



HomeHealth Visiting Nurses

MaineHealth

Fiscal Year 2008

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. With these programs, HomeHealth Visiting Nurses hopes to fill existing local gaps, while making a positive impact in the communities we serve. This report will summarize HomeHealth Visiting Nurses community benefits efforts over the last year. The final section (VIII) will also provide 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, they have been caring for people in the home throughout Southern Maine. The mission best describes the focus of their work: *“Helping people to be as healthy and independent as possible at home and in the community.”* Services include nursing, rehabilitative therapies, social work, home health aides, community health and wellness, nutritional counseling, Lifeline, and Telehealth. HomeHealth Visiting Nurses provides care to patients of all ages and receives reimbursement through Medicare, MaineCare, or other third-party payer. As a not-for-profit organization, the organization provides cares to those without insurance or resources to pay for care. 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.

III. Community Needs Assessment

The organization's Board of Directors is comprised of a diverse set of community members. The Board requires a thorough Community Needs Assessment on behalf of the organization, and directs the organization to analyze and respond to the current needs assessment. HomeHealth Visiting Nurses also participates in various initiatives and continuous research to keep those assessments up-to-date. Some of these programs include:

- Clinical Strategic Planning
- Financial Strategic Planning
- Facility Planning
- Manpower Planning
- Physician Recruitment Strategic Planning
- Emergency Preparedness Planning

In addition to those internal assessment groups, HomeHealth Visiting Nurses also recognizes and acts on many of the recommendations provided by external state groups such as the Maine Center for Disease Control and Prevention and the "State Health Plan" created by the Advisory Committee of Health Systems Development.

IV. Subsidized HomeHealth Visiting 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 2008: 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) Twelve graduating seniors from high schools throughout York County each received a scholarship of \$100.

Nurse Training in Collaboration with Local Universities – HomeHealth Visiting Nurses collaborated with the University of Southern Maine, Southern Maine Community College, University of New England and St. Joseph's College to provide clinical opportunities for nursing students. The organization provided training and home visiting opportunities to 58 students from St. Joseph's College, ten students from Southern Maine Community College received 80 hours of clinical mentoring support and eight students from the University of Southern Maine spent 24 hours observing clinical practice at Community Health clinics. Two registered nurses, enrolled in Bachelor of Science degree programs, spent a total of 220 training hours at the organization.

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 2008, clinicians provided screenings to 216 clinic attendees.

Flu Vaccinations – During Fiscal Year 2008, 190 vaccinations were provided to the public, at no reimbursement, to include participants at shelters and soup kitchens throughout the community.

Community Education Sessions – During Fiscal Year 2008, Provider Relations' nurses provided education to various nonprofit organizations and community groups to include Southern Maine Agency on Aging, civic organizations, University of New England's Health Center, University of Southern Maine, local Chapters of AARP, senior citizens organizations, various faith-based groups, assisted living facilities, nursing homes, group homes and municipal offices. Community Health clinicians also provided educational sessions at the Gorham

Schools, the Monarch Center, Shaw House and Trafton Center. HomeHealth Visiting Nurses' nutritionist participated in a MaineHealth diabetes educational video and presented a Diabetes session at the Salvation Army. In addition, the nutritionist and a Community Health RN participated in a day-long student health fair and teacher in-service for the Gorham Elementary School. Rehabilitation Therapists presented in-services on Healthy Aging, Home Safety and Fall Prevention to nursing homes and assisted living facilities in the service area.

HomeHealth Visiting Nurses “Net Community Benefit Investment” = \$983,047
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* In addition to the aforementioned programs, HomeHealth Visiting Nurses 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 lends support and expertise to the local 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 provides learning opportunities and support 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 supports the efforts of hospitals in offering 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 so as to monitor 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 focuses on quality improvement and measures the impact of its efforts at both the hospital and system level.

Health Status Programs

Healthy Weight Initiative – This initiative targets both children and adults in the community. The key parts of the initiative include clinical, community, 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. In FY08, MaineHealth also made a significant financial contribution to the Maine Youth Overweight Collaborative.

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 approximately one 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.

System 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.

Partnership for Healthy Aging

PHA leads the implementation of evidence-based prevention programs for older adults (Living Well, A Matter of Balance, EnhanceWellness, EnhanceFitness, Healthy IDEAS) throughout Maine. The efforts of Elder Care Services focus upon improving transitions, prevention, and quality across the care continuum. Initiatives include Care Transitions coaching, Community Links, and Falls Prevention Tools for providers and patients.

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.

V. Billing and Collection Practices

HomeHealth Visiting Nurses charges all patients the same price based on the Board of Directors approved charge schedule and/or through contracted rates. Policy and procedures 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. Provided services are documented in an electronic record that generates invoices. Collection efforts include written statements, telephone contacts with payers, and when necessary, turnover to a collection agency.

It is the practice of HomeHealth Visiting Nurses to assess payor source and payment methods prior to the delivery of services and to monitor for payer changes during the delivery of care. This payment monitoring practice provides options to assess a patient's need for financial assistance through the established Sliding Fee Program.

Patients have 30 days, from the date of first billing, to pay for services. Prior to collection action, HomeHealth Visiting Nurses sends four notices to patients informing them of unpaid balances and options for resolution. In the absence of either full payment or a patient's attempt to communicate a resolution or compromise, HomeHealth Visiting Nurses initiates action with a responsible and professional collection agency. An invoice will become classified as "bad debt" if a patient has not paid the full amount within 120 days.

VI. Charity Care Policies

Charity Care

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, access to funds is simple, and the verification requirements are minimal.

VII. Good Governance and Executive Compensation Policies

Good Governance

HomeHealth Visiting Nurses has a Board of 17 community members, a majority of whom are not practicing physicians, officers, department heads, or other employees with a financial connection or otherwise affiliated with the organization itself. The Board meets six times a year (on average), and has a written "conflict of interest" policy in place. The Board understands the specific mission of the organization, and approves strategic planning initiatives aimed at carrying out this mission. Trustees understand their fiscal and other specific responsibilities while serving on the Board, and further education/information is provided to Board members if requested. Trustees of HomeHealth Visiting Nurses do not receive loans on behalf of the organization. The organization ensures that a substantial part of its activities does 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. Moreover, in addition to the CEO officially signing-off on HomeHealth Visiting Nurses yearly 990 and audited financial statements, the Board of Trustees must also have final approval of the yearly audited financial statements. The Board has also adopted and maintains a corporate compliance program that includes a Code of Conduct for all staff education and training, monitoring for compliance, and a Helpline for staff to call, all intended to produce continual compliance with organizational policies and the law.

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. In consultation with Towers Perrin, The MaineHealth Board Compensation Committee establishes appropriate compensation parameters for each member organization's CEO and certain members of their Senior Management team. Working within those parameters, the Executive Committee of HomeHealth Visiting Nurses of Southern Maine determines the level of compensation for its CEO. The findings of the Compensation Committee are made transparent to, and voted on by, the full Governing Board. 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 position (such as housing allowances, social club memberships, signing bonuses, etc.)". The Board takes necessary action to prevent the CEO from voting or directly participating in the final Committee determination of (his/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.

In compliance with State of Maine law (LD 1792) regarding the public disclosure of compensation of Officers and Directors of Public Benefit Nonprofit Corporations whose total compensation exceeds \$250,000 per year, MaineHealth discloses for those listed below dollar figure categories that represent total compensation in the 2008 fiscal year (from October 1, 2007 through September 30, 2008).

- None for HomeHealth Visiting Nurses

VIII. Aggregate Financial Data

HomeHealth Visiting Nurses Community Benefit Summary ***

1. Charity care (at cost)	\$ 299,324
2. Bad debt (at cost)	\$ 178,724
3. Government-sponsored health care (shortfall) Unpaid cost of Medicare, MaineCare, and other hospital-specific indigent care programs	\$477,067
TOTAL	\$955,115

4. Internal Actions to Benefit the Community

Non-staff tuition support

University of Southern Maine	\$ 1,000
York County High Schools	\$ 1,200
Nurse Training in Collaboration with Local Universities	\$ 14,800
TOTAL	\$ 17,000

5. Community Collaboration/Benefit

Blood pressure screenings – 216 total Offered at all foot clinics. Regular clinic staff used to provide service	\$ 1,222
Un-reimbursed flu shots 190 total	\$ 5,710
Community Education Sessions	\$ 4,000
TOTAL	\$ 10,932

Total Value of Quantifiable Benefits Provided to the Community \$983,047