



## New Rehab Training Focuses on Home-Based Maintenance Therapy

When Janet\*, a 76-year-old Nassau County resident with a progressive genetic disease, began suffering from repeated falls, she was referred by her physician for in-home physical therapy (PT) with VNS Health therapist Patty Vieira. As Janet gradually lost the ability to walk, Vieira continued to work with her. Now, eight months later, although Janet has become wheelchair-bound, Patty still visits her once a week to get her on her feet and take her through exercises to maintain strength and promote blood flow in her arms and legs.

“The goal of our PT sessions is to preserve and maintain Janet’s health and function as much as possible,” says Vieira. “Without regular therapy, there’s no question her condition would be deteriorating more quickly than it is.”

Janet’s weekly therapy sessions are possible because Medicare reimburses their cost. Until ten years ago, the Centers for Medicare and Medicaid

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*Medicare will cover ongoing in-home maintenance therapy sessions, as long as regular assessments confirm that skilled therapy is needed to prevent or slow decline in the patient’s condition.*

## Addressing Homelessness, One Person at a Time

Violet’s\* story is all too familiar to New Yorkers: At age 34, she lives in a New York City subway station, where she struggles with depression, heroin addiction and several serious medical conditions. The city has thousands of people living in similar circumstances, but for VNS Health’s Intensive Mobile Treatment (IMT) program, Violet is more than just a statistic—she’s a client and, while it may not look like it at first glance, she is on the road to a better life.

“The aim of our IMT teams is to cultivate relationships with unhoused individuals, then help them gradually move to a better place,” says Deirdre DeLeo, Director, Behavioral Health Programs. “In Violet’s case, she would barely speak to our team members at first. We kept at it, though, and eventually she opened up.”

As she came to trust them, Violet began accepting help from the IMT team members and from a partnering community organization, the Bowery Residents’ Committee. These wrap-around services included availability of a “Safe Haven” bed whenever she chose to use it, opioid-reversing medication and fentanyl testing kits to lower her risk of overdosing, a phone so she could stay in touch with the IMT team, and access to medical supplies. Violet also agreed to see several doctors for her medical conditions, began the application process for housing and other benefits, and is taking steps to address her heroin addiction.

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### Also in this issue:

- **New Online Portal Gives Health Plan Providers 24/7 Access to Claims, Authorizations and Other Key Information**

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## Scaling Up VNS Health Hospice Care’s Outreach

*An interview with Sherl Brand, RN, BSN, who recently joined VNS Health as the new head of its hospice team. She has extensive experience in home- and community-based care, working for both nonprofit and for-profit organizations.*

### **As the new Senior Vice President of VNS Health Hospice Care, what is your vision for the organization?**

I’m excited at the potential for increasing awareness of—and expanding access to—hospice care in the New York City communities we serve. New York currently has one of the lowest hospice utilization rates of any state, which means there’s significant room here to help people understand the value of hospice care and how to access it sooner as opposed to the last days of life. When you look at the large and diverse population

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# To Help Reduce Caregiver Burnout, VNS Health Will Offer Helpful App to Its Health Plan Members' Loved Ones

In a step aimed at empowering family caregivers of its health plan members, VNS Health is introducing a new app that allows caregivers to connect with their loved ones' health insurance benefits and medical records, as well as educational resources related to various health conditions—all in a single location.

The app, called Helpful, is available for download on the App Store and Google Play, and can be accessed via the web. VNS Health will be introducing Helpful to its caregiver population this fall.

Working in partnership with Helpful, VNS Health is the first health plan to deploy the new app. "We're excited to be collaborating with Helpful on this project," says Aman Shah, VNS Health's Vice President for New Ventures & Strategic Partnerships. "Their innovative, user-friendly product aligns perfectly with VNS Health's vision—which is to make health care simple to understand, easy to access and meaningful in outcomes."

One important feature of the Helpful app is that it lets family caregivers link to any health system their loved one has a relationship with. Once linked, the member's information can be viewed on the app, including after-visit summaries and medications.

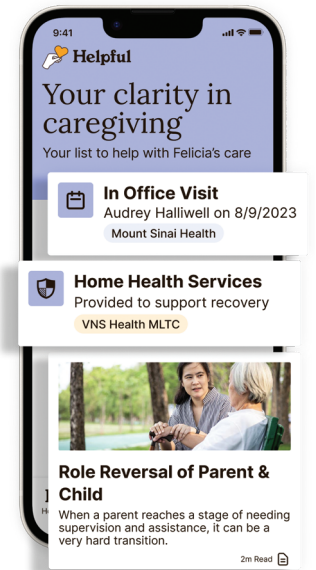
"If someone has received care from several different health systems, they'll no longer have to access each system separately to

see their records," Shah explains. "With the Helpful app, all these different records are viewable in the app and are continually updated, allowing a member or their caregiver to view medications and test results, summaries of doctor's visits, and plans of care, all in one place."

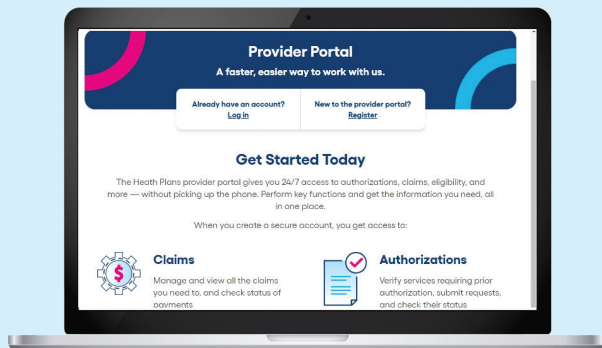
On the insurance side, the Helpful app displays key benefits that are relevant to the member's current needs. It also has a search function that lets users pull detailed information on any specific benefit in the member's health plan.

Once the app is launched, VNS Health will track its usage and impact on members' use of benefits that tend to be underutilized, such as flu vaccination and dental services—providing a gauge of the app's effectiveness in promoting caregivers' awareness of their loved one's benefits as a key part of managing their care.

Helpful is available to caregivers of those on original Medicare and will be available to caregivers of VNS Health plan members this fall. For more information and to sign up, please visit [wearehelpful.com](http://wearehelpful.com)



## New Provider Portal Gives 24/7 Access to Health Plan Member Info



VNS Health recently launched a new online portal giving its health plans' providers 24/7 access to information on authorizations, claims, member eligibility and more—all without picking up the phone. In addition to searching for member-related information, the portal allows providers to submit inquiries and share documents with VNS Health.

The portal can be used by all health plan providers, including any hospitals, physician practices, licensed home care services agencies (LHCASAs) and durable medical equipment suppliers that provide in-network care to members of VNS Health's five Medicare and Medicaid plans, as well as billing companies these providers work with. Out-of-network providers can also access the portal as needed.

"It has been amazing to navigate the website," one Consumer Directed Personal Assistant Services (CDPAS) provider reported. "Searching claims has been a breeze."

To learn more or sign up to use VNS Health's Provider Portal, please visit: [vnshealthplans.org/provider-portal](http://vnshealthplans.org/provider-portal)

## Addressing Homelessness

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Violet's story is not an isolated case: New York City's IMT program has several dozen IMT teams active across its five boroughs, run by various organizations with city funding. VNS Health has a contract



to administer five such teams in Brooklyn, Manhattan and Queens. Each VNS Health team has 27 clients at any given time. They have been so successful that New York City recently agreed to fund two additional VNS Health IMT teams in the coming year—bringing the total IMT clients served to nearly 200 in all.

With homelessness now reaching a crisis point in New York City, the IMT program is just one of the many ways VNS Health is addressing the problem, notes Jessica Fear, VNS Health's Senior Vice President for Behavioral Health. "Our Health Home program for individuals with chronic mental illness and substance use disorders also has homeless clients," she says. "And our Assertive Community Treatment program, which provides treatment for people with severe mental illness, has a branch dedicated to clients in the city's shelter system."

VNS Health's homeless outreach extends to its health plans as well. SelectHealth, the organization's special needs plan, provides Medicaid benefits to individuals residing in New York City-operated shelters and other shelter systems, as well as those who are unsheltered and living on the street. The plan utilizes outreach teams that seek out plan members wherever they may be, ensuring they stay connected to the plan's specialized network of care providers.

"The key takeaway from all of these programs," says Patricia Kissi, who heads the IMT program for VNS Health, "is that people who are unhoused and living with mental health conditions require interventions by community-based teams with deep behavioral health expertise and a commitment to working with clients over an extended period. The more funding that's provided for efforts like these, the more success we'll have in moving people to stable housing."

\* The client's name has been changed for privacy.



# VNS Health Research Center Develops Innovative Tool to Support Family Caregivers of Dementia Patients

Even with skilled in-home care, family caregivers of people with dementia are often overburdened and in need of support. It's a problem that impacts not only individual families, but the nation as a whole: One-third of all home health care patients have a degree of dementia, and almost all of them rely on a family caregiver to some extent. Family caregivers often provide care beyond typical household chores, and many suffer in silence for lack of education, resources, and respite. Evidence shows that when the needs of these caregivers aren't met, it doubles their loved one's risk of hospitalization and leads to lower satisfaction rates and higher home care costs due to additional visits.



*The DECLARE tool surveys family caregivers of dementia patients to identify their needs, then helps connect them with appropriate resources. These might include assistance finding affordable respite care and training on how to perform medically oriented tasks.*

An innovative self-assessment tool being developed by the VNS Health Center for Home Care Policy & Research aims to change this situation, by enabling family caregivers to communicate their specific

needs while also empowering home health teams to connect them with the right resources at the right time.

The innovation, called DECLARE (short for Dementia Caregivers' Link to Assistance and Resources), grew out of the Center's research on caregivers' unmet needs. "Family caregivers are critically important to delivering high-quality home care, particularly in the context of dementia. Yet right now, there's no systematic way to assess their needs," says Dr. Julia Burgdorf, principal investigator on the project. Burgdorf, a research scientist at VNS Health's Research Center and a faculty associate at Johns Hopkins Bloomberg School of Public Health, recently received a grant from the National Institute on Aging to help refine and pilot the DECLARE tool.

The resulting communications gap, adds Burgdorf, leaves family caregivers feeling overwhelmed and underinformed. "The caregivers typically feel it's not their place to ask for help or guidance from home care providers," she says, "and often the providers aren't sure what kind of help is needed."

The DECLARE intervention begins with a web-based survey where family caregivers can communicate their capabilities, availability, and needs at the time of home health admission. These survey results are transmitted directly to the patient's electronic medical record. The tool then suggests next steps to home health team members, including recommendations for connecting the family caregiver with appropriate support.

Among the caregiver needs identified by the research team are help in finding affordable respite care and other available resources; training on how to perform medically oriented tasks; and assistance in locating educational resources so they can better understand their loved one's illness.

The Research Center team will continue to develop DECLARE over the next several years, drawing on input from family caregivers, home health clinicians and administrators, and other stakeholders. Down the road, the hope is that the tool can be expanded to caregivers of patients with other diagnoses as well. "We need to make caregiver support a central part of the home care equation," notes Burgdorf. "The DECLARE tool helps do that."

## Maintenance Rehab Therapy

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Services (CMS) guidelines were frequently interpreted to mean that Medicare would pay for rehab therapy only so long as it was producing a measurable improvement. Since then, CMS has taken additional steps to make it clear Medicare will cover ongoing rehab therapy sessions, as long as regular assessments confirm that skilled therapy is needed to prevent or slow decline in the patient's condition—as in Janet's case.

Medicare's coverage of maintenance therapy includes in-home sessions, if the patient can't travel to an outpatient clinic. While this has always been the case, VNS Health Home Care has seen an uptick lately in demand for home-based maintenance therapy, according to Joe Gallagher, Director of Operation Support Services at VNS Health.

"The COVID-19 pandemic caused a lot of patients to shift from outpatient maintenance therapy to sessions in their homes," reports Gallagher. "Since then, we've been getting more and more referrals for in-home maintenance therapy."

To meet this rising demand, VNS Health has implemented a new training program to educate its rehab staff on maintenance therapy techniques. "The therapeutic goals for someone with a progressive neurologic disease are different from those of a hip replacement patient," Gallagher explains. "Instead of looking for improvement,



*With demand rising, VNS Health has launched a new training program to update its rehab staff on maintenance therapy techniques.*

the idea is to construct a program that prevents or slows the loss of basic abilities, like being able to stand up safely."

Even so, adds Gallagher, "For elderly or chronically ill patients, maintenance therapy can have a significant impact as far as supporting their overall health and lowering their hospitalization risk, so it's actually saving Medicare money. There are so many Medicare recipients out there who could benefit from this approach—at this point, it's really a matter of connecting them with care."

\* *The patient's name has been changed for privacy.*

# VNS Health CEO Dan Savitt Advocates Against Cuts to Medicare Home Health Reimbursements

Medicare cuts to home health care reimbursements are expected to total nearly 10% for 2023 and 2024, with more potential cuts on the horizon. In his continuing role as a leading advocate against these cuts, VNS Health President and CEO Dan Savitt recently gave an in-depth Q&A to *Crain's Health Pulse*. In the interview, Savitt warned that these reductions are threatening the survival of home health care organizations and making home care services less accessible to underserved populations.

"As people age, the need for home- and community-based care increases, that's the simple math," Savitt told *Crain's*. "We've seen referrals to our programs across our communities continue to rise, even though the capacity to take those referrals for needed care continues to decrease."

Savitt went on to outline the reasons for the decrease. "Reimbursement already does not fully cover the cost of delivering these services, especially in those areas that experience the most



*VNS Health has seen referrals to its programs continue to rise, even though the capacity to take those referrals continues to decrease due to Medicare cuts.*

health disparities," he observed. "And then you have a major shortage of nursing capacity on top of that. The result is we take less of the referrals that come in. So there's less care for the community." These factors are also resulting in significant financial losses for home care providers, he added.

Ultimately, Savitt concluded, the issue comes down to priorities. Although the state and federal governments are expressing a desire to close the health equity gap, he noted, "the payment mechanisms and budgeting are not aligned with reducing health disparities. We continue to see disparities widen in these communities, and we need to do something about it as a health care system—not just the home care community. We need the hospitals and physicians to step up and say, 'My

patients are not getting access to care.' And we need our partners in the community to help advocate with us to make sure that we have adequate funding for delivering home- and community-based care."

## Q&A with Sherl Brand

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in New York City, which is our service area, we have a tremendous opportunity to help many more people with advanced illness by connecting them with skilled hospice care as their illness progresses.

### What's your strategy for doing this?

Besides continuing to provide high-quality hospice care, we're scaling up our outreach efforts. That includes promoting community awareness of how hospice care improves quality of life at the end of life. For example, we recently held a very successful hospice roundtable event for New York City's Chinese American community at VNS Health's Chinatown Community Center. We intend to do a lot more events like that. We also need to continue educating medical professionals on the value of hospice, so they consider hospice referrals sooner and not at the very end of life.

### How do you plan to improve your outreach to individuals and their families?

By meeting potential patients wherever they are—in a hospital, nursing or residential facility, or at home—and optimizing those interactions. We just launched a new tool for our hospice team members that they can use to introduce and encourage end-of-life conversations focusing on patient preferences and goals. We believe this tool will not only enhance understanding of hospice's value among patients and their families, but also help people communicate their choices to their loved ones and support their ability to make informed decisions—and do so sooner.

### How important is it to engage hospitals, doctors and other medical professionals in this effort?

It's critically important. We have hospice team members throughout New York City who connect regularly with area hospitals, skilled nursing facilities, assisted living residences and physicians' offices.



*"We need to continue educating medical professionals on the value of hospice, so they consider hospice referrals sooner and not at the very end of life," says Sherl Brand, SVP of VNS Health Hospice Care.*

Their ongoing goal is to help these groups understand the hospice benefit and the comprehensive services it provides to support both the patient and their caregivers, as well as how they can refer someone to us and how we can assist in that process.

### With the national nursing shortage, are you concerned about your capacity to accept patients?

We're actually doing a good job with recruitment and retention of hospice nurses and other hospice team members at the moment. Being part of the hospice team is a very special experience because we care for and support patients and their loved

ones during a very vulnerable time. Once people join our team and see the level of mentorship, collaboration, support and education we offer—and what a rewarding experience it is to work for VNS Health Hospice Care—they want to stay and be part of it. We're very grateful for that, and we aren't taking it for granted.

### Where do you see the hospice field headed?

I am excited to see how we identify, evaluate and potentially incorporate new technologies, and what role VNS Health will play in that regard. We're an innovative organization with a breadth of services that allows us to think outside the box about what it means to be a best-in-class hospice provider. We've already developed a dashboard that helps us determine when a patient may need more care, especially at the end of life, allowing us to schedule additional visits in order to provide needed care and support for patients and their caregivers. I'm sure our use of technology will continue to evolve and enhance the way hospice care is delivered in the coming years.



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