

**UPCOMING REGIONAL  
ROUNDTABLES**

**June 13-14, 2011**

Ritz-Carlton, Cleveland



**September 8-9, 2011**

Ritz-Carlton, San Francisco



For more information and to register, please contact:

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**OUR MISSION**

Home Care 100 offers C-level executives in large home care and hospice organizations resources for sharing ideas and best practices, and for discovering new ways to achieve organizational and management excellence.

Leveraging  
Thought  
Leadership in  
Your Region

**Home Care 100 Executive Summary**

Home Care 100 Regional Roundtables facilitate strategic, future-oriented discussion among a small group of provider and vendor leadership drawn largely from a particularly region of the country.

On April 6, 2011, fourteen home care executives representing eight states (AL, GA, IL, MS, NC, NY, TN, and TX) convened in Atlanta to discuss their pressing issues. The discussion was organized around the activities supporting participants' three main areas of interest:

- a. Physician Face-to-Face Requirements
- b. Accountable Care Organizations
- c. Care Transitions

From the discussion, three key action themes emerged as being critical areas of CEO and executive management focus, specifically: **Enhance, Demonstrate, and Reduce**. The ensuing outline organizes the main points from the discussion as they relate to each of the three action themes.

**Enhance your image locally and in Washington**

- There is a prevailing belief in Washington that home health and hospice benefits are growing unchecked.
  - The industry needs to be able to demonstrate and communicate that it is a part of the solution, not the problem.
  - The solution is a higher level of clinical effectiveness – demonstrated outcomes at a lower cost.
- The home care sector is, on the whole, too passive and defensive.
  - Political action is performed by a relative few players in the sector, while others watch and wait.
  - Passivity reinforces perceptions and puts the sector in a defensive posture.
  - Proactive involvement is needed - now.
- Physician Face-to-Face Requirements
  - This was thrown into the reform bill at the last minute.
  - This requirement is similar to that levied against long-term care in the 1970s, however compliance was easier in that sector since patients are concentrated in facilities.
  - If face-to-face takes hold, any adverse effect on the population's health will not be easily measured and thus the longer it is in place, the more likely it will stick.
    - Call Congress now to overturn face-to-face.
- Fraud and abuse results in a classic lemon problem – where everyone may be presumed fraudulent until proven otherwise.
  - The only answer is zero acceptance/tolerance of fraud and abuse.

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## **Demonstrate value locally and in Washington**

- Demonstrations aren't just for HHS – agencies and hospices have to “demonstrate” on a daily basis.
  - You might have thought you were in the care delivery business, but you are in the business of generating outcomes.
- Home care and hospice sector is perceived as fragmented, disjointed.
  - Home care also perceived more as an “angel of care” than true clinician.
    - Must keep thinking outcomes.
  - Home care must settle on a standard of practice, remove the fragmented image, and step forward as an agent of clinical effectiveness, not an angel of care.
  - Primary care brings a perception of trust and value from which home care can learn.
    - How can you achieve the same level of trust that doctors get naturally?
    - Adopt the gate keeper concept.
      - Access to primary care physicians is a bottleneck.
      - Home care should promote their 24/7 care and be the patient's first call.
  - Compliance and fraud/abuse:
    - Home Care needs to show that it can police itself.
      - Government cannot provide all the policing that is necessary.
      - Prevention is the best medicine – don't let it happen at all.
    - Compliance is enabled by a higher level of technology and training.
      - Compliance validates the services provided – compliance creates trust.
      - Technology is a building block for clinical effectiveness.
      - Clinicians need to be held to higher and higher standards.
- ACO proposed regulations
  - Home care reimbursement methodology not changing as a result of ACO guidance.
  - What will change is there will be more/other entities with vested interests in your clinical effectiveness.
    - You may or may not share in the savings, but you can be the preferred partner.
    - ACOs provide yet another layer of complexity between patients, providers and payers.
  - ACOs will likely not take hold at the rural level.
- Aside from ACOs, care transitions programs offer an opportunity for home care to partner with hospitals and work together to avoid readmissions.
  - Develop preferred provider relationships where each party is held accountable for outcomes.
  - Some home care providers have entered into co-branding arrangements with hospitals.
  - RHIOs have been successful in NY state for promoting integration.
- Managed care companies are seeking out home care agencies.
  - They are seeking relationships with those providers that have spoken with payors and who understand their business.
  - Home care is going to be in the commercial payer world no matter what, so the key is to be prepared and participate.
    - Medicare has shifted costs to the managed care world.
    - Help them lower their medical cost ratio and form partnerships.

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**Reduce unnecessary health care provided by eliminating fraud and inappropriate care and generating better outcomes**

- Self-policing:
  - It's not only good PR, it supports the goal of raising clinical effectiveness.
  - Remove fraud from the discussion and shine a light on the home care value proposition.
    - Talk about the value home care brings to the healthcare process both to the bottom line and to the system overall.
- Gather real data to show how home care can really make a difference in the healthcare spend.
- Care transitions:
  - Home care has superior care management discipline – put this to work.
- Clinical effectiveness:
  - Don't provide any unnecessary care.
  - Provide clinically proven care in all circumstances.
  - For supportive/custodial care providers, you will also be asked to do more.
  - The care is not the product, the medical record is not the product – the outcome is the product.
  - Invest in Telehealth solutions
    - This will allow for more acute and sub-acute care to be provided by home care providers
    - Home care will become the provider of choice because home care will have something that differentiates it from the rest of the continuum.

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**ATTENDEE LIST**

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# Thank You

To our Regional Roundtable Partners, whose support and vision allows these thought-leading efforts to continue at Home Care 100.



Our Facilitator:  
Beth Carpenter  
& Associates

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## HOME CARE 100<sup>®</sup>

EXECUTIVE MANAGEMENT CONFERENCE

### About Home Care 100 Regional Roundtables

Leveraging Thought Leadership in Your Region

Home Care 100 Regional Roundtables allow small groups of CEOs to come together to discuss their most pressing business issues. These efficient and thought-provoking discussions will explore implications of healthcare reform, consumer demographics, technological advances, financial markets and other top of mind issues.

By invitation, these roundtables provide a tremendously valuable opportunity to leverage the experiences and knowledge of your peers in a compact period of time.

Please visit us online at [www.homecare100.com](http://www.homecare100.com) to learn more and also register to join us for our 10th Annual Home Care 100 Executive Management Conference on February 4 – 7, 2012 at the Ritz-Carlton, Grande Lakes in Orlando, FL.