

Crafting Health Care Solutions

By Candace Gwaltney

There's No Place Like Home

Baby boomers have long wanted to do things differently than previous generations. And that's fine with the Indianapolis-based National Private Duty Association (NPDA). "More and more people are wanting the option of staying in their home as long as possible before they look at the option of assisted living or a nursing home," notes NPDA Executive Director Kim Stoneking.

NPDA is a membership organization that serves private duty home care agencies throughout the country. Founded in 2002, the group now has about 1,200 members. Before NPDA, no organization existed specifically for the private pay industry, Stoneking explains.

The national organization primarily focuses on education, networking, research and advocacy. Part of that includes preparing its members to meet the needs of the aging population that is increasing in dramatic numbers.

"They're (studies) saying that home care is really one of the fastest growing industries in the United States," Stoneking relates. Home health care services ranks fourth in that category for 2006 to 2016, according to the U.S. Department of Labor.

"There's going to be many, many more people needing home care, so (we are) making sure that the industry is prepared for that and has the caregivers that are needed," Stoneking asserts.

NPDA members provide private pay home health care and non-medical care services such as companion care, elder care and in-home assisted living. Members serve people with disabilities, but the overwhelming majority is elderly with most being women, Stoneking clarifies.

"Our members must employ 90% of their workers so they take care of their insurance, payroll, taxes, worker's compensation – so they're not independent contractors that are doing the care giving," he says.

That's what differentiates private duty from other home care. Instead of using a contractor or matching service, the caregiver reports to a company and its standards.

Top issues the organization is addressing for members include the federal Employee Free Choice Act being considered by Congress and licensure requirements for home care agencies.

"We are trying to obtain requirements for licensure of home care agencies in all 50 states. There are 27 states right now that require some form of licensing," he surmises. "(We are) trying to keep the quality of the industry very high; we favor and support licensure." Indiana was one of the first states to require licensing in the field, Stoneking adds.

INFORMATION LINK

Resource: Kim Stoneking, National Private Duty Association, at www.privatedutyhomecare.org

Swipe for Quicker Care

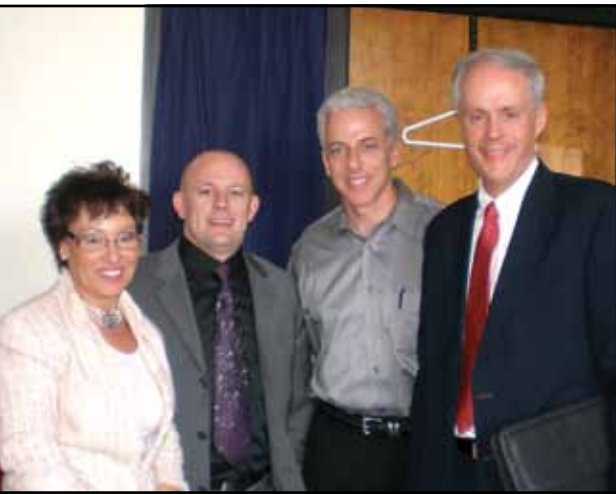
You know the drill: Arrive at least 15 minutes early to confirm your address, update your insurance information and sign all those privacy and consent forms.

That traditional medical office process has become a lot faster at one Indianapolis hospital. Community Health Network installed a self-service kiosk system that allows patients at the Community Regional Cancer Center to check-in with a magnetic stripe membership card.

Patients can use their MyCommunity card (a free program) to swipe in, instead of sign in. The kiosk recognizes the patient's card and then asks about seven questions to confirm the patient's identity and appointment.

"We did it for reasons of trying to improve the efficiency of the care delivery, but also from a patient's convenience standpoint to make the experience less of a hassle for them," says Dan Rench, vice president of e-Business at Community Health Network.

Indianapolis resident and Community patient Susan Masterson says she was a bit skeptical



National Private Duty Association Executive Director Kim Stoneking (far right) is working with Arizona NPDA members and state Rep. Chad Campbell (second from left) to require home care agency licensure in their state.

of the system at first, but once she started using it she became a fan. It's not the speedy check-in (which she says takes about seven seconds) that she likes; instead it's the expedited care.

With the paper sign-in, she recalls waiting as long as an hour for her appointment to begin. Now the nurse calls her back in as little as two minutes. She's waited no longer than 10 minutes since using the kiosk.

As soon as the patient swipes his or her card, the clinician is notified that the patient has arrived – eliminating the need for the receptionist or nurse to page or find the clinician, Rench explains.

"It's been very much expedited," Masterson confirms. She also notes the waiting area is less full, which she attributes to quicker service.

"What I think is hugely important with that is the people that are coming are sick; their immune systems are down so they can't be around a lot of people," Masterson notes. "It's nice to have a room that's not packed."

From September (when the express check-in program launched) to December, 696 patients used the kiosks 2,526 times. Patients who have used the express check-in system range in age from 13 to 93 years old, Rench shares.

The kiosk eliminated seven pieces of paper per each patient visit. Patients sign any required forms on screen and those are filed electronically, he says.

"The staff is very enthusiastic about it because it gives them the ability to spend more focused time with patients who need their help, whether it's care and support or answering questions, opposed to shuffling papers."

With the express check-in at Community Regional Cancer Center going well, the organization plans to add additional kiosks at other locations in the future, Rench concludes.



Patients at Community Regional Cancer Center in Indianapolis can bypass the paperwork and use a magnetic stripe card to check-in for appointments.

INFORMATION LINK

Resource: Dan Rench, Community Health Network, at <http://eCommunity.com/card>

Hospitals Helping Hoosiers Stay Healthy

Indiana hospitals are more than ready to treat ailments, but they're also happy to help prevent Hoosiers from needing their services. That's why the Indiana Hospital Association (IHA) wants to assist in tackling the state's preventable health problems.

The IHA will address six areas of wellness through its recently created Health Status Improvement Task Force.

"The issue was we recognize that Indiana has ranked terribly on a number of different health status measures, and that we – hospitals – are in the business of trying to fix or heal these patients when these health conditions come into play," states IHA President Douglas Leonard.

Task force focuses are on obesity (Indiana ranked 50th), adult diabetes (38th), childhood immunizations (43rd), prenatal care in the first trimester (33rd) and self-reported poor mental health (46th). The ranks are based on the WellPoint State Health Index.

Leonard continues, "All of these things – whether it's obesity or smoking or adult diabetes – they all are huge contributors to the reason people get sick and go to hospitals."

Many Indiana hospitals already are concentrating on wellness within their organizations and communities; this will allow hospitals to come together on these issues. The IHA also wants to work collaboratively with organizations focusing on Hoosiers' health, such as the governor's office and the American Heart Association, Leonard shares.

First, hospitals will target the health of their employees and create consistent programs. Taskforce members come from member hospitals that already have active wellness programs.

Logansport Memorial Hospital developed a trail system near the hospital for employees and the community to use for exercise activities.



At Logansport Memorial Hospital, employees can earn \$50 incentives for participating in the organization's Culture Connection wellness program, explains Vicki Byrd, vice president of planning and development.

The hospital analyzes its employee health risk assessments and insurance health data to customize the program each year based on staff needs. Nutrition is the topic for April and May; employees who participate in a grocery store tour to learn about healthy shopping and eat three healthy meals at the cafeteria will earn the incentive, Byrd notes.

Other benefits to employees include free and discounted smoking cessation aids, an onsite fitness center, access to a free health coach and free healthy snacks at the hospital cafeteria.

As a member of the IHA Health Status Improvement Task Force, Byrd is not only sharing what Logansport Memorial is doing, but also gaining new ideas from colleagues.

Leonard notes the task force is still setting goals; among the first projects will be creating a smoking cessation toolkit for hospital employees and then the community.

As a trade association for hospitals, IHA usually focuses on helping its members be successful. This wellness effort has a "slightly different twist because mostly I think people would consider us helping them in the care of their patients; this is broadening the role of the hospital a little bit," Leonard asserts.

INFORMATION LINK

Resources: Douglas Leonard, Indiana Hospital Association, at www.ihconnect.org

Vicki Byrd, Logansport Memorial Hospital, at www.logansportmemorial.org

The Skinny on Childhood Obesity

Through educating peers on obesity, partnering with restaurants and hosting a healthy living program, students at three Indiana schools will help fight childhood obesity. The schools received grants from a UnitedHealthcare program to battle the bulge.

The grants are part of the company's UnitedHealth HEROES service-learning, health literacy initiative to address childhood obesity.

"The impact of pediatric obesity on health care costs and affordability is really significant," emphasizes Greg Thompson, UnitedHealthcare spokesman. "(This program) not only may have an impact on the overall quality of life on the individuals, but it also provides a chance for people to be healthier going into the future and producing a healthier generation."

More than 100 youth-led projects in 15 states (including Indiana) received grants. Winning proposals included exercise opportunities for younger children, researching diabetes and its causes and then educating peers, and petitioning a school board to offer healthy cafeteria menu options, according to a Youth Services of America (YSA) press release. UnitedHealth and YSA partnered in awarding the grants.

Special education students at Springfield School in Michigan City are participating in a semester-long program to learn about obesity. Students planned to share their knowledge with peers at a health fair in April, according to UnitedHealthcare.

More than 40 students at the University of Southern Indiana will use the grant to work with Posey County restaurants to increase the number of healthy menu options. Students planned to partner with restaurants in the rural community to offer sustainable nutrition education for 100 families (about 500 people).

The third Indiana grant was awarded to Starr School in Richmond. Students planned to host an evening program in the gymnasium to not only teach families about health and fitness, but also bring together the community, the grant application said.

Thompson notes the programs aimed at students age five to 25 bring "awareness to the strain that obesity can have on the health care system." The goal also is to celebrate and learn how to have a better quality of life while improving the health of these communities, he adds.

UnitedHealth Group is based in Minnesota and serves more than 70 million individuals nationwide, including about 500,000 Hoosiers, Thompson says.

INFORMATION LINK

Resources: Greg Thompson, UnitedHealthcare, at www.uhc.com

UnitedHealthcare awarded three grants to Indiana schools to raise awareness of childhood obesity and educate students on healthy living.

