Sutter VNA & Hospice

A Sutter Health Affiliate

Community Based, Not for Profit

Spring 2006

The Home Care and Hospice Advantage

A newsletter for physicians and medical staff

Sutter VNA & Hospice Celebrates Its 100th Anniversary!

Our history dates back to 1906 when volunteer nurses joined forces to visit the homes of victims of the San Francisco earthquake and fire.

Over the years, our organization has expanded in the scope of services and the number of communities we serve. In 1977, we were one of the first to provide home hospice care in California. In 2005, we cared for more than 22,000 home health care patients and 3,200 hospice patients, across a 12-county area.

As we enter our next century, we look forward to working with the many physicians and hospital staff who trust us and share our mission to provide the highest quality not-for-profit health care to patients at home.

Sutter VNA & Hospice Introduces New Services: Home Infusion, Home Medical Equipment and Respiratory Therapy

We've taken major steps towards becoming Northern California's "one-stop" shop for all home-based health care services and equipment. In addition to our home health care and hospice services, we're proud to announce the following new developments:

Infusion Pharmacy Services

With the opening of Sutter Infusion & Pharmacy Services (SIPS)2, our newly licensed pharmacy and sterile compounding facility in Emeryville, we have expanded our very successful home infusion pharmacy services to the Bay Area. (The original SIPS continues to serve patients in the Sacramento-Sierra region.) SIPS clinical pharmacists are experts in infusion drugs and therapy, and our services include IV antibiotics, IV hydration, total parenteral nutrition (TPN), chemotherapy, pain management drugs, injectables, and enteral nutrition. SIPS works in concert with the patient's physician and with the infusion nurses from Sutter VNA & Hospice who make home visits to monitor patients, train them in use of their equipment and drugs, and provide follow-up assessment and care.

For more information, or to arrange for home infusion pharmacy services, call (888) 395-2200.

Home Medical Equipment and Respiratory Therapy Services

Timberlake Home Medical Equipment and Respiratory Care has joined Sutter VNA & Hospice. Annually, Timberlake has served 10,000 patients in the Sacramento-Sierra region, providing everything from routine home medical equipment to highly specialized equipment and services, including home ventilator and pediatric respiratory programs. In January, we expanded Timberlake's services to an additional 3,000 East Bay patients by acquiring the San Leandro–based operation formerly known as Advanced Respiratory Care.

Continued on page 2

In This Issue

New Services 1
100 Years of Home Care 1
Best Outcomes for Knee, Hip Replacements 2
Improving Access to Hospice 2
Frequently Asked Questions 2
Feature Article: Hospice and Palliative Care in Heart Failure....... 3
Meet the Medical Directors............. 4
Easier Referrals............................. 5
Helping MDs Receive Medicare Reimbursement 6

Sutter VNA & Hospice Announces New Services
Continued from page 1

Timberlake employs more licensed respiratory therapists, based on its patient population, than other companies. This enables us to deliver a more "clinical" model of respiratory care, as opposed to the traditional "equipment distribution" model found elsewhere in the industry. Our respiratory therapists conduct patient assessments, emphasize patient contact and teaching, monitor for adherence to treatment, and introduce a wider variety of equipment in the home.

For more information, or to arrange for medical equipment or respiratory therapy, call (800) 281-1764.

Frequently Asked Questions

Q: Why do I have to sign treatment plans after giving a verbal order?
A: Federal and state regulations require us to have written documentation of all physician orders, including verbal orders. Since so much of our communication is by telephone, this requirement helps minimize the chance for mistakes or omissions.

Q: When more than one physician is involved in the patient's care, which physician is responsible to sign the orders?
A: The attending physician who is most involved with the particular type of care ordered is obligated to sign. A hospitalist may initiate home health services but does not follow the patient after discharge, and therefore would not sign orders. On the other hand, if an orthopedic surgeon orders physical therapy following a hip replacement, that surgeon should sign any orders related to the procedure, rather than expecting the patient's primary care physician to do so.

Continued on page 5

Study Finds Home Health Setting Produces Best Outcomes Post-Surgery, and is Most Cost-Effective for Hip or Knee Replacement

A recent RAND Corporation study found that the home health benefit ranks highest for outcomes and cost-effectiveness for patients who have undergone a hip or knee replacement.

"The study found that 120 days after discharge from acute care, patients who were discharged to their homes were less likely to be institutionalized than those patients who received skilled nursing facility or inpatient rehabilitation facility care."

About 35% of the knee and hip replacement patients studied were discharged from acute care to home for either home health rehabilitation, outpatient therapy, or no formal continuing care. (The majority of these patients, 63%, received home health rehabilitation.) The remaining discharges were split between inpatient rehabilitation facility (IRF) and skilled nursing facility (SNF) care.

The study found that 120 days after discharge from acute care, patients who were discharged to their homes were less likely to be institutionalized than those patients who received IRF or SNF care.

RAND also considered post-acute and total episode payments, including the cost of the initial hospitalization, and found that SNF episode costs were more than $3,500 higher than care costs for patients discharged to home, and an IRF episode of care cost about $8,000 more than care provided at home.

Simple Communication Intervention Improves Nursing Home Patients' Use of Hospice

A recent article in the Journal of the American Medical Association (JAMA) suggests a simple communication intervention, such as a hospice informational visit, can increase rates of hospice referrals, as well as improve family satisfaction with end-of-life care.

While hospice care has resulted in improved pain management and other outcomes, the authors note that "hospice is underutilized [by nursing home patients], at least in part because physicians are not aware of their patients' preferences."

In three skilled nursing facilities, researchers used a brief scripted interview and simple criteria to identify 205 residents whose goals for care, treatment preferences, and palliative care needs made them appropriate for hospice care. The residents' physicians were notified and asked to authorize a hospice informational visit. Of the 205 residents in the sample, 107 were randomly assigned to receive the intervention and 98 received usual care.

Subjects in the intervention group were more likely to enroll in hospice within 30 days than were residents in the control group (20 percent versus 1 percent). For more detail, see the July 13, 2005 issue of JAMA.

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Sutter VNA & Hospice

A Sutter Health Affiliate

Services

Call 1-800-557-9777 to refer a patient or for more information.

Our team works closely with you, your patients, and their families, to ensure the highest quality of care and satisfaction.

Home Health Care:
Intermittent, skilled care and patient education provided by nurses, physical therapists, speech therapists, occupational therapists, social workers, and home health aides, to enable patients to recover or live with illness in the comfort of home.

Hospice Care:
Compassionate end-of-life care for patients and families that specializes in pain management and symptom control, social, emotional and spiritual support, and bereavement services.

Home Infusion & Pharmacy:
Full-service pharmacy and sterile compounding facilities, equipment and support to enable patients to receive and/or self-administer their infusion and IV drugs at home.

Home Medical Equipment and Respiratory Care:
A single, convenient source for everything from routine home medical equipment needs to highly specialized equipment and services, including home ventilator and pediatric respiratory programs.

Sutter VNA & Hospice is part of the not-for-profit Sutter Health network of hospitals, doctors, and nurses that share expertise and resources to advance health care quality.

Hospice and Palliative Care in Heart Failure

New Guidelines Incorporate Class I Recommendations for Hospice and Palliative Care for Stage D Patients

by Dr. Brad Stuart, Senior Medical Director

Heart failure is a looming public health problem in the U.S. It already accounts for more hospital admissions than any other diagnosis, and in 2005 its costs approached $28 billion. The lifetime risk of developing heart failure is one in five. Heart failure is the only cardiac diagnosis now rising in incidence. It is predicted to reach epidemic proportions as, paradoxically, risk factor modification, revascularization and treatment with drugs and devices serve to postpone, rather than eliminate, heart failure as a cause of death.

"A realistic appraisal of long-term trends leads to the conclusion that we will have to provide care for increasing numbers of patients with refractory heart failure."

The lethality of heart failure is not widely appreciated. Heart failure is more lethal than many common cancers. Five-year mortality after first onset of heart failure in men aged 65 to 74 is 50-59 percent. One-year mortality after the first heart failure admission of elderly patients with comorbid conditions is over 60 percent.

Advances in drug therapy for heart failure, particularly with ACE inhibitors and beta blockers, have increased survival. However, the results of clinical trials, while impressive, are also deceptive. Trial design tends to incorporate short follow-up intervals, exaggerating clinical benefit, which tends to decrease with long-term follow-up. The CONSENSUS trial, for example, showed a 40 % reduction in mortality at six months. Ten-year follow-up, however, revealed a mean increase in life span of only 260 days. Corresponding long-term studies of patients treated with beta blockers have not yet been performed. However, the net effect of drug treatment on heart failure for many patients is to push survival curves to the right, postponing end-stage disease rather than eliminating it.

These data should not promote pessimism regarding heart failure treatment. Pharmacotherapy can reverse ventricular remodeling for long periods in many patients. Cardiac resynchronization therapy (CRT) and implantable cardioverter-defibrillators (ICDs) have also provided survival benefit. However, a realistic appraisal of long-term trends leads to the conclusion that we will have to provide care for increasing numbers of patients with refractory heart failure. For this reason, the 2005 American College of Cardiology/American Heart Association Guidelines Update for Heart Failure incorporates Class I recommendations for hospice and palliative care for Stage D patients.

The Stage D heart failure cohort is comprised of patients who have New York Heart Association Class III or IV symptoms despite maximal therapy. They have symptoms of congestion at rest or with minimal exertion, and their prognosis is poor. Frequently they are elderly, with comorbidities like renal insufficiency, diabetes, or chronic lung disease. Cachexia and depression are common risk factors for early mortality.

Risk scoring systems using easily obtainable clinical variables have been developed to stratify patients into levels of likely survival at 30 days and one year.

Continued on page 5

Meet the Sutter VNA & Hospice Medical Directors

We are proud to have as our Medical Directors some of the most accomplished and experienced physicians in Northern California. Our Medical Directors oversee clinical aspects of our programs, consult with staff and community physicians, and provide medical education and mentoring, and are available at your request to supervise the care of patients in long term care facilities and at home. You may contact these physicians at the local Sutter VNA & Hospice offices serving you (see back page for phone numbers).

Brad Stuart, M.D., Sutter VNA & Hospice Senior Medical Director and Medical Director, Emeryville and San Leandro

Dr. Stuart received his medical degree from Stanford University in 1977 and practiced general medicine before moving full-time into palliative care and hospice. He is an expert in hospice and palliative care, and has been a Medical Director at Sutter VNA & Hospice since 1992. Dr. Stuart was the primary author of the Medical Guidelines for Prognosis in Selected Non-Cancer Diseases, which were adapted as national hospice eligibility criteria. He has published widely, testified before Congress on funding for end-of-life and transitional home-based care, and has lectured internationally on medical, psychological and spiritual issues at the end of life.

Cathy West, M.D., M.P.H., Dr.PH, Medical Director, Santa Rosa, Marin and Concord

Dr. West attended Harvard Medical School, receiving her M.D. in 1978, and continued her clinical training there in internal medicine and neurology. She is Board Certified in Hospice and Palliative Medicine, and has been a medical director at Sutter VNA & Hospice for seven years. Dr. West also received masters and doctoral degrees in public health at Harvard. She is Assistant Professor at Touro University College of Osteopathic Medicine, where she offers a Hospice rotation for students in their clinical years.

James McGregor, M.D., Medical Director, Roseville, Sacramento and Tracy

Dr. McGregor received his M.D. from the University of Western Ontario. He has been practicing Palliative Medicine since 1981, and in 1992 he did a Clinical Fellowship in Oncology and Palliative Medicine. Prior to moving to California, Dr. McGregor was on the faculty at Queen's University as a Palliative Medicine consultant affiliated with the Departments of Family Medicine and of Oncology. Dr. McGregor does Palliative Medicine consultations and conducts home visits.

Barbara Bishop, M.D., Medical Director, San Mateo

Dr. Bishop has been with Sutter VNA & Hospice since 2004. She graduated from Northwestern University Medical School in 1973, completed her residency in family practice at UCSF in 1976, and has been board certified in family medicine since 1976. Dr. Bishop is also board certified in geriatrics, medical acupuncture, and in hospice and palliative medicine. Dr. Bishop helped to develop the St. Luke's Hospital palliative care consultation team. She was recently appointed the chair of the California Medical Pacific Center Department of Family Medicine, and has been in private practice in San Francisco for 26 years.

Marsha K. Nunley, M.D., Medical Director, San Francisco

Dr. Nunley received her M.D. degree from the University of Texas Health Science Center at San Antonio, where she did her internship and residency. She is Board Certified in Internal Medicine, with Additional Qualifications in Geriatric Medicine and Hospice and Palliative Medicine. With a practice located at California Pacific Medical Center at the Davies Campus in San Francisco, she specializes in Women's Care, General Internal Medicine and Geriatrics. She started the Inpatient Palliative Care Consult Service at CPMC and is medical director for the ongoing program. Dr. Nunley has over 15 years experience in hospice and end of life care and has been medical director for our San Francisco branch since 2001.

Timothy Gieseke, M.D., Associate Medical Director, Santa Rosa

Dr. Gieseke received his M.D. at University of California, Irvine, California College of Medicine in 1976, and completed his residency in Internal Medicine at University of California, Davis, Sacramento Medical Center. In his private practice in Santa Rosa, Dr. Gieseke specializes in caring for patients who reside in skilled nursing and other long term care facilities. He is a Clinical Instructor in the Department of Family and Community Medicine at U.C. San Francisco and Medical Director of multiple local skilled nursing facilities.

We would like to thank Dr. John Kimball for his years of service as Medical Director at our Tracy location, where he helped to guide so many families through serious illness. Dr. Kimball generously donated his fees back to our organization to support families in need. We are pleased that he will now be a consultant to Sutter VNA & Hospice.

Hospice and Palliative Care in Hospice
Continued from page 3

An electronic version of one such system is available for clinician use at http://www.ccort.ca/CHFriskmodel.asp.

Hospice can provide significant benefits to patients coping with late-stage heart failure, as well as to their caregivers and families. Hospice ensures that treatment is optimal, that drugs known to worsen heart failure, such as NSAIDs, are avoided, and that common symptoms like dyspnea and pain are relieved. Morphine and other opioids, which have been found to reduce the sympathetic overactivity seen in advanced systolic heart failure, are used judiciously, and often stabilize patients so that formerly frequent emergency visits are prevented. In fact, a significant minority of these patients improves under hospice care and can be discharged, with readmission later if there is further decline.

Hospice also helps physicians, patients and families with advance care planning. A common issue seen in response to currently expanding indications for ICDs is the fact that as fewer patients experience sudden arrhythmic death, more undergo the transition to pump failure. These patients can be managed at home, and many prefer to die there. Contingency planning and symptom management help families know what to do besides calling 911 in case of exacerbations. In addition, Stage D patients benefit from counseling regarding ICD deactivation in cases where burdens outweigh benefits. ICD shocks are associated with severe discomfort, as well as psychological disturbances, and they can interfere with normal dying.

Prognosis in heart failure is uncertain. For this reason, hospice utilization is significantly lower than in cancer. However, patients with advanced heart failure who are not appropriate for hospice care, or do not choose hospice, can still benefit from palliative approaches through the Sutter VNA & Hospice Advanced Illness Management (AIM) program. Many of the interventions used by hospice can be applied through AIM, and in contrast with hospice, patients can receive concurrent disease-modifying treatment. Patients must be home-care eligible, i.e., homebound with skilled nursing needs.

For further information about AIM, please call Program Manager Rosemary Gerber, R.N., at (510) 450-8610.

Time-saving tips to make home care referrals easiest for you and your patients:

• We always need to verify that the patient is eligible for home care. For Medicare, the two main criteria are that the patient (a) is homebound (not necessarily bed-bound), meaning it requires great effort for someone to leave home (some insurers require patients to be homebound, others do not); and (b) has an intermittent need for skilled care.

If you provide this information first, it will speed up the process.

• "Skilled needs" can include a home safety evaluation (ordered through Physical Therapy), caregiver training, medication set-up and training, and wound care, to name a few.

• An RN or Physical Therapist, or in some cases a Speech Therapist, is required to open a case. Additional services such as occupational therapy, social work or a certified home health aide can be included, but may not be ordered alone.

• Routine blood draws, or monitoring blood pressure or oxygen saturation are not considered skilled needs. However, once a person is enrolled in care, we can provide all of these services and more.

• If your patient has end-stage illness and seems appropriate for hospice care, but is hesitant to enroll, please request a hospice informational visit. A member of our hospice team will review hospice services with the patient, assuring that patients may enroll in or leave hospice service at any point.

Please call our Admissions Department at (800) 557-9777 to make a referral or to talk to an Intake Nurse about the appropriateness of a referral.

Frequently Asked Questions
Continued from page 2

Q: Why do I sometimes get more than one request to sign a document?

A: We are required by law to have a signed care plan within 30 days of the first day your patient receives care. In fact, we are required to have written documentation of all physician orders. If we haven't received a signed order within a week, we may fax it again in case it might have been lost or overlooked. We apologize for any duplication of effort, and appreciate your understanding. If you have any questions or concerns about documentation, please contact Paula Silver-Manno, Director of Business Development, at (510) 450-8510 or send e-mail to mannop@sutterhealth.org.

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Admissions
(800) 557-9777
Infusion & Pharmacy Services
(888) 395-2200
Home Medical Equipment & Respiratory Care
(800) 281-1764
Local Offices:
Concord
(925) 677-4240 (home care)
(925) 677-4250 (hospice)
Emeryville
(510) 450-8501 (home care)
(510) 450-8596 (hospice
Marin
(415) 492-4600 (home care)
Roseville
(916) 797-7979 (home care)
(916) 797-7850 (hospice)
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(707) 535-5700 (hospice)
Tracy
(209) 830-5310 (home care)
(209) 830-5300 (hospice)

Free Resource to Help Doctors Receive Medicare Reimbursement for Care Plan Oversight

Care Plan Oversight, or CPO, has helped many doctors increase the amount of Medicare reimbursement they receive for **overseeing the care plan of home health and hospice patients.** However, many physicians are either unaware of the program, or are hesitant to bill for CPO, even though they are already doing the work that would entitle them to reimbursement! Sutter VNA & Hospice offers doctors a free CD-ROM that can facilitate the process. Complete with all the billing codes, sample logs, and reimbursement information, this convenient tool allows physicians to track the time they spend overseeing a patient's care plan, so such time can be billed easily. It also answers frequently-asked questions to help doctors know what is and is not Care Plan Oversight.

The CD-ROM also contains information to help facilitate reimbursement for physician **certification and recertification** of Medicare-covered home health services.

For more information, or to receive a copy of the CPO CD-ROM, please call Paula Silver-Manno, Director of Business Development at (510) 450-8510 or send an e-mail to mannop@sutterhealth.org. Please provide your mailing address, as the disk cannot be sent via e-mail.

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Sutter VNA & Hospice announces new services.
See page 1