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Hospital Home Health®

the monthly update for executives and health care professionals

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Making friends with the media: A home care primer for getting press

The press can be home care's best ally

As anyone who has ever followed a politician's rise and fall knows, members of the media can be your best friends or your worst enemies. The latter description causes many people to fear the press, believing that what they say and do will be twisted and held against them. To say such situations have never happened would be a lie, but the vast majority of reporters want the same thing: a good, honest story. And that's where you come in.

Despite what you may think, you and the media share a common goal — getting a message out to the public. Whether the topic is health regulations, Medicare spending, or health care financing, the reporter who covers the health care beat wants to know about the various aspects of the industry and how they affect the reader. You want the reader to be aware of the issues that affect home care, especially now as Medicare spending reductions continue to threaten the industry. If you can position yourself as a reliable source for the media, one who is willing to provide clear and fair information concerning health care and home care in particular, then both you and the reporter will achieve your goals.

Preparing to meet the press

Before trying to establish a relationship with the media, you'll want to do some prep work. One of the first things you should do is to sit down with your staff and designate a spokesperson or primary contact. This person will be listed on all press releases and media alerts as the person the reporter should contact for more information. Your contact person will also be responsible for disseminating all your agency's information to the media, via fax or e-mail. Make sure the person you choose is comfortable with the role and feels confident discussing health care and home care issues with the press.

Once that is established, you and your staff will want to determine what your goals are in establishing a media presence. **(See list of goals and objectives, p. 62.)** Do you want to get your agency's name known

locally? Do you want to expand your area's health care coverage to include more issues involving home care? Are you hoping to position your agency and hospital as a reliable source for home care and general health care information?

Depending on your goals, you will want to determine your target audience — the people you want to reach. Consider carefully the kinds of information that relate to your goals and determine the best ways to distribute them. Some information is best presented in a news release, while other news can be summed up in a fact sheet or background piece. **(See sample fact sheet, p. 65, and glossary of terms, p. 66.)**

You will also want to develop a list of media contacts. Your local convention and visitors bureau or chamber of commerce are both excellent sources. Also, the *Bacon's* media reference series is a good source. Those directories can be found in your local library and offer complete listings according to city and state for newspapers (daily, weekly, etc.), magazines, and television and radio stations. Create a list with the reporter's name, title, beat or beats, and contact information (publication name, address, phone, fax, and e-mail). If possible, consider sending press updates and releases via e-mail.

While you certainly will want to include reporters who cover the health care beat, don't overlook other areas such as business and lifestyle. Moreover, as some areas of the country have become popular retirement destinations, look for reporters who specialize in senior citizen issues.

Read your area newspapers

Look through your local newspapers and take note of the reporters you think do a good job of covering the health care and home health care beats, and add them to your list. Once you have settled upon the members of your resource list, it's a good idea to call and confirm that you have the correct names. It's not uncommon for reporters to change beats, so you will want to make sure that you update your list on a regular basis.

Why do some pieces of news make it onto the front page and others are buried deep? What is the intangible quality that catches the media's attention and propels it into the forefront? Certainly, with some subjects it's clear why they are on the front page, but with others it may be more difficult to determine why they're mentioned at all. There is a method to the media madness, and while you might not be aware of it on a conscious level, straightforward criteria exist that establish a story's newsworthiness.

The news value of a story will depend on the day. On slow news days, editors looking to fill column inches will be more likely to consider soft news — news that is not considered immediately important or timely to a large audience. Don't expect to see a story on the opening of a branch office of your agency on a day when a major earthquake strikes or a political upheaval occurs. Soft news does not mean that it is not newsworthy, simply that it has a certain element of timelessness, meaning the story will be just as interesting in five days as it is now.

For an event to be considered news, it must meet certain criteria. The more elements your story pitch contains, the more likely it will be printed, according to *News Writing and Reporting for Today's Media*, by Bruce D. Itule and Douglas A. Anderson:

- **Timeliness.**

Is it a recent development or something that is currently breaking, or is it referring to something that happened days or even weeks ago?

Define Your Agency's Goals and Objectives

- ✔ What issues or problems do we hope to address?
- ✔ Who are our target audiences?
- ✔ What goals do we want to accomplish?
- ✔ What objectives should we use to meet those goals?
- ✔ What strategies and tactics should we use to fulfill our objectives?
- ✔ What are the key messages?
- ✔ How can we deliver these messages most effectively?
- ✔ Whom should we involve in this project?

Source: National Association for Home Care, Washington, DC.

Sample Media Alert

FOR IMMEDIATE RELEASE

June 29, 2000

CONTACT: Jane Jones
(555) 111-2222 — Office
(555) 222-3333 — Home

GOVERNOR TO SIGN PROCLAMATION AT STATE CAPITOL CEREMONY.

WHAT: Governor Andy Andrews will sign a proclamation designating July as National Home Care Month.
WHERE: 55 Monument Ave., Richmond, VA.
WHEN: Monday, July 3 at 11 a.m.
WHY: The governor joins Old Dominion Home Care in its efforts to honor the home care professionals, volunteers, and family caregivers who dedicate themselves to ensuring that disabled, elderly, and chronically ill individuals are able to live independently. This year's observance marks home care's emergence as the preferred method of health care delivery into the next century.

ADDITIONAL INFORMATION: (This can include anything from parking information to procedures for obtaining press passes.)

###

Source: National Association for Home Care, Washington, DC.

Remember, timeliness doesn't mean it has to be happening now — anniversaries of important events also count.

• **Proximity.**

Is the story important to the local readers? Is it relevant to the community? If you can tie your town and its residents into the overall story, do it.

• **Conflict.**

Has an issue been resolved? Is it important? Are two sides pitted against each other over the same subject?

• **Eminence or prominence.**

Are important people, such as a local politician or celebrity figure, involved? Does the story showcase something unique or novel? Stories about a one-of-a-kind or rare item are more interesting.

• **Consequence or impact.**

What effect will the story have on its readers? Is it something that will affect a large number of people? The more people affected, the greater the story's impact.

• **Human interest.**

Does the story include unique or interesting elements that are likely to appeal to readers? Does your story idea provide valuable or interesting information to someone outside your agency? Is there a human-interest angle or does it provide readers with useful information? For a reporter to consider running a story, it must prove relevant to readers.

If you answered "No," to most of these questions, your story probably is not news. The last thing any reporter needs or wants to write is a glorified advertisement for your agency disguised as news. Articles that seem to shamelessly promote a particular agency or item are known as "advertorials" — a blend of advertising and editorial — and are paid for by the agency or organization. But a reporter is looking for a tangible piece of information, one that will inform and interest the reader, something that is timely and relevant.

Even if you answered "Yes," your story still may

not be considered newsworthy. Remember, there are other factors that will determine whether your story will make it to the printed piece.

The department editor has a final say in whether a story goes to press on any given day and for that matter, if ever. Is there an availability of other news stories the editor considers more important? Is there a news hole that needs to be filled? Does the story match the media outlet's philosophy; for instance, is it a business-oriented story for a business-oriented publication? Does the editor have a fair balance of soft and hard news? What about local, national, and international news?

Newspaper editors try to provide their readers with information on a broad number of subjects and give them a sense of what occurred in the world in the past 24 hours. For this reason, you might want to consider adding specialty publications — such as local magazines or newspapers geared to small business development, health care, etc. — to your media list.

Developing your message

When it comes to getting the media's attention, content is king. A well-written article or story pitch may not guarantee you print coverage, but it will earn you respect by showing you understand and are able to provide the media with what they need.

When going to the press with a story idea, you need to remember three things:

1. **There always is some amount of bias in the media.**

That doesn't mean that the press is against you; rather, that it primarily looks to the negative side of the story. Learn to recognize an outlet's bias and pitch accordingly.

2. **Provide sight and sound the media can use.**

Give the press sound bites, visual images (such as pictures of the winners of your home care agency's "Employee of the Year" award), anything that will work well in the chosen format and appeal to that particular audience. You want to find the "hook."

3. **Controversy attracts attention.**

Like it or not, controversial issues make for good copy.

Press releases are standard when it comes to garnering media attention. They can announce everything from a recent addition to your staff or the results of a congressional vote on home care spending.

While it's important to establish a presence for your agency as an intelligent, competent media source, avoid overdoing it. If you send out releases trumpeting everything that happens at your agency, people will soon learn to tune you out — a definite problem when you really do have news.

You can vastly increase the effectiveness of your release and the chances of it being used by following a few basic rules:

- **Answer six questions — Who? What? Where? When? Why? and How? — in the first, or lead, paragraph.** It lets the recipient quickly scan the story for important information, especially critical to outlets that only have space for a brief item summary.
- **Make the lead catchy and follow through with "sound bites" — brief striking statements — scattered throughout the body of the text.**
- **Make sure the release is typed and double-spaced and lists contact information at the top.** This includes your agency name, address, phone number, and contact person. **(See sample release, p. 63.)**
- **Include a release date at the top.** This tells the media what day they can go public with the information. Unless otherwise noted, it will be assumed the piece is "For Immediate Release."
- **Stick to the facts and if possible, keep your press release to a single page.** This is not the place for flowery prose and abundant clichés.
- **Be concise.** To exploit an overused phrase: Don't use a 50-cent word when a 10-cent one will do. Say what you have to say and stop.
- **Be clear.** Cumbersome phrases and flashy descriptions can detract from your message.
- **Conclude your release using either of these symbols, ### or —30—, centered at the bottom of the page.** They indicate that the reader has reached the end.
- **Target your news release to the proper department.** For example, announcing a new director is business-related news, not health care, even though you run a home health care agency.
- **Follow up with a phone call or short note, accompanied by a hard copy of the release.**

Once you've determined that your idea has merit, the next question is how to get the media

(Continued on page 66)

What is Home Care?

Home care is a service to recovering, disabled, or chronically ill people who need medical treatment and/or assistance with the activities of daily living. Generally, home care is appropriate when a person requires care, and family and friends cannot easily or effectively provide it on their own. The National Association for Home Care estimates that more than 8 million Americans currently receive home care for both acute and long-term needs. This figure increases every day as greater numbers of people are able to leave institutions or, thanks to advancing technology, avoid ever having to enter them. State-of-the-art medical equipment for use in the home can now provide treatments and services that once were available only in the hospital.

How was home care started?

Home care has been an American tradition for more than a century. Starting in the 1880s, public health nurses traveled to patients' homes, caring for the sick, teaching family members how to provide care in their absence, suggesting ways to improve health, and comforting the dying. As the nurse's role in saving lives became more apparent, insurance companies started to offer visiting nurse services to their working- and middle-class policyholders faced with illness. By 1916, these services were available to more than 10 million policyholders in the United States, creating the first nationwide system of insurance payment for home-based care.

Who provides home care?

Home care services usually are provided by home care organizations, but may also be obtained from registries and independent providers. Home care organizations include home health agencies, hospices, homemaker and home care aide (HCA) agencies, staffing and private-duty agencies, and companies specializing in medical equipment and supplies, pharmaceuticals, and drug infusion therapy. These organizations hire or contract with physicians; registered, licensed practical nurses; physical, occupational, and respiratory therapists and assistants; HCAs; dietitians; laboratory technologists; dentists and dental hygienists; pharmacists; medical social workers; and speech pathologists.

Sample Fact Sheet

Who pays for home care?

Home care is paid for directly by the patient and his or her family members, or through a variety of private and public sources. Hospices generally provide care regardless of the patient's and family's ability to pay. Private insurance programs typically cover some services for acute needs, but benefits for long-term services vary from plan to plan. Public third-party payers include Medicare, Medicaid, the Older Americans Act, the Veterans Affairs, Social Services Block Grant programs, and community organizations.

What are the advantages of home care?

- Home care improves our society's quality of life by enabling individuals to stay in the comfort and security of their own homes during times of illness, disability, and recuperation.
- Home care maintains the patient's dignity and independence — qualities that commonly are lost in institutional settings.
- Home care is less expensive than other forms of health care delivery. In 1997, the average Medicare charges per day in a hospital and skilled nursing facility were estimated at $2,121 and $454, respectively. The average Medicare charge per home care visit during this time was an estimated $88.
- Home care offers a wide range of specialized services tailored to meet the needs of every individual on a personal provider-to-patient basis.
- Home care reinforces and supplements informal care by educating the patient's family members and friends about the caregiving process.

What is the future of home care?

By 2030, one in every five U.S. citizens will be elderly. As this segment of the nation's population continues to grow faster than any other segment, and as medical technology enables more and more health care to be performed in the home, home care is sure to remain a vital part of the American health care delivery system. The unparalleled growth in the nation's older population will raise the demand for professional home care services to an all-time high.

For more information about home care services in the Atlanta area, call Jackie Walker, Director, Walker Home Care at (404) 555-2222.

Source: National Association for Home Care, Washington, DC.

interested. Assuming this is your first foray into pitching a story idea, here are some general guidelines:

• **Develop a rapport with several reporters.** You may want to consider offering your services as a source on home health-related issues. For example, when action in Congress affects home care, position yourself as a home care expert who can knowledgeably discuss how the issue will impact the industry and the community and how your agency will handle it. In doing so, you will be giving them what they want, information, in exchange for something you want, publicity.

If you feel confident enough, offer to write a regular home health care column in your local paper. Perhaps you could offer advice on selecting a home care agency that suits a patient's needs or simply answer readers' questions about home health care. Either way, you will be setting yourself up as an authority and someone to whom the media may turn for home health care-related information and quotes.

• **Act; don't react.** In the event the industry gets bad press, go to the media before they come to you. That way you have a chance to plan your strategy and build the public's confidence in you, your agency, and the industry, instead of appearing defensive, or worse, unprepared.

• **If it isn't news, don't pitch the story.** That's not to say you shouldn't send out regular press releases keeping the media apprised of your home care agency's doings; just don't expect every one to make it into the morning edition.

Which branch of the media you approach will depend on your story angle. Each media outlet handles the news with its own distinct approach, so it's best to research the media outlet before pitching a story; you can tailor your pitch or story idea to match the medium.

Daily newspapers have the advantage of dividing news into easily identifiable sections — sports, metro, business — and thus people can easily find the material that interests them. Of the print media, daily papers tend to offer a more in-depth look at a far-reaching issue than weekly papers. Trying to get a story included in a special health care supplement or insert is a good way to get your feet wet.

While daily papers tend to have more readers, weekly papers are the most likely to provide in-depth coverage about local and community events and issues.

Weekly newspapers are also more willing to use photos, and because they generally have smaller staffs, they tend to be more receptive to story pitches.

Magazines will probably prove to be your hardest sell. Most magazines today have editorial staff but hire freelance writers for their feature stories. For this reason, if you're approaching a magazine, consider offering a small news item.

A local city magazine, for example, might be interested in the fact that you have expanded

A Media Glossary

- ❒ **Background:** Information that adds meaning to a current issue by explaining it further.
- ❒ **Beat:** A specific geographic or subject area covered by a reporter.
- ❒ **Byline:** The line at the top of a news article, which identifies the author.
- ❒ **Dateline:** The opening of an out-of-town story that gives the place of origin.
- ❒ **Hard news:** News that is timely and is covered almost automatically by print and electronic media. The president's State of the Union address is an example.
- ❒ **Masthead:** The box that appears inside a newspaper or magazine that lists its top executives.
- ❒ **Press release:** Also known as a news release or handout, it is sent to the media to alert them to something an organization is doing.
- ❒ **Release date:** The date at the beginning of a press release or wire story which tells the reporters the earliest time the information can be used.
- ❒ **Soft news:** News that is not considered immediately important or timely to a large audience. An award given to a home health care agency employee is an example.
- ❒ **Source:** Written material or person a reporter uses for information.
- ❒ **Story budget:** A list of stories that are to be or have been written.
- ❒ **—30—:** Symbol used to show a story has ended.

Source: Itule BD, Anderson DA. *News Writing and Reporting for Today's Media.* New York City: Random House; 1987.

your agency's office or that you have begun offering a greater variety of services.

Getting the media to pick up a story isn't difficult; you just need to learn a few basics. Armed with the right information and a little bit of practice, you'll find that working with the media can prove to be a mutually rewarding experience. ■

LegalEase

Understanding Laws, Rules, Regulations

Readmission decisions should go to agencies

PPS comment on readmissions needs clarification

By **Elizabeth E. Hogue**, Esq.
Elizabeth Hogue, Chartered
Burtonsville, MD

I recently wrote the Health Care Financing Administration (HCFA) to express concern about this requirement that appears in the commentary to the proposed prospective payment system (PPS):

"An HHA [home health agency] that accepts [a] Medicare-eligible beneficiary for home health care for the 60-day period and submits a bill for payment may not refuse to treat an eligible beneficiary who has been discharged from the HHA during the 60-day episode, but later requires Medicare-covered home health services during the same 60-day episode period and elects to return to the same HHA. . . ."

In other words, an HHA may be required to readmit a Medicare-eligible patient, even after it has discharged him or her, regardless of the reason for the discharge.

If implemented, this requirement could subject both patients and providers to significant risks, including physical harm. I say this because the requirement fails to address two factors, which may pose risks to beneficiaries and home health care providers:

• the reasons behind a patient's discharge from the home health agency;

• significant changes in that beneficiary's clinical conditions since discharge, changes that mean the patient's clinical needs can no longer be met at home.

Besides failure to meet the eligibility requirements of the Medicare home health benefit, there are numerous reasons home health agencies can and should discharge patients — and refuse to readmit them. These reasons include, but are not limited to:

1. Agency staff members have been subjected to threats of violence or actual acts of violence when visiting the patient's residence.

2. The patient cannot care for him- or herself, and no reliable paid or voluntary primary caregiver is available to meet the patient's needs between home health visits.

3. The agency lacks sufficient staff to meet the patient's needs.

4. Neither the patient nor the primary caregiver complies with the patient's plan of care.

5. The patient's clinical needs cannot be met through home health services, i.e. the patient requires placement in an appropriate institutional setting.

The patient's clinical condition may, for example, change substantially after discharge, so that while home health was clinically appropriate when services were provided earlier in a 60-day period, the patient's current clinical needs can no longer be met by the agency. In fact, the patient's health may be compromised if readmitted.

Although I do not believe HCFA intends to subject home health agency staff to bodily harm, implementation of this requirement as written could have that effect. Agencies would be forced to readmit patients (perhaps immediately if requested) that they had discharged because of violent behavior or the threat of violence. Staff would be required to return to patients' homes even though they knew the likelihood of continued violence was considerable.

Home health staff aren't the only ones who may suffer. Beneficiaries, too, could come to serious harm as a result of this requirement. It is not uncommon for home health agency staff to encounter patients and/or primary caregivers

who are chronically noncompliant.

In such cases, staff should document the specific instances of noncompliance, as well as counsel patients and their primary caregivers regarding these instances. If necessary, home health staff may also reteach the beneficiaries and caregivers what the proper treatment entails. Often this tactic meets with satisfactory return demonstrations from patients and the primary caregivers.

Failing any measure of success with these techniques, under the proposed requirement, patients would have to be readmitted even though the agency knows the patient or caregiver is noncompliant and that such ongoing noncompliance may result in a patient coming to harm.

Bob Wardwell, director of community post-acute care at HCFA, has indicated that among the reasons for this requirement, the organization is concerned about "patient dumping." With regard to this concern, the following points should be considered:

• Several government entities have studied whether the interim payment system results in a lack of access to the Medicare home health benefit. Those reviews consistently indicate that there is no access problem, so it seems that the rationale of the above requirement is based upon HCFA's skepticism of the studies' reliability.

• If properly designed, the incentives of PPS and the amount of reimbursement to home health agencies under PPS should prevent patient dumping. If PPS's incentives and reimbursement policies do not produce this result, PPS should be redesigned so that it does.

• This requirement is fundamentally inconsistent with sound professional practice and thus, may result in harm befalling beneficiaries. Preventing such occurrences must always be the first concern and come even before such issues as "patient dumping."

The bottom line is that the question of whether to readmit a patient is unique to each situation, and home health agencies must retain the discretion to determine when it's safe and when it isn't. If this discretion is compromised, as suggested in the proposed PPS regulations, beneficiaries and home health staff are certainly at risk. ■

New research looks at Internet and health care

They're uneasy bedfellows at best

Gartner Group Inc. in Stamford, CT, a leading supplier of research, analysis, and advice in all areas of information technology, recently published its list of top 10 trends. Among its conclusions: The Internet will provide health care providers with their biggest information technology challenge.

At the same time, Gartner Group said that despite the problems still associated with e-commerce, providers who fail to offer their clients e-health options are destined to struggle. The findings were presented at the most recent meeting of the Healthcare Information and Management Systems Society in Dallas.

Gartner found that personal health records will not eliminate the need for an organization to have a computer-based patient record system and that health care providers should look to information system staffing alternatives such as outsourcing and application hosting. But management teams, the Group cautioned, must have a clear business plan, a set of expectations, and an understanding of the pros and cons of outsourcing before making any decisions.

Gartner Group also found that today's health care consumers are looking for information tools that will help them save money and reduce medical errors, and that without "aggressively embracing automation," health care providers will find it difficult to achieve the 50% reduction in errors recommended by the National Academy of Sciences' Institute of Medicine in Washington, DC. The group contends the best way for health care providers to conform with the mandates of the Health Insurance Portability and Accountability Act is by investing money judiciously and using the least amount of manpower necessary to comply with the regulations.

Accompanying that study, the academy's National Research Council also released a report at the meeting in Dallas, stating that there are a host of technological hurdles that must be overcome before the Internet can be used as an effective tool for health care providers. The study found several problems inherent with the current state of e-health.

Perhaps one of the most serious problems, the study found, is that e-health providers and the companies developing Internet technology are not working in tandem, so there is no guarantee that the networks are even able to carry

the information. Security is also a problem, and currently, the study reported, the Internet is not able to provide the high levels of security needed to protect people's private health information such as the results of an HIV test. Even if these problems are remedied, the study found that too few people are connected to make the Internet a viable source for health care. ■

Who are the cosponsors of home care legislation?

What follows is a list of congressmen and senators who have signed on as cosponsors of the Home Health Payment Fairness Act, which, if passed, would eliminate the 15% reduction in Medicare home health payments. The home care community is urged to contact congressional representatives to ask for support in this effort. The information was compiled by the National Association of Home Care in Washington, DC:

The Senate version, S 2365, has been cosponsored by these senators:

Susan Collins (R-ME);
Christopher "Kit" Bond (R-MO);
Max Baucus (D-MT);
James Jeffords (R-VT);
Jack Reed (D-RI);
Rick Santorum (R-PA);
Spencer Abraham (R-MI);
Patty Murray (D-WA);
Thad Cochran (R-MS);
Diane Feinstein (D-CA);
Ernest "Fritz" Hollings (D-SC);
Barbara Mikulski (D-MD);
Jeff Bingaman (D-NM);
Frank Murkowski (R-AK);
Tim Hutchinson (R-AR);
Charles Schumer (D-NY);
Robert Torricelli (D-NJ);
John Edwards (D-NC);
Patrick Leahy (D-VT);
Mike Enzi (R-WY);
Richard Lugar (R-IN);
Max Cleland (D-GA);
Chuck Hagel (R-NE);
Olympia Snowe (R-ME);
Robert Bennett (R-UT);
Slade Gorton (R-WA);
Kay Bailey Hutchison (R-TX);
Jesse Helms (R-NC);
Wayne Allard (R-CO);
Blanche Lincoln (D-AR);
Mike DeWine (R-OH);
Lincoln Chafee (R-RI);
John Ashcroft (R-MO);
Arlen Specter (R-PA);
Pat Roberts (R-KS);
Sam Brownback (R-KS);
George Voinovich (R-OH);
Carl Levin (D-MI);
Orrin Hatch (R-UT).

The House companion legislation is cosponsored by these representatives:

Wes Watkins (R-OK);
J.C. Watts (R-OK);
William Jefferson (D-LA);
John Peterson (R-PA);
Debbie Stabenow (D-MI);
Van Hilleary (R-TN);
Rick Boucher (D-VA);
John Conyers (D-MI);
Sanford Bishop (D-GA);
Chip Pickering (R-MS);
John Baldacci (D-ME);
Virgil Goode (I-VA);
Peter Hoekstra (R-MI);
Frank Lucas (R-OK);
John McHugh (R-NY);
James Barcia (D-MI);
Merrill Cook (R-UT);
Amo Houghton (R-NY);
Robin Hayes (R-NC);
Jack Metcalf (R-WA);
Joel Hefley (R-CO);
Ed Pastor (D-AZ);
Ralph Hall (D-TX);
James Clyburn (D-SC);
John Sweeney (R-NY);
Martin Frost (D-TX);
Max Sandlin (D-TX);
Bill Barrett (R-NE);
Bart Stupak (D-MI);
Pete Sessions (R-TX);
Cass Ballenger (R-NC);
Lane Evans (D-IL);
James Walsh (R-NY);
Barbara Lee (D-CA);
Sherwood Boehlert (R-NV);
David McIntosh (R-IN);
Bob Schaffer (R-CO);
Charles Bass (R-NH);

John LaFalce (D-NY);
Robert Weygand (D-RI);
Nick Rahall (D-WV);
James Hansen (R-UT);
Jim Kolbe (R-AZ);
Zoe Lofgren (D-CA);
James McGovern (D-MA);
Ciro Rodriguez (D-TX). ■

Speak out on surety bonds

It looks like the Health Care Finance Administration (HCFA) is at it again — new surety bond regulations are due out this fall. Make sure HCFA knows how it has affected home care by speaking out at the Regulatory Fairness Hearings in your area. **(See schedule below.)** For more detailed information, go to www.sba.gov/regfair/2000hearingsch.html, or call (888) REG-FAIR.

Upcoming regulatory hearings

Region 7 — Heartland States
June 13, 2000, 1 p.m.
West Des Moines, IA

Region 3 — South Atlantic States
June 22, 2000, 9:00 a.m.
Baltimore

Region 4 — Southeastern States
July 2000
Jackson, MS

Region 1 — New England States
Aug. 16, 2000
Manchester, NH

Region 5 — Midwestern States
Sept. 11-15, 2000
Rockford, IL

Region 10 — Northwestern States
Sept. 25-29, 2000
Anchorage, AK ■

Home health Medicare spending down 45%

A new report published by the Congressional Budget Office and featured in the April 21, 2000, issue of *The New York Times* shows that the amount of Medicare spending on home care has dropped by 45% over the last two fiscal years. In 1997, Medicare spending totaled $17.5 billion, in 1998, it was $14.9 billion; and in 1999, Medicare spending on home care had fallen to $9.7 billion, the study said. The study found that spending for home care dropped by 34.9% in 1999 alone. Spending had dropped by a comparatively mere 14.9% in 1998.

The report showed that because of dramatic spending cuts, more Americans are forced to spend more time in hospitals and nursing homes, both of which are considerably more expensive than home care. The study failed to give estimates on how much payments to hospitals and nursing homes have increased over this same period, nor did it provide statistics on the number of people who may be going without treatment or who have died as a result of these spending cuts. Recent figures show that some 3.6 million Americans received home care through Medicare in 1997. By the following year, that number had dropped to 3 million, and although final figures are not yet available, experts believe that number continued to decline in 1999.

Before those spending cuts were enacted through the Balanced Budget Act of 1997, government experts predicted that Medicare spending on home care would be close to $127 million between 1998 and 2002. Now, those experts are predicting that the number will instead total $58 million — a difference of $69 million — and

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■ Strategic management tips
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■ Private duty options

more than four times what Congress expected to save when it passed the BBA. ▼

Try these health care resources

A free guidebook, *Resources for Caregivers,* is available from the MetLife Mature Market Institute and the National Alliance for Caregiving. This guidebook is designed to help individuals and families who have taken on caregiving for an elderly or sick relative. The 28-page booklet offers information on services and support for caregivers; financial resources available to them; and government resources and organizations that assist patients with AIDS, ALS, Alzheimer's disease, cancer, cerebral palsy, diabetes, heart disease, mental health problems, multiple sclerosis, and Parkinson's disease. Special sections include information on how and where to find home health care, how to finance care, how to equip one's home for caregiving, how to take advantage of the Family Leave Act, and how to locate support groups for caregivers. Web sites are also listed and provide searchable databases of elder-care facility directories and home care by city and state. For a free copy of the handbook, write to MetLife Mature Market Institute, 57 Greens Farms Road, Westport, CT 06880; call (203) 221-6580; or e-mail MMI_MetLife@metlife.com.

The Oncology Nursing Society (ONS) has released *Pain Management for the Oncology Nurse*, the first in a four-part educational video series, "Oncology Nursing Today 2000." The video was filmed in a documentary style and visits Chicago's Northwestern Memorial Hospital to learn about pain management from the country's leading experts: Judy Paice, PhD, RN, a palliative care and home hospice research professor of medicine; June Dahl, PhD, principal investigator of the University of Wisconsin's (Madison) Wisconsin Pain Institute; Lisa Krammer, RN, MSN, ANP, AOCN, a palliative care nurse practitioner; Lawra Lee Leutkemeyer, RN, a home hospice nurse for the palliative care and home hospice program at Northwestern; and Denise Rooney, RN, MS, the hospital's oncology unit manager.

The 40-minute, ONS-accredited video deals with such topics as identifying and overcoming the barriers to good analgesia, how to conduct a pain assessment, different types of pain syndromes, and the basics of pharmacologic and nonpharmacologic therapies. The video is accompanied by a lesson guide and a facilitator's guide is available. The next video in the series — scheduled for release in June — will be *Oncologic Emergencies: Tumor Lysis Syndrome and Pleural Effusion*. For more information, call Stratos Institute for Healthcare Performance at (949) 388-2100, or e-mail: info@Stratos Instititute.com.

The Institute for Safe Medication Practices has launched "Textbook Errata," a new section of its Web site (www.ismp.org) devoted to correcting dosage and other serious medication mistakes, as well as incorrect information found in published articles or health-related books. The new section provides full information about a number of errors and corrections that have been reported to both the Institute and the USP/ISMP Medication Errors Reporting Program. Authors, publishers, and practitioners can submit mistaken information and corrections directly to ISMP via e-mail. To access the new page, go to the group's home page and select the appropriate menu option. ▼

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Four patient dumping cases settled

In January and February of this year, four hospitals that had been accused of patient dumping settled their cases with the Office of the Inspector General. The settlements were as follows:

1. 108-bed Welch (WV) Emergency Hospital paid $10,000.
2. 898-bed St. John's Mercy Medical Center, St. Louis, $5,000.
3. 146-bed Anaheim (CA) General Hospital, $10,000.
4. Three-hospital United Health Services Hospitals-Binghamton (NY), $7,500. ▼

Women's salaries lag

Although a recent survey conducted by the *Florida Medical Business* newspaper and the RCH Healthcare Advisors shows that medical office managers' salaries have risen 9% in the past year to an average of $41,000 per year, women still earn, on average, less than their male counterparts. Female office managers with an average of five years' job seniority (18 years compared to 13 years for men) and who are on average three years older than their male counterparts (44 vs. 41) earned an average salary of $38,500 annually, while men earned $79,200. The men surveyed in this study tended to manage larger practices with a greater number of physicians and significantly higher revenues.

Among other findings, the survey found the largest influencing factor that contributed to a medical practice manager's salary was physician revenues. Other factors contributing to salaries were the education levels of office managers — those with postgraduate education tended to work in large practices with an average revenue of $4.3 million and earned average salaries of $63,300.

College-educated managers worked in practices with average revenues of $1.7 million and earned about $38,200. Managers without a college degree worked in practices earning about $1.5 million and earned an average salary of $36,700 annually.

Managers at practices that brought in more than $4 million in annual revenues earned an average of $64,400, while managers of practices collecting between $2 million and $4 million annually earned an average salary of $51,200. For practices with annual revenues of between $1 million and $2 million, the average salary was $38,600, while for practices with annual revenues of less than $1 million the average annual salary for an office manager was $33,100. ■

CE objectives

After reading each issue of *Hospital Home Health*, the reader will be able to do the following:

1. Identify particular clinical, ethical, legal, or social issues pertinent to home health care.
2. Describe how those issues affect nurses, patients, and the home care industry in general.
3. Cite practical solutions to the problems the profession encounters in home care and integrate them into daily practices. ■