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INSIDE

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This OASIS is no mirage; system is now required

Private duty providers struggling with implementation

Despite the protests of many Medicare-certified private duty providers, the Health Care Financing Administration's (HCFA) Outcomes Assessment and Information Set (OASIS) is here.

On Jan. 25, HCFA issued final regulations for the data collection effort that will be used in the home care prospective payment system and the outcomes-based quality improvement of all Medicare-certified agencies. After a testing period, the regulations obligated providers to routinely collect and submit data to HCFA by April 26.

Medicare-certified providers must complete OASIS assessments upon admission and at other specified times on all patients, with a few exceptions. Excluded are those under 18, or those receiving maternal-child, housekeeping, and chore-type services. Those receiving nutrition and medical social work services may also be excluded. The National Association for Home Care (NAHC) is awaiting clarification on this apparent super-regulation policy decision from HCFA, according to **Chandra Branham**, associate director of regulatory affairs at NAHC.

HCFA argues it needs data on all patients to substantiate that Medicare patients receive the same level of care as others and ensure it pays consistent rates across the country.

OASIS adds costs, violates privacy, critics charge

Most providers laud OASIS' long-term potential for establishing a Medicare prospective payment system and substantiating the benefit of home care through statistically significant clinical outcomes. However, those operating Medicare-certified private duty services in one entity have serious quarrels with the project. The requirement to perform OASIS assessments on sometimes significantly higher numbers of private duty rather than Medicare patients is onerous at best. It adds costs and layers of administration to slim-margined operations radically different from those involving Medicare patients, they contend.

Consider the case of Delray Beach, FL-based LifeCare Home Health

Services. More than 80% of the Medicare-certified provider's patients are private pay, according to **Barbara Little**, RN, MPPA, CHCE, director of compliance.

OASIS gets personal

The company primarily provides personal care services through its branch offices in Connecticut, Illinois, Indiana, Maryland, and Arizona. One office has only 30 Medicare patients out of 125. Yet, because the private duty and Medicare operations are one entity, LifeCare must perform OASIS assessments on all patients.

Sacramento, CA-based Chicken Soup Plus is in a similar situation. Medicare pays for the care of only about 10% of its patients, according to **Mary Baker**, RNC, MSN, MHS, FNP, president and chief executive officer. The remainder of its skilled and personal care cases have both managed care and private funding.

OASIS requires additional resource expenditures. Direct expenses include such items as additional staff for increased data entry and new information technology. Productivity decreases also indirectly increase expenses. Despite industry calls to do so, HCFA has not agreed to any additional compensation for the OASIS implementation.

Of even more concern to some is the personal information the OASIS assessment involves, such as a patient's experience with alcohol and drug dependency, depression, and thoughts of suicide. Obtaining and transmitting such data to HCFA violates the privacy rights of all patients, particularly those whose care is not reimbursed by Medicare, they argue.

When asked by NAHC what providers should do if a patient refused to answer OASIS questions, HCFA initially stated that agencies should document the patient's refusal in the chart but continue providing services, Branham reports.

About a week later, HCFA reversed itself and said that under such circumstances, providers could not continue providing services. Recently, it has indicated that it needs to research the subject and develop a definitive answer. At *Private Duty Homecare* press time, NAHC was awaiting this response.

The OASIS-related privacy concerns sparked a controversy. NAHC members who visited congressional offices while attending the association's mid-March policy conference reported that legislators expressed surprise and concern about the requirement.

Larger associations are also concerned

In addition to home care industry associations, the American Psychiatric Association and the Health Privacy Project at Georgetown University have communicated concerns to HCFA, as has the federal Small Business Administration (SBA). The subject has also received major press coverage, including the front page of *The Washington Post*.

"I'm pretty amazed that out of all the things that have happened to home care in the past year, this is the issue that has attracted attention. Legally and ethically, though, it's a quandary [that] I don't know how it will be resolved," says **Elizabeth Hogue**, a health care attorney in Burtonsville, MD.

With increased costs not recognized by HCFA and a potential loss of business from patients who refuse the OASIS assessment, some private duty providers are considering if they should decertify themselves from the Medicare program.

Eliminating one problem may create others. Depending on the state(s) they do business in and their long-term strategies, Medicare disenrollment may inhibit rather than support organizational growth.

"It's a real quandary. To provide services to Medicare + Choice or even some regular managed care patients, you must be Medicare-certified," says Hogue. Many state Medicaid programs require Medicare certification, as do numerous third-party payers.

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- If not Medicare certification, what credentialing do you need?

"So many private pay sources want you to be Medicare-certified because they want you up to a certain level of services," explains **Pat Stalica**, RN, BSN, director of private services for Outreach Health Services in Austin, TX**.**

A provider bowing out of the Medicare program may in turn close the doors to other payer sources.

It may not be much of a consolation, but payers also caught in the dilemma of meeting Medicare regulations and trying to achieve financial objectives have opted out of the program.

"The Medicare managed care companies have to abide by Medicare regulations," Hogue explains. "That's why so many are fleeing the market because they want to get out from under the burdensome regulatory requirements and what they regard as too little reimbursement."

Unless HCFA moderates its positions, Medicare-certified private duty providers have little choice but to comply with the requirement. **(See related article on easing the OASIS implementation burden, on right.)**

In the meantime, Branham encourages pursuing all avenues of objection — including contacting members of Congress, the SBA, and the HCFA Office of Clinical Standards and Quality — which oversee OASIS implementation.

Don't miss opportunities to educate patients and the public, Baker advises. In recent presentations to Sacramento, CA, business groups, she found people were fairly ignorant about the subject, despite some national media coverage. Once informed, they expressed outrage at the government's intrusiveness, she reports.

Focusing on the long-term benefits of OASIS may also help plow through the immediate morass.

"We're looking at what OASIS will mean in 18 months. We hope the benefits will far outweigh the temporary inconvenience and costs," explains **William Deary**, chief financial officer of Great Lakes Home Health Services in Jackson, MI.

"OASIS could be enormously favorable for home care providers," Hogue says. "It may demonstrate value in a way they've never done before."

"It is at least an opportunity to validate home care," agrees **Catherine Mallard**, MEd, RN, director of clinical system design for the New York City-based Visiting Nurse Service of New York. "There is a lot of debate about its value. Now we have a way to tell, through reliable and valid tools, the improvement we made with patients." ■

Surviving OASIS: Tips to ease implementation

Staff training, automation helpful

Despite concerns about OASIS-related administrative hassles and patient privacy violations, for now Health Care Financing Administration (HCFA) regulations equally apply to all patients of Medicare-certified agencies, except for those under 18, receiving maternal-child, or housekeeping benefits. While pressing for relief from these OASIS provisions, Medicare-certified private duty providers have little choice but to comply with the regulations. Tips offered by other providers to ease the implementation burden include:

• **Present OASIS as positively as possible.**

"Don't deliver the message that outcomes are bad. Acknowledge that it's additional work, but that it also offers positive benefits," suggests **Catherine Mallard**, MEd, RN, director of clinical system design for the New York City-based Visiting Nurse Service of New York (VNSNY).

Managers on either side of the "too bad, it's tough" or "isn't this just awful" coin will only engender more staff discontent with the process. Allow staff to express concerns, but channel their energies by soliciting input on ways to streamline the implementation. **(See article in this issue on effectively managing organizational change, p. 53.)**

• **Educate, educate, educate.**

"Staff need as much information as possible about why OASIS is being done and that it's not just an arbitrary thing to make people's lives miserable," says **Nancy Mongeau**, RN, MEd, MSW, director of recruitment for Lynn, MA-based All Care Visiting Nurse Association.

Mallard agrees. "You're going from a three- to four-page assessment to one that's 17 pages. You have to show nurses why this has to be done." She recommends showing staff sample reports, picking one outcome improvement measure, and showing what it can mean to the organization and individual teams. "That way, it's not too overwhelming or abstract," she says.

• **Retrain staff.**

VNSNY brought staff back for more training about two weeks after implementing OASIS. It helped them collectively identify ways to administer the assessment more efficiently, and also highlighted a few glaring problems. One nurse

reported, "This is impossible! It's taking me three hours to do it!"

"She literally viewed it as an interview and was reading all the questions and responses," Mallard explains.

Assessment efficiency is part trial-by-fire, part learning from others' experiences.

"There is definitely a learning curve involved in the assessment process. Initially, it may take an hour-and-a-half to an hour per visit, but it decreases as they become more familiar with the instrument," Mallard adds.

Although it varies for each clinician, she estimates that most take around 15 minutes after they have experience.

"After a while, you get a routine and you get faster at it," **Barbara Little**, RN, MPPA, CHCE, agrees. Little is director of compliance for LifeCare Home Health Services in Delray Beach, FL.

"It's just like the first time in nursing. It took a long time to do an assessment. But staff will come up with a conversational way to get questions," says Mongeau. To ease staff into a conversational approach and resharpen those skills first learned so long ago, use assessment training videos, Mallard advises.

• **Involve other professionals.**

Many agencies look to nursing staff exclusively to complete the OASIS assessment, but don't forget therapists. Some argue that certain aspects of OASIS, such as a medication assessment, is outside their scope of practice. However, many therapists feel otherwise and believe that OASIS is the perfect vehicle to substantiate the impact of their interventions. At the VNSNY, they asked to be involved, Mongeau reports.

Schaumburg, IL-based personal care company LifeStyle Options has used OASIS for two years even though it is not Medicare-certified. "It makes sense for us because it's a functional, rather than medical, tool," says **Molly Miceli**, chief executive officer.

Not bound by Medicare administration requirements, the company completes most of the assessment over the phone at the time of intake. Two staff support specialists — one a nurse, the other a teacher — verify missing and incomplete information at the time of case opening.

• **Gain patient cooperation.**

While awaiting clarification from HCFA about the proper course of action when a patient refuses to answer OASIS questions, don't set up such a situation with negative explanations of the assessment.

"We explain that it's part of being a Medicare-certified agency even though we're not using [the patient's] home care benefit," says Little. So far, no LifeCare patient has declined to participate in OASIS. Should one do so, Little's not sure what will happen. "We'll handle it on a case-by-case basis and ask our attorney and the company CEO."

Over time, patients will see OASIS as just part of the normal home care routine, Mongeau asserts. "It's like when discharge planners first starting walking into patients' rooms on the day of admission. People thought, 'This is absolutely absurd,' but patients expect it now."

More tips to help

• **Re-evaluate your data collection methods.**

If you have not already made significant automation investments, with some OASIS experience under your belt, you may want to reassess your chosen data collection methods. LifeCare did a cost-benefit analysis of the estimated number of OASIS assessments per month, per branch. It also estimated the assessment and data entry times. The company uses an automated laptop system for Medicare clients, and a paper assessment followed by clerical staff data entry for private pay patients.

Nurses at the VNSNY use a pen-based tablet to directly enter OASIS responses. For now, therapists are using paper forms that clerical staff subsequently enter, but they will eventually convert to the computerized system.

The agency's decision was based on its size, data entry expense, and existing information system, according to Mallard. With about 1,400 nurses, it already had a considerable data entry effort, and was concerned about meeting the required seven day OASIS "lock-in" period to enter, validate, and correct data before permanently transmitting it, she explains.

On the other hand, Great Lakes Home Health Services decided that scanable forms would create the least hardship, according to **William Deary**, chief financial officer of the Jackson, MI-based agency.

• **Learn from others.**

"Hook up with someone who's been doing it and see them in action. Why reinvent the wheel?" Mongeau asks. Agencies that you contract with may be ideal *real-time* observation partners.

• **Decertify or reorganize.**

If you can't make your OASIS implementation work either financially or operationally, even

SOURCES

- **Mary Baker**, RNC, MSN, MHS, FNP, President and Chief Executive Officer, Chicken Soup Plus, 1125 I St., Sacramento, CA 95814. Telephone: (916) 554-2444.
- **Chandra Branham**, Associate Director of Regulatory Affairs, National Association for Home Care, 228 Seventh St. S.E., Washington, DC 20003. Telephone: (202) 547-7424.
- **William Deary**, Chief Financial Officer, Great Lakes Home Health Services, 103 S. Jackson St., Jackson, MI 49201-2211. Telephone: (517) 796-1000.
- **Elizabeth Hogue**, Attorney, 15118 Liberty Grove Drive, Burtonsville, MD 20866. Telephone: (301) 421-0143.
- **Barbara Little**, RN, MPPA, CHCE, Director of Compliance, LifeCare Home Health Services, 800 N.W. 17th Ave., Delray Beach, FL 33445. Telephone: (800) 543-3491.
- **Catherine Mallard**, MEd, RN, Director, Clinical System Design, Visiting Nurse Service of New York, 5 Penn Plaza, New York, NY 10001-1810. Telephone: (212) 290-3553.
- **Molly Miceli**, President, LifeStyle Options, 1111 Plaza Drive, Suite 330, Schaumburg, IL 60173. Telephone: (847) 240-7330.
- **Pat Stalica**, RN, BSN, Director of Private Services, Outreach Health Services, 9415 Burnet Road, Third Floor, Austin, TX 78758. Telephone: (512) 821-2974.

with extensive training and a positive approach, then consider decertifying from the Medicare program. Consider the licensure and regulatory climate in your state, as well as the credentials normally required by managed care organizations doing business there, Hogue advises.

Your strategic interests are also important. For example, if you want to expand personal care services — having managed care contracts and hence Medicare certification may mean less to you.

If decertifying seems too drastic, then evaluate moving your private duty operations to a separate corporation. While doing so will relieve you of certain regulatory burdens, it will add incorporation costs and other operational expenses. To pass HCFA muster, the two entities must truly be separate. That means neither Medicare-certified nor private duty administrative staff can assist their counterparts as their respective workloads fluctuate. Payroll taxes may also be slightly higher than they would be if the services were in one corporation. ■

So many changes, so little time

Communicate to put yourself in the driver's seat

If the Outcomes Assessment and Information Set (OASIS), the interim payment system (IPS), higher third-party payment hurdles, and increasing competition have your organization singing the blues, you are not alone.

Rampant changes have left most home health providers reeling. And it's no wonder. Telling your staff to complete more documentation and increase productivity for the same or less pay while remaining upbeat is one thing. Helping them accomplish such feats is another.

Managing change is one of the most difficult, yet important of administrative responsibilities. It can make or break the effectiveness of your organizational improvement initiatives. You can put yourself in the driver's seat, though, by understanding the phases of and obstacles to change, according to **Nancy Mongeau**, RN, MEd, MSW, director of recruitment for Lynn, MA-based All Care Visiting Nurse Association. Mongeau speaks frequently on organizational change.

Although it is often good, change is disruptive in the short run and can be debilitating if obstacles block progress. Some common change obstructions Mongeau cites include:

- **lack of communication;**
- **not making employees part of planning and transition;**
- **not having appropriate leadership;**
- **not making training and necessary new skills a priority;**
- **seeing change as painless and quick;**
- **managers believing they are alone in directing change.**

Every organizational change involves both hard and soft issues, according to Mongeau. Managers can more readily recognize and measure hard issues such as limited resources, increasing workload, poor quality, and declining profits. Soft issues, such as negative attitudes, lack of motivation, ineffective communication, and lack of teamwork, are more difficult to identify and address. Yet "the touchy-feely stuff will help you get through change," she says.

Gaining staff cooperation and support during transition starts with understanding the phases of change. Each high and low of what Mongeau calls

Change Announcement Worksheet

When preparing to announce a change in writing or in person, be sure to have answers to the following:

- **What is the change? (Be specific)**
- **What is the reason for the change?**
- **What is the likely impact of the change?**
- **What are the benefits from the change?**
- **What are the drawbacks of the change?**
- **What details do you know?**
- **What details are not known?**

Source: Nancy Mongeau, All Care Visiting Nurse Association, Lynn, MA.

the roller coaster ride of change are predictable. Recognizing the signs of each phase and its related expected behavior can put you well down the change management track:

• **The big change.**

After the announcement of a major new initiative, the entire staff may be numb. "They're in denial. They want to focus on the way things were," says Mongeau. People may carry on with normal routines and work patterns, but there is usually a productivity drop.

During this phase, communication is critical. "You should provide the maximum amount of information possible, in meetings and newsletters, for example," Mongeau suggests.

Paint a big picture that covers community, state, and even national issues so staff understand the reason for the change and don't assume that it's just something you're doing to them. Relate the changes to daily work life so that people know what to expect.

Lack of communication is often a factor in unsuccessful change initiatives. Make sure you provide as much information as possible when announcing a change, including the things you don't know, Mongeau advises. **(See Change Announcement Worksheet, above.)** Make yourself available for employees. Consider having special "open door" office hours when staff can talk with you one-on-one.

It is also important to give employees time to accept the new requirements. "People get very needy at this stage. They ask the same thing repeatedly, and it's not because they don't understand. It's because they don't want to hear the answer," Mongeau explains.

• **Resistance and confusion.**

After people have time to absorb a new initiative, they often sink into resistance. "It's the fear of the unknown. The status quo is preferable, even if it's bad," Mongeau explains. At this stage, staff reactions range from apathy to anger, and there may be a high degree of stress. Listening to subordinates is paramount.

"The leader must listen, acknowledge, and support staff. Don't talk people out of their feelings. Listen to their concerns; they may be unfounded. This is a good way to find out misperceptions and deal with them. You should also empower staff to give suggestions or ideas," says Mongeau.

The high-stress work environment, combined with personal issues, may send some employees into an emotional crisis. If you sense that a person is reacting to more than just work-related changes, refer her to your employee assistance program or other counseling service, Mongeau advises.

• **Integration and exploration.**

Given time and appropriate support, staff begin to focus on the future and look for new ways to relate to each other in the new world order.

"This phase can be exciting and chaotic. It also requires a lot of energy," says Mongeau. As employees start accepting change, they also search for ways to better function. New ideas may abound.

During this phase, focus on priorities and provide needed training. For example, if your organizational change involves new team structures, this would be the time for each team to find the best way to work together and establish communication standards, Mongeau explains.

• **Commitment.**

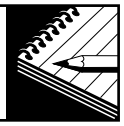
As people form new working relationships and settle into changes, they feel less threatened and their optimism and job satisfaction re-emerge while their anxiety decreases. This is the time to set long-term goals, concentrate on team building, and validate and reward those positively responding to change, Mongeau advises.

Ongoing recognition sustains changes. When the company, teams, and individuals reach goals, make an announcement. Some organizations lose momentum at this point because they stop talking about results once the desired financial or productivity figures appear, according to Mongeau. ■

SOURCE

- **Nancy Mongeau**, RN, MEd, MSW, Director of Recruitment, All Care Visiting Nurse Association, 16 City Hall Square, Lynn, MA 01901. Telephone: (781) 598-2454.

GUEST COLUMN



Stay just a little bit longer

Sing the strains of retention with training, benefits

By **Judith Clinco**, RN, BSN, CHHCE
President and Chief Executive Officer
Catalina In-Home Services Inc.
Tucson, AZ

Finding good home care workers is never easy. Right now, thanks to an extremely low unemployment rate, the job is especially tough. But agencies can still grow a bigger and better work force without having to lock all the exits to do it.

At Catalina In-Home Services, the private pay personal care company I founded 18 years ago, we've managed it by creating an environment of acknowledgment, appreciation, and self-worth for our employees. We offer extensive training and a good benefit package so there's no conversation about going anywhere else; and people think of Catalina as "home." The results speak for themselves; our retention rate hovers around 72%.

I strongly believe that when people realize you're investing in them, it generates loyalty. With training and education, employees develop confidence about their work and it gives them a sense of self-worth and security. When they feel good, they'll perform better. Then the client sees what good work they're doing and that brings more praise.

To retain, train!

Our quest to improve employee retention began when the company started. The first week we opened our doors, I found that we had difficulty recruiting people with the right experience and skills. So we quickly put together a 30-hour training program to attract and support new employees and have them bond to us. From that initial effort, we've gradually expanded our training programs over the years.

Today, the centerpiece of Catalina's staff development program is a 150-hour course leading to qualification as a certified nurse's aide (CNA). We developed the program with a job training matching grant from the Arizona Department of Commerce. Certified by the Arizona State Board of Nursing, it is 50 hours above what the state requires for CNA certification.

We went above and beyond the minimum so we could convey not just the technical aspects of personal care, but also what it takes to excel. Anyone can make a bed if given instruction, but we want our caregivers to do it the client's way — always.

Ten weeks to excellence

The course lasts just over 10 weeks and covers topics such as infection control, aging, and working with elderly clients, nutrition, family dynamics, home management, time management, and communication. A master's-prepared nurse with extensive experience in adult education developed and conducts the program.

Over the 10-week course, classes meet for nine hours each week during weekday evening sessions. On seven consecutive Saturdays, students also complete 49 hours of practicum at a local Veterans Affairs (VA) skilled nursing facility. This arrangement not only gives our trainees experience, but it helps the VA meet patients' personal care needs during a normally low staffing time.

About 125 trainees have completed the course since it began as a pilot five years ago. Because many trainees have had unsatisfactory school experiences in the past, we keep the class size small, allowing plenty of one-on-one time with the instructor. Catalina realizes a slight profit when more than eight students are in the class.

Tuition is $600. In the past, trainees paid a nonrefundable $150 downpayment and were hired after completing the course. Unfortunately, only about half elected to join Catalina. So in January 1998, we switched to a new plan. Now, we hire trainees before they begin the course. We ask them to commit to work for Catalina at least 32 hours a week for a year after graduation. They also pay a $100 deposit. After a year on the job, we refund the deposit and forgive the $600 tuition. This approach is more costly, but it pays off with higher retention.

Although every program graduate has gone on to pass the state CNA board exam, not everyone makes it through the entire 150 hours. People think this is something they want to do and they get into it and decide it's not for them. Others find they can't devote the time required. We try to eliminate the ones who decide they don't want to be a CNA by screening heavily before the program starts. For

those who have a time conflict, we offer homemaker and personal assistant (PA) certifications after 30 and 75 hours, respectively.

To make things fun and keep trainees focused on their goal, we celebrate the course halfway point. Each trainee receives half a certificate and half a handshake, and we provide half of a cake. A more complete event marks the end of the class when we host a potluck dinner for trainees and their families. The trainees provide the main dishes; Catalina provides the cake, beverages, and table settings.

Our other major staff development program is a voluntary 18-hour postgraduate specialty course for working with clients who have mental illness and advanced confusion. We created this program about two years ago by revamping the 15-hour supportive home care aide curriculum originally developed by the Massachusetts Council for Home Care Aide Services.

Topics include understanding the dementia disease process, setting boundaries, and learning how not to take client behaviors personally. Taught by an RN with a background in psychiatric care, the course runs for three weeks, with two three-hour evening sessions each week. About 30 employees have completed the program; they earn $1 per hour more than other CNAs when scheduled on assignments that require these skills.

Continuing education, testing are important

Over the years, we've found our staff to be like sponges. Once they get grounded in their jobs, they're very interested in doing it the best they can. To capitalize on their desire to learn, we offer monthly continuing education in addition to the certified programs.

We also require minimum continuing education (CE) credits each year for all field staff: PAs must complete 10 hours; nursing assistants and CNAs 12. To discourage procrastination and identify noncompliant staff more easily, we require employees to accumulate credits throughout the year. Workers receive their regular hourly rate during CE classes; those who work 40 hours per week during course weeks get time-and-a-half.

Since CE classes are lectures only, we do not limit their size. This makes possible a novel arrangement with local adult care homes. Under Arizona law, these facilities must provide six hours of training each year for their employees. Catalina invites the facilities to send their staff to its CE lectures free of charge, thus satisfying their training mandate and, at the same time, making us much more visible to the adult and home care industry — and more likely to get referrals.

We also have a skills lab for both annual competency testing and pre-employment skills verification. Staff respond well to the lab because it lets them refresh their skills, and shows that we take them seriously as professionals.

The lab is in a space rented from a nearby church and includes three hospital beds and various pieces of equipment. CNAs must demonstrate their competency in:

- **taking a blood pressure reading and other vital signs;**
- **performing transfers;**
- **repositioning clients in bed;**
- **ensuring basic client hygiene.**

Testing takes about two hours; CNAs receive their normal hourly rate while being evaluated. We do not pay for pre-employment screening.

Tapping the television tool

Few training aids are as powerful as television. We searched in vain for videotaped materials that would fit with the home management portion of our CNA certification course. We found a lot of boring training videos, none that supported the adage that learning is fun. So, we created our own. The four-tape *Little Things Mean a Lot* series includes:

- **bed-making excellence;**
- **getting laundry and ironing right the first time;**
- **simple style and charm in table setting;**
- **taking initiative.**

The tapes each last between seven and 12 minutes; we use them in both orientation and training. They all get a serious point across with a healthy dose of humor. Three characters, played by the same professional actor, appear in all four tapes. Slovenly Slob and Drill Sergeant each do everything in their own very different ways, while the Trained Professional does it right: the client's way.

In the laundry video, for instance, Slob first appears leaning over the washing machine complaining about the client being upset with her for being a "little" late. She has on a bright pink headband with huge loop earrings, a rip in the back of her dress, and a bright pink slip that hangs below her skirt. She has the equivalent of three loads of laundry, but crams everything into the washer at one time. "I'll show you how to get it done all at once," she says, adding "I can stay

down here and read, and the client will never know the difference."

We're pleased with the results of our training initiatives, but they didn't come without cost. We spent about $6,000 developing the CNA training program and around $32,000 for the videos.

To recoup some of our investment, we offer training to local governmental agencies, community service organizations, home care, and assisted living providers. For example, we've established CNA training contracts with the Pima County employment agency and a local community service organization, and we offer our 18-hour psychiatric program to assisted living centers and adult group homes. We also sell our CNA training course and videos, and perform skills testing on employees of local home care agencies.

Benefit package helps care for the caregiver

An aggressive training program goes a long way towards building a professional and stable staff. But workers have human needs too. Caring for the caregiver helps everyone — the employee, the client, and the agency. So we've developed an extensive benefit package that includes:

• Medical insurance.

After their initial 90-day probationary period, employees can participate in Catalina's health insurance plan, which includes health maintenance organization coverage. Premiums range from $110 per month for an individual to $360 per month for a family of three or more. Built into the plan is an appealing reason to stay with Catalina: For employees who work more than 32 hours a week, we pay a share of the individual premium, following a sliding scale based on longevity. The scale tops out at five years; by then we pay 50% of an individual premium. Our cost ranges from $22 to $55 per employee per month. Sixty employees participate in the health insurance plan.

• Eye care and dental insurance.

Catalina does not subsidize eye care and dental insurance, but we have arranged group rates for employees interested in such coverage. They can purchase benefits after they complete their probationary period.

• Paid vacations.

After a year of service, both full- and part-time employees receive paid vacation time equal in hours to the average number of hours worked in a week.

• Credit union participation.

Employees are eligible to open an account at a local credit union as soon as they join the payroll.

• Employee assistance program.

Under contract with a local work life provider, we offer employee assistance services to all employees. This costs Catalina $2 per employee per month, and is free of charge to employees. We strongly promote this confidential counseling program. Many of our workers need help dealing with stress, emotional, and financial issues, but can't seek it because of the cost. Our plan allows them and a family member up to six counseling sessions per issue.

• Referral bonus.

We offer employee and client referral bonuses. For many years, we paid employees a $25 bonus for referring an hourly employee or client; $50 for live-ins. More recently, we sweetened the client referral pie. Now, employees who refer a client receive 2% of revenue off that case for as long as the client is on service and the employee remains continuously employed.

• Bereavement pay.

Employees past their probationary period can purchase Catalina services at a 25% discount for members of their immediate family.

There's nothing secret or magical about any of these initiatives. We just decided to devote resources to caring for the caregivers already on board rather spending even more considerable time, energy, and money beating the bushes for replacement workers.

Retaining staff is costly, but I think we have to be honest about what it costs to produce care. At the beginning of 1999, we raised our rates by $1.75 per hour. As I explained in a letter to our customers, 90% of this increase went to employee wages and benefits. I really worried that we would lose clients, but not one person left. I think they understand the difficulty of finding good people, and would rather pay more and know they will have the quality of service they expect. And I would rather not accept a case than send the wrong person.

Still, I understand that every provider does not operate in the same environment. Those with a large Medicaid service, for example, may not be able to afford the same level of employee investment. Yet in the long run, retaining good staff is the key to remaining competitive.

Editor's note: Catalina In Home Services' CNA training course and Little Things Mean A Lot *video series are available for purchase. The training course, including teaching materials and class handouts,*

comes on floppy diskette. It sells for $1,000. The four-video series and accompanying teaching materials cost $375. For more information, contact Judith Clinco at (520) 327-6351.

The Massachusetts Council for Home Care Aid Services' Supportive Home Care Aide Curriculum *is available for purchase. It costs $103 for non-members. For more information, contact Peggy Monroe at (617) 227 6641.* ■

Pitch personal care to get employers' ears

Aging workers value elder care benefits

If large companies with sizable numbers of employees operate in the city or region where you do business, you may be able to sell your services to them as an employee benefit.

Aging baby boomers, now in their late 30s to early 50s, not only have children to be concerned with, but also aging parents. As their parents enter old age, many middle-aged boomers find themselves sandwiched between the care needs of their parents and children. The organizations that employ those sandwiched workers may be a source of business for private duty providers.

"The same companies that don't want their managers to lose work over sick children don't want them to lose it over a sick, elderly parent," says **Jeannette Mefford**, RN, MPH, president of Minneapolis-based Mefford, Knutson & Associates, a health care consulting firm.

The price of care

At least one study indicates that U.S. employees are losing a lot of work due to caring for their elderly parents, at a cost to their employers of at least $11 billion annually.[1]

The *MetLife Study of Employer Costs for Working Caregivers* is an economic analysis of information found in the *Family Caregiving in the U.S.: Findings from a National Survey*, conducted by the Bethesda, MD-based National Alliance for Caregiving. That 1997 survey shows 23%, or 22.4 million, of all U.S. households are involved in caregiving. About 64% of the caregivers are employed; most (nearly 52%) full-time. Overall, around 14 million full- and part-time employed caregivers are balancing work and caregiving.

The *MetLife Study* identified six ways that elder caregiving reduces employee productivity and adds costs:

1. replacement costs for employees who quit due to their caregiving responsibilities;
2. absenteeism costs;
3. costs due to partial absenteeism;
4. costs due to workday interruptions;
5. costs due to elder care crises;
6. costs associated with supervising employed caregivers.

The *MetLife Study* did not address the impact of employees who take less demanding jobs, turn down promotions, or permanently reduce their work hours because of their caregiving responsibilities. It also only attached economic value to activities of those workers with the sickest parents; excluding those who assist their loved ones with less than two activities of daily living (ADLs) and fewer than four instrumental ADLs. The lost productivity and added costs associated with those employed caregivers is probably another $18 billion, according to the study.

Impact of elder care

With so many affected workers and so much at stake economically, private duty providers may find fertile ground for their services among employers. Identifying the right decision maker and being able to present your service, however, may take a bit of investigative work and considerable persistence.

"Everyone can relate to child care. But elder care is different. They've never used it, and don't know what it involves, so you have to go through an education process," says Mefford.

The company's employee assistance program (EAP) manager may be a good starting place. **Bill Mahon**, president of St. Charles, MO-based Preferred Healthcare, suggests contacting the EAP manager and asking if the employee recognizes the need for elder care.

If you're lucky, the company will not only understand the impact of elder care on the workplace, but also have some kind of assistance for employees. In such instances, you may be able to convince the EAP manager to subsidize your services or negotiate a special rate in consideration for having your company included on an employee resource list, Mahon says. If the manager's eyes glaze over when you mention elder care, you may talk him into spearheading a companywide survey to determine elder care costs.

Private Duty Homecare conducted an informal survey of some of the companies included in *Fortune* magazine's annual list of 100 Best Companies to Work For in America.[2]

Employers help out

Of the 10 firms we spoke with, all had instituted some measures to help employees deal with the care of their aging parents. In addition to the federally mandated unpaid leave for family emergencies, several companies offered liberal leave policies that allow workers emergency paid time off above their normal sick and vacation accruals. Others have more informal flex-time policies that allow employees to arrange elder-care related special work hours and time off directly with their supervisors. One company recently started offering long term care insurance, and allows employees to buy coverage for their spouses and parents.

The most common elder care-related benefit cited was EAP and work life programs. Every company had EAPs that would at least offer counseling and refer employees to outside information resources such as health care associations and area governmental agencies. Others go so far as to provide lists of caregiving resources in the employee's local area, including assisted living facilities, nursing homes, and home care companies. None had special contracts or arrangements with any of the providers. Most of the work life programs also offer a variety of educational sessions, often conducted by outside experts, that range from financial planning to understanding the aging process.

An array of services

Minneapolis-based Ceridian Performance Partners, an international work life service organization, provides work life services to the employees of about 30% of the firms on the *Fortune* 100 Best Companies list, according to **Larry Bussey**, director of communications. It offers consultation, referrals, and information on a wide range of issues. For example, an employee who recently learned that her mother had Alzheimer's disease would first receive counseling to help her deal with her own reaction to her mother's illness.

"Sometimes people are just overwhelmed. Elder care has a huge emotional impact. It can be very time consuming, as it is with children, but with a child it's different. It's exciting and a new life that you're starting, whereas with a parent, the reason they need care is they're in decline," Bussey explains.

After helping the employee work through her initial reaction, Ceridian would provide resources and referrals that would meet the needs of both the employee and her mother, including various health care providers.

"If a parent is having any difficulty at home, some children assume they have to put them in a nursing home because they don't realize there's a range of options available," Bussey says.

Ceridian directly contracts with day care services for the benefit of its clients' employees, but

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Editor: **Gina Rollins**, (301) 589-1974, (vngrrolli@aol.com).
Vice President/Group Publisher: **Donald R. Johnston**, (404) 262-5439, (don.johnston@medec.com).
Managing Editor: **Lee Landenberger**, (404) 262-5483, (lee.landenberger@medec.com).
Production Editor: **Nancy McCreary**.

Editorial Questions

For questions or comments, call **Lee Landenberger** at (404) 262-5483.

SOURCES

- **Larry Bussey**, Director of Communications, Ceridian Performance Partners, 8100 34th Ave. S., Minneapolis, MN 55245. Telephone: (612) 853-4147.
- **Bill Mahon**, President, Preferred Healthcare, 15 Centre Pointe Drive, Suite 290, St. Charles, MO 63304. Telephone: (314) 939-3925.
- **Jeannette Mefford**, RN, MPH, President, Mefford, Knutson & Associates, 4940 Viking Drive, Suite 500, Minneapolis, MN 55453. Telephone: (612) 886-4390.

has not yet done so with other care services, according to Bussey.

You may find a receptive ear with employers, but larger ones operating multistate are usually interested in coordinating all employee services through a work life provider like Ceridian and offering an equality of benefits for all employees in different areas, Bussey advises. For that reason, you may fare better with local companies that manage their own employee assistance efforts.

If your initial efforts don't succeed, don't give up. "Elder care is a big emerging issue, driven by demographics. We still do more on child care, but that will change in anticipation of the sandwich affect of middle-aged employees caring for both children and parents," says Bussey.

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1. MetLife Mature Market Group. *The MetLife Study of Employer Costs for Working Caregivers.* Westport, CT: 1997.
2. Branch S. The 100 best companies to work for in America. *Fortune* 1999; 139:118-144.

Editor's Note: Copies of Family Caregiving in the U.S.: Findings from a National Survey *are available from the National Alliance for Caregiving at (301) 718-8444.*

We welcome readers' new program and service ideas. If you would like to share your experiences for future business development articles, please contact us at (301) 589-1974. ■

CE objectives:

After reading this issue of *Private Duty Homecare*, CE participants will be able to:

1. Identify ways to ease the OASIS implementation.
2. Name obstacles to change.
3. Identify a common staff reaction at the time an organizational change is first announced.
4. Name two actions that improved staff retention at Catalina In-Home Services.
5. List ways that elder care increases costs for employers.