult to pay close attention to the details of billing," she explains. Now, the

information is sent to the vendor, which submits the claims to Medicare, then sends Carson a billing summary report so that her staff can track accounts payable. "They quickly identify missing information that might slow payment and get with us to obtain the extra information," she adds.

Cash flow is much improved now that the agency is able to bill consistently every 15 days with no problems, says Carson. "It is also much easier to respond to Medicare requests for additional information when we only have to look back over a 15-day period," she adds.

In addition to the time savings and improved cash flow that both home health managers noticed, there are other benefits to outsourcing some administrative functions. "Managers or owners of startup agencies can benefit from the expertise of a company that has done this for years and seen almost every situation that can occur," says Carson. "I quickly learned that Medicare was not able to offer me the assistance I needed, so the vendor was essential."

Using an outside source to handle a process that requires ongoing education to address changes and updates also saves money on benefits and salary for an employee, points out Coe. By outsourcing his coding function, Coe's cash flow and billing accuracy improved to the point that he was able to show enough profit to justify hiring a full-time marketing person, who has helped the agency increase the two-year-old agency's census fourfold, he says.

Both Carson and Coe selected a vendor that offered a web-based product rather than a software-based product. "I liked the versatility of the web-based system, because I wasn't tied to one computer or one office in order to receive or send information," says Coe. Because Coe spends time traveling to and from different locations, the ability to access the system remotely from any location was critical. "I also looked for a user-friendly system that would be easy for several people to learn to use and for a company that offered customer support on an ongoing basis," he explains.

"I looked for a company that matched my philosophy of how to do business," says Carson. Good rapport with people at the company also makes life easier, she adds. "I also wanted a company that specialized in home health, because that means that they can use experience from other clients to offer advice to me." ■

EXECUTIVE SUMMARY

Outsourcing some administrative functions such as coding and billing has proved to be cost-effective for smaller home health agencies. Before choosing a vendor, experts recommend that you:

- Select a company with which you can develop a good rapport and that has a similar business philosophy as your agency;
- Look for a system that fits the need for flexibility that you may require;
- Seek out a vendor with home health experience.

SOURCES

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Take a proactive approach to keep your clients healthy

Case managers have an opportunity to help people

As the cost of health care continues to soar, employer groups and health plans are focusing on wellness programs that help people who aren't sick now change their lifestyles and avoid developing chronic diseases, such as emphysema, heart disease, or diabetes.

"The health care system is beginning to take a more proactive, rather than a reactive, approach since we know that preventing illness is much more cost-effective than treating illness," says **Connie Commander**, RN, BS, CCM, ABDA, CPUR, president of Commander's Premier Consulting Corp. and past president of the Case Management Society of America.

"In the past decade, the health care system has offered disease management programs for people with chronic diseases to help them stay out of the hospital, but there haven't been many programs that support people who are trying to stay well and take the next step to quit smoking, start exercising, or lose weight," says **Cary Badger**, MPH, vice president of market development for Regence BlueCross Blue Shield.

"The emphasis among insurers is shifting more to consumer engagement and away from managing the patient. We want to empower the con-

sumers to become an active partner in their health care decisions," Badger adds.

Regence has launched a program called Activate that allows participants who engage in healthy behaviors to earn up to \$600 a year that can be applied to their deductibles and co-pays.

When health care costs were absorbed by employer groups and the consumer paid significantly lower out-of-pocket expenses, the focus was not on prevention and wellness as it is today. Individual consumers wanted to be healthy but were not financially vested in the process. But now that the health care system is facing a financial crisis and health care premiums are rising, people are paying attention, Commander says.

"There is an increasing emphasis on healthy living and prevention in the health care arena. Employers and health plans have been spending a lot of money on unhealthy employees. Now they're looking at offering programs that can prevent, rather than treat, illness," Commander says.

The shift in emphasis from curing illness to educating people on how to stay healthy is a great opportunity for case managers to make a difference to their clients, Commander adds.

"As case managers, a lot of what we do is teaching. This gives us the opportunity to share knowledge about healthy choices and give consumers information they can use to motivate themselves and embrace changes," she adds.

No matter what setting they practice in, case managers have the opportunity to teach their patients or clients about healthy behavior — no matter what the initial reason for the contact, says **Catherine M. Mullahy**, RN, BS, CRRN, CCM, president and founder of Mullahy & Associates, a case management training and consulting company.

"We can't spend all our health care dollars on sickness. Many practice settings for case managers focus on illnesses, but nurses are grounded in promoting health because of our orientation and education. We have to take a proactive approach and help people stay healthy and avoid needing health care interventions," she says.

It's all a part of advocating for your patients, Commander adds.

"Part of the case manager's goal with an individual with an illness or condition is to empower them to take care of themselves. If we include a wellness component in the self-care education, we can help them improve their outcomes and avoid a recurrence," she says.

Getting someone to stay well is no different

from motivating someone to take their medication for diabetes, Commander adds.

"Most people need a hands-on approach, and we need more case managers on the front line helping people adopt healthy lifestyles," she says.

Case managers have so many teaching opportunities when they work with their clients, Mullahy points out.

"The entire conversation doesn't have to be about the illness. They can encourage people to return to normalcy by adopting a healthy way of living," she says.

Mullahy advocates integrating wellness efforts into disease management and case management programs.

"Whether case managers are capturing people in the initial stages of a chronic illness or assessing them for something like orthopedic surgery, they can educate them about behavior that will keep them healthy," she says.

For instance, when Mullahy owned a company that provided case management services, her case managers recorded every client's height and weight, no matter what the diagnosis, and determined his or her body mass index (BMI). If the BMI was not within normal range, the case managers counseled patients about healthy lifestyle changes.

Case managers should take every opportunity to promote wellness by looking for teachable moments and embracing them, Commander says.

For instance, when you are working with diabetics to get their conditions under control, educate them about healthy habits that can help their children avoid developing the disease, she says.

"When case managers work with a client, they can take the opportunity to talk to the entire family about healthy activities," she says.

Hospital case managers are particularly challenged to approach patients with wellness information, because the patients whose care they manage are very sick, Mullahy says.

"We need to create a balance between getting people out of their medical crisis and promoting good health," Mullahy says.

Keep in mind that when people are recuperating from a serious illness or injury, it may not be the best time to tell them that an unhealthy lifestyle was what put them in the hospital, Mullahy warns.

However, a health care crisis can plant the seeds of healthy lifestyle changes, she adds.

"It's more effective to ease people into a healthy lifestyle as they are headed toward the road to recovery," she says.

Patients may promise themselves that if they get through the crisis, they'll change. Case managers need to be aware that while these promises are well intentioned and patients may be able to sustain their commitment for a time, they may fall back into their usual habits, she says.

It's wise for a case manager working with a patient who says he's learned his lesson and plans to exercise and watch his diet to recognize that human behavior is likely to take him back on the same road, Mullahy says.

"Congratulate them and encourage them for their resolve to mend their ways, but recognize that their commitment may diminish over time and reconnect with them to continue to reinforce their good habits," she suggests.

No matter what setting in which they practice, case managers have the opportunity to refer their clients to programs that can help them stay healthy, Mullahy says.

"Most case managers are not in the business of wellness, and often their caseloads don't allow them to spend a lot of time on healthy behavior, but they still can educate patients about the wellness and fitness plans available through their hospital, their health plan, their employer, and in the community in hopes of moving them into a healthy way of living," Mullahy says.

Some resources may include wellness programs offered by health plans and employer groups, hospital-sponsored weight reduction, smoking cessation, or aerobics programs, as well as low-cost programs at community agencies such as the YMCA and online programs such as Weight Watchers.

Health plans and employer groups are offering health promotional programs, including discounts for gym memberships or weight loss programs or economic incentives to enroll in a healthy living program, as well as wellness and prevention pieces, in addition to disease management and case management programs, Commander points out.

"Now that people are experiencing higher deductibles and co-pays, we may find that they are going to try to stay healthier and avoid going to the doctor's office. All of us in the health care field know that when people access the system, it costs a lot of money. Now, we have to come up with ways to motivate individuals to have a healthy lifestyle," she adds. ■

Demonstration project improves outcomes for ill

CMs work with patients by telephone and face to face

A Medicare demonstration project in Florida that includes both telephonic case management and face-to-face interventions has improved clinical outcomes for beneficiaries who are eligible for both Medicare and Medicaid and have congestive heart failure or any combination of comorbidities that include congestive heart failure, diabetes, and coronary artery disease.

The program, which started in 2005, has been so successful that the Centers for Medicare & Medicaid Services (CMS) has extended its contract with LifeMasters Supported SelfCare, an Irvine, CA-based provider of health improvement services.

"The program has demonstrated cost-effectiveness to Medicare, and our preliminary analysis indicated that we have improved the clinical outcomes for a very difficult-to-manage population," says **Christobel Selecky**, CEO of LifeMasters.

The goal of the program is to reduce preventable utilization with a combination of health coaching and lifestyle changes, Selecky says.

CMS is measuring the outcomes for the group that LifeMasters is managing against a control group.

There are about 28,000 participants in the program.

"We are showing good results in our population compared to the control group and are slightly above break-even for the new cohorts in the program. People who have been in the program since it began in 2005 are getting older and sicker and experience higher health care costs than the new participants," Selecky says.

Participants in the disease management program are followed by nurses in a call center called clinical nurse consultants (CNCs) and/or community-based case managers called community service RNs (CSRNs) who work with the beneficiaries in their homes.

"The team in the field and the team at the call center are extremely tightly integrated and refer back and forth to each other," Selecky says.

Referrals for the program come into the call center where specialists complete an evaluation and determine if the person's care could be coordinated over the telephone or if they need face-to-

face care, says **Vicki Manning**, RN, community services RN team manager.

"It's a seamless system. If the clinical nurse consultants at the call center has concerns about one of the participants, they send a referral to the community service RN or social worker to evaluate the participant in their home," she says.

"LifeMasters' goal is to manage as many people as possible by telephone, because successful programs need to be scalable. However, to ensure that all participants are getting the help they need, different options must be provided," Selecky points out.

About 30% of the participants have had a face-to-face visit with a LifeMasters nurse at least once, but only about 94% of them are followed regularly by the clinical nurse consultants in the call center.

"People tend to have the preconceived notion that a telephonic program won't work with older or underserved participants, but it does work if there is an outlet for other interventions when required," Selecky says.

When CMS sends LifeMasters the names of individuals eligible for the program, LifeMasters contacts the beneficiaries and invites them to participate in the program, then sends a letter to their primary care physicians explaining the program. The participants are assigned a nurse who calls them on a regularly scheduled basis.

"The frequency of contact depends on the severity of the individual's conditions. Many of the participants are not accustomed to focusing on their health, and the nurses may gradually ease them into managing their condition," she says.

Selecky attributes part of the success of the program to a unique method of stratifying participants, a combination of traditional stratification based on utilization and cost of care with the Patient Activation Measure, a tool that assesses an individual's likelihood to engage in making health care changes.

"In the past, disease management programs have stratified people primarily based on their utilization and the cost of their care. We are being held accountable for reducing health care costs, and we need to give priority to the most severe. However, over the past year, we have implemented a new way of further stratifying participants based on their activation level," she says.

The Patient Activation Measure assesses a person's knowledge, skills, and confidence in playing a role in their own health care and ranks them in one of four activation levels according to their engagement in health care.

“We have researched this method and found that if the nurse tailors the conversation according to what level of activation the person is at, we can make a dramatically different impact,” she says.

The nurses use the results of the Patient Activation Measure and the participant’s level of severity to gear their encounters, using motivational interviewing techniques.

For instance, patients on Level 1 of the activation scale feel they can make no impact on their own health. Therefore, trying to persuade them to get a lab test may be a waste of time. Instead, the nurses help them understand how they can have an impact on their own health and move them toward the next level of activation.

“Research shows a correlation between the level of activation and actual self-care. If we focus on moving them out of the activation level, they start to show behavior that drives improved outcomes,” she says.

“The combination of motivational interviewing and patient activation has resulted in much better retention in the program because the participants aren’t frustrated by being asked to do things they aren’t ready to do,” she says.

Because understanding a participant’s current clinical status is important to avoid costly but preventable exacerbations, LifeMasters provides the tools that the participants need to use to take and report their vital signs and symptoms on a daily basis. The congestive heart failure patients receive a scale and a blood pressure cuff, and the clinical nurse consultants teach them to enter data on weight, blood pressure, and other vital signs through the Internet or through a touch-tone phone.

“The information they input goes into our system, where it is measured against national guidelines. If the system flags someone with signs that could signal a clinical exacerbation, the nurses call them and find out what’s going on,” she says.

In about half the cases, the nurse identifies a behavioral reason for the out-of-bounds event and uses the call as a teaching moment. For instance, a patient might be having symptoms of an exacerbation because of non-adherence to the drug regimen. If the nurse can’t determine a behavioral reason for the problem, the system creates an alert that is faxed to the physician for follow up.

LifeMasters has tested combinations of approaches with participants to see which method works best in getting people to participate at the appropriate level.

“We know from our own research that if you compare people who have a regular relationship with a nurse to people who get just a newsletter and periodic follow-up, there is an improvement of several hundred dollars per member per month in cost savings. Obviously, it is worth it for us to deploy a lot of resources to find ways to engage patients,” she says.

Different approaches include sending an introductory piece to a family member or physician instead of the participant and whether to have a nurse or a non-nurse make the first call.

“We have good enrollment and good engagement in the program. Research has led us to expect that about 20% of participants in our standard populations would be highly engaged and willing to monitor their vital signs and interact with the nurse on a regularly scheduled basis. In this group, about 35% are highly engaged, a substantial percentage for this population,” she says. ■

Members earn rewards for healthier lifestyles

Points can be applied to deductibles, co-pays

As part of its efforts to promote healthy living and save health care dollars in the long run, Regence BlueCross BlueShield is rewarding members for adapting healthy lifestyles.

The company has introduced Activate, a self-managed health care plan that allows members to earn points for engaging in healthy behaviors and convert the points to Member Choice Funds, which they can use to pay deductibles, co-pays, or other out-of-pocket expenses.

“Employers today want to help their employees adopt healthier lifestyles. Activate encourages members to become active partners in their health care and rewards them directly for that behavior,” says **Cary Badger**, MPH, vice president market development.

Members enrolled in Activate can collect up to \$600 a year in Member Choice Funds that can be applied to their deductible or co-pay.

Members automatically get 200 points when they complete a health risk assessment.

They can earn additional points for 75 different activities, ranging from enrolling in a smoking cessation or weight loss program to getting a flu shot or attending a healthy cooking class to visit-

ing web sites that offer healthy living advice. If they log on to the sites through myRegence.com, their visits are automatically tracked and added to their personal choice account.

The program primarily works on the honor system. If a member reports participating in an activity that qualifies, he or she accumulates the points.

If members don't use their personal choice points, they roll over to the next year.

Regence introduced the program at a time when many employer groups are offering their employees health care plans that have higher deductibles and co-pays than in the past.

A \$1,500 deductible is not uncommon among employer groups insured with Regence, Badger says.

"When people know they will be rewarded for healthy behavior, it makes the increased deductibles and co-pays easier to accept," he adds.

To help employees stick with their healthy behavior, the Activate program, along with other Regence plans, offers members access to a health coach, a 24/7 nurse line, and the Special Beginnings maternity management program. In addition, they belong to the Regence Advantages program, which offers discounts on hearing aids, fitness club membership, weight management programs, and other health-related activities. Regence members have access to health coaching and online nurse advice even if they don't sign up for the Activate account on myRegence.com.

The wellness program is integrated with disease management and case management.

"Activate builds the wellness component into the overall program. The rewards system allows members to immediately see the results of their healthy behavior," Badger says.

The program is a win-win for the employers, their employees, and the health care system as a whole, Badger says.

"Our Activate program returns money to consumers when they start healthy behaviors. Even though the savings won't materialize quickly for the employer and the health plan, we know that it will lower health care costs in the long run," Badger says.

Employees become active and feel better; they have fewer illnesses and miss less work, which translates into a healthier bottom line for the company, he adds.

It's hard to calculate an immediate return on investment for wellness programs, Badger points out.

"If a person quits smoking today, we may not see results in his or her health care utilization for 10 years or so, but in the long term, it's the best for the person and the health care system," he says.

Regence's health care cost trends have steadily decreased since 2002 when the company began offering incentive programs that have encouraged their employees to lose weight, quit smoking, and engage in other healthy behaviors, Badger says.

Regence began offering the Activate program to insured groups in mid-2008 and doesn't yet have outcomes data. However, the program has gotten rave reviews from participants, he says.

"Members have told us that they like the idea of receiving immediate recognition for trying to change their health," he says. ■

Coaches help members make lifestyle changes

Emphasis is on keeping them healthy

When members at Regence BlueCross Blue Shield want to lose weight, start exercising, quit smoking, manage the stress in their lives, or get a good night's sleep, help is just a phone call away.

The Portland-based health plan offers health coaching at no charge as part of a suite of member benefits designed to help members maintain a healthy lifestyle.

It's all a part of Regence's emphasis on keeping members healthy now to avoid health care costs in the future, says **Loralee Trocio**, MPH, supervisor health coach program.

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The program is available to all Activate members, whether or not they have a chronic condition or any other health care problems. However, the health coaches work closely with the health plan's disease management and case management department to ensure that all the needs of a member are met.

"We emphasize all the different resources available through their health insurance plan. In some cases, the members may also benefit from working with a disease management nurse, a case manager, or even a behavioral health specialist. If we identify a service the member could benefit from, a referral is made to that program," she says.

The health coaches work closely with other departments at Regence and sometimes co-manage members. For instance, a health coach working with a member with diabetes may refer the member to disease management.

Members who sign up for the Regence Health Coaching Program work one on one with a personal health coach over the telephone or through e-mail on any of five tracks: tobacco cessation, stress management, weight loss and nutrition, exercise, or help with sleep.

"The tracks are determined by the individual based on what the member would want to achieve and the goals he or she wants to set. People have an idea of what they want, but it's a matter of getting specific," Trocio says.

The goal of the program is to give members tools and skills to work toward behavioral changes that promote a healthy lifestyle, which they have defined for themselves. Members typically work with a health coach for twelve 45-minute sessions over a period of three to six months.

The health coaches help the members set "smart goals," which are specific, measurable, action-based, realistic, and timely objectives.

For instance, a general goal is "I'd like to be more physically active."

A "smart goal" is: "I'm going to run two miles after work on Tuesday and Thursday."

"If they are still contemplating changing or implementing an exercise routine, we address their stage or readiness and help them work toward taking action," Trocio says.

The health coach helps the member identify any obstacles he or she has encountered in the past and develop strategies to overcome them. They work with the members to help them become aware of the strengths they can build on

CNE questions

9. What is a key activity home health staff can perform to help prevent the spread of flu, according to Mary Wagner, RN, BSN, MEd, vice president of clinical practice at Metropolitan Jewish Home Care?
 - A. Quarantine patients who are at high risk of flu complications
 - B. Wear masks to see all patients
 - C. Re-educate patients and families about basic infection control practices
 - D. Call physicians to get orders for flu shots
10. How long does the Centers for Disease Control and Prevention recommend that a patient ill with swine flu stay home and away from other people:
 - A. Seven days after symptoms begin or until symptom-free for 24 hours, whichever is longer.
 - B. Five days after symptoms begin or until fever-free for 24 hours.
 - C. Six days once cough has disappeared.
 - D. Three days after all symptoms have disappeared.
11. What type of inventory list does Phyllis Wang, president of New York State Association of Health Care Providers, recommend that all home health agencies have as part of their emergency preparedness plans?
 - A. Supplies such as respirators and gloves
 - B. Flu vaccine
 - C. Additional health care providers in the area
 - D. Additional, or specialized, skills possessed by staff members
12. What is one of the benefits of using an outside company to handle coding chores, according to says Ryan Coe, administrator of Coe Home Health in Mansfield, TX.?
 - A. No need for a nursing director
 - B. More patients
 - C. Less documentation required by agency
 - D. Improved cash flow due to quicker claims filings

Answer Key: 9. C; 10. A; 11. D; 12. D.

while reaching their goal, she adds.

The health coaches have a variety of backgrounds but all have earned verification as a wellness coach.

The health coaches work closely with the case management and disease management departments at Regence and sometimes co-manage members.

For instance, a disease management nurse working with a member with diabetes may refer the member to a health coach.

The disease management nurse would educate the member about how to check his or her blood sugar, how to take insulin, or what specific diet to follow. The health coach would help them set goals around the diet or physical activity recommended by the nurse.

"We partner with each other to meet each other's needs," she says. ■

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After reading each issue of *Hospital Home Health*, the reader will be able to do the following:

1. Identify particular clinical, ethical, legal, or social issues pertinent to home health care.
2. Describe how those issues affect nurses, patients, and the home care industry in general.
3. Describe practical solutions to the problems that the profession encounters in home care and integrate them into daily practices. ■

CNE instructions

Nurses participate in this continuing education program by reading the issue, using the provided references for further research, and studying the questions at the end of the issue. Participants should select what they believe to be the correct answers, then refer to the list of correct answers to test their knowledge. To clarify confusion surrounding any questions answered incorrectly, please consult the source material. After completing this semester's activity with the **September** issue, you must complete the evaluation form provided in that issue and return it in the reply envelope provided to receive a credit letter. ■