

The Home Care & Hospice Advantage

A Newsletter for Physicians and Medical Staff



A non-profit community agency providing high quality health care to patients in the comfort of their homes

A Sutter Health affiliate

For home care and hospice referrals call:

(800) 557-9777

for Alameda, Contra Costa, San Mateo, Solano, and Sonoma Counties

(888) 567-3344

for Placer, Sacramento, and Yolo Counties, and El Dorado Hills

Sutter VNA & Hospice
Corporate Office:
1900 Powell St., Suite 300
Tel: 510 450 8500
Fax: 510 653 2226

www.suttervnaandhospice.org

Hospice Care

Why sooner really is better.

Don't miss the chance to improve the quality of your patient's life. Earlier referrals to hospice care can alleviate the most agonizing concerns of terminally ill patients: prolongation of dying, pain, loss of control, and becoming a burden are all concerns that can cause patients anguish.

Once a patient is referred to hospice, the multi-disciplinary hospice team works quickly on pain management and symptom control, while emphasizing patients' involvement and choice in their care. The sooner a hospice program connects families with the support services they need—medical social workers, spiritual support, respite volunteers, support groups—the sooner the patient can stop worrying about becoming a burden.

Once their comfort and medical needs are attended to, patients can turn their attention to personal, interpersonal, and spiritual needs.

Hospice care is palliative, not curative. Hospice intervention, bringing improved patient compliance, symptom control, and prevention of complications, may bring about a prolongation of the comfortable and personally satisfying phase of terminal disease.

There is no penalty if a patient outlives their six-month prognosis. Hospice care may be recertified for 60-day periods. Patients who stabilize may also come on and off hospice care as per your assessment.

Despite the fact that hospice is the type of care preferred by patients, it is sometimes never even discussed. Researchers at Yale University have found that about 45% of terminally ill patients are not receiving hospice services. It can be uncomfortable to raise end of life issues with patients and families.

Hospice Evaluation

The Sutter VNA & Hospice team can help you and your staff guide families through this difficult time. To begin, call (888) 600-7744 to arrange for a free hospice evaluation. Our hospice nurse will meet with, evaluate, and educate patients whom you believe are appropriate for hospice services.

If your patient chooses hospice and you approve, admission can start that same day—soon enough for your patient to live his or her remaining time meaningfully and in comfort, at home.

Home Care

It's your patients' preference.

With a baby boomer turning 50 every eight seconds, and soon 20% of all Americans will be over 65, it's no wonder that home care is one of the fastest growing forms of health care in the U.S. Home health is Medicare's fastest growing covered benefit. Home care is also the most preferred method of health care delivery among disabled, elderly, and chronically ill individuals eager to live independently in their own homes.

Sutter VNA & Hospice attends to the full range of patients' needs right in their homes, with nursing, rehabilitation therapy, social work, I.V. therapy, home medical equipment and supplies, and more, making it possible for families to stay together and involved during episodes of illness.

Continued on page 3

Inside...

Hospice Care for Non-Cancer Diagnoses

Free Guidelines for Determining Prognosis in Non-Cancer Diseases

Physicians' Concerns About Home Care and Hospice

Regulatory Updates



***A Common Concern
Physicians Have:***

Will nurses call me too often, or not often enough?

We are committed to reducing unnecessary and/or redundant communication. Our new Primary Care Clinician model insures continuity of patient care, and provides doctors and patients with a single point of contact.

Our clinical staff is trained to assess patients and report findings to the attending physician. However, home health is highly regulated. We must comply with not only state law but also the Medicare conditions of participation and JCAHO standards. We are required to get a doctor's order anytime a patient's plan of care changes; first verbal, and then signed within 40 days.

Here are common circumstances when our staff is required to contact your office:

- ~ After the initial visit to establish a plan of care.
- ~ When there are changes in the patient's condition.
- ~ With results of relevant laboratory tests ordered.
- ~ When changes occur regarding diagnosis, prognosis or treatment (including procedures, medications, precautions, and limitations).
- ~ When unexpected changes occur in the patient's response to treatment or medications.
- ~ When changes occur in the patient's home environment.
- ~ When there is any problem implementing the plan of care.
- ~ When the patient is to be discharged from the agency or a specific service is to be discontinued.

***Putting Patients First...
Even in a Nursing Shortage***

When you entrust us with your patients, providing excellent care is our number one priority. Due to local and national nursing shortages, however, there are times when we find our staffing stretched to the limit. That's when we are most grateful for your understanding and your flexibility.

We respond to referrals based upon the acuity of the patient. If your patient needs immediate care, let us know and we will respond accordingly. If, for some reason, we are unable to meet your patient's immediate needs you can be assured we will facilitate a referral elsewhere. In other cases, with your approval, we'll work with you and your patient to provide care as quickly as possible, usually within a range of 1-3 days.

We are addressing the critical issue of supply and demand in a number of ways:

Aggressive Recruitment

We now have a recruitment specialist on staff, and utilize innovative on-line recruitment and job application strategies. If you know of nurses who would enjoy satisfying positions at the most highly regarded not-for-profit home health agency in California, point them to www.sutterhealth.org/

Competitive Pay and Benefits

We offer one of the region's most competitive packages for clinical staff.

New Primary Care Clinician Model

Our new model insures continuity of patient care, facilitates communication, and will improve patient, doctor, and staff satisfaction.

Lobbying to Ease the Regulatory Burden

We actively support efforts to reduce regulations and paperwork that erode nurses' productivity and satisfaction, and ultimately cause them to leave the field. Please contact us if you would like to support this effort.

Customer Satisfaction

Staff retention and recruitment are part of our goal to be the home care and hospice provider of choice in our service areas. We want to hear your concerns and ideas. I encourage you to contact Paula Silver-Manno, Director of Community Relations, at (510) 450-8510.

Thank you for your referrals. We consider it a privilege to care for your patients.

**Marjorie Bauman
CEO
Sutter VNA & Hospice**

More than 95 years of service to the community...

You may know us by one of our previous names:

- ~ VNA & Hospice of Northern California
- ~ VNA & Home Hospice
- ~ Home Hospice of Sonoma County
- ~ Sutter Hospice/Sacramento
- ~ Sutter VNA/Sacramento & Davis
- ~ Sutter VNA & Hospice/Roseville

In October, 2000 our agencies merged to become SUTTER VNA & HOSPICE, one of the largest not-for-profit home health and hospice agencies in California.

Please ask for us by name.

Remember to specify

SUTTER VNA & HOSPICE

when writing orders.

Hospice: Not Just For Cancer Diagnoses

Until recently, hospice in this country has been linked with care of the end-stage cancer patient.

In fact hospice care can be beneficial for patients with other end-stage terminal illnesses, including:

- ~ *Congestive Heart Failure (CHF)*
- ~ *Chronic Obstructive Pulmonary Disease (COPD)*
- ~ *Cardiovascular Disease*
- ~ *Dementia*
- ~ *Alzheimer's Disease*
- ~ *Liver Disease*
- ~ *Renal Disease*
- ~ *Stroke and Coma*
- ~ *Amyotrophic Lateral Sclerosis (ALS)*
- ~ *AIDS*

Free Guidelines for Determining Prognoses in Non-Cancer Diseases

The course of most non-cancer disease is inherently difficult to predict. The Sutter VNA & Hospice medical directors are available to help determine which patients are likely to have a prognosis of approximately six months (and thus eligible for hospice care).

For a free copy of *Medical Guidelines for Determining Prognosis in Selected Non-Cancer Diseases*, co-authored by Brad Stuart, M.D., Sutter VNA & Hospice Medical Director, please call (510) 450-8546.

A Physician's Perspective

When you think of health care and the future of medicine, do you think about hospitals and high technology? Think again. Health care has changed. It comes right to your doorstep. Every day, nurses and therapists bring care straight into the homes of our patients. What we once accomplished in hospitals, we now manage at home. The future of medicine is in the home, and Sutter VNA & Hospice is making it happen.

As an internist of 21 years, I remember an era when the media didn't refer to me as a PCP and "managed care" was a term rarely heard. When managed care arrived in the '90s it accelerated a trend to move patients from hospital to home. The push to drive health care home literally means that Sutter VNA & Hospice is on the road thousands of miles each day driving to patients' homes. Caring nurses and therapists bring health care technology into the home in order to give patients a chance to heal in an environment that is familiar and friendly.

Who would have thought that a patient of mine could live at home on total parenteral nutrition for 21 years? Who of us think that my 102-year old patient would prefer to die in a hospital rather than at home?

The next time you call Sutter VNA & Hospice, think how lucky your patients are to be at home. When one is ill, who would want to be elsewhere?

Louis Wu, M.D.
Alta Bates Medical Associates
Albany, CA

News You Can Use: Recent Regulatory Changes

Change in the definition of "homebound":

Absences from the home for the purposes of participating in therapeutic, psychosocial, or medical treatment in a State-licensed or certified adult day-care program do not negate the patient's homebound status under the Medicare Home Health Benefit. (DHHS Transmittal A-01-21, February 6, 2001)

Care Plan Oversight:

Medicare reimbursement for care plan oversight services of home health and hospice patients has improved significantly. Physicians are now also able to bill for services involved in certifying and recertifying home health plans of care. Codes for care plan oversight (CPO) are: G0181 for home health, and G0182 for hospice.

You may bill for 30 minutes of CPO services a month, including medical decision-making; review of charts, reports, or treatment plans; review of lab or study results that weren't ordered during or associated with a face-to-face encounter; phone calls to other health professionals involved in the care of the patient; phoning in prescriptions; and other items on the home care or hospice patient's behalf.

The code for certification of plans of care is G0180. The code for recertification is G0179.

Home Care (continued from page 1)

An estimated eight million patients receive home care services, and the number grows every day as more patients are released earlier from hospitals, or, thanks to advancing technology, avoid ever having to enter them. Medical equipment, treatments and services that once were available only in the hospital are now available at home through Sutter VNA & Hospice.

Patients prefer home care because it improves their quality of life and restores dignity and independence that is often lost in institutional settings. Physicians appreciate the wide range of specialized services tailored to meet patient's needs, and the continuity of care.

The Home Care and Hospice Advantage is published three times a year by Sutter VNA & Hospice.

For information contact:
Community Relations
Sutter VNA & Hospice
1900 Powell St., Suite 300
Emeryville, CA 94608
Tel: 800 450-8500

© 2001 Sutter VNA & Hospice

The Top Ten Reasons Patients and Doctors Prefer Home Health Care

Sutter VNA & Hospice

Nursing Care

Rehabilitation Services

Medical Social Workers

Home Health Aides

Hospice Services

Bereavement Counseling &

Spiritual Support

Home Infusion Therapy

Medical Equipment

Community Education

24-Hour Support

To arrange for home health care or hospice care call 1-800-557-9777

In Sacramento and Roseville, call 1-888-567-3344

1. When we are not feeling well, most of us ask to be at home. We enjoy the sanctity of our residences and the joy of being with our loved ones.

2. Home care keeps families together. The ties of caring can be severed by hospitalization.

3. Home care prevents or postpones institutionalization.

4. Home care promotes healing.

5. Home care is safe. Many risks, such as infection, are eliminated or minimized when care is given at home.

6. Home care allows for the maximum amount of freedom for the individual. Patients at home remain as engaged with their usual daily activities as their health permits.

7. Home care promotes continuity. The patient's own physician continues to oversee his or her care.

8. Home care is personalized and tailored to the needs of each individual. Patients



receive one-on-one attention

9. Home care is less expensive than other forms of care, especially lengthy inpatient hospitalization.

10. Home care is the form of care preferred by the American public.

Questions When Discharging a Patient? Home Care/Hospice Coordinators Are On-Site

Sutter VNA & Hospice Home Care/Hospice Coordinators are on-site at local hospitals to facilitate home care arrangements. Coordinators work closely with discharge planners, physicians and medical staff, patients, and families to plan after-hospital care, answer questions, and follow-up. Please contact:

~ **Alameda Hospital:** Margi Hill, Donna Mleczek

~ **Alta Bates Medical Center:** Mia Holz, Charlaina May, Debi McJilton, Victoria Richards, Jan Werner

~ **Eden Medical Center (home care):** Geri Haslett

~ **Mills Peninsula:** Sandy Chen, Velvet Hewett, Corrie Wormboe

~ **Summit Medical Center (hospice):** Elaine Magree

~ **Sutter Davis:** Nikki Greenwood

~ **Sutter Delta:** Margie Huff

~ **Sutter General:** Donna Clark

~ **Sutter Memorial:** Lisa Beebe, Kathleen O'Donnell, Annis Patterson, Mary Wagner

~ **Sutter Roseville:** Sandy Nelson, Terry Hendrix-Smith

~ **Sutter Santa Rosa:** Geoff Bradley

~ **Sutter Solano:** TBA

~ **Warrack Hospital:** Sandra Peace