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INSIDE

- Doing the numbers: Buy the best market research you can afford 28
- Reworking your image: A little polish can work wonders 31
- Guest Column: What's the future of home care? 32
- News Briefs:
 - Getting help when it's needed
 - The most popular health info sites
 - New health monitoring service available on the Web. 34-36

■ Inserted in this issue:
Request-for-service form

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American Health Consultants® is
A Medical Economics Company

Opening your own shop: Three must-have papers in private pay

Design is critical, so make sure yours is a winner

“**T**he three most important documents in your private pay home care business are also some of your top management tools,” says **Kathleen Bailey**, whose Lancaster, PA, home health care consulting firm, Private Duty Solutions, specializes in private duty/private pay services.

Bailey says these documents govern the course your private pay services take, so making sure they cover all the bases is essential.

“The first document you must have is a request-for-service form, and everyone in your office will use the information it contains,” she says. (**See form, inserted in this issue.**)

Bailey explains that in a small company, “anyone who answers the phone should be able to take down the information required from that client to provide the requested service. And, from the client’s point of view, the faster they are accommodated by the agency, the happier they are going to be. People don’t want to be transferred or put on hold. They want whoever answers the phone to help them. This is customer service, and private pay is very, very customer-oriented. Don’t put a caller on hold unless you absolutely have to.”

Check the details

Bailey recommends thinking of your request-for-service form as a work order. The nurse who does the case evaluation, the care coordinator, and the account manager all use the information. “You need to have the client’s identity information on this form, and the name and phone number of a contact person. There should also be space for writing very good, clear directions to the client’s home.”

The request-for-service form will also house all necessary medical information, including diagnosis, any physical limitations, mental status,

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special diet requirements, physician's name, address, telephone number, notation of any special equipment used, and the client's preferred hospital. "If they have to go to the hospital, you better make sure they go to the right one," Bailey says.

A member of your nursing staff will evaluate the client based upon that information, and your coordinator will choose which people to schedule.

"If you are only providing companion services," Bailey says, "then you don't need to have an RN do an assessment. But sometimes family members are too optimistic about what the client can do. You can face two very different scenarios. There may be a daughter who says, 'My mother is really independent and I think she only needs a companion.' Then the caregiver gets there and here's Mom, who's really not able to care for herself at all."

Sometimes, clients may have to 'make do'

Bailey points out that assigning a home health care worker who is able to accommodate the client's special needs isn't always possible when care is requested with no advance notice. "Often, people need service started immediately. Sometimes, they'll ask me to have someone there in an hour."

She acknowledges that when this happens, the choice of personnel to send on a new case may well not include someone who can fulfill the client's entire wants.

"Sometimes, it's better to have someone there who may not know all the intricacies of how to care for that patient for a little while until you can get someone with all the necessary skills. Then you just have to say, 'I can send someone right away who can do most of what you need done. Can you manage without some of the services you've requested for now?' This way, the family and client will have some support until you can get someone for them who can do everything they need."

She adds that the difficulty in finding employees created by a tight labor market is compounding that problem. "Finding employees on a

one-hour notice who can do it all is becoming increasingly more difficult. But you need to be very clear. Do they want to have someone there right away or do they want to wait until you have someone with all the proper skills? If they choose to have someone come in who may not be able to do everything they need to have done, then you need to document that."

Bailey emphasizes the private pay home care agency's need for good, conscientious, detail-oriented employees. "You need to document this and every conversation, with everyone," she says. "That way, you always have a paper trail, some evidence to back up what you're saying in case a client becomes dissatisfied later. If you've got someone who's not documenting, you're opening yourself up for mega-lawsuits," she says.

She especially urges documenting all conversations with insurance company employees, including the employee's name, and the date and time of the conversation.

Psychology of personality is paramount

Bailey feels so strongly about the need for psychological understanding and preparedness in general that she hired a consultant to come to conduct a workshop for her office staff.

"I thought it was important for them in order to be able to work well with each other and also to be able to relate to the caregiving employees. It's a little like being in sales," she says. "When you approach someone, you have to be able to figure out how that person thinks. You approach a left-brained person who likes structure very differently than someone who is right-brained and laissez-faire. It's important for people in a service industry to understand these things."

Your request-for-service form should also have space for the billing information your account manager requires. Whoever answers your phone can get as much of that information as possible without inconveniencing the client.

"Always get a direct-dial number to the person who handles the client's insurance if your services are covered under a client's policy," Bailey says. "That saves you a lot of time. If this

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is a precertifying from an insurance company, you need the name of the person authorizing the pre-cert."

And, she counsels, "be sure you know the status of the insurance policy: If there's a lifetime maximum on the policy, how close is the client to reaching it? If it's a million dollars, and the client is at \$999,000, you've got a very limited time you can provide service. Is there a deductible? If so, and it hasn't been met, then the client will have to pay out of pocket, and you need to tell them you'll be sending a bill they have to pay. Maybe the insurance will only pay for 240 hours. Then, you must be very careful not to give more than that or the client has agreed to pay the bill after that point."

Bailey also cautions that any special client requirements — such as the caregiver having to walk down a long driveway and pick up the day's mail — are noted on this form. "Your employees need to know what's going to be expected of them," she says. "Their responsibilities aren't *limited* to what you note on this form, but it helps them to know in advance what the requests will be. You want the surprises to be pleasant ones!"

Lastly, Bailey advises that your service request form should have space for referral/source information so you can track the effectiveness of your advertising dollars. "The way things are now," she says, "advertising for clients is not usually the issue. It's advertising for employees. But it's still important to keep before the public, and you want to use the most efficient, cost-effective means to do this."

Be specific about everyone's role

"You need a service agreement that clearly outlines the responsibilities and rights of the agency and the client," Bailey says. The nurse who does the initial client evaluation should review this document with the client very carefully.

"You really need to be sure your service agreement covers everything, but it also needs to be user-friendly," she adds. "Visually, it has to be easy on the eyes. Don't use one long page of solid type with no white space. It's too difficult to read and clients will just tune you out right away. You may have to spread this one out over a couple of pages to make it more visually inviting."

Bailey advises keeping "whereas-and-wherefore" legalese out. "It can say what it needs to say without that. I worked hard with my attorneys to

be sure my service agreement covers everything we need to cover and still gives the impression that 'we're happy to be taking care of you and these are our responsibilities.' Further into this document, we also put the client's responsibilities."

Bailey advises having the evaluating nurse read this with the client, preferably *before* service starts, unless it's a case taken on very short notice and the nurse can't do an evaluation until the following day. "The service agreement should clearly state your rates for the services you are providing and describe differentials, such as higher rates charged for evenings or holidays," she says. "If the same employee works for the same client for more than 40 hours a week, that client is responsible for overtime pay. If you have an employee who works 25 hours for one client and 20 hours for another, you can't charge the clients for overtime."

Name your price . . . in advance

She points out that evaluations sometimes reveal a higher level of client need than that indicated by the information given over the phone. "You may have been assured that companion services were necessary," she says. "But then the nurse arrives and discovers the client has to use a bedside commode and needs help getting dressed in the morning. That's not companion work. It involves personal care. But the person who spoke with the client on the phone may have quoted the charge for companion services."

Bailey suggests that charges for services be filled in at the time the service agreement is signed. "There might be extenuating circumstances," she says. "What if the person receiving the care lives 25 miles out in the country? You're going to have to pay your employee a little bit more to get there. Then, you want the client to agree to pay mileage or incorporate that additional amount into your hourly rate."

She adds that if the client wants the employee to provide chauffeuring services in the employee's car, then the client is responsible for paying the mileage expense. "You can charge the client more than you pay the employee for this," she notes. "You have additional administrative work and you are carrying extra liability. If you are paying the employee 30 cents per mile, you may need to charge the client 60 cents per mile."

Bailey advises that a service agreement needs to have a space for consent to release information

SOURCE

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to insurance companies and physicians. A client who doesn't feel comfortable with that can cross out that section and initial it. "In fact," she says, "any portion of the service agreement can be handled this way, and the remainder of the form will still be valid."

Even though private duty home care service to the client can end very abruptly, as in death or transfer to a hospital, your service agreement should also have a place for defining the terms for terminating provision of your services. "For management purposes, a three-day notice is nice to have. It gives you time to reschedule your employees," she says. "And if you need to terminate services to the client for any reason, do it in writing. Either hand-deliver or send a letter by certified mail with return receipt request, and be sure you give the client the names and phone numbers of every other private pay home care agency in town so you can't be accused of abandonment."

Bailey says your service agreement should contain a section in which your client authorizes the insurance company to pay your bill. The agreement should also acknowledge that the client has received a copy of the patient's bill of rights and a release of liability for your agency if the client receives chauffeur services from your employee.

A good agreement-to-standards

"My agreement-to-standards form clearly states that my employees are not promised a certain number of hours of work during any given week," Bailey says. "It also includes the most commonly violated employment policies, such as 'no call, no show,' don't take someone else to work with you, etc."

An agreement-to-standards can be included with your policy handbook. "Your employee should sign this form during orientation. Your agency should retain the original and give the employee a copy," Bailey says.

She notes that this form should include a requirement that the employee call your office

when they are available for work. "If you don't have this," she says, "you might document that you were unable to reach the employee by phone; but if you have to attend an unemployment hearing, your employee can say, 'I was available for work,' and there's no real proof to the contrary. Put the responsibility on them to notify you of their availability. If your employee files for unemployment benefits, you can just send a copy of your agreement-to-standards form to the unemployment office and not even have to go the hearing."

[Editor's note: Bailey offers a complete start-up management program, as well as an analysis of current private pay services and recommendations for improvement. For further information, call (877) 509-4452.] ■

If you build it, will they come?

How to figure out if your big idea will be profitable

Had any good moneymaking ideas lately? Planning to offer one through your private duty home care agency? Well, shield yourself from nasty surprises before you take that step by doing your research — market research, that is.

Market research is too costly, you say? Not doing this necessary product-introduction step can cost you big bucks. You may think your idea is the neatest thing since sliced bread, but unless you test it beforehand you could be in for a big disappointment and probably some financial loss, as well.

What do you need to know?

You can find a way to query your market without mortgaging the farm. **Robert Agoglia**, vice president and partner of Northampton, MA-based Fazzi Associates, a management consulting firm that focuses on providing services to the health care and human services market, has some suggestions. With a solid background in quality measurement services, marketing studies, planning, and focus groups, he has found some ways to cut costs while getting the information you need.

"When you own a private duty home care agency and are considering fee-for-service

diversification," says Agoglia, "you must first know who makes up your target market. What are its demographics, its lifestyle trends? Does it have high socioeconomic status? You've got to first know who your potential buyers are, then go out and ask them if they want to buy what you want to offer."

There are ways of doing this market research that are neither onerous nor overly expensive. Agoglia cites some good sources of information that are free. "If you're looking for demographic data, you can go to local, state, and federal trade associations, chambers of commerce, banks, city or regional planning agencies. Try the Small Business Association."

Know your market

Agoglia says an excellent source is the government printing office. One report he says is of particular value is *County Business Patterns*, which includes data on employment payrolls, number of businesses, and employees by class. Another is the *County and City Data Book*, which includes information on housing, population, income, and health.

"Let's say you're targeting a service at the population of 60 years of age and over with an income level above \$30,000," Agoglia says. "You could use these publications to find out a bit about that potential market for the new service you're considering. Then, when you've looked at the potential market, you need to communicate about what you want to sell."

To get a good handle on your communications, Agoglia advises analyzing what is different about your proposed private duty offering. "Look at what you think makes you different from the next guy," he says. "What's unique about your idea? We suggest describing it in a way that helps your market positioning. It's also very important to know who your competitors are and what they're offering, because you want to describe your services as unique, different, or better than theirs."

Agoglia says all market-successful ideas have some basic shared components:

- **Quality:** You've got to do it better than your competitors.
- **Promotion:** You have to reach people and motivate them to purchase your services.
- **Pricing:** Do it cheaper or provide better value.
- **Access:** Make your services easy to get.

"How your business idea is different needs to be expressed very concisely. You can use that description when you're asking people about your service during your market research phase, then use it again in your idea's promotional phase."

Test your potential buyers

OK, you've defined what your service idea is. You've done your best to understand what's out there, who's offering that service now, and who the potential buyers for that service are. You've positioned your service so that it stands out as different, unique, and better than what is already available in quality, price, and access.

"Now, you need to test this idea on the potential buyer," says Agoglia. "What we try to make sure folks understand is that they need to choose how they're going to do this very carefully. One example we use in teaching how to choosing a test market is pollsters who are trying to project how people are going to vote. They don't question the entire population. They don't question everyone who is old enough to vote because not all of them are registered. They don't even just question all the registered voters because fewer than half of all registered voters show up at the polls on Election Day."

So, whom do they question? "They question the people who actually voted in the last election," Agoglia answers. "And when we're looking at our potential buyers in market research, we really need to follow the political pollsters' example and hone our target group just that closely."

Focus groups may be the ticket

Agoglia points out that there are many ways to do market research, not all of which involve a big financial outlay. Focus group research is a good example of a cost-effective research technique with good feedback.

"Focus groups are often used on a preliminary basis because they help to sharpen a quantitative research approach, but they can also be used as an end in themselves. They're a very popular and relatively inexpensive way to get the answers you need," he says.

Focus groups are a really good way of getting some feedback on your ideas quickly. They can be expensive or inexpensive to run, depending on the facilitator and equipment services you choose. For a focus group, Agoglia suggests that you recruit 10 to 15 people from the potential

buyer group and hope that eight to 12 of them attend. "Offer some kind of little thank-you gift for people for taking the time to answer your questions and give you their opinions," he says. "A focus group is really a group interview. Get people warmed up a bit at the beginning so they get used to talking with each other."

Then, he says, you want to get them to talk about your proposed services. "For example, you could be thinking about offering rate packages for selected services. You need to get reactions to every part of that, beginning with the name you want to give it."

Agoglia says that most focus group sessions are recorded on audiotape, sometimes on video. "If you're really pulling out the stops," he says, "you can observe the focus group from behind a one-way mirror. If you're using high-priced professionals, you can actually be talking into the facilitator's ear, asking for more specifics on a particular segment."

Work with what you've got

Another money-saving technique Agoglia recommends is harvesting the customers you already have. "Don't neglect to use your internal resources for market research," he counsels. "Let's say you're running a private pay home care agency now and are considering expanding it to include grocery shopping for your clients. You already have some data in your own business files about potential users for your new shopping service. You could use your staff as pollsters. Have them question your clients in the course of their caregiving duties."

He points out that when thinking about your potential market you need to analyze everyone who might make the buying decision. "Grocery shopping is already here and it's going to get bigger. We think about that now for the very busy professionals who work long hours and are trying to balance all their family's needs, but it's also an issue for the older population. One target market I think of for such a service is grown children who order the service for their parents. Mom and Dad may not be able to get out and do their shopping anymore, so I'm doing it for them. But what if somebody came to me and offered to do it for me? The end-user is the parent, but a key decision maker

in that buy is a family member."

Field testing is another time-tested market research method. In a field test strategy, Agoglia explains, you actually provide the service to a limited number of people at a discounted cost. In exchange, those people provide you with feedback. They become a sort of partner in helping you refine your idea. After this, you can go forward with some modifications based on the feedback you get or you can decide not to proceed at all. You can use your own clients for this, too. In addition to offering them the service for a limited time at a discount, you can also offer them the right to continue at a smaller discount for a longer period of time in exchange for participation.

"Their part of the deal is talking to you, spending time giving you feedback," Agoglia says. "Field testing is an especially good strategy if what you are offering is complex."

Fine-tuning your research

According to Agoglia, informal quantitative research is a good tool for companies that lack big market research budgets. "You develop a quantitative survey about your service, again looking for feedback on likelihood of use, pricing, etc.,"

he says. "You're asking the same questions as you would in a focus group, but now they're in a survey that will give you a much larger market sample and you can quantify the results."

He advises using as many close-ended questions as possible, ones people can answer with a "yes" or "no," or ones in which they have to choose one of several responses you've provided. "Close-ended questions are more readily quantifiable than open-ended ones, and many times people aren't as willing to participate in a survey they have to spend time and think about answering an open-ended question."

A quantitative survey requires field testing prior to using it on the entire market sample you want to query. "We suggest upwards of 25 people," Agoglia says. "You want to know if the questions are clear, if people understand them, and if they are redundant. You need to be sure your survey is user-friendly. Then decide on your sample survey. The size of your sample affects both your cost and your margin for error. A smaller sample means a lower cost and a larger

**The bottom line,
Agoglia says, is that
if you're going to
expand your business
offerings, you've got
some market research
choices to make.**

SOURCE

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potential for error. If your proposed service includes risking capital, you'll probably want to go a little bigger so you get a smaller error rate. With 100 to 300 completed surveys, your findings might have a 5% error rate."

The other factor to consider when conducting surveys is administration. Are you going to mail your survey to your chosen respondents? "If so," says Agoglia, "you can expect a very low return rate."

Taking your survey by phone or in person at malls are other options. Agoglia cautions that the market sample used with surveys needs to be random within the group of target users. "No matter what technique you use, use random sampling or you'll get really biased results."

Why you may want to go formal

Finally, you can choose to test your market using formal quantitative research. This involves hiring a research firm to conduct a professionally developed survey, though you can use your own people to administer it. "If you really want to go all the way, you hire a market research firm to work with you and do the sampling," Agoglia says. "It's the most expensive method, but it gives you the most confidence in the findings."

And it may pay for itself in the long run. "If you're putting together a business plan to take to your bank, you may choose to have formal market research behind you, because your banker will give it more credence than research conducted less formally. You can limit your costs, even here," Agoglia says. "You can hire professional consultants to help define what you're trying to do, to develop your survey, and to help you choose the random sample and the right sample size. Then, you can use your own staff to actually perform the research."

The bottom line, Agoglia says, is that if you're going to expand your business offerings, you've got some market research choices to make. One is, "Hey, I got this great idea. I think in our community, people really would love it if we offered to pick up their cleaning, so let's just do it," he

says. "Another approach says, 'Hmm, interesting idea. Let's find out who the potential buyers of such a service are, and what do they think of it.' If your idea is very low risk, maybe you can go with the first approach. But if you're looking at putting some capital out there, then you do need a business plan, and part of that plan is understanding your market so that you can make the best possible choices." ■

Polishing your image: A little goes a long way

Become the star of the private duty show

Carol Conrad and Chris Attaya, senior managers at Simione Central Consulting in Westboro, MA, have some suggestions for giving your business a little star-shine.

"You can start by looking at your marketing materials, and then develop your collateral to present a certain image. It's the difference between desktopping an advertising flyer yourself and having it done professionally. The image you want to project to the public is that you have a good orientation for your qualified, well-supervised staff, and your agency is bonded and insured," Conrad says.

And if your employees will provide personal care on a private basis, they need to go through a training program similar to a Medicare-certified home health aide program, and that needs to be in your marketing information. You want to look as professional and be as well-based on the demographics you are seeking to capture as possible."

Medicare-certified part gets most business

Conrad says her experience has been that the Medicare-certified part of the home care business gets most of the attention, and the private duty is not seen as a very star-quality program. "The focus for home health services has been providing personal care. Doing the laundry and dishes and cooking the meals has not been viewed as important because Medicare won't pay for it. The carryover attitude from certified caregiving has been to sort of denigrate those services."

Attaya agrees. "In the past, nobody gave a lot of attention to the private duty sector. It was a

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separate arm or division within a larger, more intensive Medicare-certified company. What we're really trying to say is that you have to give private duty the attention it needs in order to make it profitable, and look at it from a business model. Start using your business models of 'break-even' and 'sensitivity analysis,' as well as looking at marketing and recruitment," he advises.

"We tell our clients who are working on developing an image to look closely at their competitors and identify where they are presenting themselves," Attaya says. "Where are they falling down? What can you show the market that you can do that would be better or different than your competitors? You have to move beyond

the traditional private duty you see out there, maybe offering chauffeuring services that other agencies don't, or home maintenance."

Better? Cheaper?

Conrad concurs that home maintenance is a good marketing tool. "You can call it heavy housework and offer packages for it in your marketing. For example, a package might offer a worker to rake leaves for four hours or put up storm windows. You might not have packaged it perfectly, but you can indicate that your packaging is flexible by having an hourly rate for these kinds of services. The point is, you are telling the market that you can support the services it wants."

"When you are doing a competitive analysis and finding out what's available in the market and what others are charging for it, ask yourself how you can do it better, or cheaper. Can you find a way to get to that market so it would then choose you? You need to understand the economics of your ability to provide services at a profit and really challenge yourself around that," Attaya says. ■

GUEST COLUMN



The future of home care

By **Elizabeth E. Hogue, Esq.**
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There is general agreement that enactment of the Balanced Budget Act (BBA) of 1997 resulted in a number of new challenges for Medicare-certified home care providers. Despite predictions of dire consequences and widespread discussion of devastation in the home care industry, however, the fact remains that the future of home care remains extremely bright.

Both private duty and Medicare-certified providers should be mindful of these 10 basic characteristics of the home care industry of the future:

1. The future of home care is assured.

Despite discussion about the survival of the home care industry, its future is absolutely assured because home care is consistent with the policy objectives that receive widespread endorsements

by politicians, health policy experts, and the citizenry of our country. Home care generally allows patients to exercise maximum autonomy and independence by remaining in the least restrictive, most cost-effective environment possible while maintaining quality of care. Those values, as reflected in the home health model of care, will ultimately prevail.

2. The home care industry must overcome the current gloom and doom predictions.

There is no doubt that the past two years have been rough. The Medicare home care industry has been radically changed by the BBA, and in all likelihood these changes are permanent. Gloom and doom paralyzes providers and prevents them from taking positive action to respond to new challenges in this industry, and it must be resisted.

3. The Medicare program will not dominate the home health industry in the future.

The incentives of Medicare reimbursement prior to the BBA-rewarded volume, in both the number of patients admitted and the number of visits provided to each patient. Many providers may now regard the period of time when such a system dominated the home health industry as the good old days. Providers should no longer view the Medicare home health benefit as the

viable source of reimbursement for home health services. In addition, it appears that baby boomers will have considerable disposable income and are willing to spend it on health care. Agencies must, therefore, place less emphasis on Medicare reimbursement and focus more specifically on how to meet the needs of these aging boomers.

Filling the void

4. Managed care, as it has developed in the past decade, will not survive.

When the process of health care reform failed in 1992, managed care rushed in to fill the void. Although costs were initially reduced, it now appears that money was simply moved from the pockets of indemnity insurers into the pockets of managed care organizations. The growth of the managed care industry in the 1990s did not involve any process of true health care reform. Many continue to find an unreformed health delivery system dominated by managed care to be less than satisfactory for a variety of reasons. Thus, state legislatures, state insurance commissions, Congress, and the courts are hard at work establishing limitations on the ability of managed care organizations to operate as they have during the past decade.

5. Home care providers must develop new services related to all types of community-based services.

Home health providers must consider new lines of business that are centered on community-based services whether or not they are rendered in patients' homes. These may include services to school districts that help them meet their obligations under PL-94-142, the federal statute that requires schools to provide services to disabled students. Parish nursing services are also a viable niche for home care providers. The home health care industry should also explore developing ambulatory clinics to assist patients with asthma, coronary disease, and diabetes.

6. Case management will survive and experience considerable growth.

There is general recognition that home care providers are case managers. The role of case managers as reflected in the national standards of care published by the Case Management Society of America (CMSA) will be essential to the future of health care in this country. According to CSMA standards, case managers are generally required to assess, evaluate, plan, advocate, and monitor in order to assure quality, cost-effective outcomes.

Those skills, already well-developed in the home health industry, will be in demand in a variety of settings in the future. Agencies should work to further enhance provider skills in this crucial area.

7. Home care providers must take responsibility for the future of the industry.

It does not appear that the Health Care Financing Administration (HCFA) has developed a comprehensive plan for the delivery of health care services in this country. Furthermore, it is unlikely to do so because of the highly politicized environment in which HCFA must operate. It is likely that HCFA will develop new initiatives that may assist agencies.

A program tentatively called Home Care Plus is an example of such an initiative. Still under development, the program is intended to develop a direct business partnership between home care agencies and HCFA. Participating agencies' claims will still be processed by intermediaries; each agency and HCFA will work together to develop performance standards that the agency must meet every year. An annual review will assure that those standards are met. Such initiatives may make the Medicare-certified home health business more attractive to private duty agencies. But the future of home care truly rests with members of the industry, not HCFA.

Make a commitment

8. Continuing education is paramount for a strong home care industry.

It almost sounds like a cliché at this point, but intense education at all levels is a continuing prerequisite of a strong industry. The pace of clinical, regulatory, and reimbursement change is fierce. Despite the pace of change, there is a tendency to view continuing education as a luxury rather than a necessity. Home health agencies must continue their strong commitment to continuing education in order to succeed in the future.

9. Home care providers must develop data that supports the quality and cost-effectiveness of care provided.

The home health industry has been generally ill-served by the lack of data regarding the quality and cost-effectiveness of services provided. The absence of such data has contributed to the political vulnerability of the industry as a whole. This deficit must be remedied so those agencies can provide hard numbers to support legitimate concerns about radical changes in regulatory control and reimbursement.

10. Our country may be ready to engage in a process of true health care reform in the near future, and home care providers will play a crucial role in the reformed system.

A truly reformed health care delivery system is likely to be characterized by:

- emphasis on preventive care, including intensive patient teaching.
- expanded need for primary care as opposed to specialty care.
- community-based care as paramount.
- nonphysician practitioners — including nurses. They will play key roles, but only if they can focus on quality, cost-effective care as consistent, mutually compatible goals for each patient. Because the home health model of care already focuses on those, home care has a crucial role to play in a truly reformed health care delivery system.

Can you bear it?

In addition, the spirit of home care as embodied in the care provided to patients is essential to a reformed system. This spirit includes a deep com-

mitment to patients and the willingness to go the extra mile over and over again to meet their needs.

A fine example of that spirit comes from an agency in Maine. In the middle of winter in a rural area, a home health aide went to a patient's home for the first time to give the patient a bath, among other services. When the aide walked into the patient's home, she noticed that the main room was heated by a wood stove and was warm and toasty, but the other rooms, including the only bathroom, were closed off. The temperature in those rooms was icy.

When the aide entered the bathroom to prepare for the patient's bath, she immediately saw that there was a headless bear in the bathtub. Since she was from the same area of Maine, she knew that the bear was a food source for the family for the winter. But she was initially puzzled about how to give the patient a bath under these circumstances. In short order, however, she remembered that she had a Hoyer lift for the patient. So she took the lift into the bathroom, lifted the bear out of the bathtub, put the patient in, took the patient out, put the bear back in and the job was done.

This was the true spirit of home care at work! ■



Finding help when they need it

The caregiving community made its approval known when President Clinton proposed a \$3,000 annual tax credit for people providing long-term care for elderly or disabled family members. But according to FamilyCareAmerica, cost is just one ingredient in the caregiving recipe. The group says that because there is no national resource for locating local sources of assistance, those people who must provide care for family members dealing with some form of disability that prevents them from performing daily activities have an even tougher job.

Ron Moore, president and founder of FamilyCare America, says, "Caregiving affects all age groups and lifestyles, and it is a problem

that will only become more pervasive as America's aging baby boomer population eventually becomes dependent upon their family members for one or more daily activities. . . While cost is and will continue to be a major concern about caregiving, the ability for families to find one-stop solutions in a rapid, logical manner is perhaps even more pressing, especially at the onset of a caregiving situation."

FamilyCare America plans to launch a new Web site this spring to remedy that. The company presently has a one that provides both national and local links to caregiving resources, but it is not a customized site. Moore says FamilyCare America will be the first national organization to link individuals providing care with caregiving solutions.

When its proposed Web site goes live, Moore says the Richmond, VA-based group provide relevant, localized resources for financial, legal, health, community, family life, individual well-being, goods and services, housing, insurance, social, and emotional needs. For more information, call (804) 343-2316, or check out the Web site at www.familycareamerica.com. ▼

Health info most sought on Web

According to Gomez Advisors, an on-line provider of e-commerce research and analysis, the on-line health content industry serves the largest number of consumers, but has a confusing number of providers. **David Steele MD**, senior analyst for Gomez, says, "There are over 20,000 sites on the Web that provide health content and 30% of Internet users are looking for health information. Health is the largest market segment on the Web and is an industry where consumers have tremendous options, but few safeguards against false or misleading information. We plan to be the objective advocate for the consumer."

Being accountable

Currently, there are no restrictions on who can set up an on-line health site and supply information to consumers. Gomez Advisors issues Internet health content scorecards. By demanding full disclosure, comprehensive documentation, and provision of qualified sources, Gomez officials say they hope to make health sites accountable to consumers.

"While it would not be humanly possible to check the validity of each and every word within a Web site, we do a careful review of the steps sites take to make sure they instill consumer confidence in the information they provide, such as disclosing authors, credentials, actively monitoring message boards, etc.," Steele says.

Gomez Advisors sites also help consumers manage their health using fitness calculators, risk assessments, "ask the doctor" columns, and e-mail reminders for medical appointments. "Consumers face a virtual mountain of sources for information; perhaps more pages are dedicated to health than any other subject on the Web," Steele says. "Gomez Advisors will be a critical filter to lead consumers to the best, most trustworthy sites for their particular needs. Our job is to make sure people have the tools and resources they need to access the most accurate and reliable health information available."

Gomez Advisors will expand its health care practice to women's health, alternative therapies, nutrition, fitness, and disease-specific sites in the coming months. For more information, call (781) 257-2058 or visit www.gomez.com. ▼

More Web health monitoring available

LifeMasters Supported SelfCare, a provider of interactive health management services, is joining with iVillage.com, an on-line women's network to provide personalized health management tools for daily management of diabetes, hypertension, congestive heart failure, and coronary artery disease. The tools are based on a clinically proven program of patient involvement that combines regular monitoring of vital signs,

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Editorial Questions

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

lifestyle modification, and patient education through using the Internet.

"Women make three-quarters of all the health care decisions in U.S. households today and spend nearly two of every three healthcare dollars," says **Christobel Selecky**, CEO of LifeMasters. "More than ever, women are the ultimate decision makers when it comes to health care decisions for their husbands, children, and aging parents. By partnering with iVillage, we will be able to provide a large number of women and their loved ones with instant access to quality tools for interactive health management."

Tailor-made

A portfolio of customizable features will include coaching e-mails, health tips and reminders, a health diary, a health data archive, and an easily accessible emergency medical record — all personalized to the user's specific requirements. According to the terms of the agreement, LifeMasters will deliver additional lifestyle and health management modules to iVillage over the course of the contract. For more information, call (800) 760-9261, or visit www.Lifemasters.net. ■

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CE objectives

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

1. Design effective request for service, service agreement, and agreement-to-standards forms.
2. Define why the future of private duty home care is good.
3. Explain three ways to conduct effective market research.
4. Understand two ways to polish a private pay agency's image. ■