



New Program Helps Stop Substance Use Disorder “Revolving Door”

For individuals working to overcome a substance use disorder (SUD), the road to recovery often involves multiple relapses, which typically lead to hospitalizations or trips to the emergency room. Now, a new program from the VNS Health Behavioral Health team offers health plans across New York State a way to disrupt this “revolving door” pattern of admissions and readmissions through its array of care management services aimed at keeping plan members’ recovery process on track.

To be eligible for the voluntary program, a health plan member must have experienced multiple SUD-related hospitalizations over a short time. VNS Health works closely with inpatient discharge teams to assess each eligible plan member and determine the appropriate level of support for their individual situation. The program staff will then closely manage the member’s care for up to nine months, with the possibility of adding more time as needed.

“We try to engage our clients in an inpatient setting first,” notes Manisha Vijayaraghavan, Vice President, VNS Health Behavioral Health Programs. “They’re typically referred to us by hospital providers who have seen them in crisis, which is key—because members are more likely to accept our services in that setting. Then once

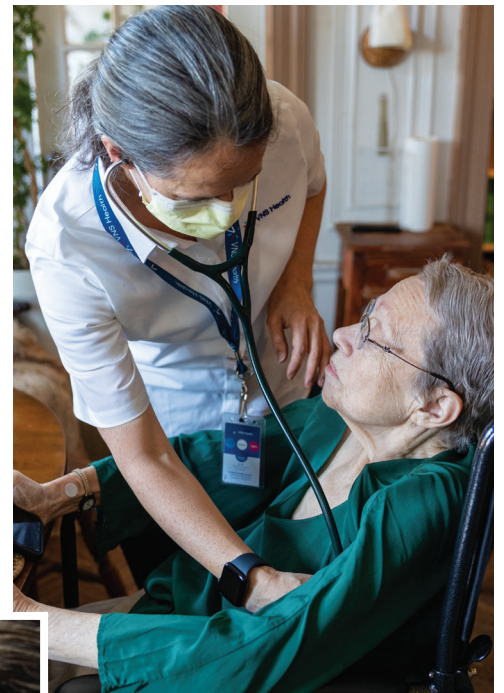
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Mortality Dashboard Ensures Critical Hospice Visits in Last Days of Life

The last days of a hospice patient’s life are a time when near-daily visits from hospice team members are essential—to make sure that symptoms are managed and the patient is comfortable, provide any psycho-social support that may be needed, and reassure the family that their loved one is being properly cared for.

The difficult part, as any hospice clinician will tell you, is knowing when a patient is actually entering their final days. “I call it predicting the unpredictable,” says Bonnie Lauder, Vice President of Operations for VNS Health Hospice. “Symptoms often become very complex as the end of life nears, and even very

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Since VNS Health began using its Mortality Dashboard, the organization has significantly improved its performance on a key Medicare quality metric—which calls for at least two visits by a hospice nurse or social worker during the patient’s last three days of life.

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- VNS Health Total Expands to New York’s Capital Region
- Health Plans Launching Online Portals
- New “Cluster Care” Model Optimizes HHA Hospice Support for Nursing Homes



Using Data to Drive Quality Outcomes for 33,000 Health Plan Members

An Interview with Mihriban Gursoy Brickner, Senior Vice President, Quality and Clinical Operations for VNS Health Health Plans

VNS Health has been getting consistently strong quality ratings for its health plans. What do you attribute this to?

That’s true—our 4.5 Star rating for our Medicare Advantage plans is the highest in New York City and Long Island, while our Medicaid Managed Long Term Care plan is one of highest-rated MLTC plans in New York State. And SelectHealth, our HIV Special Needs Plan, has a viral load suppression rate that is significantly above the statewide average. I attribute these successes first and foremost to VNS Health’s executive leadership. Our CEO, Dan Savitt, emphasizes the

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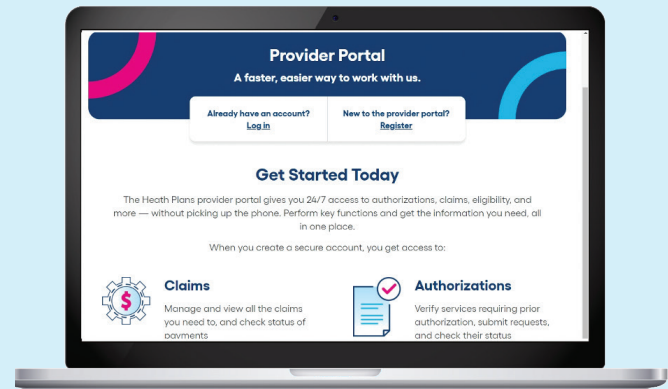
Online Portals Enhance Experience for Health Plan Providers and Members

VNS Health is launching a new online portal for the provider networks that serve its Medicare and Medicaid Health Plans—making it much easier for physicians’ practices, hospitals and other health care professionals to track claims, appeals and authorizations, check plan members’ eligibility, and follow up with VNS Health on any questions and concerns they might have.

The portal will have a “soft launch” in late June, as 13 key providers to VNS Health begin utilizing the new platform. “We’ll make any additional needed tweaks to the portal as we get their feedback,” says Atul Kumar, Director of Systems and Process Improvement for VNS Health. “Our plan is to roll out the portal to our entire provider network later this summer.”

Following the provider portal’s go-live, VNS Health will be launching a second online portal for its plan members. Like the provider portal, this online platform covers all five health plans offered by VNS Health: its Medicare Advantage plans, EasyCare and EasyCare Plus; its integrated Medicare-Medicaid long-term care plan, VNS Health Total; its Medicaid Managed Long Term Care (MLTC) plan; and SelectHealth, an HIV Special Needs Plan.

“This portal is going to significantly improve the experience of our plan members,” notes Marshall Ellis, Chief Operating Officer, VNS Health Health Plans. “Until now, our members could only contact our support teams by telephone during business hours.



VNS Health’s Medicare and Medicaid plans are launching two new online portals—one for the plans’ network providers, and another for plan members. The goal is to provide “seamless, frictionless” support to both groups, notes Marshall Ellis, COO, Health Plans.

With our new member portal, they can look up their benefits online, print out a new insurance card, and message us 24/7.”

The goal, adds Ellis, “is to provide a variety of options so people can access our health plans when, where, and how they want to. We want to ensure that our members get the care they need—and our providers get the support they require—in the most seamless, frictionless way possible.”

Q&A with Mihriban Gursoy Brickner

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importance of quality to other leaders and to the entire organization and he’s also made quality central to the VNS Health strategy. The same holds true for our recent Health Plans president, Dr. Hany Abdelaal. His advocacy and leadership also helped VNS Health become one of the leading quality plans in New York.

How has this top-level commitment impacted VNS Health’s day-to-day operations?

It’s paved the way for us to create a real culture of quality at VNS Health, including a strong focus on transparency and accountability. We have over 33,000 health plan members and a hundred quality measures related to clinical outcomes, member satisfaction and experience, and operational excellence—and we monitor these measures closely. Every business lead knows what their metrics are. And we’ve taken that a step further by making sure all team members understand what their role is in helping to drive and improve our quality outcomes. We report our quality performance monthly, and if an area is falling short, we develop a strategy for improving it.

So you’re saying that data drives quality outcomes?

Absolutely. Data helps us prioritize our initiatives and make decisions. We gather this data from different sources—including care managers, home health aide agencies and, of course, the member’s primary care physician. The data from these touch points is what we use to manage each member’s health and experience.

How do you encourage plan members to see their primary care physicians?

Getting an annual visit with their primary care provider is critical to ensure that our Medicare members are receiving quality care. We employ a few different strategies to make sure members engage with their providers. Helping coordinate member care and schedule appointments is a core function of our care management teams, so they play a key role in linking members with their providers. In addition,



we offer a rewards program for our Medicare members where they can receive money for completing different care activities, including an annual check-up. We also have a partnership with the VNS Health Care Management Organization [CMO], and that has really helped in this regard. Another key strategy involves our use of value-based payment arrangements with providers. If a member gets an annual check-up and has a good experience, the physician can receive an incentive payment. This approach gets the provider involved in encouraging members to make and keep appointments.

What is your biggest challenge going forward?

I like to view any challenge as an opportunity. Two come to mind: There are industry-wide changes taking place both in New York State and in the Medicare Advantage environment. To be successful as these changes roll out, we need to continue to demonstrate one of our organization’s core values, agility. The second opportunity I foresee relates to the members in our new Medicare Advantage plans, EasyCare and EasyCare Plus. They have different membership needs than the members of VNS Health Total, our integrated Medicare-Medicaid plan, and we need to be more creative in how we engage them. In Quality, our job is to ensure that our plan members have high-quality care and a positive member experience—and that means meeting them wherever they are, and engaging with our members in ways that work for them.

“Cluster Care” Model Optimizes HHA Hospice Support for Nursing Home Residents

For VNS Health home health aide Delores Yearwood Pile, her job providing care to VNS Health Hospice patients at a large skilled nursing facility in the Bronx keeps her on her toes—literally. “I might begin my shift by giving one patient a bath and then dressing her in a set of fresh clothes and feeding her,” she says. “Then I’ll walk a short distance and do the same with another patient. An hour later, I’m on to a third patient. And in between these visits, I’ll circle back to check on the others. Every minute I’m there, I’m providing important help to someone rather than simply sitting at their bedside during the times they don’t need me—plus it gives variety to my day!”

When Yearwood Pile’s shift is done, another aide will follow a similar routine with the same patients. This rotating care is a hallmark of VNS Health’s new “Cluster Care” hospice model. Designed for nursing homes and other group settings, the model calls for assigning a number of hospice-trained home health aides (HHAs) to the facility on a permanent basis. These HHAs then circulate among multiple hospice patients as needs arise, serving as a key member of VNS Health’s visiting hospice care team in between the regular visits from VNS Health’s hospice nurses, social workers and spiritual counselors.



Designed for nursing homes and other group settings, the Cluster Care model assigns hospice-trained home health aides to the facility on a permanent basis. These aides then circulate among multiple hospice patients as needs arise.

The model has a number of benefits: Since Medicare covers only a limited number of HHA hours for each hospice patient, having HHAs visit hospice patients repeatedly for shorter periods when their assistance is most valuable—rather than simply waiting beside the patient until they’re needed—allows the nursing facility and VNS Health Hospice to provide more effective HHA support for each patient in the HHA hours allotted to them.

“Often our hospice patients don’t fully benefit from four straight hours of care, since they may be sleeping or quietly resting for part of that time,” explains Roisin Rogers, Director of Strategic Account Development at VNS Health. “Additionally, many hospice patients have needs that arise at different times of day. By dividing each HHA’s shift among several patients, we can spread out each patient’s HHA coverage over the course of the day.”

“Since launching our first Cluster Care team earlier this year in the Bronx, we’ve gotten very good feedback from the nursing facility,”

notes Natalie Cheltenham-Festa, Associate Vice President, VNS Health Hospice Care. “We look forward to employing this model with other nursing home partners in the coming months.”

VNS Health Expands Its Total Plan to Capital Region

New York State’s Department of Health (DOH) has given VNS Health the green light to extend the service area of its 4.5-Star-rated Medicare-Medicaid long term care plan, VNS Health Total, to Albany, Rensselaer and Schenectady Counties.

The integrated Medicaid Advantage Plus (MAP) plan is designed for dual-eligible seniors who need ongoing help with activities of daily living in order to remain safely in their homes and communities. The plan seamlessly combines Medicare and Medicaid Managed Long Term Care benefits, with a single network of care providers and a one-stop contact center for all member questions and concerns.

“We’ve made extensive preparations for this expansion, including setting up provider networks in these three counties and bringing in additional care managers to support our new members in those regions,” says David Robinson, Vice President of Sales and Partnership Development for the organization’s health plans. “We’re excited that this outstanding integrated Medicare-Medicaid plan is now available to dual-eligible residents in these upstate counties.”

The expansion of VNS Health Total represents another stage in VNS Health’s recent efforts to ramp up its health plans’ presence outside its long-time service area in New York City, Westchester and Long Island.



New York’s Department of Health has approved the expansion of the organization’s Medicare-Medicaid long term care plan—VNS Health Total—to Albany, Rensselaer and Schenectady Counties.

VNS Health MLTC, the organization’s Medicaid managed long-term care plan, has been offered in upstate New York for over a decade, and is currently available in 33 counties across New York State.

VNS Health Rolls Out Specialized In-Home Dementia Care for Private Pay Clients

Caring for a loved one with dementia is always challenging—but that challenge is being lessened by a new home care program from VNS Health. The program, Dementia Care at Home, is designed to enhance the quality of life for patients with cognitive impairment while easing the burden on family caregivers.

The program, which was piloted with VNS Health Private Pay clients in early 2023, centers around the daily care provided by a specially trained home health aide (HHA) who is skilled in managing and supporting individuals with dementia, in addition to providing more traditional personal care services. “To date, 288 of our HHAs have taken the training,” reports Joe Perry, VNS Health Director of Private Care Services.

In addition to being paired with one of these specialized HHAs, clients entering the program undergo a full assessment by a dementia expert. Based on that assessment, a personalized care plan is developed that includes specific, tailored techniques for keeping the client engaged, stimulated and stable throughout the day. The dementia

expert walks through these techniques with the client’s HHA, the HHA’s supervising nurse, and the family in a hands-on coaching session, and also provides referrals to community resources and activities.

The client is then assigned a VNS Health care coordinator who connects regularly by phone with the family, the supervising nurse and the HHA to ensure that the plan stays on track. The supervising nurse will also visit the client’s home every 90 days to check on their status and consult with the HHA and the family.

“The program’s customized approach is key, because the nature of dementia varies by diagnosis and by individual,” says Perry. “Our HHAs are taught methods such as reflecting back the client’s feelings when they express distress or frustration, and using questions with no ‘right’ or ‘wrong’ answer as a way of engaging their client in conversation.”

“Dementia can be very stressful for the person suffering from it, as well as for those caring for the dementia patient,” notes Kelly Harned, Administrative Vice President for

“The program’s customized approach is key, because the nature of dementia varies by diagnosis and by individual.”

– Joe Perry
Director of Private Care Services

VNS Health Personal Care. “Our Dementia Care at Home program offers practical ways to lower that stress and improve the patient’s quality of life. Depending on a patient’s needs, this program could be a potential alternative to assisted living or nursing home placement, allowing those living with dementia to remain safely in their home, where most people choose to be.”

To learn more about the Dementia Care at Home program, please call 888-735-8913 or email clientservices@vnshealth.org

Substance Use Disorders

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A new Behavioral Health program from VNS Health, which is being offered to health plans across New York State, uses an array of care management services to help stop the “revolving door” of hospitalizations for health plan members struggling with substance use disorder.

they’re back home we assign them a care manager, we escort them to their appointments, we make sure they have enough food—we do whatever is needed to keep them from ending up back in the hospital or the ER, and we do it without judgment.”

“Our team members know how to engage these individuals and play an active part in the process, versus simply prescribing what needs to be done,” says Jessica Fear, Senior Vice President of VNS Health Behavioral Health. “At the same time, we’re able to leverage the significant resources and connections we have as a large organization, in order to help people navigate a healthcare system that can be very fragmented.”

As vitally important as these case management services are on a human level, adds Fear, they also offer potential financial benefits for health plans that implement them. “The most recent study found that in the U.S., individuals with under-managed SUD conditions account for over \$13 billion annually in additional medical expenses,” she explains. “So, if a health plan is able to effectively manage this population’s care, they stand to realize substantial savings. Our program can help them do that.”

Mortality Dashboard

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experienced clinicians don’t always know when death is imminent.”

To assist hospice teams in making this judgment, VNS Health has rolled out a new online tool called the Mortality Dashboard. Developed by VNS Health’s Business Intelligence and Analytics team, the tool uses an evidence-based algorithm to continually analyze each hospice patient’s medical record and calculate how likely it is that the patient will pass away within the next seven days.

This mortality status is displayed prominently in the dashboard, alongside the clinician’s latest evaluation of the patient and a day-by-day calendar showing upcoming scheduled visits.

“Each VNS Health hospice team has its own dashboard page, so the team can instantly see who their highest-priority patients are,” explains Milena Zaprianova, Clinical Director of VNS Health’s hospice program. “If the tool flags a certain patient’s death as being imminent, the team might agree to shift to daily visits, even though the field nurse hasn’t reached that conclusion—enabling them to meet the key Medicare metric of at least two clinician visits in the last three days of life.”

“Since we implemented the dashboard earlier this year, our hospice patients are also going to the hospital less often,” adds Lauder. “Two other Medicare metrics we follow closely are Transition Burdens One and Two. Number one is related to the patient being hospitalized and then dying within three days, while the other is about the patient going to the hospital and then returning to hospice care within three days. By managing patients’ symptoms and providing psycho-social support in their final days, we’re avoiding situations where unwanted trips to the hospital are initiated, so we’re improving in these metrics as well—which translates into a better quality of life for our hospice patients and their families.”



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