



Moultonborough Visiting Nurse Service

How our journey started....

- **June of 1971 Moultonborough Visiting Nurse Service was initiated by a small group of Concerned Citizens and Nurses**
- **Focus of care was public health for the residents of Moultonborough**
 - Caring for the elderly
 - Children immunization clinics
- **Small operation**
 - 1 RN, 1 substitute RN and clerk
 - Hours Monday – Friday 8am to 12 noon with emergent services
- **Budget of only \$7,000.00; visits cost \$6.00 per visit**
 - In 1972 visits doubled to 455



Growing into the 80's

- **By 1982 visits had jumped to 3633 (home, office & clinics) with full time hours**
 - Clinic's a popular trend: Blood Pressure, Flu
 - Care of chronic disease
- **By 1988 hospital length of stay becoming shorter**
 - Change due to Medicare and Private Insurance regulations
 - Dramatic rise in patients discharged to home sooner & with increase needs
 - Wound care became more prevalent in home health care
 - Often visits one to two times per day
 - A need for Physical Therapy, Occupational Therapy, Speech Therapy, Home Health Aides and Medical Social Workers
 - MVNS out sourced therapies to other local agencies

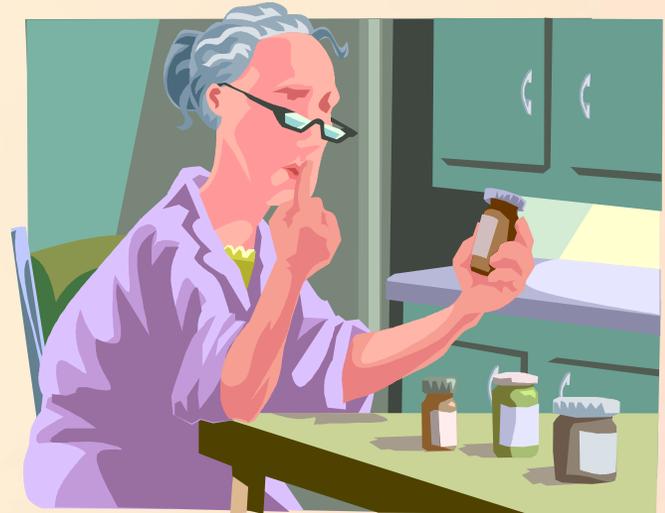


To Become Medicare Certified or Not To Be...

- **1990 a new decade of increasing need for Home Health Care due to:**
 - Continued government and regulations changes
 - Short hospital stays even shorter
 - Home care more acute with highly skilled care needs
 - A great need for Therapies and Home Health Aides
 - Now MVNS unable to accept patient, referred to other agency
- **July 1993 became Medicare certified**
- **MVNS no longer outsourcing therapies and service grew tremendously**
 - 7 days a week with 24/7 RN available
 - Full time office staff was hired for electronic billing & clerical

Medicare Home Care Eligibility

- Must have Medicare
- Medical necessity
 - Need for nurse or therapist
- Patient physician provides orders for home care
- Face to Face encounter (FTF)
- Homebound



2000 into Today

- **More & more regulations**

- Implementation of Outcome Assessment Information Set (OASIS) and Prospective Payment System (PPS)
- Reimbursement no longer fee for service.
- Short Observation Stay (S.O.S)
- Skilled Nursing Facility (SNF)
- Rehab facilities

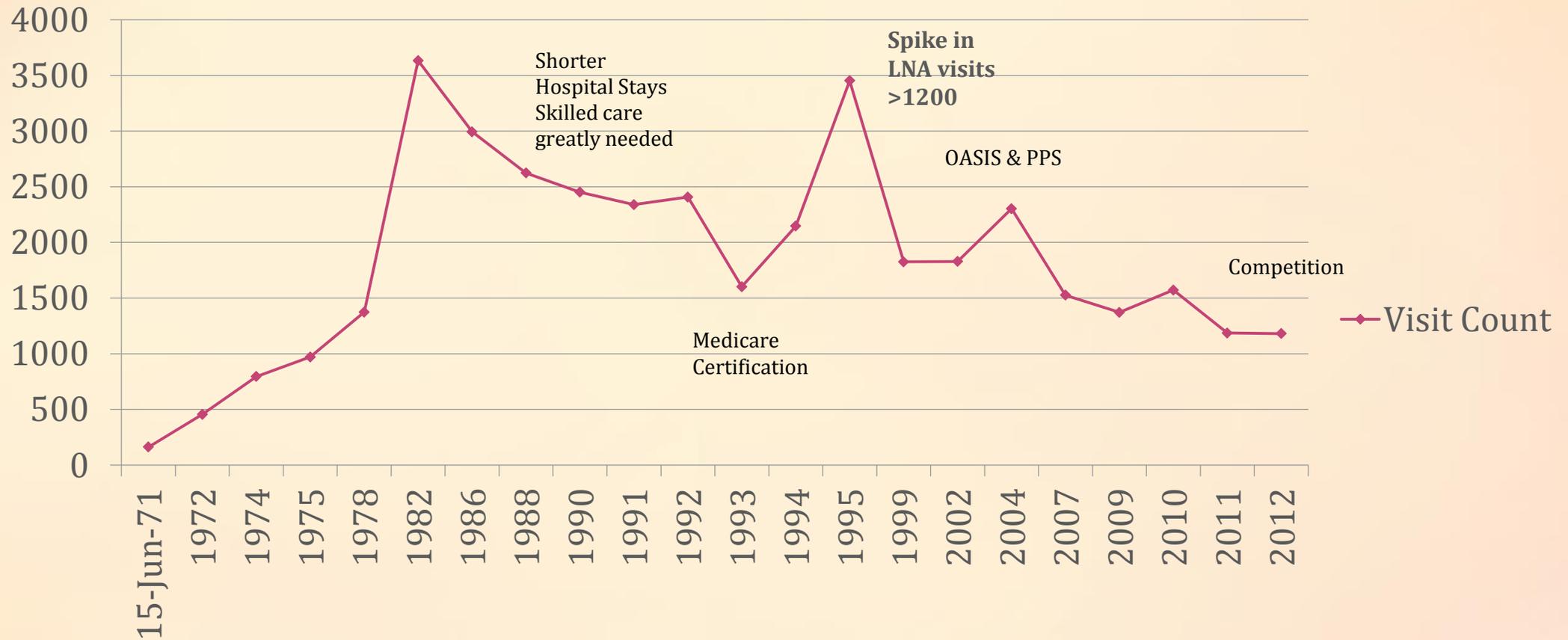


- **Surgeries are less invasive, patients have faster recovery, transition to outpatient.**
- **Competition is aggressive, marketing a must!**

Let's Take A Look At Some Trends



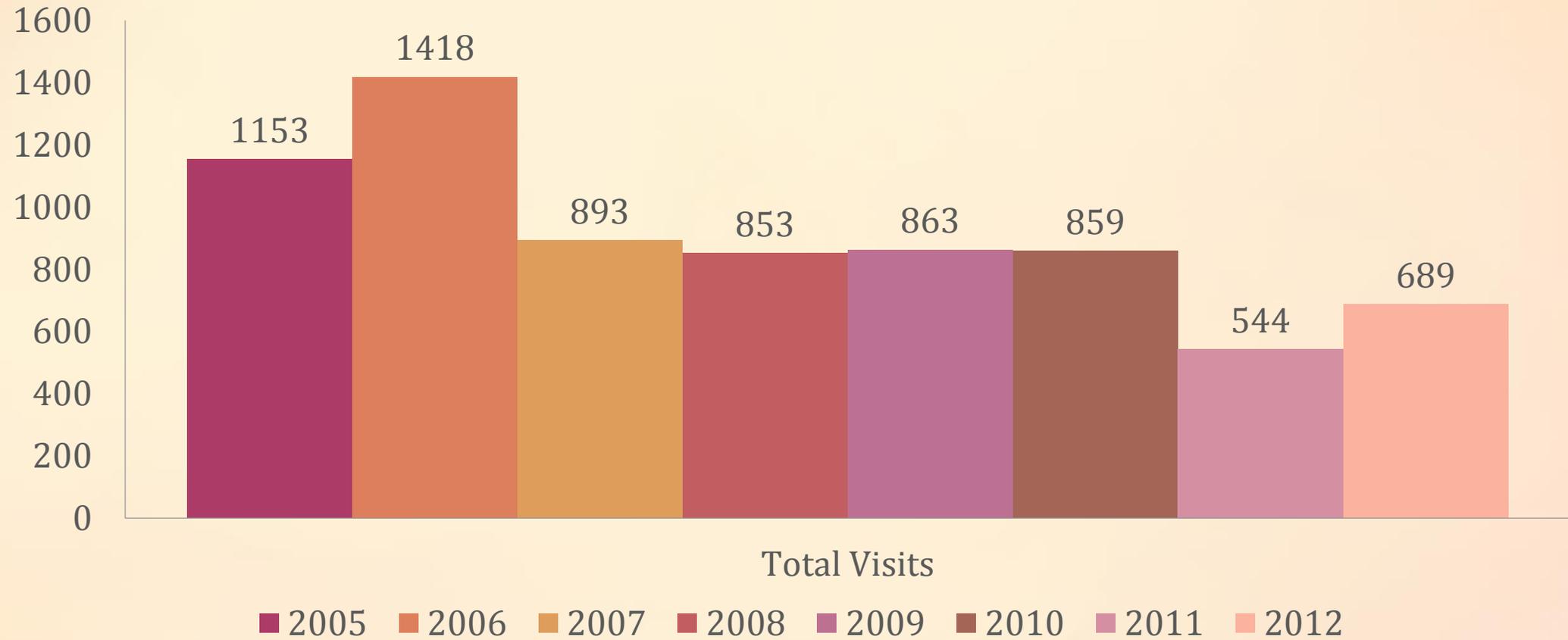
MVNS Visit Count Thru the Years



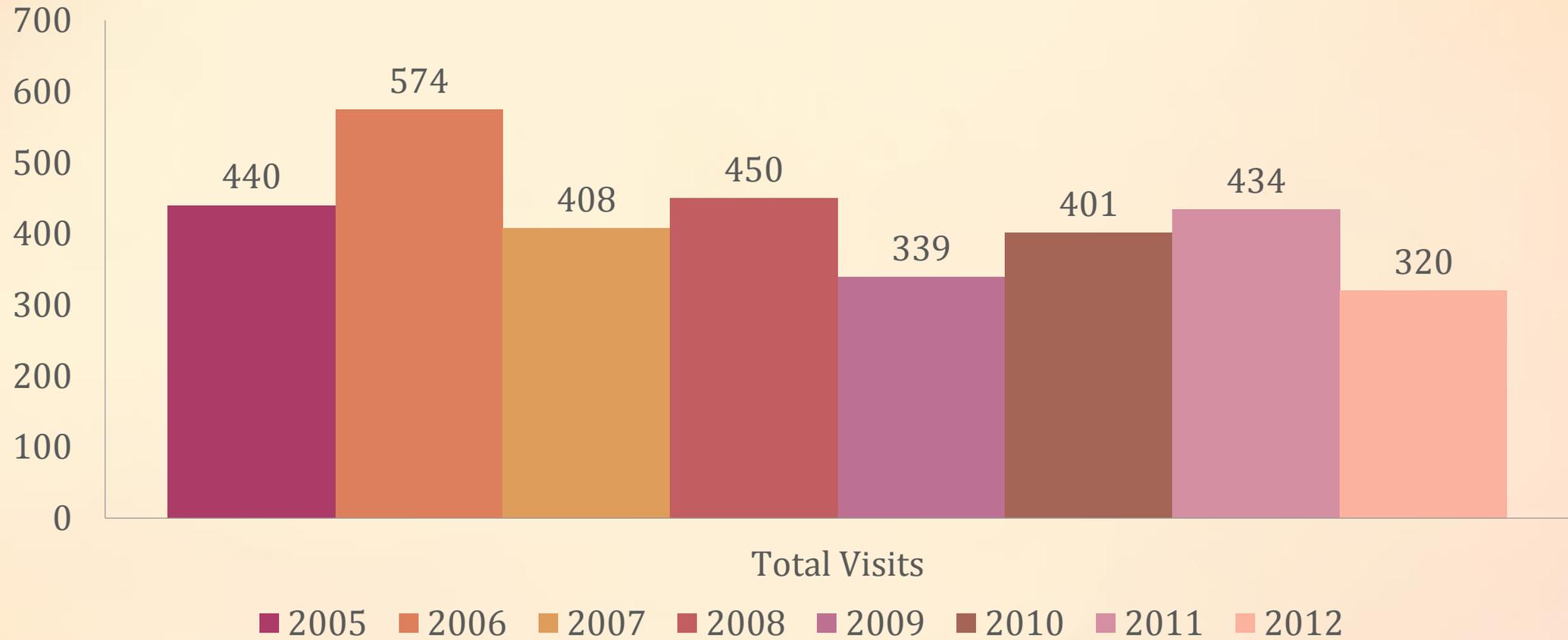
*1982-1988 Visit Count includes all Home Visits, Blood Pressure Clinics, Other Clinics and Office Visits

* 1971-1992 Visits are all Nursing

Skilled Nursing Visits 2005 - 2012



Physical Therapy Visits 2005 - 2012

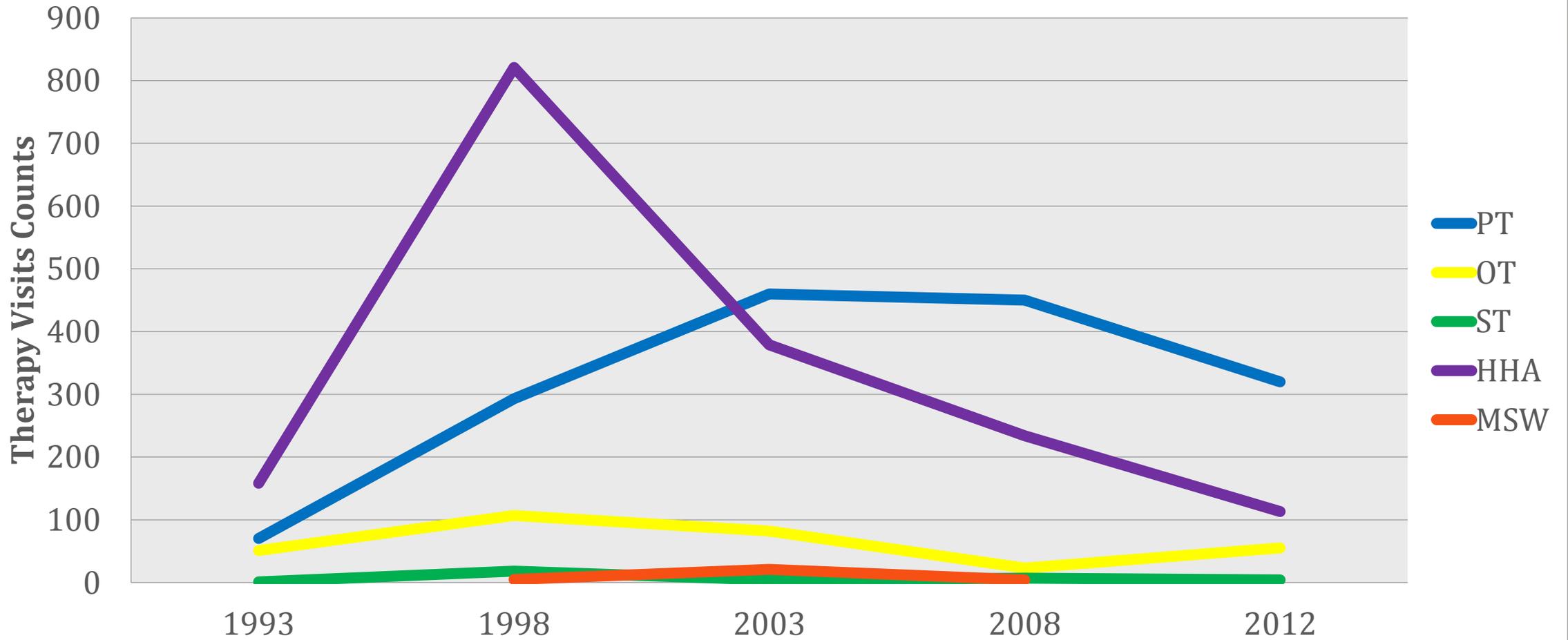


Unduplicated Patients

	2005	2006	2007	2008	2009	2010	2011	2012
Medicare Pt.	67	75	52	63	64	68	67	66
Other Pt.	46	57	47	60	46	53	46	34
Total	113	132	99	123	110	121	113	100
Total Visits	2294	2646	1522	1497	1384	1575	1186	1186

Contract Services

Physical Therapy – Occupational Therapy – Speech Therapy – Home Health Aides – Medical Social Worker



Topics for Discussion



Balance

- **Patient Trends**
 - Visit counts going down
 - Discharged from Hospital to Rehabilitation Facilities
 - Shorter hospital stays
 - Need for Hospice
 - Need for Long Term Care
- **Governmental Trends**
 - PPS payments decreasing as costs increase
 - Gap between MVNS expenses and revenue increasing
 - Medicare regulations ?????
- **Competition**



Comparison

Then

- Nursing only
- Level of acuity less
- Documentation minimal
- No computers
- Government regulation minimal
- No billing
- No competition

Now

- Care includes all disciplines:
 - Nurse, PT, OT, ST, MSW, HHA
 - Requires RN to provide care management & oversight of all disciplines
- Level of acuity greater
- Assessment & documentation requirements much greater
- Need for laptops and software programs
- Increase government regulation
- Electronic billing
- Town service competing with private agencies

Challenges facing MVNS

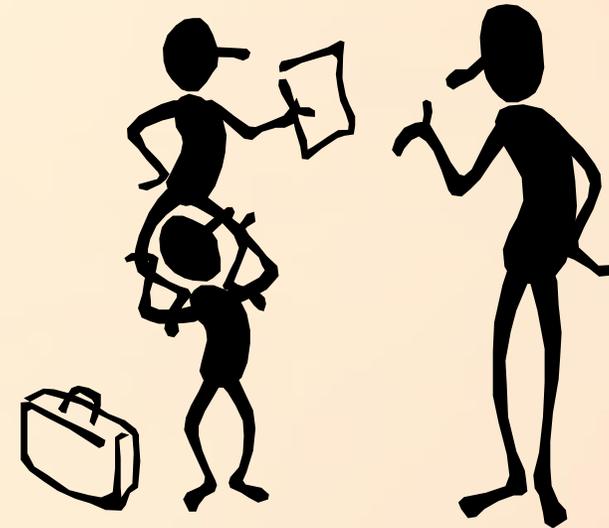
- **Burdens Medicare places on Home Health Care**
 - OASIS
 - Notice of Medicare Non-Coverage (NOMNC)
 - Face to Face (FTF)
 - Therapy regulations
 - Increase costs related to patient satisfaction surveys
 - What's next?
- **Unpredictable census**
 - Availability of Per Diem RN's
- **Recruiting staff**
 - Training the specialty of home health care
- **Increase competition**



More Challenges

Accountable Care Organizations (ACO's)

- *Transforming health care delivery and reimbursement*
- The landscape of health care is going to look different
 - Providers will need to partner:
 - Hospitals
 - Physicians
 - Home Health Care
 - Share the risk, share the savings
 - Defined population of patients
 - Quality care
 - Prevent hospital admissions and ER visits



ACO's looking for:

- **Value**

- Value measured by:
 - Outcomes i.e. Acute care Hospitalization score
 - Patient satisfaction survey
 - “would you recommend this agency”
- Increase technology requirements
 - Computer and software updates
 - NH moving forward with Health Information Exchange (HIE)
 - Electronic Medical Record (EMR)
 - Telehealth

How is MVNS responding

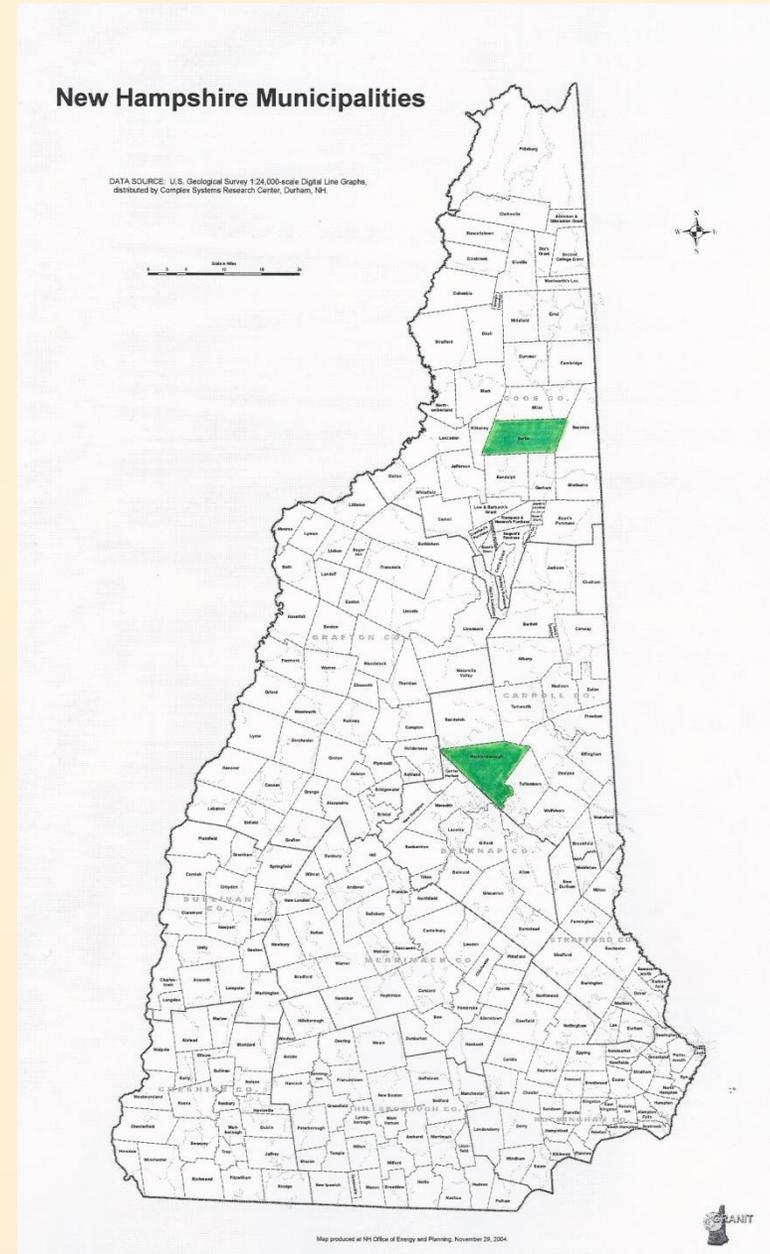
- Attending informational sessions and conferences
- Home Care Association of NH meetings
- Rural Home Care Network
 - Neighbor home health agencies
 - Build on relationships already in place
 - Collaborate
 - Share telehealth
 - Sharing staff with specialties
 - Share training for staff competency



Community Resources

- Meals on Wheels
- Good Morning Call
- Store to Door Grocery Program
- Wellness Center
- Moultonborough Recreation Department
- Human Services Department
- Interlakes Community Caregiver
- Service Link
- Lakes Region Partnership for Public Health
- Department of Health & Human Services

- **Map of New Hampshire**
- **Town of Moultonborough**
 - MVNS covers Moultonborough
- **City of Berlin**
 - Under same pressures



What Does the
Future Hold
for MVNS



Discussion

- Another cross road
 - 20 years since Medicare Certification
- Where do we go from here
- Next Steps
- Thoughts and ideas

