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White River Junction
VT 05001-9263

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VT 05001



VISITING NURSE ASSOCIATION & HOSPICE OF VERMONT AND NEW HAMPSHIRE

At Home With Care

Volume 2, Number 2

Fall 2005

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MISSION

*Our hearts, skills, and
resources are dedicated to
delivering outstanding home
and community-based health
and hospice services that
enrich the lives of people who
live throughout our region.*

*We do this in active
partnership with other
organizations and with
the individuals and
families we serve.*

*VNA & Hospice
Headquarters Office has
relocated to 331 Olcott Drive,
Suite U1, Wilder, VT
05001-9263. All phone
numbers remain the same.*

OPEN LETTER TO OUR COMMUNITIES THE CHALLENGES FOR HOMECARE

By Sue Larman,
President and CEO

DEAR FRIENDS AND NEIGHBORS:

We usually devote the lead article of our newsletter to providing information about programs and services that we offer at the VNA & Hospice of Vermont and New Hampshire. Our intent is to keep you informed about our work, the people

we serve and the challenges we face.

As you know, over the last several years much time and space has been devoted in the news media to covering the crisis in health care. It is a profoundly important subject — one that affects every single person in our country now and in the future. As a nation that spends \$1.8 trillion a year on health care, we all must pay attention to this subject.

Visiting Nurse Association and Hospice of Vermont and New Hampshire

Headquarters
331 Olcott Drive
White River Junction, VT 05001-9263
802-295-2604
Fax: 802-295-3163
www.vnahospicevtnh.org
Referrals: 800-575-5162

North Region
325 Mt. Support Road
Lebanon, NH 03766
603-448-1597

Central Region
366 River Street
Springfield, VT 05156
802-886-2500

South Region
One Holstein Place
Suite 311
Brattleboro, VT 05301
802-257-4390

CALENDAR SUPPORT GROUPS

Springfield, Vermont

*Ongoing bereavement support groups meet the 1st and 3rd
Mondays of each month. Call 802-886-2525.*

Lebanon, NH

*Compassionate Friends group for bereaved parents, meets the 2nd
Tuesday of each month at 7pm. Call 802-949-3091.*

Lebanon, NH

*Survivors of Suicide group meets the 2nd and 4th Thursday of each
month, from 4:30-6:00pm. Call 802-886-3110, Ext 3113.*

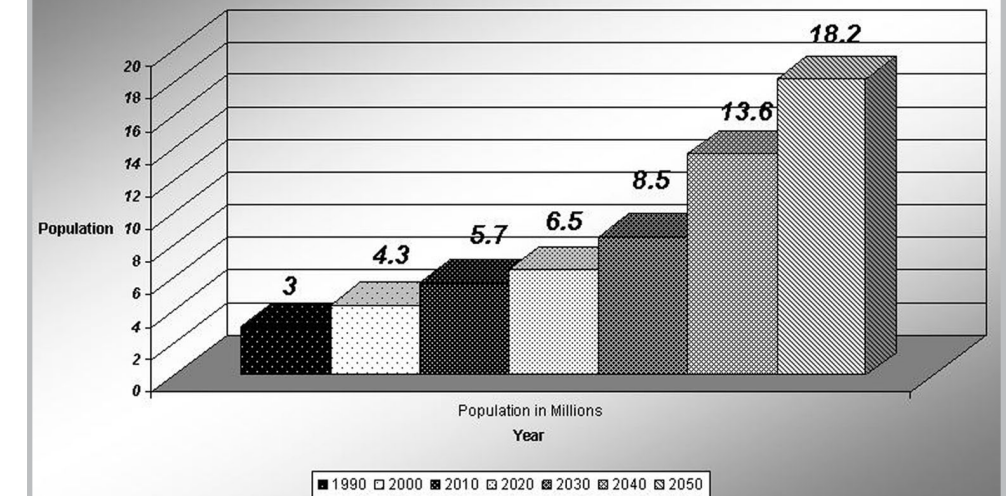
Norwich, VT

*Widowed Persons support group meets the 1st and 3rd
Tuesday of each month at 6pm. Call 802-649-3378.*

**For a full listing of events, go to:
WWW.VNAHOSPICEVTNH.ORG**

*The Hospice Program is looking for volunteers
to help with patients and families.
Please call Carla Kangas, 802-886-2500, Ext 3113.*

Population Growth Age 85 +



NOTICE ON FALL FLU CLINICS

THE VNA & HOSPICE WILL NOT BE HOLDING ANY ADDITIONAL FLU CLINICS AT THIS TIME. THE MAKER OF THE VACCINE IS NOT ABLE TO PRODUCE THE DOSES WE ORDERED. WE ENCOURAGE YOU TO GET THE VACCINE FROM OTHER SOURCES. ANY CHANGES TO THIS SITUATION WILL BE ANNOUNCED ON OUR HOTLINE AND ON OUR WEBSITE:

WWW.VNAHOSPICEVTNH.ORG

Home Care Share of Medicare Spending, FY 1997 - FY 2015^a

Year	Percent	Year	Percent
1997	8.7%	2007	3.2%
1998	6.6%	2008	3.1%
1999	4.5%	2009	3.1%
2000	4.3%	2010	3.1%
2001	3.9%	2011	2.9%
2002	4.0%	2012	3.0%
2003	3.7%	2013	2.8%
2004	3.8%	2014	2.7%
2005	3.8%	2015	2.6%
2006	3.4%		

Source: Centers for Medicare & Medicaid Services, Office of the Actuary, President's Budgets.

Note: ^aPercentages for FY 2005- FY 2015 are based on projections of spending, both for home health and for Medicare as a whole.

Yet, relatively speaking, very little is written on home health care and the challenges it faces. Are these services taken for granted? Maybe not, but there needs to be more understanding of the social and fiscal forces that affect the delivery of these important programs.

These factors lead to one conclusion: VNAs are the safety net for community health care.

The critical role of the VNA will only increase as cost-cutting efforts continue and our elderly population grows.

KEY FACTORS

Of all the trends that affect the future delivery of home health care, these are the most significant:

1. The population of frail elderly, 85 years of age and older, will increase by 50% by the year 2020 to 8.5 million people.
2. People want to be cared for at home.
3. Hospital stays are shorter and people are released in weaker condition, requiring some level of professional home health care.
4. State governments are tightening criteria for Medicaid payments to nursing homes, meaning long-term in-home care may be the only option for many patients and their families.



OUR SERVICE

In a single home health and hospice agency, the scope of care provided is vast. I challenge anyone to find an organization that fills as many needs as we do.

Unlike for-profit home health businesses, we serve all who qualify regardless of their ability to pay. We serve all who qualify regardless of where they live — isolated people living alone up steep, mountain roads that are barely passable in our long winters; people lacking central heat and reliable water supply. We serve them—24 hours a day, 7 days a week.

In 2004, we provided home care, hospice and family services to over 8,400 people and made more than 160,000 visits in 86 towns in New Hampshire and Vermont.

We are privileged to serve so many and to have the trust of people and institutions that refer patients to our care.

OUR FINANCIAL CHALLENGES

We have seen wonderful advances in technologies and disease treatment that help us deliver care in far more effective and efficient ways. Yet it remains a challenge to cover patient care costs. Why?

Medicaid, the states insurance for



the poor and disabled, does not cover the cost of home health care in just about every state in the country. In fact the national average loss per Medicaid patient served is \$750. This is significant because Medicaid accounts for 17 percent of our revenue. Last year, VNAH lost more than \$190,000 in unreimbursed Medicaid expenses.

63% of our revenue comes from Medicare. Since 1997, the average Medicare reimbursement for home care has declined by 36%. Nationally, the overall percentage of Medicare spending for home health care has shrunk from 8.7% in 1977 to 3.8% in 2005, and is projected to continue to shrink over the next 10 years just as the population of frail elderly is growing.

For agencies like VNA & Hospice that primarily serve patients in rural areas, the average Medicare margin is a negative 4.9%.

The Visiting Nurse Association and Hospice serves qualified individuals regardless of their ability to pay.

Were it not for the generosity of local towns and for government and private grants and contributions, these losses would have meant a budget deficit of \$2.3 million. In 2004, grants and contributions enabled us to have a small surplus of .7% of the \$17.6 million we spent on patient care and related expenses.

This year, the situation is more severe. We have seen a 5% decrease in Medicare, a decrease in Vermont Medicaid payments and no increase in New Hampshire Medicaid since 1999. Despite the continued generosity of our donors, we face a significant loss.

IMPACT ON NATIONAL HEALTH CARE SPENDING

The sad irony of decreasing payments to home health agencies is that facts show that homecare is a highly cost-effective health care delivery system for the growing elderly population.

¥ Medicare average for 60 days of homecare	\$ 2,213
¥ Medicare average for one day in hospital	\$ 3,608
¥ Average cost of 60 days in skilled nursing facility	\$28,560
¥ Average annual cost of nursing home stay NH/VT	\$70,000

THE LITTLE MACHINE THAT COULD

Even more significant savings occur in home health care by using a telemonitor. This equipment is the size of a small clock radio. When installed via a telephone line in a patient's home, it prompts the patient in a daily series of health care and health monitoring activities.

OUR FOCUS ON QUALITY

To ensure that we are fulfilling our mission and achieving our goals, the VNA & Hospice has set three patient outcome measures by which to track quality and efficiency of care. Our performance in each area is measured against appropriate state and national benchmarks that we strive to exceed. Additionally, we measure patient's satisfaction with our services. For each goal, we measure our performance against other agencies in New Hampshire and Vermont because of the similarities in the demographics of the population we all serve, the regional health care practices and the higher rates of access to homecare services.

Our Quality Goals

- Reduce Acute Care Hospitalization
- Increase the Number of Patients Discharged to the Community
- Reduce Emergent Care Usage
- Maintain Optimum Level of Patient Satisfaction

For more information on our Quality Plan, including current performance measures, please go to our website www.vnahospicevtnh.org and click on "At Home with Quality."



These may include taking body temperature, blood pressure, weight, heart rate and reminding a person about medications.

All test results are transferred to a central computer station at a regional office and reviewed by a nurse. If a patient's reading falls out of the range of acceptable levels, the nurse will call to determine the cause of the change. In consultation with a physician, decisions will be made to adjust medications, alter diet or schedule a visit.

Telemonitors can cost around \$ 7,000 to purchase and a small amount a day to operate. Patients who suffer from illnesses such as congestive

heart failure (CHF) or chronic pulmonary disease can have many of the benefits of a daily visit from a VNA clinician for a small percentage of the cost. Yet the use of telemonitors is not funded by Medicare or Medicaid.

At the Visiting Nurse Association & Hospice, we are currently using 60 telemonitors that were acquired through grant funding. The impact of using telemonitors with CHF patients shows in dramatic fashion the benefits of these machines:

¥ Nationally, people with CHF have a 44% hospital readmission rate within six months of discharge.

¥ CHF patients receiving VNAH homecare have a 31% readmission rate.

¥ CHF patients using VNAH telemonitors have a 13% readmission rate.

We estimate that the annual cost of operating a telemonitor for one patient is under \$1000, well below Medicare's cost for hospital and nursing home care.

THE BIG \$\$ PICTURE

Despite the overwhelming evidence that home health care is the first choice of people who are sick or dying and that it is highly cost-effective, federal and state government support is continually declining.

¥ Only 3 cents of every health care dollar spent in the U.S. is allocated for home health services.

¥ \$74 billion was cut from Medicare spending on home health care between 1998 and 2002.

¥ Projected Medicare spending on home care for 2004 was expected to drop to about \$29 billion. Instead, it fell to \$11 billion.

¥ In 1997, home health payments equaled 9% of Medicare spending. By 2015, it is projected to be 2.6%.

WHAT YOU CAN DO TO KEEP HOME CARE HEALTHY

Current and future consumers of home health care and hospice can play a role in keeping these vital services available to all who need and will need them.

First of all it is important to pay attention to the issue of home care funding on a national and state level. Follow stories in the media; contact members of Congress, state legislators, and governors and let them know that you want strong home health care and hospice services and expect them to support increased funding for these services.

Every year we ask each of the 86 towns we serve in Vermont and New Hampshire to support our agency through budget appropriations. The most active time for volunteer support of these efforts is in the fall when we need petitions signed and in the winter and spring when we ask people to attend their town budget hearings and town meetings.

We also need the ongoing support of people in our communities. This support can come in many ways:

¥ Honor someone special or recognize a special event through our Gifts In Tribute Program

¥ Respond to our annual request for contributions

¥ Include the VNA & Hospice in your will and estate planning

We are committed to doing our part to ensure that compassionate, reliable home care is available to all who need it. With your help, we will continue to do so for years to come.

Thank you for caring.

For information on VNA & Hospice services and on how you can help, visit our website at:

www.vnahospicevtnh.org

*For service admissions and referrals call:
800-575-5162.*

For information on how you can contribute to the VNA & Hospice, call 802-296-2838, Ext 1028.

AT HOME WITH... ADVICE TO CAREGIVERS

We thank Abby Penfield for her good thoughts.

If you are caring for a family member or friend who is ill or recovering from injury or surgery, you are doing the most important work of your life – a job for which you probably have no training or experience.

Here are some important things to keep in mind.

You are not alone.

Some 50 million people in the United States will be caring for someone with significant medical problems during any year.

Your patient is your top priority.

You are his/her best advocate. Medical personnel are well-trained and caring but have many people in their care. You must make sure the treatment, medication, appointments and homecare go smoothly and effectively.

Be involved and be watchful.

- *Go to all medical appointments and take notes.*
- *Put important information in writing.*
- *Ask about anything you do not understand until it is clear.*
- *Confirm and reconfirm all appointments.*
- *Make sure all people treating your patient are up-to-date on all treatments.*

Be organized.

- *Keep a journal for medications, food and daily care procedures and take it with you to each appointment. This will minimize confusion and help in your conversations with doctors and nurses.*
- *Check prescriptions when you get them to be sure you have the correct strength and dose and that you understand the instructions. Be sure that each doctor knows about all the medications your patient is taking.*

Get help everywhere you can.

- *Visiting nurses, dieticians, physical therapists, social workers, pain management, 911 ambulance, clergy, support groups, Medicare/Medicaid*

Accept all of the help offered.

Don't feel you have to take on everything yourself.

Take a break.

Having someone else stay with the patient gives you a break and it gives the patient one as well. Being a caregiver is demanding and exhausting and takes an overwhelming amount of time.

You must take care of yourself.

Other helpful hints.

Don't take it to heart if you "patient" isn't patient!

The medical condition, medication and the treatment take a toll on his/her strength and personality. Depression, anger, despair and sudden mood changes are common.

You will find that despite the frustrations, being a caregiver for a loved one is a richly rewarding experience.

Let a positive attitude be your best resource!

To see the full text of this article, go to our website www.vnahospicevtnh.org and click on "What's New."

REGIONAL NEWS

The Visiting Nurse Association & Hospice of VT and NH coordinates its patient and community services from three regional offices: North located in Lebanon, NH which serves towns in New Hampshire and Vermont; Central in Springfield, VT and South in Brattleboro, VT.

For patients and staff, regions preserve the long-standing tradition of community-based health and hospice services. For volunteers, regions enable involvement in their communities.

NORTH REGION

LEBANON, NEW HAMPSHIRE

Providing homecare, hospice and family support services to towns in Grafton County, New Hampshire, and to Randolph, Bradford, Hartford, and Woodstock and surrounding towns in Vermont.

FACTS

Towns served: 46
Employees: 155
Number of patients served in 2004:
Homecare & MCH: 3,123
Hospice: 186
Number of home visits in 2004:
Homecare & MCH: 76,486
Hospice: 4,051

EMPLOYEES

The VNA & Hospice is pleased to welcome the following people to the staff that serves the North Region and to recognize employees who have been promoted:

Linda Rydman, formerly Director of Patient Care Services for a unit of the University of Illinois Medical Center in Chicago, joined the agency this summer as the new Area Director of the North Region. She is responsible for managing all services and programs in the region.

Linda Hazard, Physical Therapist, has been promoted to Rehabilitation Coordinator

Donna Soltura, MSW, has been promoted to Hospice Patient Care Manager.

Bridgette Mignogna, RN, has been promoted to Patient Care Manager for homecare.

June Manley, RN, has been promoted to Patient Care Manager for maternal child health and homecare.

RN Case Manager
Sherri Lorette

RNs
Kim Carey
Herschel Collins, Jr.
Scott Knudsen
Karen Schumacher
Regan Stebbins
James Tyson
Betsey Wotton

Social Worker
Glenny Dunbar

Occupational Therapist
Greg Morneau

LPN
Mondae Chase

LNA
Megan Slack

PCAs
Jessica Allen
Janet Lumbrá
Candace Midura
Devin Thurston
Crystal Vance

Physical Therapy Assistant
Paula Boutin
Raynee Carlson

Office Specialist
Laurie Elder

PROGRAMS/EVENTS

Woodstock Wellness Center
Call (802) 457-3208 x6007 for information.

Blood pressure checks, foot care, cholesterol screening, coumadin testing, blood sugar checks, and medical counseling are ongoing.

Menopause Support Group will meet this winter.

Playgroups

Canaan Methodist Church,
Canaan NH: Thursdays 9:30 — 11:00.
Contact Amy Ashley, 603-523-7906.

Lebanon Congregational Church,
Lebanon NH: Mondays 9:30-11:00.
Contact Ann Wheeler, 603-443-2057.

Consider a Gift of Stock or Securities to the VNA & Hospice

TALK WITH YOUR
ACCOUNTANT OR BROKER
ABOUT THE BENEFITS OF
GIVING A GIFT OF STOCK.

STOCK IS VALUED FOR
TAX PURPOSES ON THE
DATE OF TRANSFER.
THE FAIR MARKET VALUE
OF GIFTS CAN BE
DEDUCTIBLE UP TO 30%
OF A DONOR'S ADJUSTED
GROSS INCOME. ANY
AMOUNT IN EXCESS MAY
BE CARRIED FORWARD FOR
A PERIOD OF FIVE YEARS.

CONTACT THE
DEVELOPMENT OFFICE AT
802-296-2838, EXT. 1028
FOR MORE INFORMATION.

Fatherhood Groups

For information and registration:
603-443-5154

Fatherhood Discussion Group

VNAH Lebanon, NH office
conference room 325 Mt. Support
Road, 1st & 3rd Thursdays 6-7:30 .
Pizza supper provided.

"Adventures in Fatherhood"

For men who are expecting or have
a new baby.

"Divorce Care"

Seminar and support group for
people who are separated or
divorced. Mondays at 6 at the
First Baptist Church of Lebanon.

See back page for other events.

CENTRAL REGION

SPRINGFIELD, VERMONT

Providing home care, hospice and
family support services to Springfield,
Vermont, and surrounding towns
including Weathersfield, Bellows Falls,

Townshend, Londonderry, and the
Stratton Mountain area.

FACTS

Towns served: 25
Employees: 100
Number of patients served in 2004:
Homecare & MCH: 2,748
Hospice: 70
Number of home visits in 2004:
Homecare & MCH: 53,425
Hospice: 1,767

EMPLOYEES

The VNA & Hospice is pleased to
welcome the following people to the
staff that serves the Central Region:

Patient Care Manager
Susan Hopkins

RN's
Nancy Brennan
Maryellen Corliss, Hospice
Dan Charland
Merry Ann Ellithorpe
Michael Mitchell
Beverly Thorpe

PCAs
Moirá Armstrong
Melisa Beaulieu
Amy Bernier
Courtney Denofrio
Raelene DeRosia
Jennifer Farrar
Joyce Jackson
Julie Rowe

Jadwi Trojanowski

Hospice Chaplain
Anthony Covert
Robert Hamm

Home Health Aide
Stacey Smart

Clinical Documentation
Judith Faris

PROGRAMS/EVENTS

Bereavement Group
Open to anyone who has
experienced the death of a loved
one. Group meets the 1st and
third Mondays of each month in
Springfield, VT. Call facilitator Carla
Kangas for more information at
(802)886-2525.

Free Blood Pressure
Clinics are ongoing. Call
802-886-2500 for information.

SOUTH REGION

BRATTLEBORO, VERMONT

Providing home care and hospice
service to Brattleboro and surrounding
towns in the southeastern corner
of Vermont including Stamford,
Searsburg, Readsboro, Dover,
Wilmington, Whitingham, Marlboro,
Halifax, Putney, Dummerston,
Brattleboro, Guilford, and Vernon; as
well as Chesterfield and Hinsdale in
New Hampshire.

FACTS

Towns served: 15
Employees: 45
Number of patients served in 2004:
Homecare & MCH: 845
Hospice: 56
Number of home visits in 2004:
Homecare & MCH: 19,849
Hospice: 939

EMPLOYEES

The VNA & Hospice is pleased to
welcome the following people to the
staff that serves the South Region:

RN Case Manager
Kate Wolff

Physical Therapy Rehab Coordinator
Ruth Flemming

Speech Therapist
Lynn Garrow

Home Health Aides
Darlene Perkins,
Lorrie Gilbeau

Long Term Care Coordinator
Jennifer Hale

Personal Care Attendant

Kelli Lee-Allen
Kathleen Baldwin
Charlene Jenna
Christine Kemp
Jillian Lively

PROGRAMS/EVENTS

Free blood pressure clinics held in
Guilford, Dummerston, Brattleboro
(Elliott St Hi Rise and Melrose Terrace),
Newfane and Vernon. Call 802-257-
4390 for locations and times.

OF NOTE

South Region staff are participating
in a Healing Arts workshop sponsored
by the Thompson Trust and
conducted by the River Gallery
School in Brattleboro. Students use
painting as an outlet to express
themselves and staff learns to center
their thinking as a means of dealing
with stress.

*All of us at the Visiting Nurse Association & Hospice of
Vermont and New Hampshire want to wish you and your
loved ones a joyful and healthy holiday season.*

*It has been a year of great challenges and significant accomplishment.
We are ever grateful for the trust, respect and support that you give to us every day
of the year. We want you to know that we are committed to honoring your trust and
to continuing to provide the highest quality, most compassionate care.*