



The Home Care and Hospice Advantage

A newsletter for physicians and medical staff

Winter 2003

NEWS: Sutter VNA & Hospice Scores a PERFECT 100 on JCAHO Survey

- We're proud to announce our **score of 100 on our recent accreditation survey conducted by the Joint Commission on Accreditation of Healthcare Organizations.** This demonstrates how serious **Sutter VNA & Hospice** is about providing quality care and meeting the highest industry standards for home health care and hospice.
- In order to better serve you, we've **centralized our intake/admissions department.** This allows us to route patients to appropriate local branches, and ensure that they are provided reliable and speedy care. In a recent survey of our referring physicians, 87% said they considered our admission staff to be helpful and knowledgeable. **To make a home care or hospice referral you need only call one number: (800) 557-9777.**
- Our efforts to recruit and retain outstanding staff are working, even during this nursing shortage. 96% of the referring physicians who responded to a recent survey agreed that Sutter VNA & Hospice clinical staff are professional and competent. **We are ready and able to accept your home care and hospice referrals.** (In the occasional event that we cannot care for your patient, we will assist you in finding an alternative.)
- Sutter VNA & Hospice has been in your community for longer than most agencies: our Sacramento and San Mateo offices each recently had their 65th anniversaries, our Santa Rosa hospice program is 25 years old, and our Bay Area programs are approaching their 100th anniversary. **We will be there for your patients today...and tomorrow.**

With a large percentage of the U.S. population aging, shorter hospital stays, and new technology, more of your patients will need skilled home health care, hospice, home infusion, and medical equipment brought directly into their homes. If you are already choosing Sutter VNA & Hospice to provide these important services, we thank you, and look forward to the continuing privilege. For those who are not yet familiar with us, we hope to serve your patients in the coming year.

We're proud to report that Sutter VNA & Hospice **was awarded a perfect score of 100 on our recent JCAHO survey.** In the past year, we have expanded our service areas, added a branch office in Tracy, and centralized intake operations to better serve you. In the coming year we will add branches in Marin County and San Francisco and introduce a new initiative to serve chronically ill patients.

We are most proud of our long ties in the communities we serve. As a not-for-profit agency, any revenue and contributions, beyond expenses, goes to patient care, not to shareholders. This makes it possible for patients in your community to receive excellent, compassionate health care in the comfort of their homes. Please feel free to contact Sutter VNA & Hospice for more information and for your patient referrals. Thank you.

Marjorie Bauman, CEO

What is "Homebound"?

If you are sometimes confused by the definition of "homebound," you're not alone. In a recent study, The Centers for Medicare and Medicaid Services (CMS) found that 38% of physicians reported they are unclear on the criteria for "homebound" status of a patient. According to CMS, in order for a patient to be eligible to receive covered home health services under Medicare Part A and Part B, "the condition of the patient must be such that there exists a normal inability to leave home and, consequently, leaving home would require a considerable and taxing effort." The patient does not have to be bedridden to be considered homebound.

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Determining End-of-Life Prognoses: No Penalty if Hospice Patient Lives Longer Than Six Months

In a letter to hospice programs and hospice referral sources in June, CMS Administrator Tom Scully encouraged physicians to think more about referring to hospice and offered reassurances to physicians apprehensive about the "6-months or less" life expectancy rule. Concerned that not enough patients are receiving hospice care, Scully wrote, "We recognize that making [end-of-life

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What is “Homebound”? (continued from page 1)

In 2000, Congress expanded the definition of “homebound” to allow patients to attend adult day care programs or religious services. It is expected that in most instances, absences from the home that occur will be for the purposes of receiving health care treatment.

Additionally, in July, 2002, CMS clarified that chronically disabled individuals who otherwise qualify as homebound should not lose home health services because they leave their homes infrequently for short periods of time – illustrative examples given are for special occasions, such as family reunions, graduations, or funerals, a walk around the block, a trip to the barber, etc. If the patient does leave the home for non-medical purposes, these absences must be for short periods of time or infrequently.

In determining if a patient is homebound, CMS notes that it’s necessary “to look at the patient’s condition over a period of time rather than for short periods within the home health stay.” For more information see the Medicare Home Health Agency Manual, pages 13.18-14.4.

Determining End-of-Life Prognoses (continued from page 1)

care prognoses] is not an exact science and that the impact of a hospice’s services, may, initially, improve the patient’s condition. Thus Medicare regulations use the terms ‘expectancy’ and ‘if the terminal illness runs its normal course’...to indicate that it is entirely possible for hospice services to be needed for more than a 6-month period...Physicians certifying Medicare patients for hospice care are expected only to use their best ‘clinical judgment regarding the normal course of the individual’s illness.’”

According to Sutter VNA & Hospice Medical Director Dr. Brad Stuart, “Physicians are not penalized if patients are referred to hospice and survive for longer than six months. Many patients are enrolled in hospice, and later discharged if they stabilize. In fact, patients with non-cancer illnesses like congestive heart failure sometimes benefit significantly from home nursing and careful morphine administration, because opioids can reduce preload and afterload. These patients come on and off hospice several times. Medicare accepts this as appropriate because prognosis is uncertain in these cases.”

“Physicians are not penalized if patients are referred to hospice and survive for longer than six months.”

Dr. Brad Stuart
SVNAH Medical Director

A recent nationwide report funded by the Robert Wood Johnson Foundation found that many terminally ill patients in California and the rest of the nation are not getting the benefits of hospice care. Despite the fact that over 70% of people say they want to die peacefully at home surrounded by family and friends, only 27% of Californians die at home, and only 24% of people over 65 received hospice care in their last year. Experts agree that patients need at least 60 days of hospice care to receive its maximum benefit, but in California the median length of stay in hospice care is 24 days. (Source: Last Acts Report, November, 2002, www.rwjf.org.)

Free Hospice Pre-Evaluation:

Sutter VNA & Hospice offers a free hospice pre-evaluation for you and your patients, to help introduce and explain hospice care to patients and families, and to assist you to evaluate if hospice care is appropriate. Please call 1-888-600-7744 for information.

Sutter VNA & Hospice Provides ~

- ☞ Skilled Nursing Care at Home
- ☞ Physical Therapy, Speech Therapy, Occupational Therapy
- ☞ Skin/Wound/Ostomy Care
- ☞ Medical Social Services
- ☞ Nutritional Services
- ☞ Psychiatric Home Care Services
- ☞ Maternal/Infant Services
- ☞ Hospice Care
- ☞ Bereavement Counseling
- ☞ Home Infusion Therapy
- ☞ Home Medical Equipment
- ☞ Flu Clinics and Community Wellness Programs

Some services may not be available at all locations.

REFERRALS
(800) 557-9777

General Information
(800) 698-1273

Hospice Information
(888) 600-7744

Flu Prevention Clinics
(800) 500-2400

Website
www.suttervnaandhospice.org

E-Mail
svnahospice@sutterhealth.org

What About Patients Too Sick for Home Care and Not Ready for Hospice?

Some patients are not ready to abandon active treatment even in late-stage illness. To help care for those patients, Sutter VNA & Hospice has developed the **Advanced Illness Management (AIM)** program to provide home-based palliative care and "transition management" for patients with advanced chronic illness.

"The cost of hospitalization for a terminal patient is very high," says Sutter VNA & Hospice Medical Director Dr. Brad Stuart, "but up to now there has been little alternative for the end-stage patient who needs a home-based, flexible approach to life-extending treatment and comfort care." AIM employs specially trained home care and hospice nurses and staff to provide pain and symptom management, advance care planning, and end-of-life care to patients who are not yet ready for hospice.

AIM will begin in 2003 with the Alta Bates Medical Group, and is expected to expand to additional Sutter VNA & Hospice services areas. "The objectives of the AIM program," says Dr. Stuart, "include better utilization of hospice, reduced early readmissions to the hospital, better symptom control, more effective palliative care for patients with late-stage chronic illness, and reduced health care costs."

For more information about AIM, contact Dr. Stuart at (888) 852-5905.

Contact Sutter VNA & Hospice for the FULL RANGE OF SERVICES for your homebound patients, including those with post-operative needs for wound care, home infusion, or rehabilitation therapy; chronic illnesses such as diabetes or heart disease; and those with terminal diagnoses of cancer, COPD, and other end-stage diseases.



To refer a patient, call (800) 557-9777

Sutter VNA & Hospice is an affiliate of Sutter Health, one of the nation's leading not-for-profit health care networks. Our affiliation enables us to serve local communities while sharing expertise and coordinating patient care across the Sutter Health network.

**Sutter VNA & Hospice
Local Offices**

Emeryville

(510) 450-8501 (home care)
(510) 450-8596 (hospice)

San Leandro

(510) 618-5200 (home care)
(510) 618-5220 (hospice)

Concord

(925) 677-4240 (home care)
(925) 677-4250 (hospice)

San Mateo

(650) 685-2800 (home care)
(650) 685-2830 (hospice)

Santa Rosa

(707) 542-5045; after 1/25/03:
(707) 535-5600 (home care)
(707) 535-5700 (hospice)

Sacramento

(916) 927-3481 (home care)
(916) 454-6525 (hospice)

Roseville

(916) 781-3355 (home care)
(916) 781-2666 (hospice)

Tracy

(209) 830-5310 (home care)
(209) 830-5300 (hospice)

Central Intake/Referrals

(800) 557-9777
(800) 596-5444 (fax)

Receive Reimbursement for Care Plan Oversight (CPO) or Certification and Re-Certification of Plans of Care

Beginning in 1995, physicians were permitted to bill for care plan oversight of Medicare home health patients. In 2001, payments also became available for certification and re-certification of the plan of care. Yet, Medicare estimates that physicians bill for care plan oversight at a rate of less than three percent of total home health claims, at a low rate for hospice claims, and at a rate of less than five percent for certification or re-certification of plans of care. Actually, documentation for these claims is minimal and very straightforward. Activities that are countable for Care Plan Oversight reimbursement include: development and revision of the care plan, review of patient records, lab or study results, communication with other health professionals involved with the care of the patient, adjustment of medication therapy, and team conferences.

Medicare Codes for Care Plan Oversight: GO 181 (Home Health) and GO 182 (Hospice). Certification of Plan of Care: GO 180. Re-certification of Plan of Care: GO 179.

In order for physicians to more easily access CPO reimbursement, Sutter VNA & Hospice has designed worksheets for both home health and hospice. To receive copies of these worksheets, which can be duplicated, please call (510) 450-8546 or send e-mail to: svnahospice@sutterhealth.org.

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Sutter VNA & Hospice

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