

# HOME CARE AND HOSPICE

## Presentation to the House Committee on Health Care



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# Care at Home, Across the Continuum

Prevention and Wellness	Post-acute and Chronic Care	Long-Term Care	End-of-Life Care
Health Screening and Vaccinations	Nursing and Therapy	Personal Care	Palliative Care
Support for At-risk Families	Personal Care	Homemaker services	Hospice Care
Family Caregiver Support	Care Management and Coordination	Care Management and Coordination	Bereavement Services
	Social & Emotional Support	Social & Emotional Support	Respite House
	Telemonitoring	High Tech Care	
	Wound Care	Traumatic Brain Injury Care	

# Home Health Services



Nursing

Home Health Aide

Speech Therapy

Physical Therapy

Occupational Therapy

Medical Social Work

Personal Care

Respite

Homemaker



# Some VNAs of Vermont Facts

- 10 not-for-profit VNAs of Vermont members
- Members serve all 251 of Vermont's towns
- Approximately a million visits every year
- Home care represents just over 2% of health care spending on Vermonters (GMCB Expenditure Analysis)
- Universal access to medically necessary home care and hospice services

# Telemonitoring

- Telecommunication devices at home that take vital signs and relay the information back to agency
- Home intervention when needed



# Hospice and Palliative Care

## Hospice Services

- A specially coordinated home-based program that helps children and adults with a terminal illness, along with their families, cope with death by living life to the fullest. The interdisciplinary team emphasizes care directed toward expert pain and symptom control, maximizing independence and socialization and providing support.

## Palliative Care

- Palliative Care services are offered by the VNAs of Vermont to help those who have life-threatening or life-limiting illness maintain the highest quality of life possible



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# State Programs

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**Home Care** - Traditional Medicaid (Funded and administered by the DVHA). Vermont Medicaid funds the same home care services as Medicare including hospice.

**Choices for Care Waiver** (Funded through DVHA, administered by DAHL): Nursing-home level care in the home, enhanced residential care and in the nursing home. Case Management, personal care, homemaker respite/companion.

# State Programs: Children's Integrated Services

- Funded through DVHA, administered by DCF
- Offers early intervention, family support, and prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5.
- Services are available at low or no cost to families with qualifying needs, regardless of income



# State Programs: High Tech

- Funded through DVHA, administered by DAIL
- Skilled nursing care for technology-dependent children and adults; pulmonary care and infusion therapy (parenteral and enteral feeding, IV chemotherapy, and IV antibiotics)
- Coordination of medical supplies and sophisticated medical equipment
- The goal is to support the transition from hospital or other institutional care to the home or to prevent institutional placement

# The Value of Home Care

When appropriate, home health care is the least costly and most preferred care setting.



## What is Independence?

**VNAs of Vermont allow Vermonters to stay in their own homes.**

- Providing comfort and privacy.
- Surrounded by family, friends, and pets.
- Having control of their care and their health.

**78%**  
of persons 65+ strongly agree:



**“What I’d really like to do is stay in my current residence for as long as possible.”**

SOURCE:  
Home and Community Preferences of the 45+ Population.  
Teresa A. Keenan, Ph.D., AARP, November 2010.



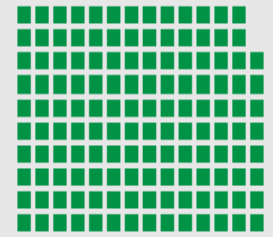
## What is Affordability?



**5 DAYS**  
in the  
**HOSPITAL**  
buys



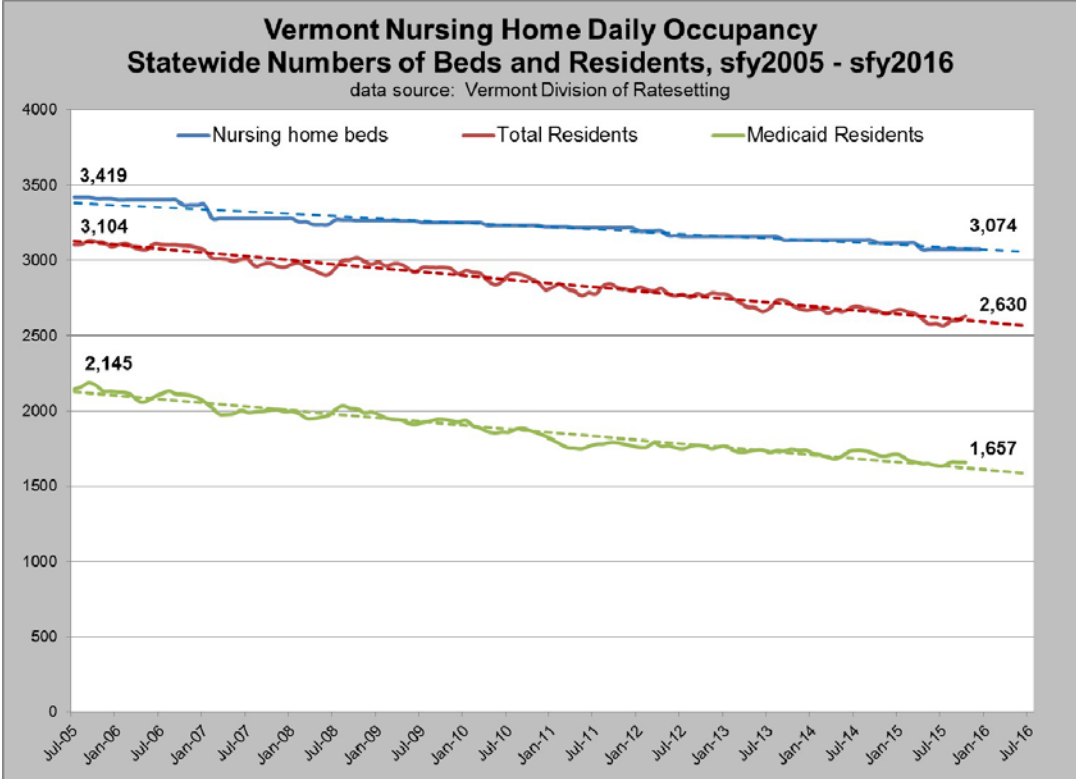
**39 DAYS**  
in a  
**NURSING HOME**  
or



**138 DAYS**  
of  
**HOME HEALTH CARE**

SOURCE:  
2013, according to Kaiser-Permanente, in terms of average cost per day in each listed above  
(presented to CVHHH by the Accounting Firm of Brad Borbidge)

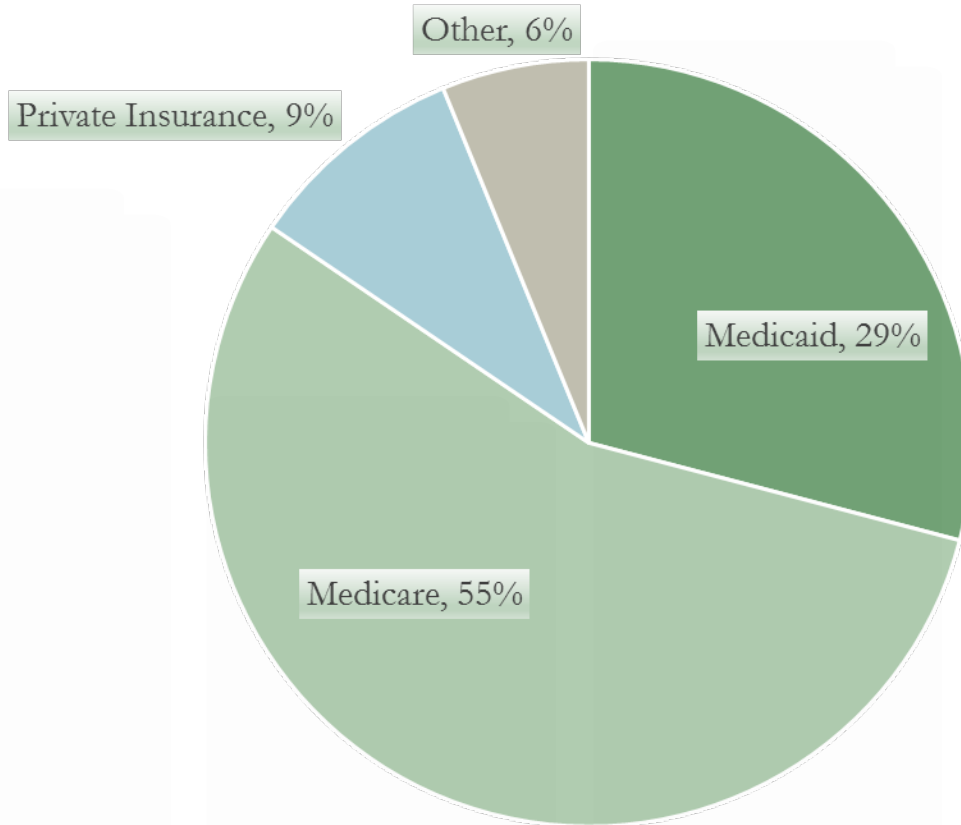
# The Value of Choices for Care



# Challenges

- Aging population
- Link between aging and poverty
- Staffing shortages
- Reimbursement
  - Medicaid reimbursement increases are below inflation; caseload increases are not a rate increase
  - Medicare: Downward pressure on rates being phased in part of the ACA; new cuts recommended by MEDPAC
  - Provider Tax: \$4.1M tax on a \$17.8M traditional Medicaid program; Choices for Care is taxed too

# Who Pays for Home Health



Source: Department of Disabilities, Aging and Independent Living SFY2016

# Health Care Reform

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## Changes in how we:

- DELIVER care
  - Patient and family centered/ coordination / integration
- PAY for care
  - Value-based
- MEASURE the outcomes of care
  - Emphasis on quality

# Health Care Reform – VNA's Role

- We are **the bridge** from acute problems (hospitalizations) to rehabilitation and health maintenance.
- We are **integral** to primary care and prevention.
- We are **the link** to home and the community where patients with chronic disease can gain and maintain **independence**, learn **self-care** and **manage their disease**.
- We are **the experts** who care for patients and families and support care decisions at the end of life.

# Questions

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