

HOME CARE, HOSPICE AND HEALTH CARE REFORM

Presentation to Green Mountain Care Board



Jill Mazza Olson, Executive Director

July 18, 2018

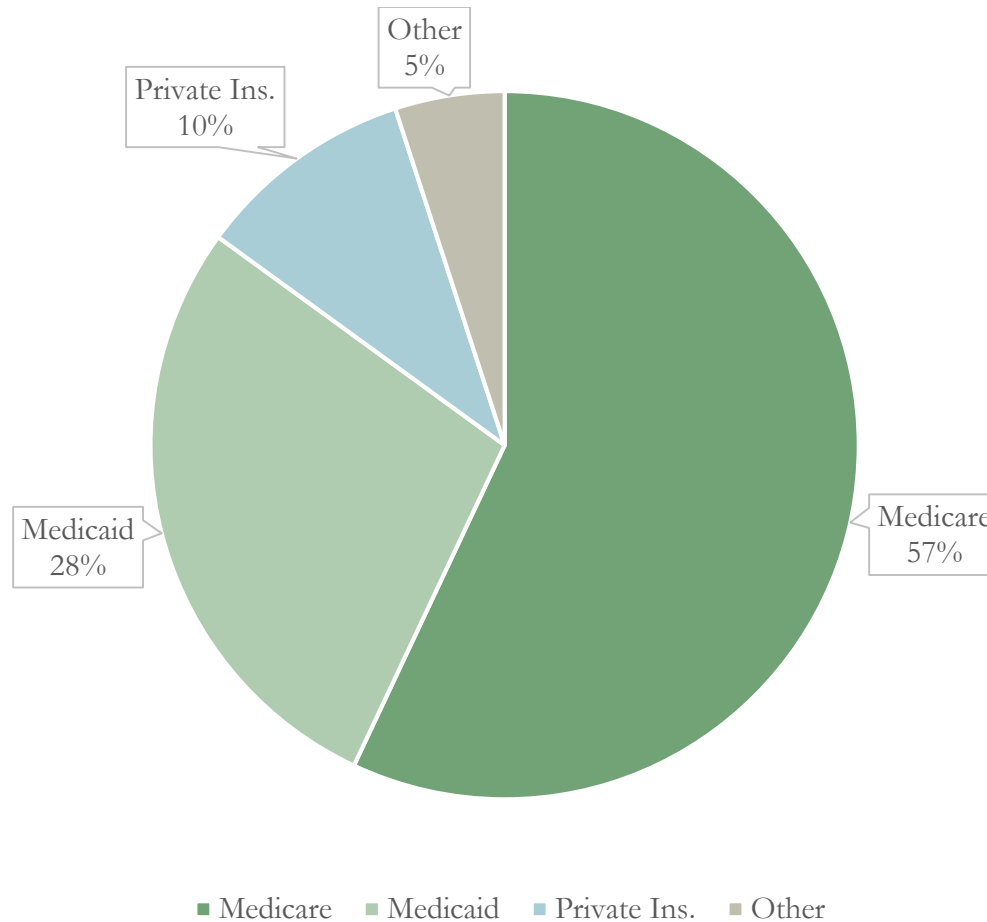
Some VNAs of Vermont Facts

- 9 not-for-profit VNAs of Vermont members
- Members serve all 251 of Vermont's towns
- Approximately a million visits every year that take 6 millions miles of driving to accomplish
- Home care represents just over 2% of health care spending on Vermonters (GMCB Expenditure Analysis)
- Universal access to medically necessary home health and hospice services

Care at Home, Across the Continuum

Prevention and Wellness	Post-acute and Chronic Care	Long-Term Care	End-of-Life Care
Health Screening and Vaccinations	Nursing and Therapy	Pediatric and Adult High Tech Care	Palliative Care
Support for at-risk Families	Telemonitoring	Personal Care	Hospice Care
Family Caregiver Support	Wound Care	Homemaker services	Bereavement Services
	Care Management and Coordination	Care Management and Coordination	Respite House
	Social & Emotional Support	Social & Emotional Support	
	Personal Care		

Who Pays for Home Health



Source: Department of Disabilities, Aging and Independent Living SFY2017

Health Care Reform Expertise

- Hospice – multi-disciplinary team of experts who focus on the physical, spiritual and emotional needs of patients and families – “person-centered” care long before that was a familiar term
- Choices for Care – highly successful effort to move care to a less expensive setting (from nursing homes to home)
- Maternal-child health sustained home visiting

Health Care Reform:

What are we doing differently?

- Longitudinal care pilot
- Post-acute home visit waiver
- Care coordination with PMPM payments
- Accountable health community
- Medication reconciliation

Health Care Reform: Additional Opportunities?

- Waive more regulatory barriers like the “homebound” requirement
- Invest in low-cost, high quality providers like home health and hospice
- Extend primary care into the home through partnerships with home health

Health Care Reform – VNA's Role

- We are **the bridge** from acute problems (hospitalizations) to rehabilitation and health maintenance.
- We are **integral** to primary care and prevention.
- We are **the link** to home and the community where patients with chronic disease can gain and maintain **independence**, learn **self-care** and **manage their disease**.
- We are **the experts** who care for patients and families and support care decisions at the end of life.

Questions

25

Contact:

Jill Mazza Olson, Executive Director
VNAs of Vermont
jill@vnavt.org
(802) 249-8491

