



Fiscal Year 2007

I. Why create a Community Benefits report?

HomeHealth Visiting Nurses day-to-day operations as a tax-exempt organization include many initiatives of benefit to the community as well as contributions to initiatives and programs of MaineHealth. Through these programs, HomeHealth Visiting Nurses fills existing local gaps, while making a positive impact in the communities we serve. This report summarizes HomeHealth Visiting Nurse's community benefits efforts over the last year. The final section (VII) also provides a financial summary of charity care, bad debt, government-sponsored healthcare, and all subsidized community programs and other support.

II. Organizational Description and Information

HomeHealth Visiting Nurses is a fully licensed and CHAP (Community Health Accreditation Program) accredited not-for-profit home health organization. For over a century, we have been caring for people in the home throughout Southern Maine. We are committed to our mission: *"Helping people to be as healthy and independent as possible at home and in the community."* Our services include nursing, rehabilitative therapies, social work, home health aides, community health and wellness, nutritional counseling, Lifeline, and Telehealth. We provide care for patients of all ages and receive reimbursement through Medicare, Maine Care, or other third-party payer. As a not-for-profit organization, we provide services for those without insurance or resources to pay for care. Our home health services are offered 24 hours a day, 7 days per week, throughout Cumberland and York Counties as well as Southern Oxford County.

Agency Values

Patient focus

We recognize the rights of patients and families to make decisions about care and we will involve them in all decisions. We believe the work of every employee is related directly or indirectly to the patients and families we serve. Providing care in the home gives us the unique opportunity to observe the many aspects of the patient's life and how they affect health and wellness.

Quality care

We believe every patient deserves exceptional and compassionate care. We are committed to meeting national and regional standards and strive to exceed those benchmarks through continuous performance improvement strategies.

Positive relationships & teamwork

Our success is dependent on the cooperation and collaboration of all employees. We value employee participation and contribution, respecting each other's expertise, ability, judgment and opinions. We strive to cultivate trust through mutual respect, and communication.

Financial stability

We value the prudent use of resources. We believe that cost effectiveness in work systems and practices is enhanced by innovation, technology, and performance improvement.

Ethical behavior

We will conduct ourselves with honesty and integrity, always seeking to do what is right for our patients. We place great importance in the trust we seek from our patients, referrals sources, and other customers.

III. Subsidized HomeHealth Visiting Nurses Community Programs and Other Support*

Internal Actions to Benefit the Community

Nursing Education -- HomeHealth Visiting Nurses supported nursing education throughout Southern Maine. In Fiscal Year 2006: 1) \$1,000 was awarded to a student enrolled in the nursing program at the University of Southern Maine in support of her education and in memory of a former board member, Dr. Patricia Geary; 2) Nine graduating seniors from high schools throughout York County each received a scholarship of \$100.

Facility Space – During Fiscal Year 2007, Hospice of Southern Maine utilized office facilities to include board room and meetings rooms approximately 106 hours at Agency’s Saco headquarters. Hospice of Southern Maine conducted volunteer training, and bereavement groups.

Nurse Training in Collaboration with Local Universities – We collaborated with the University of Southern Maine and the University of New England to provide community health clinical opportunities for nursing students. We provided training to 12 students during flu season. Regular clinic employees were responsible for overseeing these students. In addition, there were 14 UNE students that helped with the flu clinics and 8 that spent 1-2 days mentoring with clinicians.

Pandemic Planning Committees – Nursing supervisory staff were involved in the following pandemic planning committees: 1) The Visiting Nurse Associations of America Pandemic Preparedness Steering Committee 2) York County Emergency Management Agency Hospital Disaster Planning Committee meetings held quarterly; and 3) The Cumberland County Emergency Management Agency Emergency Preparedness Committee as an ad hoc member representing 36 hours of commitment.

Community Improvement Programs

Blood Pressure Screenings – A complimentary blood pressure screening is provided to community members that access our community foot clinics. During fiscal year 2007, clinicians provided screenings to 335 clinic attendees.

Flu Vaccinations – During Fiscal Year 2007, 124 vaccinations were provided to the community without reimbursement.

Community Education Sessions – During Fiscal Year 2007, Provider Relations’ nurses provided education to various nonprofit organizations and community groups to include the Cancer Connections Planning Council the Pines Housing community needs assessment as well as educational presentations at University of New England’s Health Center, Goodall Hospital’s Women Wellness Fair, Saco Chapter of AARP, local senior citizens organizations and church groups. Community Health clinicians provided educational sessions at the Shaw House and Yarmouth Health Council. Agency’s nutritionist participated

in a diabetes program for Channel 13 TV and Healthviews Public Cable and served as a speaker for Triad at the South Portland Community Center. Rehabilitation Therapists presented in-services on Healthy Aging, Home Safety and Fall Prevention to nursing home and assisted living facilities to include: Oceanview, Foreside Harbor, Casco Inn, and Park Danforth. Educational Services approximate 48 hours.

HomeHealth Visiting Nurses of Southern Maine's Aggregate "Net Community Benefit Investment" \$874,342
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* In addition to the aforementioned programs, HomeHealth Visiting Nurses of Southern Maine provides its proportional share of support for the annual budget of the following programs, through both "member dues" and "fund balance transfers". While all member organizations may not participate directly in the following initiatives, all members provide some level of financial support to help sustain and grow these MaineHealth programs.

Clinical Integration

AH! Asthma Health – The AH! Program improves the care and outcomes for Maine people with asthma. The program not only develops and coordinates asthma treatment education for Physicians, but also sends asthma educators into schools and community organizations to provide further information. In addition, the Program runs an asthma "HelpLine" for Somali and Latino community members in collaboration with the City of Portland, Health and Human Services.

TARGET Diabetes – The TARGET Diabetes Program improves care and outcomes for Maine people with diabetes. The program supports collaborative learning for primary care practices, helps Physicians utilize an electronic registry to track outcome measures for patients, and creates/distributes patient health education booklets for the community.

Healing Hearts – Healing Hearts improves heart failure care and outcomes for Maine people with the condition. The program coordinates the distribution of pamphlets, scales, and any other resources intended to help people manage heart failure. Healing Hearts also established an electronic registry for Physicians to track patient progress, and hospitals using this program consistently score above national averages on quality measures for patients with heart failure.

Cardiovascular Health Program – The Cardiovascular Health program improves the care and outcomes for Maine patients with cardiovascular disease (CVD). Along with an electronic registry for Physicians, the program produced a public awareness campaign for public access television in Greater Portland. The Cardiovascular Health program also offered preventative screenings to thousands of people with CVD through risk screening and reduction programs.

Acute Myocardial Infarction (AMI) – The AMI program improves outcomes of individuals that experience a certain type of heart attack (STEMI) by redesigning systems to ensure high quality, timely, and coordinated care. Through the AMI program's "Rapid Response" packets, health systems met goals for decreasing the transport time to treat patients. Program staff also informs hospitals of cardiology literature and clinical practice guidelines.

Caring for ME – Caring for ME helps people with depression and those who care for and about them. The program trains primary care providers on the diagnosis and treatment of patients, and many physicians use an electronic registry to track outcome measures. In 2006, the program was chosen as one

of only 20 healthcare organizations nationwide to participate in a year-long project focused on increasing patient and family involvement in chronic disease self-management.

Mental Health Integration – MaineHealth, in partnership with Spring Harbor and MMC Mental Health Network, developed a pilot program to improve primary care/mental health integration. The program conducts a collaborative “Learning Community” exploring the effectiveness, efficiency and cost/benefit of integration with 6 pairs of primary care/mental health partners.

Stroke Care – The MaineHealth Stroke Care Initiative seeks to improve the care and outcomes of patients who suffer from ischemic stroke, hemorrhagic stroke, and TIA. The program offers a set of provider education (e.g. pathways, guidelines) materials and patient education materials. Staff are working to develop systems to coordinate services and efficiently transfer patients across the system, while increasing access to neurology services for hospitals in need.

Prevention – The Prevention program seeks to improve adherence to adult and pediatric clinical preventative health guidelines. The program has created a preventative health module in the Clinical Improvement Registry (CIR); has developed patient oriented adult and pediatric preventative health guidelines and tracking tools; developed tools for providers to track preventative measures by population; and also has developed tools to support patient self management and provider education.

Osteoporosis – The Osteoporosis program seeks to improve the health and outcomes of patients who suffer from osteoporosis. This includes identifying patients who have had a fragility fracture and connecting them to their primary care providers for appropriate follow through. The program includes education materials to help providers in the prevention and treatment of osteoporosis and patient education materials that promote patient self management and fall prevention.

Palliative Care – The Palliative Care program seeks to improve the care of patients who have limited life expectancy and require comprehensive biomedical, psychosocial, and spiritual support as they enter the terminal stage of illness or condition. The program also supports family members coping with the complex consequences of illness, disability, and aging as death nears, while addressing the bereavement needs of family following the death of the patient.

Oncology – The Oncology program is looking to improve access to high quality cancer services throughout the MaineHealth region; to improve capacity to deliver patient centered care and coordination of cancer care services; and to develop additional infrastructure needed to support defined levels of cancer care.

Infection Prevention and Control Consortium – This program coordinates infection prevention and control initiatives in MaineHealth hospitals. The program develops and disseminates patient and provider education materials.

Health Status Programs

Healthy Weight Initiative – This initiative targets both children and adults in the community. The key parts of the initiative include clinical interventions, community interventions, and environmental/policy interventions. MaineHealth’s financial and in-kind support for this initiative recognizes the importance of preventing obesity as a major driver of health care costs, a major risk factor for chronic diseases, and a well-documented community epidemic.

Community Education Programs

MaineHealth Learning Resource Centers – With three Maine locations, the LRCs provide patients, health care providers, and community members with easy access to quality health information and a wealth of educational reference material. In addition, the LRCs offer the public over 100 unique classes taught by professionals (e.g. healthy cooking, yoga, chronic disease self-management, cancer prevention, and mental health awareness).

Parkinson’s Information and Referral Center – The Center is a primary resource for people with Parkinson’s disease, as well as their families and healthcare providers. Assistance includes “patron requests” for information, direct physician referrals, educational outreach to health care facilities, coordinating support groups, and specialized classes for newly-diagnosed individuals.

Access to Care Programs

CarePartners – The program arranges the provision of donated healthcare services for low income uninsured Mainers in Cumberland, Kennebec, and Lincoln Counties. CarePartners also provides administrative support to help serve the target population, including comprehensive eligibility assessment, care management, and access to low cost or free pharmaceuticals.

MedAccess – The program provides access to nearly a million dollars of free medications. CarePartners provides this community resource to uninsured and underinsured community members through the Patient Assistance Programs (PAPs). In addition to this service, MedAccess offers application assistance for other prescription access programs (Medicare Part D, etc) either in-person or through a toll-free number.

Systems and Development

Healthviews Television Network - Healthviews is a community health education television partnership with Greater Portland’s local community access channel. The program airs 12 monthly half-hour segments that provide the latest information on important health and medical issues to help community members become more informed consumers.

VitalNetwork

The enhanced-ICU (E-ICU) initiative allows audio/video patient monitoring to coincide with real time display of information trend and condition changes. The system is staffed by expert ICU Physicians and Nurses in a central station, allowing enhanced remote monitoring of patients in multiple locations. Similar systems have been proven to reduce ICU mortality by 25%. MaineHealth was the first healthcare system in New England to implement the e-ICU program.

IV. Billing and Collection Practices

Policy and procedure are in place to assure consistent billing to Medicare, MaineCare, private insurance, patients, and other payers. Prior to delivery of care, a payment source is established for the delivery of patient services. Services provided are documented in an electronic record, and invoices are generated from these records using the Board approved charge schedule and/or contracted rates. Collection efforts include written statements, telephone contacts with payers, and when necessary, turnover to a collection agency.

Specific Billing and Collection Practices Regarding Charity Care

Since it is the practice of HomeHealth Visiting Nurses to assess payor source and payment methods prior to the delivery of care, and to check for payer changes during care, the agency has advance options to assess a patient's need for financial assistance or self-pay through the Sliding Fee Program.

V. Charity Care Policies

HomeHealth Visiting Nurses' Sliding Fee Program and corresponding policy assures a consistent and uniform method to assess the financial ability of a patient to pay for needed care not covered by third party payers.

The Sliding Fee Program Policy is posted on all communication boards within the Agency, and is regularly communicated to employees so that they are aware of the agency charity care program. Patients receive information regarding financial assistance at the admission visit, and during the course of care if there is a known change in insurance coverage. The Sliding Fee Program is written and administered in such a way as to be easily understood, the process to access funds is simple, and the verification requirements are minimal.

VI. Good Governance and Executive Compensation Policies

HomeHealth Visiting Nurses of Southern Maine has a Board of 17 community members, a majority of who are not practicing physicians, officers, department heads, or other employees with a financial connection or otherwise affiliated with the Agency itself. The Board meets six times a year, and has a written "conflict of interest" policy in place. The Board understands the specific mission of the Agency, and approves strategic planning initiatives aimed at carrying out the mission. Directors understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board Members as requested. Board Members participate in an annual evaluation of the Board and their responsibilities. Board Members and Executive Officers of HomeHealth Visiting Nurses do not receive loans on behalf of the Agency. The Agency ensures that a substantial part of its activities do not involve attempts to influence legislation, and that it will not take an official position or provide direct support for or against a political candidate. Finally, in addition to the CEO officially signing-off on HomeHealth Visiting Nurses' yearly 990 and audited financial statements, the Board of Directors has final approval of the yearly audited financial statements.

Executive Compensation

As a member of MaineHealth, HomeHealth Visiting Nurses participates in the MaineHealth Executive Compensation Program. This program is approved by the MaineHealth Board of Trustees and defines the process that determines the compensation of the CEO. The Executive Committee of HomeHealth Visiting Nurses of Southern Maine carries out the MaineHealth Compensation Program. The process and findings of the Executive Committee are made transparent to, and voted on by, the full Board of Directors. This "total executive compensation" is filed publicly by the organization, and includes "total cash compensation" and "total value of all benefits and perquisites associated with the position. The CEO is not a Board Member and as such does not vote or directly participate in the final determination of her own compensation. The organization's executive compensation procedure relies upon appropriate data for comparability (e.g. compensation levels paid by both taxable and tax-exempt similarly situated organizations and independent compensation surveys by nationally recognized independent firms). Finally, the organization refrains from allowing executive compensation to ever be based solely on HomeHealth Visiting Nurses' revenues or other similar profit-sharing strategies.

VII. Aggregate Financial Data

Charity Care (at cost) Home Health Patients Assessed at 175% of the poverty level	\$312,222
Bad Debt (at cost)	\$112,681
Government-Sponsored Programs (at cost) MaineCare (Medicaid) Shortfall	\$418,074
TOTAL	\$842,977

Internal Actions to Benefit the Community

Non-staff tuition support University of Southern Maine York County High Schools	\$1,000 \$900
Space used by Hospice of Southern Maine to conduct training and support groups	\$8,900
Nurse Training in Collaboration with Local Universities	\$11,000
Pandemic Planning Committees	\$900
TOTAL	\$22,700

Community Collaboration/Benefit

Blood pressure screenings – 305 total Offered at all foot clinics. Regular clinic staff used to provide service	\$1,725
Un-reimbursed flu shots 166 total	\$3,100
Community Education Sessions	\$3,840
TOTAL	\$8,665
TOTAL COSTS INCURRED	\$874,342