

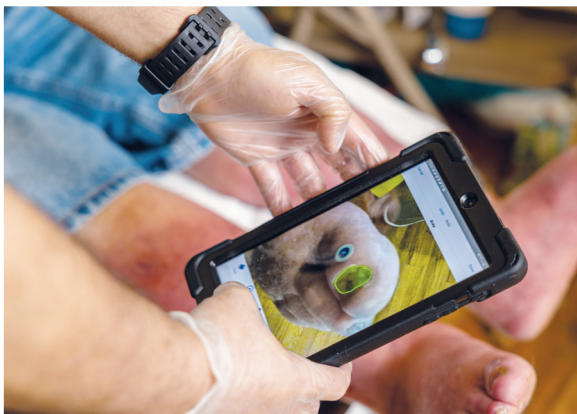


## VNS Health Expands Its Wound Care Clinical Expertise

More than one-third of VNS Health's patients have some form of wound. And with most physician practices seeing a significant reduction in visits since the start of the COVID-19 pandemic—resulting in postponed or delayed care in some cases—a greater number of home care and home hospice patients have been admitted with complex wounds over the past two years.

To address this trend and ensure the best possible wound care for these patients, VNS Health is now providing its frontline employees with a state-of-the-art wound-monitoring app. The app, developed by

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*The introduction of an innovative clinical app, plus closer coordination with VNS Health's specialized wound care nurses, is enabling earlier detection and better management of patients' complex wounds.*

## VNS Health Researchers Advocate for "Sepsis Aftercare" ICD Code

On March 8th, researchers from VNS Health's Center for Home Care Policy & Research and the University of Pennsylvania School of Nursing made a formal presentation to the Centers for Disease Control and Prevention (CDC) on the need to add a diagnostic code for "Sepsis aftercare" to the International Classification of Diseases (ICD) listing, as a way of improving outcomes for sepsis patients following hospital discharge. The CDC hearing will be followed by a public comment period later this year, after which a decision will be made regarding the proposal.

The recommendation stems from research completed at VNS Health on sepsis patients in home health care settings. Some 1.4 million sepsis survivors are discharged from U.S. hospitals each year. Within 90 days, about 40% of these patients end up back in the hospital due to reinfection or lingering effects of the sepsis episode. When the VNS Health research team analyzed records of 170,000 sepsis survivors discharged to home health care, however, they found this readmission risk dropped significantly if the survivors received timely follow-up—consisting of admission to home health care

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### Also in this issue:

- Counseling for Children Impacted by the Pandemic
- VNS Health Hospice Residence Set to Reopen in April
- VNS Health Is Helping Manage MA Hospice Benefits Outside New York

## Offering VNS Health's Managed Care Products and Services to Other Organizations

*An Interview with Marshall Ellis, Chief Operating Officer of VNS Health's Management Services Organization (MSO)—a division of VNS Health created in 2022 to provide managed care products and services to health plans and other health care organizations.*

### What is your role at VNS Health?

As the MSO's Chief Operating Officer, I oversee the development of short- and long-term managed care goals related to our MSO operations. I also make sure we're effectively performing the managed care services we've sold to our customers, which includes VNS Health's own Health Plans. My job is to ensure that we're operating in an efficient and streamlined manner, so we can surprise and delight our customers every day.

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# VNS Health to Provide Bereavement Counseling for Children Impacted by Pandemic-Related Loss

This spring, VNS Health's Behavioral Health team is launching a new support program for children in the Bronx who have lost a caregiver during the COVID-19 pandemic. The program, funded by a grant from Affinity Legacy, Inc., will provide bereavement counseling to children from 5 to 18 years of age who had a primary caregiver, such as a parent or grandparent, pass away over the course of the pandemic.

"It's estimated that over 140,000 children in the U.S. have lost a primary caregiver due to a COVID-related death," says Tara Noto, a Vice President on VNS Health's Behavioral Health team. "The Bronx was especially hard-hit—so we wanted to develop a program that can leverage our presence there to support impacted children."

The new program will be spearheaded by two therapists skilled at working with children affected by grief and loss. Services will be provided either in-person or telephonically out of VNS Health's Outpatient Mental Health Clinic in the South Bronx.

"The therapists will employ some combination of individual, family, and group therapy, using evidence-based models such as cognitive-behavioral therapy and grief-trauma interventions," explains Patricia Kissi, Director of Behavioral Health Programs for VNS Health. When children are discharged from the program, they'll be linked with ongoing care in the community, Kissi notes, and their families will also be connected with social support services as needed.

The program aims to treat 50 to 75 youngsters in its first year. Prospective clients will be identified by reaching out to schools, churches and other local organizations, as well as through existing Behavioral Health programs. "We'll also be using social and print media and holding workshops and parent meetings to publicize the program," says Kissi.

"Children in the Bronx have experienced a lot of loss from COVID, and we can see them struggling," adds Noto. "This is a really important opportunity to provide therapeutic and supportive services to these children and help them transition to a better place."

To refer a child to VNS Health's **COVID Bereavement Program**, call 718-742-7000. **Who is eligible:** Children aged 5 to 18 residing in the Bronx who lost a primary caregiver during the COVID-19 pandemic.



A new VNS Health program will provide bereavement counseling to children in the Bronx who lost a primary caregiver, such as a parent or grandparent, over the course of the COVID-19 pandemic.

## VNS Health Hospice Residence Set to Reopen in April

After being closed for nearly three years due to the COVID-19 pandemic, VNS Health's Shirley Goodman and Himan Brown Hospice Residence is set to reopen in April of this year. The newly renovated residence is an important community resource for hospice-eligible patients whose home environment is not conducive to end-of-life care.

"While the vast majority of patients in VNS Health Hospice Care receive services in their own homes, having our hospice residence available for those hospice patients who lack caregiver support at home is incredibly important," notes Andria Castellanos, Executive Vice President and Chief of Provider Services at VNS Health. "It's wonderful to be opening our doors once again."

Located on Manhattan's Upper East Side, the Goodman Brown Hospice Residence consists of eight private patient rooms (including four suites), each with its own bathroom and small kitchen. The facility also has two community rooms as well as a terrace and garden. Visitors are welcome 24 hours a day.



Located on Second Avenue and 95th Street, the Shirley Goodman and Himan Brown Hospice Residence is available to hospice patients who lack caregiver support at home.

"The floors and finishes are new, the walls are freshly painted—it's a warm, welcoming space," says Natalie Cheltenham-Festa, Associate Vice President for Hospice Care Services. Most important, she adds, "Goodman Brown patients will be cared for by VNS Health's expert team of hospice nurses, physicians, spiritual counselors, social workers, home health aides and hospice volunteers. This is a place where they can live out their final days and spend time peacefully with their loved ones, knowing they are surrounded by the skilled, empathetic end-of-life care and support they need."

- To be admitted to the Goodman Brown residence, a patient must be eligible for hospice and unable to remain in their own home.
- Referrals to the residence can be made by calling VNS Health's main Hospice Referral Number: 212-609-1900.

# VNS Health Is Helping to Manage MA Hospice Benefits in Louisiana, Arkansas, and Mississippi

**O**n January 1st, in a step that dramatically increases the geographic scope of its business-to-business services, VNS Health began managing hospice benefits for Medicare Advantage (MA) members of a health insurer that offers MA plans in Louisiana, Arkansas, and Mississippi. The collaboration includes a third partner, a nationwide palliative and hospice care provider, who will deliver palliative care and hospice services to MA plan members in their homes as part of the joint effort.

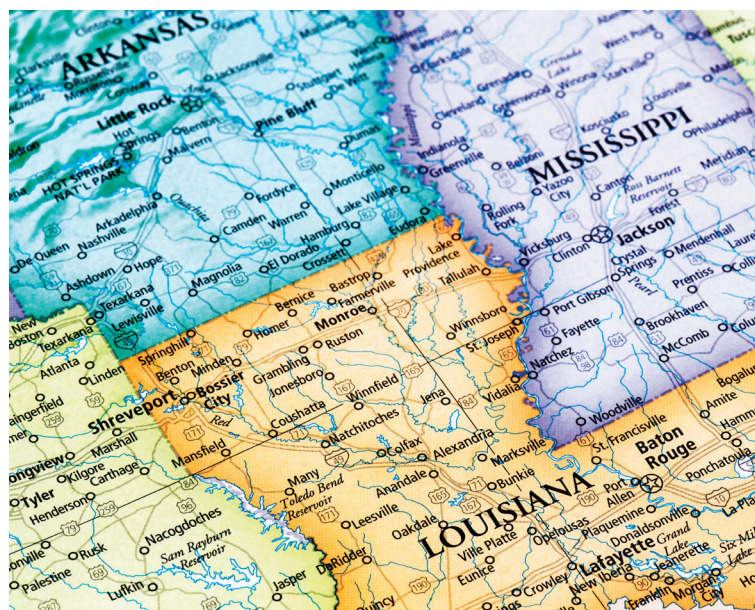
VNS Health will help administer the 2023 Medicare hospice benefit for several thousand MA plan members in the three states. “This is exciting news for our organization,” notes Dan Savitt, President and CEO of VNS Health. “It demonstrates our ability to take what we do so well here in New York, and extend that expertise to support health plans and their members throughout the country.”

Since January 2021, VNS Health has been a participant in the Hospice Benefit Component of the Medicare Advantage Value-Based Insurance Design (VBID) Model—an array of MA health plan innovations currently being tested by the Centers for Medicare & Medicaid Services (CMS).

The VBID Hospice Benefit Component lets participating MA plans include hospice care in their own benefit packages, rather than requiring plan members to switch from their MA plans to traditional Medicare in order to enroll in hospice.

“This model represents a major shift in Medicare policy, and our hope is that it will make palliative care and hospice services more accessible to MA plan members,” explains David Rosales, Executive Vice President and Chief Strategy Officer for VNS Health.

VNS Health is now drawing on its own experience with the VBID model to provide administrative support to its health insurer



*VNS Health’s Management Services Organization (MSO) is helping to manage hospice benefits for Medicare Advantage members in Louisiana, Arkansas and Mississippi—dramatically expanding the geographic scope of its business-to-business activities.*

partner, who recently joined the VBID demonstration as well. This support includes helping the insurer meet CMS reporting requirements; using analytics to assist in identifying members who could benefit from palliative or end-of-life care; and helping design outcome measurements.

## VNS Health Expands Wound Care Clinical Expertise

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Swift Medical, uses artificial intelligence to analyze photos of the patient’s wound and report its exact dimensions and location. Both photos and wound measurements are automatically transmitted to the patient’s electronic medical record (EMR), where VNS Health’s clinicians can compare the latest photo to prior photos to assess how the wound is healing, and also view up-to-date graphs showing the wound’s progression over time.



“This instant transmission of wound data lets our specialized wound care nurses access the patient’s wound status in real time, resulting in faster, more proactive interventions,” explains Tameka McCabe, director of VNS Health’s wound care program. “The wound care nurse can immediately tell when a wound isn’t improving—in which case they’ll consult with the patient’s other clinicians or, if needed, have the patient see a wound care physician.”

“VNS Health is the first home health care organization in the northeastern U.S. to employ the Swift wound-monitoring app,” notes Tony Dawson, Chief Quality Officer for VNS Health. To make optimal use of this new technology, VNS Health has reorganized its wound care operations: Wound care nurses are now assigned to specific geographic regions—enabling each nurse to follow a targeted set of patients, and quickly schedule virtual or in-person consults when the data shows a patient’s wound is having difficulty healing. The wound care program has also added an education specialist who will provide ongoing training to frontline clinicians around wound treatment and monitoring, as well as help educate family caregivers on wound care protocols.

“By standardizing our approach to wound care, we believe we can enhance and further expand on our clinical expertise when it comes to the measurement and management of patients with complex wound care needs,” says McCabe. “Our frontline nurses and therapists can now alert the rest of the care team sooner when a complex wound presents itself; our wound care nurses are able to consult earlier and more frequently; and family members will have a better understanding of how they can assist in the healing process—all of which adds up to better wound care for our home care and hospice patients.”

# CEO Dan Savitt Appointed to New York State Advisory Committee on Aging

VNS Health President and CEO Dan Savitt has been named to the Stakeholder Advisory Committee to the New York State Master Plan for Aging Council. The committee, made up of 28 experts on age-friendly policies and services, is tasked with providing guidance to the council, which was recently established by Governor Kathy Hochul to create a statewide plan ensuring that older New Yorkers can live healthy, fulfilling lives while aging with dignity.

VNS Health has the largest scope of home- and community-based services and health plans of any organization represented on the committee. In their advisory role, the committee members will gather input from

other experts in their respective fields and hold public listening sessions across the state, with the goal of presenting an advisory report to the state sometime in mid-2024.

"I'm honored to have the chance to assist in this ground-breaking effort," said Savitt. "With over three million residents aged 65 or older, New York has the fourth-largest senior population of any state. The Master Plan for Aging initiative is a unique opportunity to develop a blueprint that will guarantee these seniors access to the health care and support services they need to continue living and thriving in their communities. It's essential that we get this right, and I believe our advisory committee will be an important part of that."



*Drawing on input from its advisory committee members, including VNS Health CEO Dan Savitt, New York State's Master Plan for Aging will help ensure that older New Yorkers can live healthy, fulfilling lives while aging with dignity.*

## Proposed "Sepsis Aftercare" ICD Code

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within two days of hospital discharge, plus a second visit from a home care nurse and an outpatient checkup with a physician within seven days after leaving the hospital.



*To help alert post-acute providers when a sepsis survivor is discharged into their care, VNS Health researchers are recommending the creation of a new ICD diagnostic code for "Sepsis aftercare."*

they need to watch for sepsis-related problems, or that the patient requires the type of front-loaded medical care shown to lower readmission risk."

One key reason for this communication failure, adds Dr. Bowles, is that there is no diagnostic code for "Sepsis aftercare" in the ICD. "Because sepsis is considered an acute condition that's resolved by the time a patient leaves the hospital, hospital staff are reluctant to code for it at the time of discharge," she explains, "so the patient's sepsis history is essentially invisible to home health care clinicians and other post-acute care providers."

The Penn Nursing/VNS Health research team's push for a new ICD code has been endorsed by a number of professional associations, including the American Medical Directors Association, the Critical Care Societies Collaborative, the American College of Family Physicians, the National Association for Home Care, the Sepsis Alliance, and the American Geriatrics Society.

"If the CDC approves a sepsis aftercare ICD code," says Dr. Bowles, "it will not only improve the care for sepsis patients who are discharged into home care, it will also improve communication to doctors' offices and skilled nursing facilities. Everybody involved in post-acute care will now have a better chance of understanding that this patient is a sepsis survivor."

The researchers' review of home health OASIS records also uncovered a major barrier that may prevent sepsis patients from getting this intensive follow-up care. "Sepsis was noted as a diagnosis on the home health OASIS only 10% of the time," says Dr. Kathryn Bowles, Director of the VNS Health Research Center and Professor and van Ameringen Chair in Nursing Excellence at the University of Pennsylvania. "As a result, home health clinicians may be unaware

## Q&A with Marshall Ellis, MSO Chief Operating Officer

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### VNS Health's Health Plans are a customer of the organization's MSO? How does that work?

At the start of 2022, eight functional departments moved over from our Health Plans division to the MSO. These include delegated health plan functions such as utilization management, care management, pharmacy services, and appeals & grievances, as well as other support functions such as claims processing oversight, provider data management, and education & training. We are focused now on optimizing these services for our Health Plans and putting ourselves in a position to provide similar services to other insurers besides VNS Health.

### Does that include working with health plans outside New York State?

Absolutely. We're casting a wide net, reaching out to insurers across the U.S. who might potentially benefit from our health plan management expertise. In January, we began partnering with a national hospice provider and a Medicare insurer based in the southeastern U.S. to manage the insurer's participation in a CMS demonstration project around hospice benefits. [See page 3] Our own health plans were already participants in the same demonstration, so this is a great example of taking one of our core competencies and partnering with national players to deliver an outstanding service to another insurer's plan members. We're now looking for opportunities to provide that same hospice benefit support in other parts of the U.S., as well.

### What else is in the works?

VNS Health has over two decades of experience administering managed care plans, including what are currently the only 4.5 Star-rated Medicare plans in New York City and Long Island. Our MSO intends to leverage that expertise, as well as the core competencies of VNS Health as a whole, to not only provide health plan services but also develop useful support products. For example, drawing on what we've learned from running managed long-term care plans, we've developed an algorithm-driven tool called HELPS, that determines the appropriate level of personal care services for plan members. We're marketing the tool in New York State now, and hope to offer it to health plans around the country soon.



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