

# Visiting Nurse Health System Sponsored Successful CEU Workshop on Healthcare Reform

Visiting Nurse Health System was the main sponsor of a free CEU workshop on the Affordable Care Act (ACA) in August. The event was so successful that a second one was held on November 3rd at Piedmont Hospital's Richard Rich Auditorium. Both workshops were coordinated by CEU Concepts.

More than 160 healthcare professionals, including social workers, nurses and case managers, attended the second workshop, titled "Demystifying Healthcare Reform: Beyond the Basics". They received five CEU hours - 3.5 Core and 1.5 Ethics. Topics covered included healthcare exchanges in general and Georgia's in particular, hospice care reimbursement, and the ethics of healthcare - is it a privilege or a right?

Anne McSweeney, LMSW, President of CEU Concepts, welcomed the attendees and introduced Anton Gunn, MSW, Regional Director of Region IV US Department of Health and Human Services. Gunn held an Open Forum and question and answer session. Many people asked how healthcare reform will work in Georgia, given that the law is being challenged by many of the state's elected officials. Gunn was optimistic about the outcomes of the legal challenges.

Tim Stack, President and CEO of Piedmont Healthcare and a member of Georgia's



Attending the CEU workshop on the Affordable Care Act are (sitting, l to r): Jason Lesandrini, Alison A. Schlenger, Clinical Manager of House Calls Atlanta, and Dr. Donald Evans.

Healthcare Exchange Committee took the podium next. He provided an overview of the Committee's work and explained that their recommendations to Governor Deal were for a quasi-government corporation model, with a user-friendly web portal for purchase of insurance. He also discussed the implications of the insurance exchanges and the impact it may have on healthcare professionals.

Stack said the committee discussed whether and/or how to proceed since most members do not support the new law. They decided to move forward, however, and create an exchange that will meet Georgia's needs, rather than accepting the exchange created by the federal government.

One of the day's most thought-provoking sessions was the panel discussion, "Is Healthcare a Right or a Privilege?" Jason Lesandrini, Medical Ethicist at Grady Health System, challenged attendees to think about ethical situations in healthcare in general. For instance, had anyone ever skipped a dose of antibiotics, or not completed the prescribed regimen? Many hands shot up. And did those people, Lesandrini challenged, feel any moral responsibility for the increase in MRSA outbreaks? He gave numerous similar examples that dug deeply into the ethics of healthcare.

Joining Lesandrini were Alison A. Schlenger, MSW, NP, Clinical Manager of House Calls Atlanta, and Dr. Donald Evans, a family physician and medical director of several nursing homes. Evans reminisced about an era not long ago when health insurance didn't exist and family physicians bartered their services for home-grown vegetables. Schlenger emphasized the need for people to take more responsibility for their own health and questioned whether we, as a society, should pay for healthcare for patients who are non-compliant.

Jennifer Hale, RN, BS, CHPN, and Kelly Erola, M.D., FAFM, FAAHPM, closed the day with important information about the effects of the ACA on end-of-life care. Hale, Executive Director of Georgia Hospice and

Palliative Care Organization, emphasized that even though Medicare and Medicaid expenditures in hospice have been shown to save the Medicare program an average of \$2,300 per beneficiary in the last six months of life, the ACA reduces reimbursement to hospice providers by 3% starting in 2013.

Hale reminded attendees about the damaging "death panels" debate that hit the media in 2009, spreading false information about the meaning of the proposed hospice legislation. In fact, the proposed bill recommended that physicians be reimbursed for consultations on advance care planning, a key component of quality care for terminally-ill patients. The negativity and fear that followed, Hale said, directly impacted the bill - advance directive consultations are not covered under the Affordable Care Act.

Dr. Erola, Medical Director of Hospice Savannah and the Steward Center for Palliative Care, explained the various changes that Georgia has made to the Medicaid Hospice Manual, including clarification on pediatric hospice: "duplication of concurrent curative care and hospice care services is not permitted". However, children can receive palliative care.

Co-sponsors of the workshop were Barnes Healthcare Services, Caravita Home Care, Extrakare, and Sunrise Senior Living. Visiting Nurse Health System is planning more CEU workshops in 2012.

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## Georgia Hospital Association Awarded Federal Funds to Improve Hospital Care and Patient Safety

The Georgia Hospital Association (GHA), a long-time national leader in efforts to strengthen hospital quality and safety, further solidified that role by winning a federal contract that is guaranteed to take patient safety efforts in Georgia to the next level. With the December 14 announcement by the U.S. Department of Health and Human Services (HHS), GHA, through its research and education foundation, became one of only 26 organizations in the country to be recognized as a Hospital Engagement Network, which will be charged with reducing hospital readmissions and identifying and disseminating best practice strategies to reduce healthcare-acquired conditions.

Under the new Partnership for Patients project, The Centers for Medicare & Medicaid Services (CMS) Innovation Center, which was established by the national health care reform legislation, will distribute \$218 million to the participating state, regional, national or hospital system organizations. GHA is the only Georgia-based organization to be selected for the project.

"This is a significant achievement for the Georgia Hospital Association, but more important, it is a huge win for Georgia residents who deserve the safest, highest

quality hospital care," said GHA President Joseph Parker. "GHA's participation in the Partnership for Patients project will give the Georgia hospital community a major boost in its efforts to stamp out healthcare-acquired conditions and ultimately save many lives."

As a Hospital Engagement Network, GHA will begin work to develop learning collaboratives for hospitals and provide a wide array of initiatives and activities to promote patient safety. It will also be required to conduct intensive training programs to teach and support hospitals in making patient care safer, provide technical assistance to hospitals so that hospitals can achieve quality measurement goals, and establish and implement a system to track and monitor hospital progress in meeting quality improvement goals. The activities of the Hospital Engagement Networks will be closely monitored by CMS to ensure they are improving patient safety.

GHA formally launched its patient safety efforts in 2000 with the creation of its highly-acclaimed patient safety organization, the Georgia Partnership for Health and Accountability (PHA). Today, 100 percent of Georgia's acute care hospitals participate in PHA sharing best quality and patient safety practices and equipping

Georgia health care consumers with information to make informed decisions about Georgia hospitals. According to Parker, PHA's successful track record paved the way for GHA's first-ever federal contract.

While hospitals have the choice to work with any one of the 26 Hospital Engagement Networks, more than 100 Georgia hospitals and health systems have already agreed to work with GHA.

Launched in April 2011, the Partnership for Patients now consists of more than 6,500 partners, including over 3,167 hospitals, along with employers, health plans, physicians, nurses, patient advocates, and state and federal government officials who have pledged to work together to reduce the number of hospital-acquired conditions by 40 percent and reduce hospital readmissions by 20 percent by the end of 2013.

Achieving the Partnership for Patients' objectives would mean approximately 1.8 million fewer injuries to patients in the hospital, saving more than 60,000 lives over three years, and would mean more than 1.6 million patients recover from illness without suffering a preventable complication requiring re-hospitalization.

## Wilkins Parkinson's Foundation Creates a Program to Take PD Research from Hospital to Home

In an effort to continue raising awareness and promoting research for Parkinson's disease (PD), Wilkins Parkinson's Foundation (WPF) is spearheading a new project called "PD Research - Sounds from Emory", thanks to a grant from the Community Engagement and Research Program of the Atlanta Clinical Translational Science Institute funded by the National Institutes of Health (NIH).

The "PD Research - Sounds from Emory" project is a collaborative effort between WPF and Emory

University's NIH - funded Morris K. Udall Center of Excellence for Parkinson's Disease Research. The goal is to disseminate relevant PD research findings in a timely manner to patients with PD and their caregivers.

This will be accomplished using podcasts of interviews with leading Emory PD researchers that will be posted on the WPF website. Listening to lay research summaries presented by researchers in an easily accessible audio format will help to simplify and personalize the research findings for the listeners.

This program will also help initiate a dialogue between Emory researchers and PD patients that has not existed in the past. WPF currently maintains on its website a "PD Newsfeed" of media links to new PD research findings. This project expands upon this service and furthers WPF's public PD awareness goals through the establishment of a more direct and personal link between Emory PD researchers and lay public interested in PD.