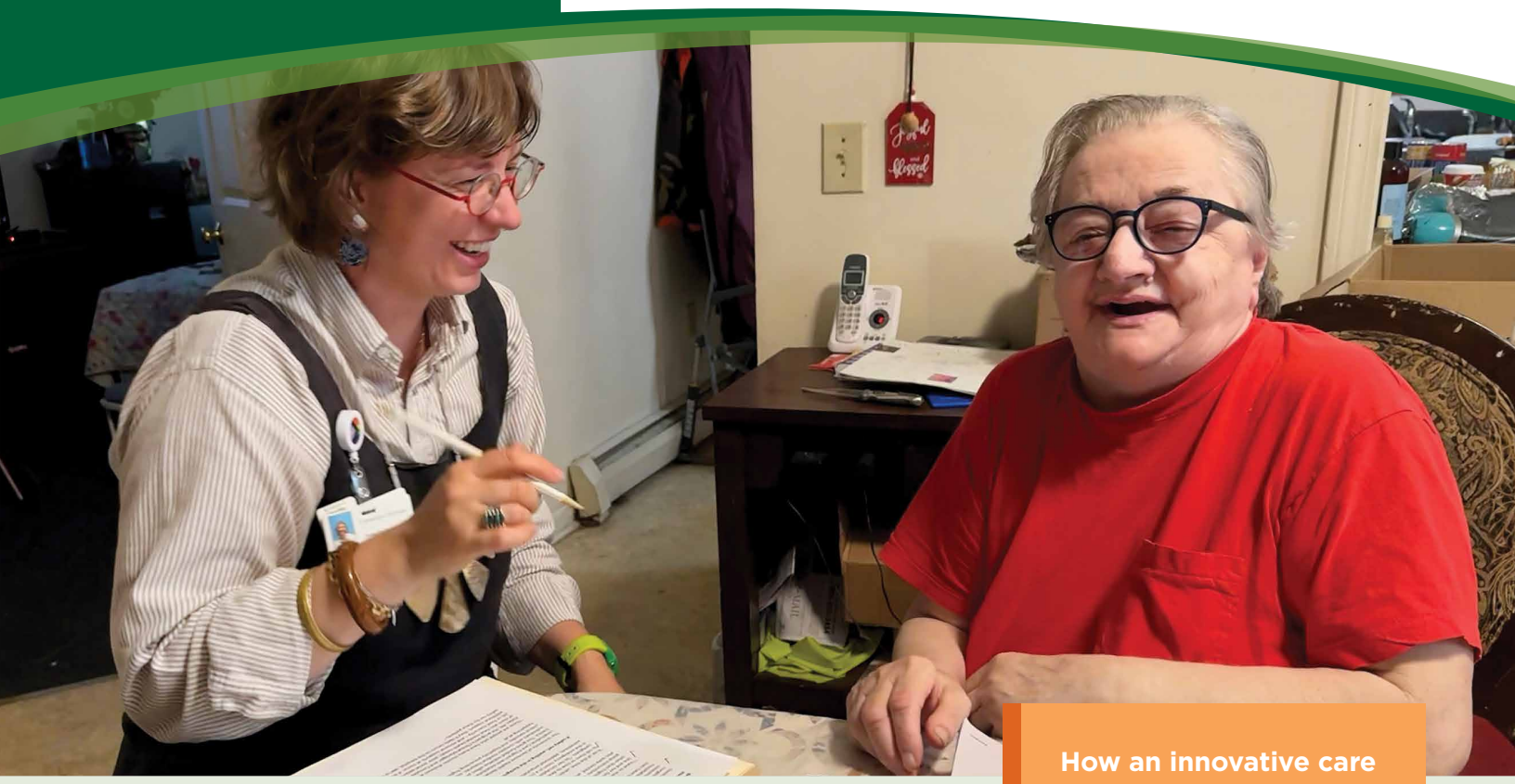
THE University of Vermont HEALTH NETWORK
Home Health & Hospice

FRIENDSHIP FOR LIFE

SUMMER 2024



How an innovative care program is saving both lives and money.

Breaking Barriers

Danica Rodic of Burlington is 69 years old. She has Type 2 diabetes, hypertension, congestive heart failure, vascular insufficiency, cardiovascular disease, osteomyelitis of her right ankle, and iron-deficiency anemia. She's been hospitalized frequently for foot infections, a complication of diabetes. Most of her toes have been amputated.

"I have so many different medical conditions," Danica says through an interpreter. She and her family emigrated to Vermont from Serbia, and she speaks a language other than English. She also has some cognitive difficulties that make it difficult to grasp instructions. Although she lives with one of her adult children his English is also quite limited, and her daughter lives out of state.

"A lot of the time, when Danica would go to her doctor, she wouldn't know what to tell them or how to describe her symptoms," says Debby Tate, LPN, one of her caregivers. "So her circulatory problems would go untreated. Then, she'd wind up in the emergency room in a crisis situation, often requiring hospitalization and, sometimes, additional amputations.

A safety net, waiting in the background

The University of Vermont Health Network – Home Health & Hospice's Longitudinal Care Program was established five years ago for patients just like Danica. This grant-funded initiative offers proactive case management for individuals with complex medical histories, supporting them at home between critical episodes and hopefully preventing frightening, costly hospitalizations from happening at all.

"These are people who have many chronic diseases at the same time," says Joe Haller, RN, the program's Clinical Manager and Complex Care Coordinator. "Many of them also have mental health needs, poor social determinants of health — like job or food insecurity — and minimal supports at home. If they don't have additional support, they'll likely return to the hospital. We're there to be that safety net for these patients."

Unlike many other medical services, the wraparound support provided through the

Continued on page 2

Longitudinal Care Program cannot be paid for by traditional medical insurance. Haller explains that insurance requires a "skilled need" — i.e., Physical Therapy, Occupational Therapy, or nursing — which have a goal of stabilizing a patent and discharging them.

If and when Longitudinal Care patients have an acute-care need that qualifies for skilled care, his team facilitates, through the patient's primary care office, a referral to have that portion of the patient's care covered by their insurance. When the patient becomes stable again, the Longitudinal Care team picks up the patient again.

14 Pills in the Morning, 9 at Night

The Longitudinal Care team consists of two nurses, two community health workers, and a medical social worker. Together, they provide tailored assistance to 35 patients from Chittenden and Grand Isle counties, from medication management to accompaniment on doctor visits, and connections to social services.

For Danica, managing her extensive medication regimen posed a significant challenge. "In the morning, I take 14 different tablets, and at night nine. I don't know the names, and all of the instructions are in English," she says. Debby set her up with color-coded packages from her pharmacy: yellow for morning; blue for evening.

The program extends well beyond medical needs.

"Maybe a patient is struggling with food and housing insecurity. Or they don't have transportation to get to their primary care provider," says Joe. "A lot of the people on our system can't use a regular bus. And they need to know how to apply for a service like SSTA [Vermont's Special Services Transportation Agency]. They may lose that service if we don't help them."

Debby puts it succinctly: "When they say it takes a village, that's kind of what our team is."

Claire Marton, the team's Medical Social Worker and Maddie Ruth, one of the team's Community Health Workers, keep track of available community resources. Because the program is not governed by insurance regulations, Claire says she can meet patient needs in very direct ways. "If a client needs a recliner, we can get that delivered. If someone needs a ride to an appointment, we can just give them a ride. We wouldn't ever be able to do either of those things under a traditional skilled nursing program. It's great to be able to just jump in and get things done," she says.

Dr. Karen Sokol, Danica's primary care provider, emphasizes the program's significance in alleviating the burden on physicians. "As a physician, I'm out there providing medical care, but I end up doing a lot of social work, too [Dr. Sokol's practice is 100% house calls]. When I have the Longitudinal Care team involved, I can just focus on doctoring, and I can see more patients," she says.

Dollars and sense

Despite its evident benefits, sustaining such programs remains a challenge within the current healthcare landscape. Dr. Sokol believes systemic reforms are needed to prioritize preventive care.

"As people are living longer, there will be more and more complex patients," says Dr. Sokol. "And getting them in and out of a clinic for a 15-minute appointment just doesn't work. That disconnect is one of the factors driving up health care costs." When people can't manage their own care at home and through primary care, she says, they end up in crisis. "By preventing the expensive hospital and ED visits, we're actually saving the system money."

As evidence, Dr. Sokol cites a pilot project run by the Centers for Medicare and Medicaid Services called the Independence at Home Demonstration. The project compared Medicare spending per person, per month, between patients who received at-home care and those who followed the traditional model of care delivery.

After seven years, the researchers had found that home-based care saved, on average, $200 per person, per month. The study is ongoing.

The Longitudinal Care Program originally operated through a OneCare innovation grant that helped build a program that served 26 clients by the end of 2023, with a waiting list more than double that number. "We stopped taking names a year ago," Haller acknowledges. "At that cadence, I wouldn't be surprised if we would be able to serve up to 200 patients if we had a larger team," he says.

The mounting evidence of savings through home-based care and the success of the program helped secure a recent grant from the Vermont Agency of Human Services. The nearly $460,000 has helped to expand the program reach and number of clients served to now 35, with a goal of 40 by the end of 2024. Recognizing the need to build a sustainable model, the grant will also fund a program impact evaluation analysis to build a case to secure long-term funding.

This additional funding will allow the program to serve an additional ten patients in 2024.

"My Joe, my Debby, my Claire, my Maddie"

According to Dr. Sokol, Danica's situation has notably improved in the two years she's been in the Longitudinal Care Program. "She's had fewer ER visits. I think she feels more comfortable reaching out for help now that she understands who her resources are and has that trust in them," she says.

Danica seconds that statement, albeit in slightly different words. "They are unbelievable, my Joe, my Debby, my Claire, my Maddie. They are all wonderful." □

The Longitudinal Care Team (l-r): Joe Haller, RN; Debby Tate, LPN; Chantal Peters, Community Health Worker; Clair Leupp, MSW; Maddie Ruth, Community Health Worker

Building Capacity to Care for Our Community

Grant funding allows Home Health & Hospice to invest in meeting the current and future needs of our community

> **Vermonters deserve a system where patients receive the right care, in the right place, at the right time."**
>
> **– Christine Werneke, MS, President and COO of Home Health & Hospice and Stephen Leffler, MD, President and COO of the UVM Medical Center**

Home and Community-Based Services are being recognized by federal and state policymakers and funders as critical to our health care system's ability to meet the needs of an aging population. Funding to enhance, expand and strengthen these services was allocated in the American Rescue Plan Act of 2021 and made available through the Vermont Agency of Human Services in the form of grant opportunities. Home Health & Hospice applied for and was awarded two grants in January of this year totaling $1.18 million.

The first grant, an award of $456,341, is expanding access to the Longitudinal Care Program (see story on page 1), an initiative that serves patients who lack a support system and whose social needs and health conditions require long-term engagement with an inter-disciplinary care team. The funding directly contributes to growing the number of participants and will pay for an evaluation to assess the program's impact and value. This study will be used to inform a long-term strategy for program funding and operations.

The second grant, totaling $728,824, supports our efforts to provide career advancement opportunities for our staff and stimulate professional growth within the health care industry. Training and education programs span from entry level positions, such as personal care attendant and licensed nurse assistant tracks, to Master's degree programs that include tuition coverage and stipends for living expenses. Recognizing that the right tools and resources to support our work is paramount to high-quality care and a positive experience, this grant will fund the purchase of 186 secure clinical tablets that our clinicians will use in their day-to-day work.

"This funding will have an immediate impact on addressing our priorities, specifically supporting growth of our teams and expanding access to care for our most vulnerable neighbors," Christine Werneke, MS, President and COO of UVM Health Network – Home Health & Hospice said in the grant announcement.

As different as these two areas — Longitudinal Care and workforce development — might seem, they're united by a common purpose: addressing the post-acute care shortage in Vermont. Our state has a severe, chronic lack of capacity for patients who need long-term care outside of the hospital. This creates delays for patients — some will wait days, weeks, months or even more than an entire year for the right care setting with the right supports — and contributes to overcrowding in our hospitals.

Home Health & Hospice is one of the organizations that can, with enough funding and the right support, reduce this shortage. The more home health resources there are, the easier it is for patients to transition out of the hospital. Additionally, home health care can help patients avoid the crises that might otherwise bring them to the Emergency Department.

By expanding our Longitudinal Care Program, we will be able to better serve those in our community whose complex and ongoing care needs might otherwise bring them regularly to the hospital. Growing our workforce — by attracting talent to the state, training locals for careers in health care and facilitating the development of our employees — will also help. Staffing limitations directly and strongly affect how many patients we can provide our services to.

We look forward to sharing updates as these grants begin to make an impact. For us, this is just the beginning. There is much more to come. □

Equity is essential. It must be embraced as a fundamental principle, going beyond a mere goal to pursue. Every organization and community thrives when we acknowledge the needs of all persons and create systems absent of bias. Addressing imbalances that exist in our care delivery system is imperative."

– Christine Werneke
President & COO

HOME HEALTH & HOSPICE BY THE NUMBERS (2023)

229,602
Hours of care provided

4,369
Patients served, at all ages and stages of life

4,075
Days of care provided at McClure Miller Respite House

92,179
Home visits by caregiving team members

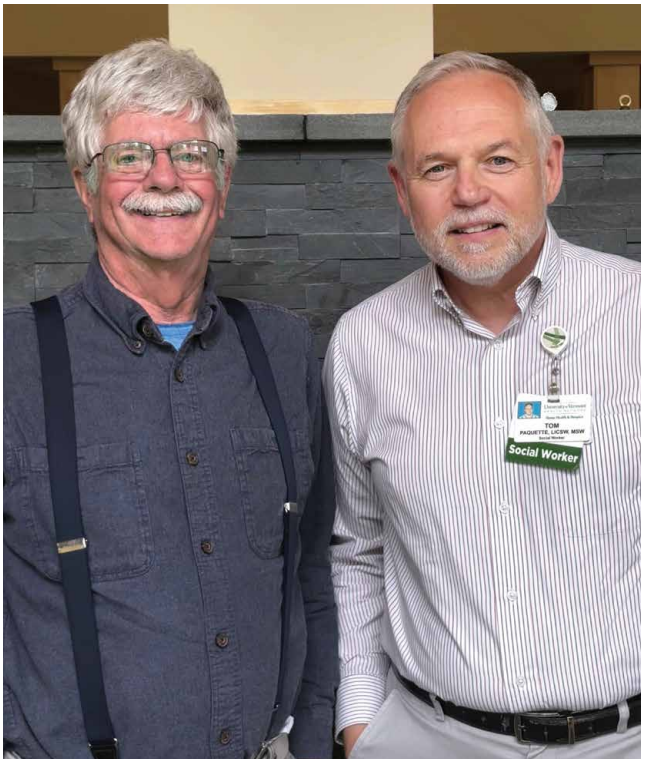
Staff Advance Diversity, Equity and Inclusion at Home Health & Hospice and Across the State

In February, we welcomed **Hajar Anvar, MHA,** as Manager of Integration, Inclusion, and Experience at Home Health & Hospice, a newly created position.

This role is essential for our continued progress in integrating our operations and creating a culture of belonging. Hajar, who joined our organization in 2018, has demonstrated their commitment to the vision, mission and work of Home Health & Hospice throughout their time with us.

Maddie Ruth, a Community Health Worker at Home Health & Hospice and member of our DEI committee, was selected to serve on the Interim Board of the Vermont Association of Community Health Workers, an independent volunteer coalition dedicated to advancing the profession across the state.

"In this role, it is essential to understand, respect, and value our clients and communities, holistically and compassionately," says Maddie. "It is about listening and truly hearing people's lived experiences as valuable and deserving respect. CHWs build trusting relationships that empower individuals and enable care teams to appropriately address inequities and barriers in accessing care and support. Leading with curiosity, dignity, and respect increases equitable care our community needs and deserves."



After Barclay Morris' (left) beloved wife Ellen died, he wanted to find a way to recognize Social Worker Tom Paquette (right). A gift in Tom's honor was the perfect solution.

Gratitude Out Loud

Patients and Family Members Express Gratitude by Honoring a Special Caregiver

"My wife Ellen received her cancer diagnosis on March 16, 2020. She fought it bravely, but roughly 20 months later she entered Home Hospice and then she transferred to McClure Miller Respite House. She went peacefully and quietly.

Everyone I met at McClure Miller Respite House and in Home Hospice was remarkably kind and took wonderful care of Ellen. While everyone else was caring for Ellen, it was Tom Paquette who made sure that I was coping as well as possible, both as we transitioned from Home Hospice to McClure Miller Respite House and during Ellen's time there. I wanted to honor Tom for all the time and effort he puts in, and in recognition of how much he helped me through such a difficult time."

- Barclay Morris

"Being able to truly listen to the client and family and assist them with their goals at one of the most important times of their lives is the best gift we can give to them."

– Tom Paquette
LICSW, MSW, Social Worker

Honor a Caregiver Program

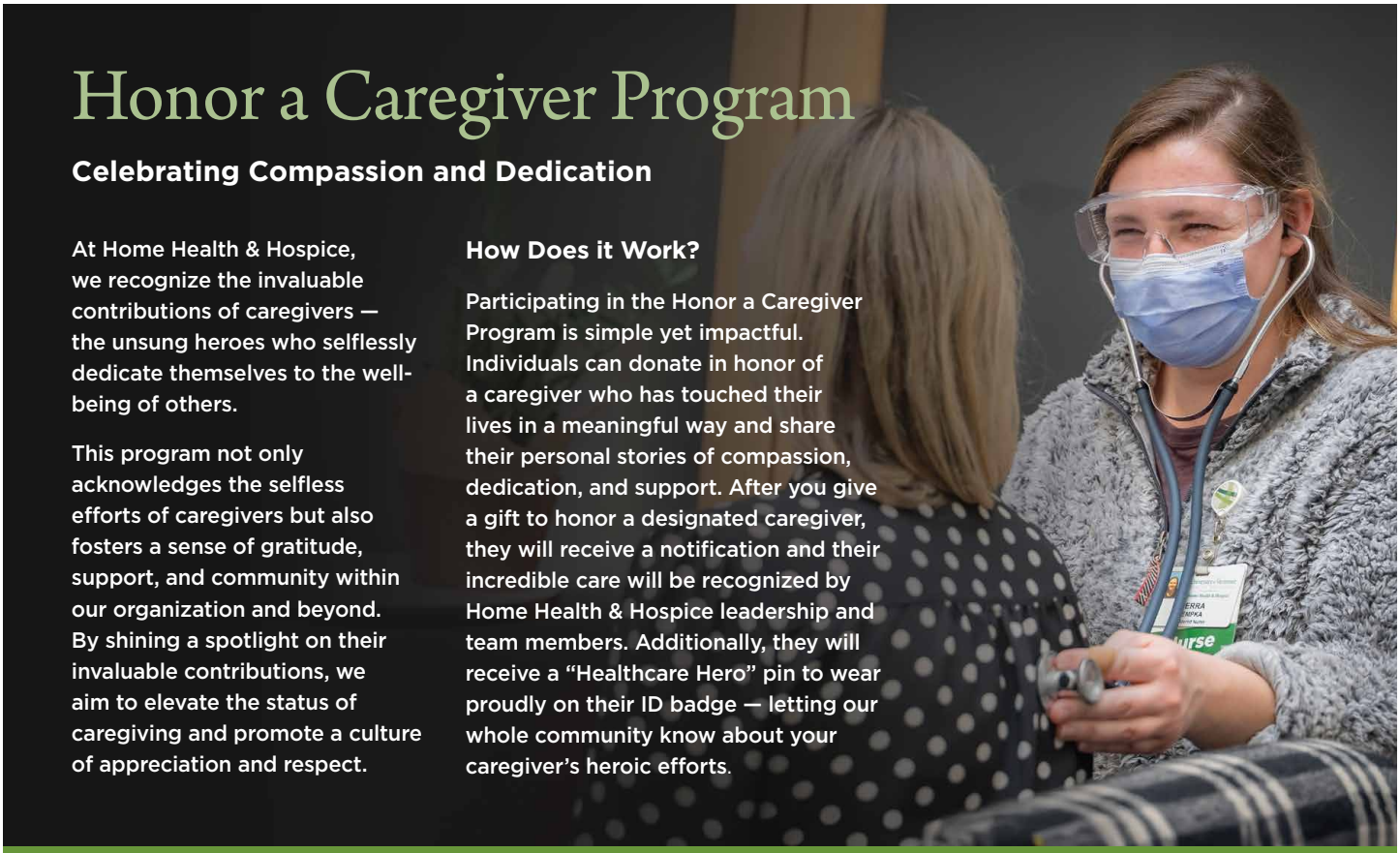
Celebrating Compassion and Dedication

At Home Health & Hospice, we recognize the invaluable contributions of caregivers — the unsung heroes who selflessly dedicate themselves to the well-being of others.

This program not only acknowledges the selfless efforts of caregivers but also fosters a sense of gratitude, support, and community within our organization and beyond. By shining a spotlight on their invaluable contributions, we aim to elevate the status of caregiving and promote a culture of appreciation and respect.

How Does it Work?

Participating in the Honor a Caregiver Program is simple yet impactful. Individuals can donate in honor of a caregiver who has touched their lives in a meaningful way and share their personal stories of compassion, dedication, and support. After you give a gift to honor a designated caregiver, they will receive a notification and their incredible care will be recognized by Home Health & Hospice leadership and team members. Additionally, they will receive a "Healthcare Hero" pin to wear proudly on their ID badge — letting our whole community know about your caregiver's heroic efforts.



Visit our website (UVMHomeHealth.org) or call 802-860-4475 to learn more.

Volunteer Spotlight

Get to know two of our incredible volunteers

Charlotte Kenney was in her mid-20s when she started as a hospice volunteer in 1980 at what was then called Hospice of the Champlain Valley. “That’s not usually an age when people are thinking about death and loss,” she says with a laugh. But her experience helping take care of her father-in-law had opened her eyes to how important end of life care was. Almost 50 years later, her passion for hospice volunteering remains strong. But she’s less inclined to brave Vermont’s unpredictable weather and sometimes-treacherous backroads. Today, she lends her time, compassion and considerable experience to residents at the McClure Miller Respite House.

Carmen LaFlamme will never forget the sense of security that she and her husband, Willy, felt when they arrived at the McClure Miller Respite House, which was located in Williston at the time. “Both of us felt like the weight of the world had been lifted off our shoulders,” she says. The day Willy passed away in 2002, Carmen promised she would return to the Respite House as a volunteer to show her gratitude for that act of kindness and all the others they had both received during their time there. In 2014, after retiring from her career as an elementary school teacher in Williston, she began fulfilling her promise.

Volunteer Appreciation

Dozens of hospice volunteers gathered for an event in April, capping off a month of volunteer appreciation activities. We had fun connecting, sharing stories and getting to know one another better. Many volunteers received recognition for their years of service — up to an amazing 40+ years! We could not deliver the same quality and level of service that we do without their involvement.

Volunteers — you have our deep appreciation!

Our Generous Community

I have seen the positive impact Home Health & Hospice has on our community. They help us stay in our homes, reduce hospitalizations, and provide support when we need it most. Selecting Home Health & Hospice to receive a percentage of my 401K was easy, and I know it will have a powerful impact directly on our community."

- Jim Madison, South Burlington

A Lasting Legacy

Join the Julia Smith Wheeler Founder's Society

Community members who include Home Health & Hospice in their will, estate, or other legacy planning make a critical investment in the future health of our community. Your forward-thinking gift helps ensure that our organization is here to care for our neighbors far into the future, and leaves a legacy you can be proud of. Planning a legacy gift is flexible and can even secure substantial tax benefits – all while investing in a cause close to your heart.

Common legacy gifts include:

Qualified Charitable Distribution
Are you taking a Required Minimum Distribution that you don't need? Meet your RMD by directing the distribution to our organization and avoid the taxes.

Beneficiary Designation
Naming a charity of your choice as the beneficiary of your IRA or other account is a powerful way to leave a philanthropic legacy while protecting your heirs. IRA accounts left to non-spouse heirs may be heavily taxed but are not taxed when left to a nonprofit.

Will or Trust
Gifts of any size included in your will or trust make a difference for the people we care for.

Gifts of all sizes and all types make a difference for our neighbors.

Please join us with your gift today:
UVMHomeHealth.org/donations

Contact Maya Fehrs at:
donate@uvmhomehealth.org or 802-860-4475
to learn more about how to have your biggest impact.

About Home Health & Hospice

CARE AT HOME SINCE 1906

For more than 100 years, we have provided high-quality, compassionate home health and hospice care wherever our community members call home. We support families at every age and stage of life, from pregnancy and early childhood care to adults with acute and chronic illnesses to those at the end of life. The VNA is how we started. UVM Health Network - Home Health & Hospice is who we are today.

OUR PROGRAMS

- Family and Children's Services
- Pediatric Rehabilitation
- Adult Home Health
- Adult Day
- Long-Term Care
- Hospice and Palliative Care
- McClure Miller Respite House

THE University of Vermont HEALTH NETWORK

The University of Vermont Medical Center

The University of Vermont Health Network – **Home Health & Hospice**

The University of Vermont Health Network – **Central Vermont Medical Center**

The University of Vermont Health Network – **Champlain Valley Physicians Hospital**

The University of Vermont Health Network – **Elizabethtown Community Hospital**

The University of Vermont Health Network – **Medical Group**

The University of Vermont Health Network – **Alice Hyde Medical Center**

The University of Vermont Health Network – **Porter Medical Center**

TRUSTED LOCAL CARE

We are one of a kind. We are not-for-profit and locally led. We bring the care you need to you, wherever you call home.

As a member of The UVM Health Network, we provide trusted local care connected to a Network of expertise that benefits our patients and our people.

OUR INTEGRATED, ACADEMIC HEALTH SYSTEM

The University of Vermont Health Network is comprised of five community hospitals, an academic medical center, a multispecialty medical group and our Home Health & Hospice agency. By integrating patient care, education and research in a caring environment, we can improve people's lives. The services provided by Home Health & Hospice are a key part of the continuum of care for our patients and communities.

Together, we are working to preserve access to care for the people we serve by focusing on wellness, in addition to disease prevention and treatment, to improve the health of people across Vermont and Northern New York so our communities can thrive.

THE University of Vermont HEALTH NETWORK

Home Health & Hospice

Friendship for Life is a publication of The University of Vermont Health Network – Home Health & Hospice.

Want to learn more about any of the programs in this issue?

Visit us online: **UVMHomeHealth.org**

Call us: **(802) 658-1900**

Member of VNAs of Vermont
Your Nonprofit Home Health & Hospice Agencies