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 million 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

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Who Pays for Home Health

- Medicare: 57%
- Medicaid: 28%
- Private Ins.: 10%
- Other: 5%

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

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