

UPCOMING REGIONAL
ROUNDTABLES

September 8-9, 2011
Ritz-Carlton, San Francisco

June 13-14, 2012
Ritz-Carlton, Chicago

September 13-14, 2012
Ritz-Carlton, Washington, DC

November 6-7, 2012
Four Seasons Las Vegas

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OUR MISSION

Home Care 100 offers senior executives in home care resources for sharing ideas and best practices, and for discovering new ways to achieve organizational and management excellence.

Leveraging
Thought
Leadership

Home Care 100 Executive Summary

Home Care 100 Regional Roundtables facilitate strategic, future-oriented discussions among a small group of provider and vendor leadership. On June 14, 2011, fifteen home care executives convened in Cleveland, OH to discuss their pressing issues. The predominant thread of the discussion revolved around understanding, building, and communicating the home care value proposition.

Understand your proposition – home care has a great proposition, so do not despair

- Where reimbursement has gone in the past is irrelevant; now, follow the outcomes.
 - The money will follow the outcomes in the future.
- Money is already flowing out of the hospital
 - Many hospitals still haven't grasped how they are going to deal with lower admissions and ER visits.
 - Many hospitals will cling to the current paradigm as long as possible.
 - Many hospitals really don't know how they are going to "live within their means".
 - Ergo, hospitals are going to be willing partners in any iteration of reform.
- Money is flowing toward best outcomes at the lowest cost.
 - Payers are starting to show a willingness to pay for services such as telemedicine, care transitions and medical home.
 - Early risk-sharing programs are focusing on managing disease states for high-utilization and at-risk patients, which is where the biggest savings will be in terms of reducing hospitalization.
 - Community-based care should be the lowest cost – but we need to prove it.
- ACO looks like an HMO: Physician gatekeeper.
 - Given current fragmentation, are physicians in the best place to spearhead care management?
 - Doesn't the home care sector know a lot about care management and care transitions?
- Virtual care and technology in the home.
 - Mobile devices, telephony, cloud computing are making in-home deployments faster and less expensive than in the past.
 - If this is where it's going, shouldn't you be ramping up for this world?
- Home care is positioned to be the community-based care/case manager.
 - Think about playing leading role (versus being a vendor to an ACO).
 - Think population health (versus discharges).
 - Think capitation (versus per-visit or per-episode).
 - Think non-acute (versus post-acute).

- Overall this is a good time to position for a future where home and community based care is going to not just be relevant but integral.
 - BUT – you need to be able to straddle the divide between the current system and the next iteration.
 - It's a migration from the past to the future, and you need to lead the way through this change.

Build your proposition – be able to demonstrate that you are part of the solution

- Start changing now – don't wait for the system to change – you'll be behind.
- Assume that your costs of doing business related to compliance and audits are going up and use this pressure to innovate for productivity. This is critical for the straddling that will be required.
- Focus on needs of your customers:
 - Customer is the payer.
 - Customer is the patient.
 - Future system will shift more risk/burden to the patient.
 - Patient will have more influence over where/how dollars are spent.
- Spend time to intimately understand the needs of:
 - Hospital C-Suite
 - This is clearly of specific importance to the independent operators.
 - Hospitalists
 - Discharge planners
 - They are usually looking for the most expeditious path – spend time educating them on the evidence.
 - Payers
 - Talk to payers about alternative payment mechanisms.
 - Be willing to take on more risk and put skin in the game with the payer – prove to them that you can save them money in the long run, and then be prepared to back it up.
 - Physicians
 - Talk to your IPAs about partnering.
 - Invest in information exchanges that are integrated with medical groups in their system of choice – not just another portal.
- Home care has a few good studies illustrating its value proposition, but it needs more. Research doesn't have to be entirely in the purview of industry associations. Providers should consider partnering with teaching and research institutions on academic research – prove why you are good for the system. Some examples of existing industry research below.
 - Study undertaken by Avalere Health and Alliance for Home Health Quality and Innovation
 - “Medicare Spending and Rehospitalization for Chronically Ill Medicare Beneficiaries: Home Health Use Compared to Other Post-Acute Care Settings”
 - http://www.avalerehealth.net/research/docs/20090508_AHHQI_Project_Results.pdf
 - Paper co-authored by University of Victoria professor
 - “An Evidence-Based Policy Prescription for an Aging Population”
 - <http://www.longwoods.com/content/22246>

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- Participate in new models of care and start to morph your organization now.
 - Study the Geisinger model and consider involvement in a PCMH
 - CCTP – Community-Based Care Transitions Program
 - IHA – Independence at Home Act
 - Other opportunities to consider if you want to diversify (which is a good idea):
 - Medicaid
 - Supportive care
 - Palliative care
 - Hospice
 - According to Dartmouth Atlas Project, hospice is under-utilized.
 - See: “Trends and Variation in End-of-Life Care for Medicare Beneficiaries with Severe Chronic Illness”
 - http://www.dartmouthatlas.org/downloads/reports/EOL_Trend_Report_0411.pdf

Communicate your proposition – provide memorable, research-backed arguments to payers, policy makers and your communities

- Whether you are talking to the C-suite or the Beltway, Keep it Simple.
 - No matter who you are speaking with, they have a lot to digest – the complexity of health care is at the root of the issue – so stay simple but powerful.
 - Let the research/data do the talking.
- When in DC or your state capital, bring hard research to the attention of key staffers whenever possible; they are the starting point for any policy.
- Paint yourselves as part of the solution – home care a tool that can build value for the system.
- Political action has to be done Rep by Rep and Senator by Senator at the grass roots level.
 - It’s not just about industry associations – providers need to stay active.
- When it comes to politics and payers, don’t spend all your resources fighting cuts.
 - Spend resources on building your case.
 - Spend resources on making your case.
- Participate in community health initiatives – raise awareness of the power of prevention and disease management.
 - Can you participate in or even spearhead a community health initiative?
 - While many hospitals have not “flipped the switch” to accountable care, some are actively working towards it. Example below of both a forward thinking NH hospital and its efforts to help create the healthiest county in America,
 - Called “Vision 2020, Engaging Our Community in Health”.
 - http://www.cheshire-med.com/images/stories/commhealth/vision_2020_book.pdf

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Thank You

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HOME CARE 100

EXECUTIVE MANAGEMENT CONFERENCE

About Home Care 100 Regional Roundtables

Leveraging Thought Leadership

Home Care 100 Regional Roundtables allow small groups of CEOs to come together to discuss their most pressing business issues. These efficient 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 to learn more and also register to join us for our 10th annual Home Care 100 conference on February 4 – 7, 2012 at the Ritz-Carlton, Grande Lakes in Orlando, FL.