



**HCCI**<sup>™</sup>  
HOME CENTERED CARE  
INSTITUTE

# Preparing for Success in the Illinois House Call Project (ILHCP)

Custom Workshop – Year 1

August 8, 2024





# Welcome

Dana Crosby  
VP, Education & Practice Development  
Home Centered Care Institute

# Illinois House Call Project – Anchor Partner



We would like to thank [Loyola Medicine](#) for choosing HCCI as its partner in developing their home-based medical care practice, and for sponsoring the ILHCP.

# Disclosures

**None of the planners or faculty for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.**

# CME Credit

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of PeerPoint Medical Education Institute, LLC and the Home Centered Care Institute. PeerPoint Medical Education Institute, LLC is accredited by the ACCME to provide continuing medical education for physicians.

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- **Physician Assistants:** American Academy of Physician Assistants (AAPA)
- **Nurse Practitioners:** American Academy of Nurse Practitioners Certification Program (AANPCP)
- **Nurses:** American Nurses Credentialing Center (ANCC)
- **Practice Managers:** Medical Group Management Association (MGMA)

# Your HCCI Learning Plan

HCCI Learning Plan	
Name & Credentials:	Job Title:
Organization:	
Name of HCCI Activity:	Activity Location:
TOPICS I want to explore further...	THINGS I need to do...
THINGS I want to REMEMBER...	PEOPLE or RESOURCES I need...
Based on what you have learned, what specific action(s) or change(s) are you planning for your own practice?	What other HBPC topics are you interested in learning more about?

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# Need Help?

**Email:**

**[education@hccinstitute.org](mailto:education@hccinstitute.org)**



# Faculty



## Melissa Singleton, MEd

- Chief Programs Officer  
Home Centered Care Institute



## Paul Chiang, MD

- Senior Medical and Practice Advisor, Home Centered Care Institute
- Medical Director, Northwestern Medicine HomeCare Physicians (HCP)
- Recently made his 36,000<sup>th</sup> house call!



# Faculty



## Dana Crosby

- VP, Education and Practice Development  
Home Centered Care Institute



## James Warda

- Vice President of External Affairs and Business Development
- Home Centered Care Institute



## Nengliang (Aaron) Yao, PhD

- Research Director, Home Centered Care Institute

# Faculty



## Alicia Elatkin

- Chestnut Health - Clinical VP
- New Day Wound Care - consultant

# Panelists



## **Diane Slezak**

- President & CEO
- AgeOptions



## **Sandy Pastore, MSW**

- Division Manager
- Illinois Department of Aging

# Panelists



## Cherish Reinwald

- COO/Director of Counseling Services
- Eaves Health Partners



## Therese Byrne, LCSW

- Social Worker
- CATCH-ON

# Presenters



## Karly Denes

- Specialist, Outreach & Engagement
- Home Centered Care Institute



## Jeff Fraler

- Director, Education
- Home Centered Care Institute



## Raabiah Ali

- Program Manager
- Home Centered Care Institute

# Agenda

1. **Welcome/Introductions**
2. **Business Considerations for Growth and Expansion**
3. **Securing Referrals for Your House Call Program**
4. **Leveraging Market Research and Data Analytics to Grow Your House Call Program**
5. **Leadership in HBPC: Navigating and Inspiring Positive Change through Transformational Leadership**
6. **Hiring, Onboarding, and Retention for House Call Programs**
7. **Media Relations and Marketing**
8. **Community Services and Partnership Opportunities in Illinois**
9. **Resources**
10. **Reporting Expectations & Key Milestones**
11. **Q/A Wrap-Up**

# Workshop Objectives

- Use innovative instructional methods and HCCI resources to educate providers and staff at local and state levels.
- Discuss obstacles faced by home-based primary care providers and apply mitigation strategies.

# Workshop Objectives Cont'd

- Use the Media Tool Kit to elevate public and provider awareness of home-based primary care, including its benefits to patients, families and caregivers, providers, and payers.
- Examine the prevalence and utilization of house call providers and home-based primary care (HBPC) services in Illinois, and identify geographic areas with unmet HBPC needs.





# Business Considerations for Growth and Expansion

Alicia Elatkin (Bobak) FNP-C  
Chestnut Health

# Faculty



## **Alicia Elatkin (Bobak) FNP-C, WCC, CSWD-C**

*HCCI Consultant; Chestnut Health; New Day Wound Care*

Alicia has been providing high-quality care to patients with various needs and conditions, such as acute and chronic wounds, physiatry, pain management and primary/palliative care. Alicia has over 15 years' experience in the healthcare industry including business and clinical operations managing providers of an IL based primary/palliative home care program. She is passionate about increasing awareness of home-based programs and building strong collaborative community partnerships. Alicia mentors' current and future APRNs and offers CEU events to local hospitals and Skilled Nursing Facilities. Her mission is to deliver personalized care that enhances the quality of life and functional ability of her patients. In June 2024 she received the Nurse Practitioner 2024 award for excellence in practice.

# Objectives

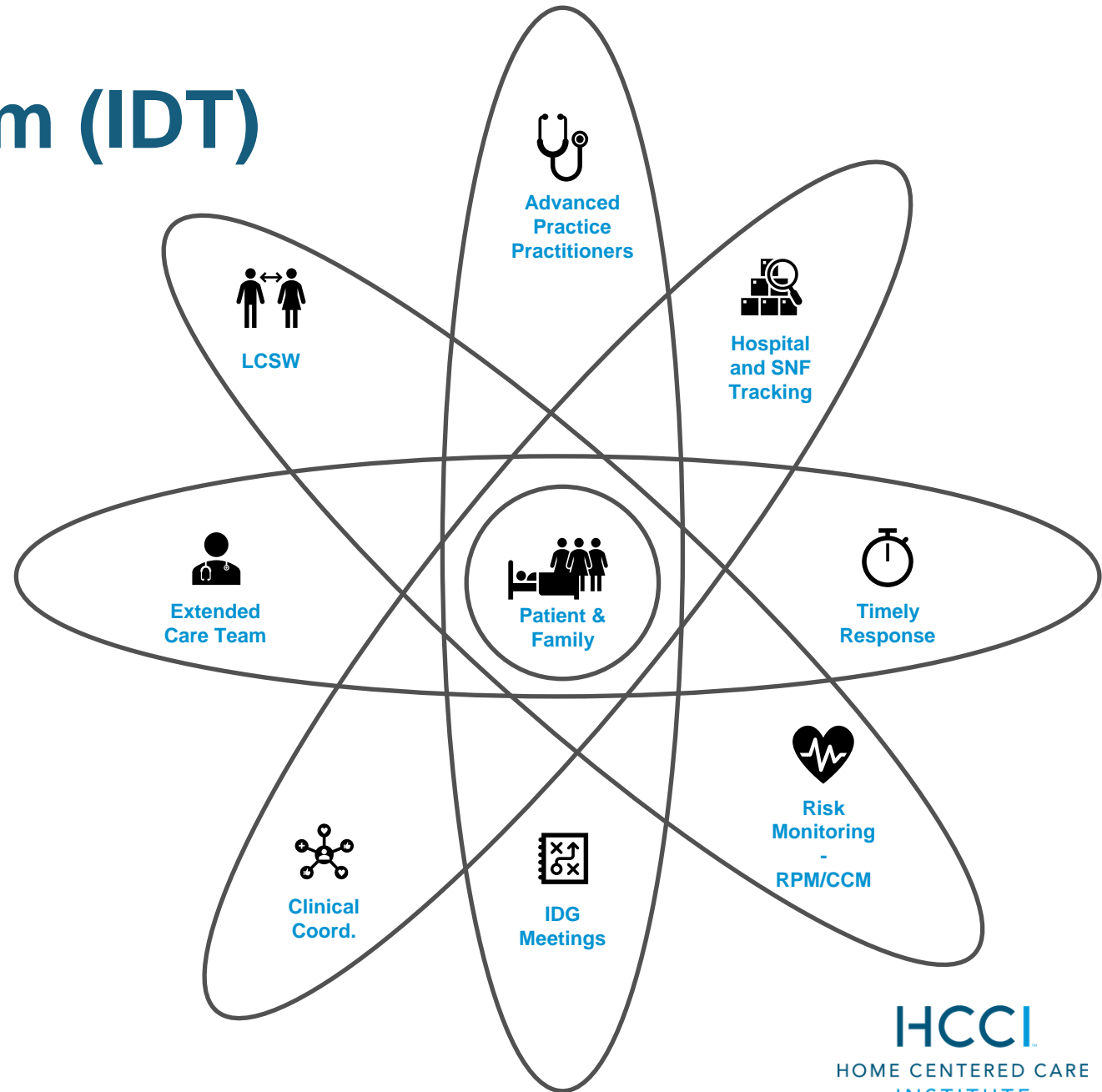
- Discuss staffing models needed for growth and hiring considerations
- Identify scope of services
- Outline process workflow
- Discuss appointment prioritization and identify scheduling optimization



# Staffing Model

# Interdisciplinary Team (IDT)

- Providers
- RNs/LPNs
- Care Coordinators
- LCSWs
- Practice Manager
- *Pharmacists*
- *Nutritionists*
- *PT/OT/ST*
- *Medical Assistants*

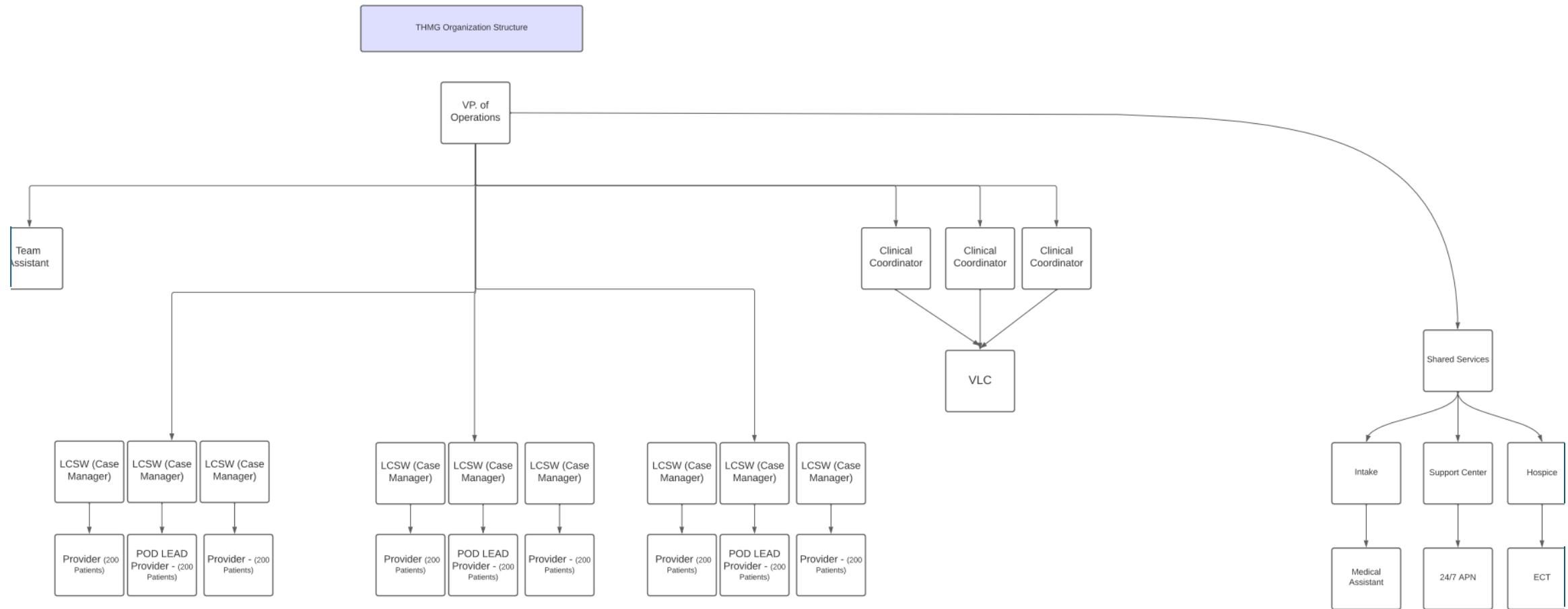


# Support Team

- Billing team
- Coder
- Intake Specialist
- Referral Coordinator
- Scheduler
- Practice Manager
- Marketing
- Chronic Care Management



# Staffing Model Example



# Considerations

- Roles & Responsibilities of each team member
- Who will manage the policies and procedures?
- Will you outsource any operation- billing/coding/CCM?
- Who will be responsible for interviewing and hiring providers?
- How do you address unique hiring considerations?





# Patient Identification

# Target Patient Population

- 2+ chronic conditions
- High needs population
- High-utilizers of ED
- High HCC score (>2.0)
- Limited social capabilities
- Requires assistance with ADLs and IADLs
- Less than 1 year to live (palliative)

# Geographic Considerations

- Miles per day for travel per provider
- Providers location
- Stakeholders
- Service lines
- Market analysis of Medicare population
- Policies for weather and safety



# Scope of Services

# Services Provided

- Primary Care – Palliative Care – Wound Care
- Skilled Nursing Facilities (SNFs) – Assisted Living Facilities (ALFs) – Group Homes
- Chronic Care Management (CCM) – Transitional Care Management (TCM) – Remote Patient Monitoring (RPM)
- Annual Wellness Visits (AWV)
- Sick visits – labs, IVs
- Procedures – Joint Injections, G-tube changes

# Partnerships

- Home Health
- Lab services
- In-home diagnostic imaging services
- Wound Care – Podiatry
- Specialists- Vascular, Cardiology, etc.

# Triage & After Hours

- Direct number?
- Answering service
- Call schedule
- Triage team
- Protocols in place



# Patient Education & Expectation

- Collateral- Welcome packet, business card, magnet
- Welcome packet- contact information, services
- Emergency Plan
- Set expectations on 24/7 care





# Process & Workflow Analysis

# Electronic Health Record (EHR)

- Goals: Reduce number of “clicks”, reduce errors, improve communication, harvest data = increase efficiency.
- In the field: Connectivity, portability, security, durability.
- Templates- Smart phrases, Care plans, Assessments
- Screenings: Depression, Fall risk, Abuse, Social Determinants of Health (SDOH), med rec.
- Advance Care Planning- how to document and store records?

# Provider Competencies

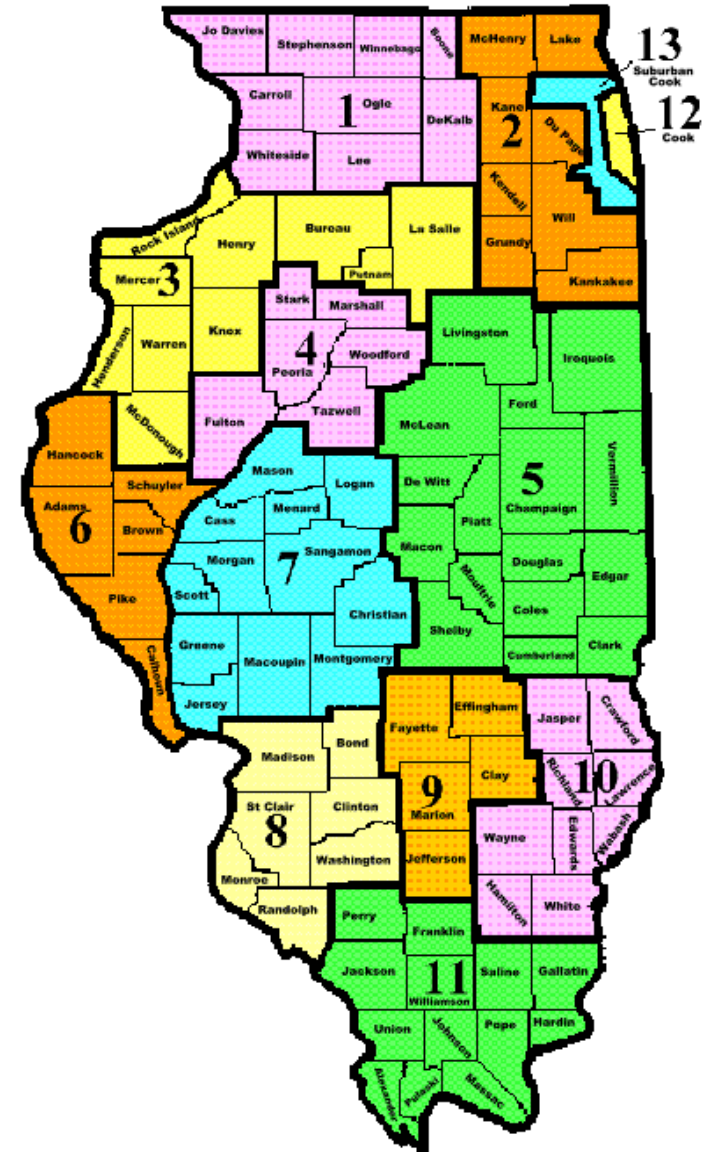
- On-boarding checklist
- Clinical competency form for sign off
- Experience in home health, primary care/palliative care, community relationships
- Must be independent and have strong communication and time management skills

# Provider Competencies

- Experience in home health, primary care/palliative care, community relationships
- Must be independent and have strong communication and time management skills
- On-boarding checklist and clinical competency form for sign off
- Who is re-evaluating their skills annually?

# Geographical Assignment

- Zip Code Assignment
- County Assignment
- Stakeholder Assignment
- Facility Assignments
- Mileage



# Appointment Prioritization

- Referral process
- Intake process
- Triage team- how long is the process
- When will the patient be notified
- Urgent – Sick visits
- Short-staffed
- Call offs

# Questions?





**BREAK**

**We will see you back in 15 minutes**





# Securing Referrals for Your House Call Program

Alicia Elatkin (Bobak) FNP-C  
Chestnut Health

# Objectives

- Identify what is a referral source
- Outline steps in obtaining information from a referral source
- Discuss methods of recruiting
- Identify how to obtain new referral sources
- Discuss the pros/cons of referral sources

# What are your Needs?

- Patient population
- Area of coverage
- Practice model
- Market Analysis

# Where are the patients?

## Network

- Aging and Senior Services
- Community PCPs
- Speaking Opportunities
- Former colleagues
- LinkedIn

## Marketing

- Senior Living Facilities
- Hospital- discharge team
- Home Health Agencies
- Skilled Nursing Facilities
- Other agencies (“competition”)

# Community Resources

- **Adult Protective Services (APS)**
- **Meals on Wheels**
- **Churches**
- **Private Duty Caregiving**

# Partnership Conversations

- Mission, goals, outcomes
- Enrollment Criteria
- Intake process- new referral
- Benefits of the program
- Shared information
- Communication

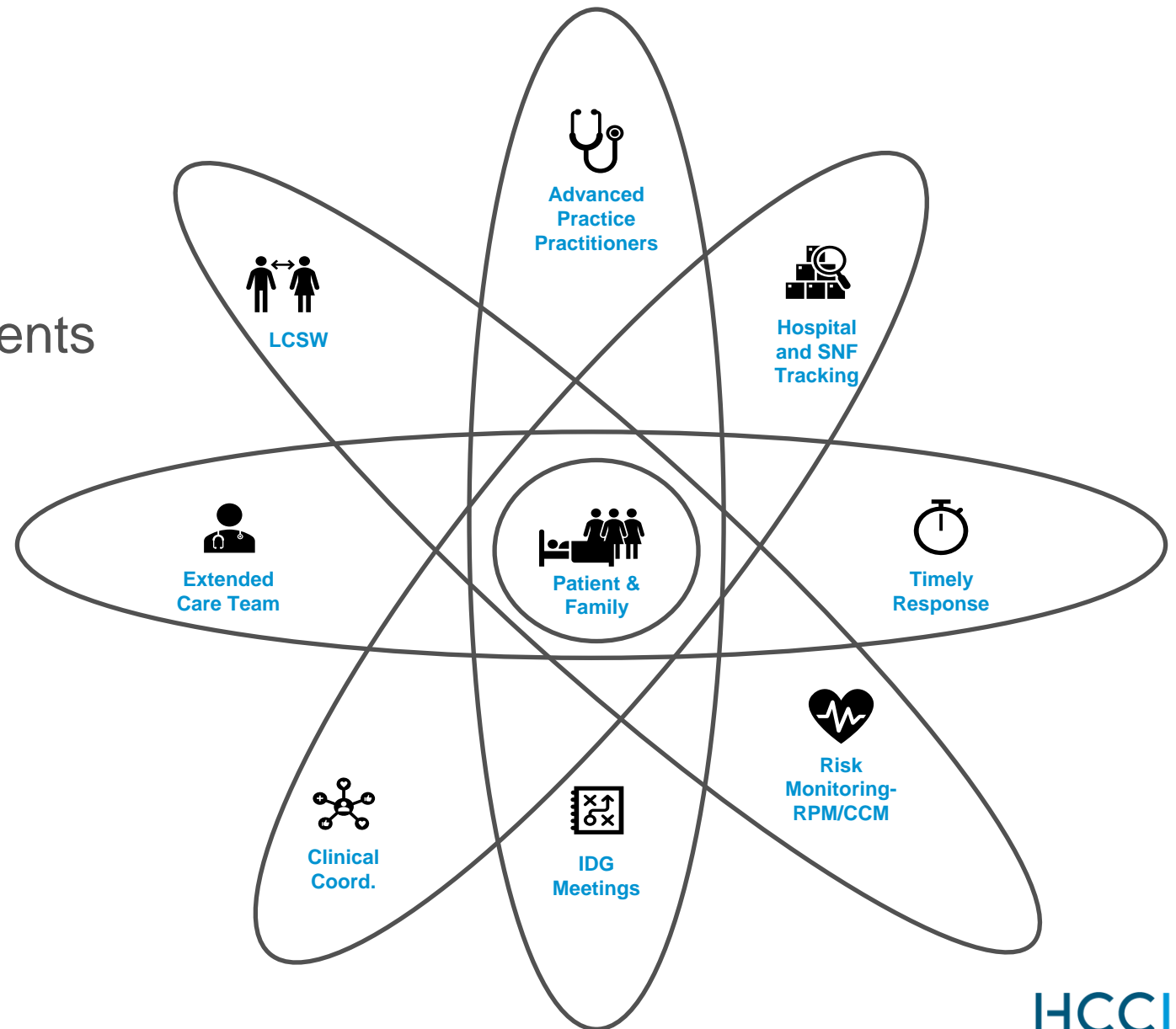


# Practice Considerations

- How quickly can you accept a new patient?
- How does one reach a team member?
- Response time?
- Documentation time to home health?
- How long are your visits?
- After-hours coverage?

# Talking Points

- Comprehensive
- In the comfort of the patients own home
- Team approach
- Alleviates burden of transportation
- Collaborative approach-community services





# HBPC EXAMPLE

*Our home-based primary program enables patients experiencing complex medical cases to age in the home, providing positive life experiences to patients and families while reducing the financial burden on the healthcare system at large.*

- **Rigorous Case Management on High-Risk Patients**
- **Post-Acute support**
- **Bringing Care to People's Homes**

# New Patient

- You can reach us 24/7 at 1800XXXYYYY.
- Please contact us first for any healthcare need.
- We will manage your chronic conditions, order equipment and come out for sick visits.
- We will work with you and any family or caregivers you may have so you understand your medical needs.

# Talking Points for Referral Sources

- HBPC has proven to be an effective model for keeping people at home who would otherwise rely on 911.
- *“Sickest of the sick”*
- Improve health outcomes, patient satisfaction and decrease hospitalization rates.

# Talking Points for Clinicians

- Assist high burden patients- NO SHOWS (transportation issues, etc.)
- Manage “frequent flyers”
- A partner for “high risk” patients
- Reduce risk for your practice

# Networking Strategies

## Stay connected:

- Website
- Business cards
- Identify facilities in your area
- Predictive Analytics (ex. Acclivity)

## Track:

- Monthly referrals
- Discharges
- ED visits
- Hospitalizations
- Patient satisfaction



# Contracting with Payers 101

- Product- Population, Model, and Measure
- Cost- Per patient per month
- Audience- Health system, Insurance company
- Allies- Clinical leaders
- Pitch- Clear & concise

# Measures

## *Quality*

- Advance Care Planning
- Fall Assessment
- Medication Reconciliation
- SDOH

## *Expense*

- Referral rate
- Death at home
- 30-day readmission rate

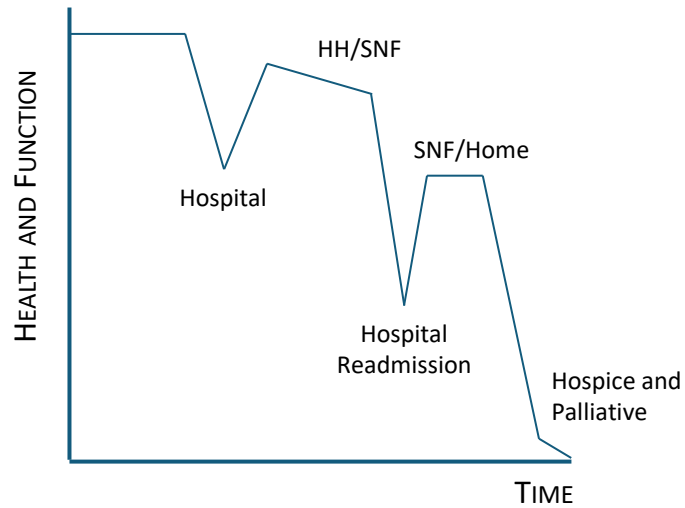


# Make Your Pitch

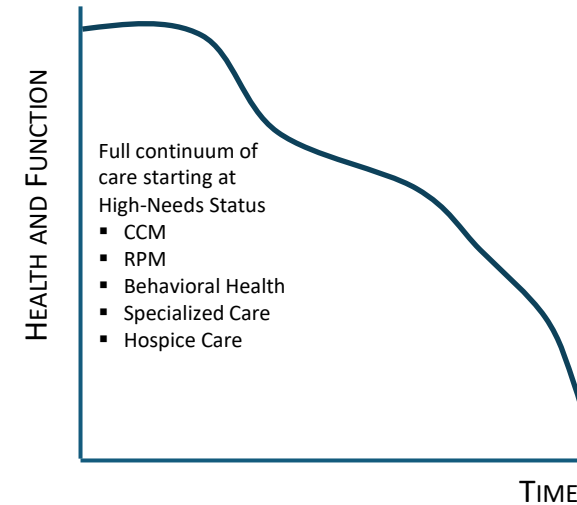
- Know your target!
- Be prepared- have data
- Focus on their needs
- Suggest outcome measures
- Adapt to their feedback
- Keep communication open
- Example on next slide



# Fragmented Care = POOR OUTCOMES!



*Care is fragmented and uncoordinated*



*Services are upstream creating a better experience for patients and families*

# Questions?





# Leveraging Market Research and Data Analytics to Grow Your House Call Program

Aaron Yao, Ph.D.  
Director of Research and Analytics  
Home Centered Care Institute

Melissa Singleton, MEd  
Chief Programs Officer  
Home Centered Care Institute



# Introduction

Melissa Singleton  
Chief Programs Officer

# Our Unique Value Proposition in Home-Centered Care



Confer Analytics® helps providers and practice leaders better understand their markets and to position services across the continuum of care in areas that include:

- Primary Care
- Hospice and Palliative Care
- Home Health
- Virtual Care
- Hospital at Home

# How Are You Using Data Analytics Now?

- 1. Build or augment a medical care program**
- 2. Establish baseline for performance improvement**
- 3. Improve marketplace competitive advantage**
- 4. Succeed with managed care**
- 5. Transition to value-based care**
- 6. Other (please specify)**
- 7. None of the above ... yet!**

# Confer Analytics<sup>®</sup>: 35+ Dashboards

- **Home-Based Medical Care**
  - Demand
  - Supply and Performance
  - Partners, Referrals, and Billing
  - Medicare Advantage
- **Hospice**
- **Home Health**
- **Virtual Care**
- **Hospital at Home**



# Using Confer Analytics®



## Understand Markets & Refine Strategies

- Benchmark performance against competition or to measure improvement
- Identify opportunities for improvement in quality and revenue
- Enhance clinician staffing and recruitment
- Gain insights into patient referral patterns and leakage
- Inform due diligence for practice acquisition
- Approach payer negotiations with more knowledge
- Support ACO network expansion with high-performing programs
- Prepare for industry transition to Value-Based Contracting
- AND MORE

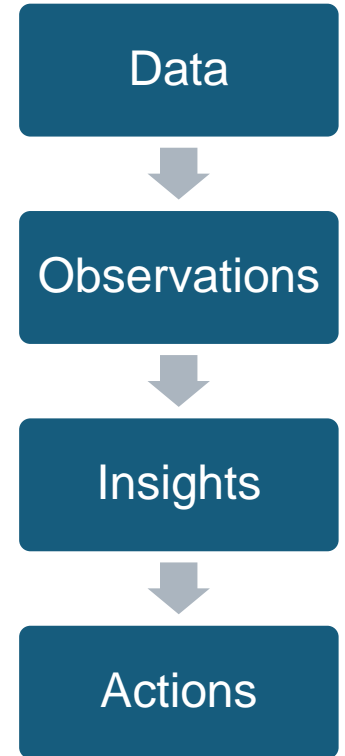
# IL Data Demo & Discussion

Aaron Yao, PhD  
Director of Research and Analytics

# Let's do it together

1. I show you the **data** and functions
2. You share your **observations**
3. We delve deeper into the **insights**
4. We discuss the practical **applications**
5. Questions

Example: McHenry County, IL or your county



# Using Free Confer Analytics® Dashboards

<https://conferanalytics.com/>



About Services Free Dashboards Subscriber Dashboards Tutorials Login Attend a Demo Subscribe Now Contact Us

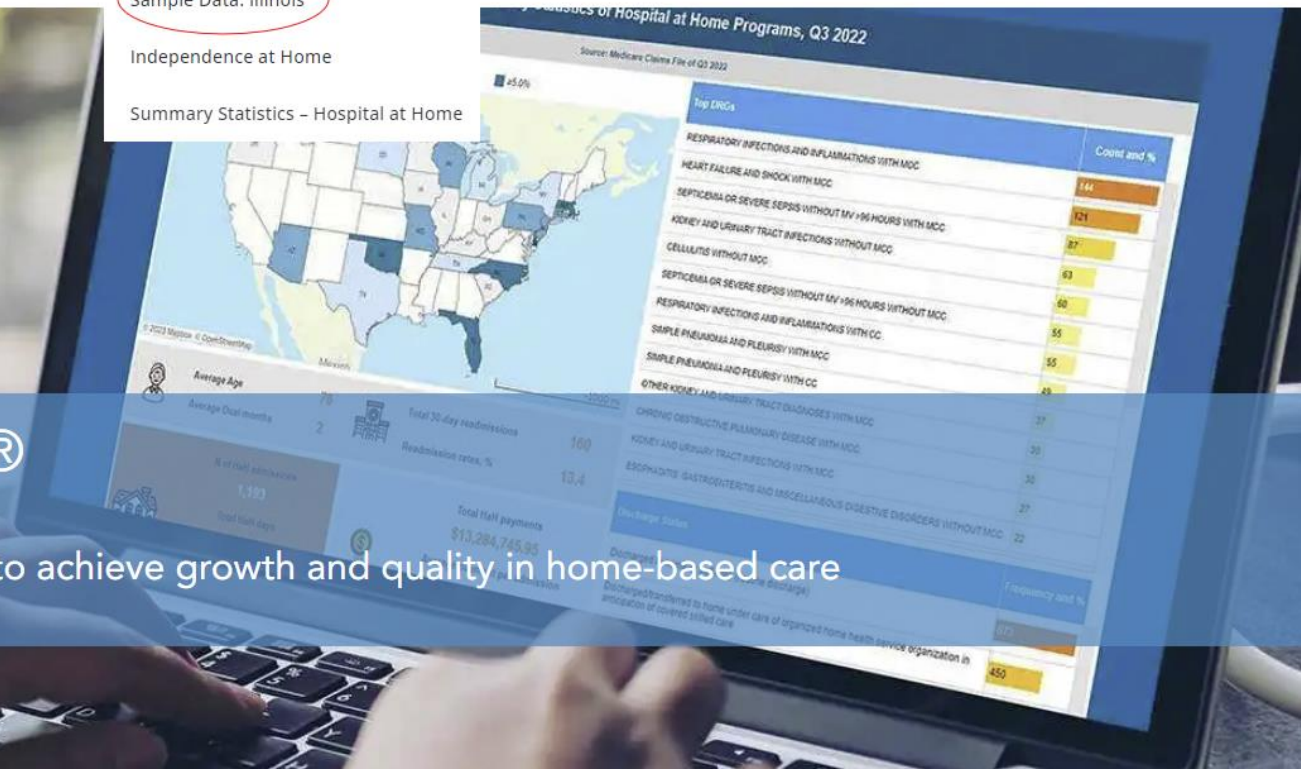
Sample Data: Illinois

Independence at Home

Summary Statistics - Hospital at Home

## Confer Analytics®

Unmatched business intelligence to achieve growth and quality in home-based care



# Market Share Data

1. Market Analysis by Practice
2. Market Analysis by Clinician
3. Clinician Affiliations

# Performance Data

1. Scorecard of HBMC Practices
2. Scorecard of HBMC Clinicians



# Demand Data

1. HBMC Penetration Rates
2. Medicare Advantage Penetration
3. Older Adults in the US, by Zip Code

# Partnership Opportunities Data

1. Home Health Agencies
2. Hospice Programs
3. Assisted Living Facilities





## Website

<https://ConferAnalytics.com/>



## Email

[AYao@HCCInstitute.org](mailto:AYao@HCCInstitute.org)



# LUNCH

**We will see you back in 60 minutes**



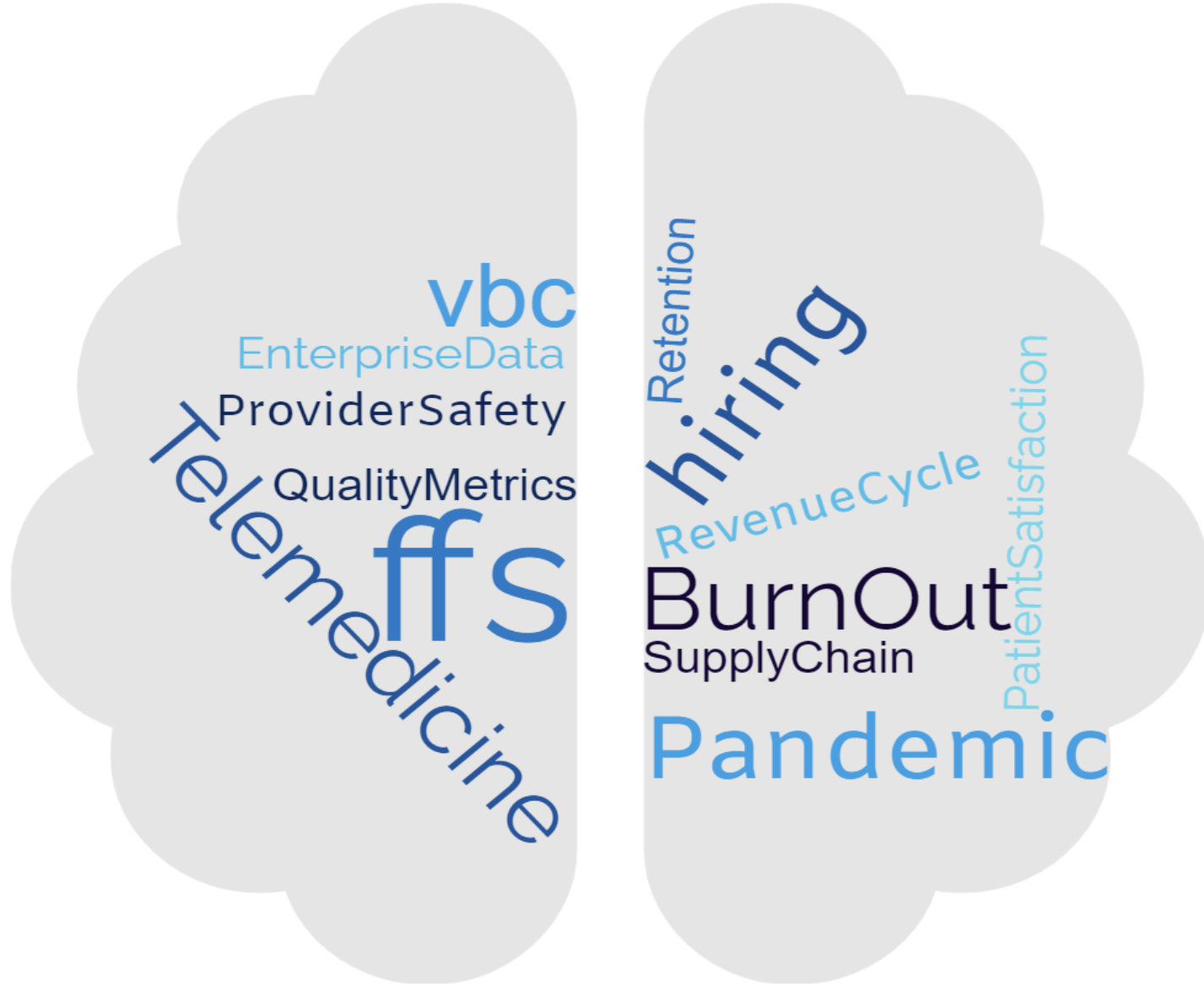
# Leadership in HBPC: Navigating and Inspiring Positive Change Through Transformational Leadership

Paul Chiang, MD

# Objectives

- Examine the importance of leadership in time of change
- Review good leadership qualities
- Discuss how to foster leadership qualities





# Case: Home Care Physicians

## Front office

- Keeping up with calls and schedule changes

## Nursing staff

- InBasket messages and orders

## Providers

- Patient complexity, demands, after hour calls

# Leadership Styles

- Authoritarian
- Democratic
- Delegative
- Transformational



# Leadership Qualities

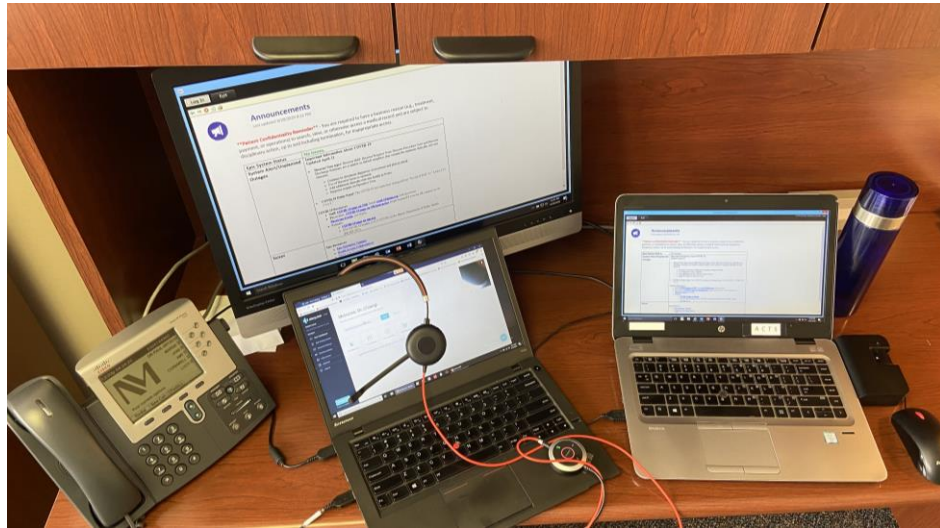
- Intellectual
- Verbal
- Personal
- Analytical
- Interpersonal

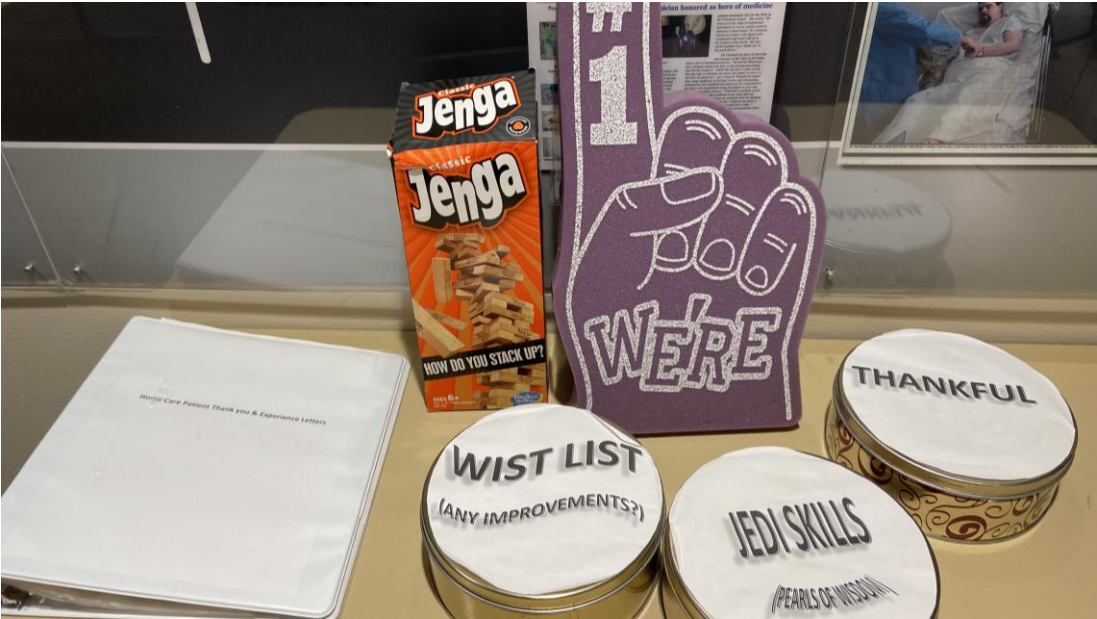
# Leadership Failures

- Lack of vision
- Disorganization
- Unrealistic goals
- Lack of creativity
- Lack of integrity
- Lack of empathy

# Foster Leadership Qualities

- Inquire
- Communicate
- Delegate
- Invigorate
- Celebrate
- Ownership





# Case: Home Care Physicians

- **Meeting with each staff member/team**
- **Data analysis**
- **Front office:**
  - Develop scripting for challenging phone calls. Meet with providers regarding optimizing schedules and understand rationale for changes
- **Nursing staff:**
  - Develop protocols for refills and ordering. Providers to see patients vs multiple back and forth phone calls
- **Providers:**
  - Guest speakers to discuss management of chronic illness. Discuss provider boundaries. Explore after hours triage opportunities.

# Key Takeaways

- Leadership is critical for HBPC practices during changing landscape
- Vision and interpersonal skills are important qualities of good leaders
- Enhance leadership skills through inquiring mind, spirit of innovation, and recognizing successes

# Questions?







# Hiring, Onboarding, and Retention of HBPC Team Members

Dana Crosby

Vice President, Education & Practice Development

# Employee Lifecycle



## ATTRACTION

Be **THE** place to work



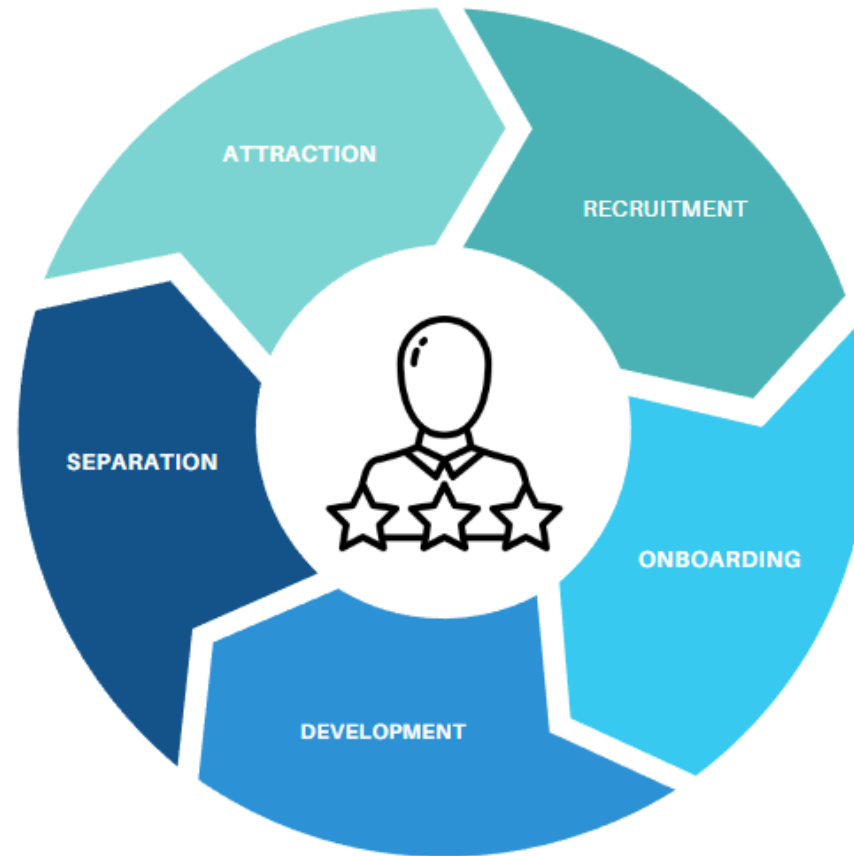
## RECRUITMENT

Hire the **RIGHT** Talent



## ONBOARDING

Make them **FEEL** welcome



## DEVELOPMENT

Support **GROWTH**

## RETENTION



Be the **CONTINUED** choice

## SEPARATION

**LEARN** from employees who move on

*“You can dream, create, design, and build the most wonderful place in the world...but it requires people to make the dream a reality.”*

*- Walt Disney*

# Attraction – Be THE Place to Work

## Branding

- **Highlight Mission & Values**
  - Emphasize the importance of compassionate, personalized care.
  - Showcase commitment to improving patient lives.
- **Showcase Employee Testimonials**
  - Share stories from current staff about their experiences and growth.
- **Engaging Visuals**
  - Include images of staff interactions, patient care, and community involvement



# Attraction – Be THE Place to Work

## Social Media Platforms

- **LinkedIn** for professional networking
- **Facebook** for broader reach
- **Instagram** and **Snapchat** for a younger demographic
- **TikTok** for engaging video content

## Engagement is Key:

- Respond to comments
- Participating in relevant groups or discussions
- Connecting with potential candidates



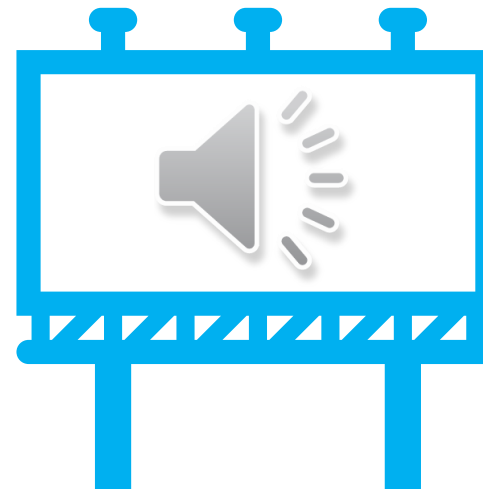
# Attraction – Be THE Place to Work

## Job Description

- Sets performance expectations
- Basis for employee evaluation
- Ensures legal compliance
- Provides analysis for training needs
- Workforce planning

## Job Profile

- Advertises role's key selling points
- Generates pool of qualified leads
- Promotes the employer brand



# Attraction – Be THE Place to Work



## Join Our Compassionate Team:

### Deliver Exceptional Home-Based Medical Care to Those Who Need It Most

Are you a dedicated and compassionate medical provider with a passion for delivering exceptional care to those who need it most? Do you thrive on providing personalized medical services in a setting where you can make a significant impact on the lives of high-needs, frail, and chronically ill patients? If so, we invite you to join our team as a Home-Based Medical Care Provider.

#### About Us:

We are an independent home-based medical care practice dedicated to delivering exceptional care right to your doorstep. Our team of experienced and empathetic healthcare professionals is committed to improving the quality of life for our patients by providing comprehensive medical services in the familiar and convenient setting of their own homes. Our mission is to ensure that our patients receive the highest standard of medical care, all while maintaining their independence and dignity.

#### About the Role:

As a Home-Based Medical Care Provider, you will play a crucial role in improving the quality of life for patients who are unable to access traditional healthcare settings. You will provide comprehensive medical care in the comfort of patients' homes, allowing them to maintain their dignity and independence while receiving the highest standard of care. This unique and rewarding role offers you the opportunity to build meaningful relationships with patients and their families, and to tailor your care to meet their individual needs.

#### Why This Role Is Rewarding:

- **Personalized Care:** Delivering medical care in a home setting allows you to develop deeper connections with your patients. You'll have the time and opportunity to understand their unique circumstances and tailor your care accordingly. This personalized approach ensures that patients receive the most appropriate and effective treatments.
- **Holistic Approach:** In-home care enables you to consider all aspects of a patient's environment and lifestyle, leading to more holistic and comprehensive care plans. You'll be able to address not only medical needs but also social, emotional, and environmental factors that impact health.
- **Flexibility and Autonomy:** Working in patients' homes provides a level of flexibility and autonomy that is often not possible in traditional healthcare settings. You'll manage your schedule and care plans, allowing for a more balanced and fulfilling work life.
- **Making a Difference:** The impact you'll have on your patients' lives is profound. By providing care in their homes, you help them maintain their independence and quality of life. Your work directly contributes to reducing hospital admissions and improving health outcomes for some of the most vulnerable members of our community.



## Does This Describe You:

- Certified Medical Care Provider (e.g., RN, LPN, CNA, or other relevant certification).
- Current state licensure and certification in good standing.
- Minimum of 5 years of experience in home-based medical care or a related field.
- Strong clinical skills, particularly in managing chronic illnesses, medication management, and emergency care.
- Experience in geriatric care or palliative care.
- Proven ability to work independently and manage a caseload effectively.
- Excellent communication and interpersonal skills, with the ability to build rapport with patients and their families.
- Proficiency with utilizing electronic health record (EHR) systems.
- Valid driver's license and reliable transportation.

## Do These Benefits & Perks Interest You:

- Flexible Schedule
- Work-Life Balance
- Competitive Compensation
- Professional Autonomy
- Travel Reimbursement
- Continuing Education Opportunities
- Career Growth
- Supportive Team Environment
- Job Satisfaction

## Skills and Attributes:

- Commitment to providing high-quality, patient-centered care.
- Empathy, compassion, and patience in dealing with patients and families.
- Compassionate and empathetic approach to patient care.
- Strong organizational and time-management skills.
- Ability to handle stressful situations calmly and effectively.
- Detail-oriented with strong analytical and problem-solving abilities.
- Commitment to providing high-quality, patient-centered care.

## Join Us:

If you are an empathetic, passionate, and highly skilled medical provider looking to make a difference in the lives of high-needs, frail, and chronically ill patients, we would love to hear from you. Apply today to become a part of our dedicated team and help us deliver exceptional home-based medical care to those who need it most. Your expertise and compassion can transform lives and bring comfort to patients and their families.

We believe that diversity is integral to providing high-quality, compassionate care to our diverse patient population. We are committed to fostering an inclusive environment where all employees, regardless of race, ethnicity, gender, age, religion, sexual orientation, disability, or background, feel valued and respected. By embracing diverse perspectives and experiences, we enhance our ability to deliver culturally competent care, innovate, and achieve excellence. We strive to create a workplace where every team member can thrive, contribute fully, and work together to meet the unique needs of our community.

# Attraction – Be THE Place to Work

SEO or Search Engine Optimization for job postings is the tactic to get job posts to rank higher in search engines like Google, and ultimately to get seen by potential candidates

Medical Provider  
Personalized Medical Services  
High-Needs Patients  
Chronic Illness Care  
Frail Patients  
In-Home Healthcare  
Career Growth  
Supportive Team Environment  
Job Satisfaction  
Diversity and Inclusion  
Continuing Education Opportunities

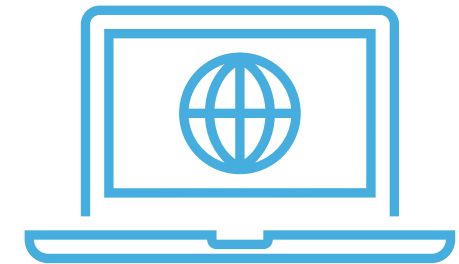
Independent Medical Practice  
Quality of Life Improvement  
Comprehensive Medical Services  
Dignity and Independence  
Healthcare Professionals  
Holistic Approach  
Flexibility and Autonomy  
Geriatric Care  
Palliative Care  
Compassionate Care  
Home-Based Medical Care

Culturally Competent Care  
Inclusive Environment  
Clinical Skills  
Medication Management  
Emergency Care  
Patient-Centered Care  
Electronic Health Record (EHR) Systems  
Patient Rapport  
Work-Life Balance  
Professional Autonomy

# Recruitment – Hiring THE Right Talent

## Electronic

- **Utilize Niche Job Boards**
  - [Journal of the American Medical Association \(JAMA\)](#)
  - [American Medical Association \(AMA\)](#)
  - [American Association of Nurse Practitioners American \(AANP\)](#)
  - [Geriatrics Healthcare Professionals \(AGS\)](#)
  - [American Academy of Family Physicians \(AAFP\)](#)
- **Indeed, ZipRecruiter, LinkedIn**
- **Social Media**
- **Practice website**
- **Association/Organization websites**
- **Member Organization Special Interest Groups Online Forums**

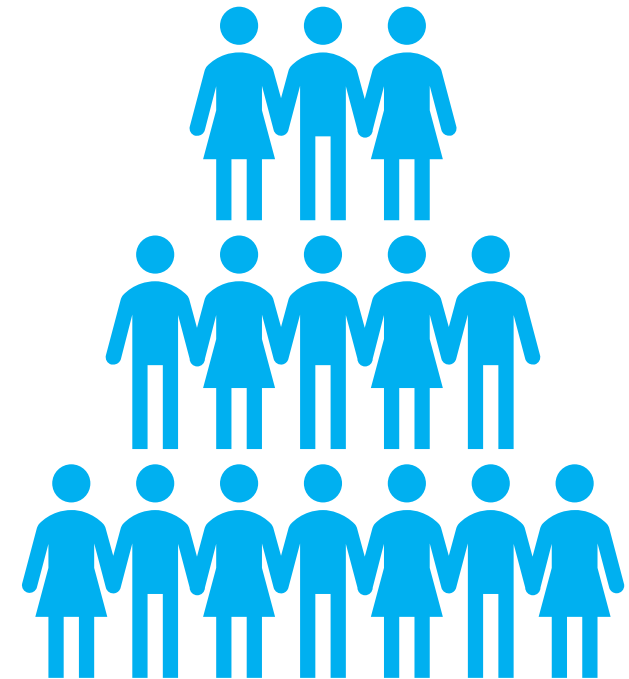




# Recruitment – Hiring THE Right Talent

## Relationship

- Within current Health System
- Other Practices
- Associations
- Community Resources
- Career Centers (College Programs)
- Word of Mouth
- Staff referral bonus
- Staffing agencies



# Recruitment – Hiring THE Right Talent

## Data-Driven Recruitment

- **Supply Assessment:** By understanding the current supply of healthcare professionals, organizations can gauge the availability of talent.

## Market Share HBMC – Area, County, Provider

Market Share of HBMC by Metropolitan Area, County, and Provider

Data Source: Medicare PFS Claims

Note: A small percentage of patients may have moved during the year or used the address of their caregiver.

Year	MSA	ALF Visits MSA	Home Visits MSA	County	ALF Visits County	Home Visits County	Clinician Name	% of Patients Who Are Longitudinal	ALF MSA Market Share	Home MSA Market Share	ALF County Market Share	Home County Market Share
2023	IL											
	Metropolitan Area											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	KALPANA MUTYALA					
	County											
	DuPage County, Illinois	63261	126096	DuPage County, Illinois	9306	11085	MS. MARYBELL RAMIREZ	23.02%	0.00%	1.13%	0.00%	0.01%
	Clinician Name											
	All	63261	126096	DuPage County, Illinois	9306	11085	DR. JOHN LIU	50.84%	0.00%	1.11%	0.00%	6.21%
	% of Patients Who Are Longitudinal											
	0.00% to 100.00%											
	ALF MSA Market Share											
	0.00% to 100.00%											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. JAMES M CARUSO	72.24%	0.00%	1.09%	0.00%	0.56%
	Home MSA Market Share											
	0.00% to 100.00%											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. ALEJANDRO RARANG	33.72%	0.00%	1.00%	0.00%	0.06%
	ALF County Market Share											
	0.00% to 100.00%											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. RONALD LESLIE KIRSCHNER	57.66%	0.00%	0.97%	0.00%	0.41%
	Home County Market Share											
	0.00% to 100.00%											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	CHARLIE F GUDE	76.65%	0.00%	0.95%	0.00%	0.29%
	ALF Visits MSA											
	11 to 371,189											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	CESAR A CARRANZA	25.23%	0.00%	0.92%	0.00%	0.44%
	Home Visits MSA											
	11 to 333,311											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	TALIA NELSON	44.66%	0.04%	0.87%	0.00%	0.27%
	ALF Visits County											
	11 to 121,610											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. OLEG MNKEVITCH	75.84%	0.00%	0.80%	0.00%	0.01%
	Home Visits County											
	11 to 164,145											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. RAJENDER SINGH DAHYA	43.61%	0.00%	0.79%	0.00%	0.32%
	ALF Visits MSA											
	11 to 333,311											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. ALA JABER ALBAZZAZ	55.22%	0.00%	0.76%	0.00%	0.05%
	Home Visits MSA											
	11 to 121,610											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. BINO VARGHESE DOMMEN	56.62%	0.00%	0.75%	0.00%	0.14%
	ALF Visits County											
	11 to 164,145											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	CARMELA SANCHEZ	45.39%	0.00%	0.71%	0.00%	1.11%
	Home Visits County											
	11 to 164,145											
	Chicago-Naperville-Elgin, IL-IN-WI	63261	126096	DuPage County, Illinois	9306	11085	DR. MOHAMMAD ASHRAF TOOR	26.63%	0.00%	0.70%	0.00%	0.21%

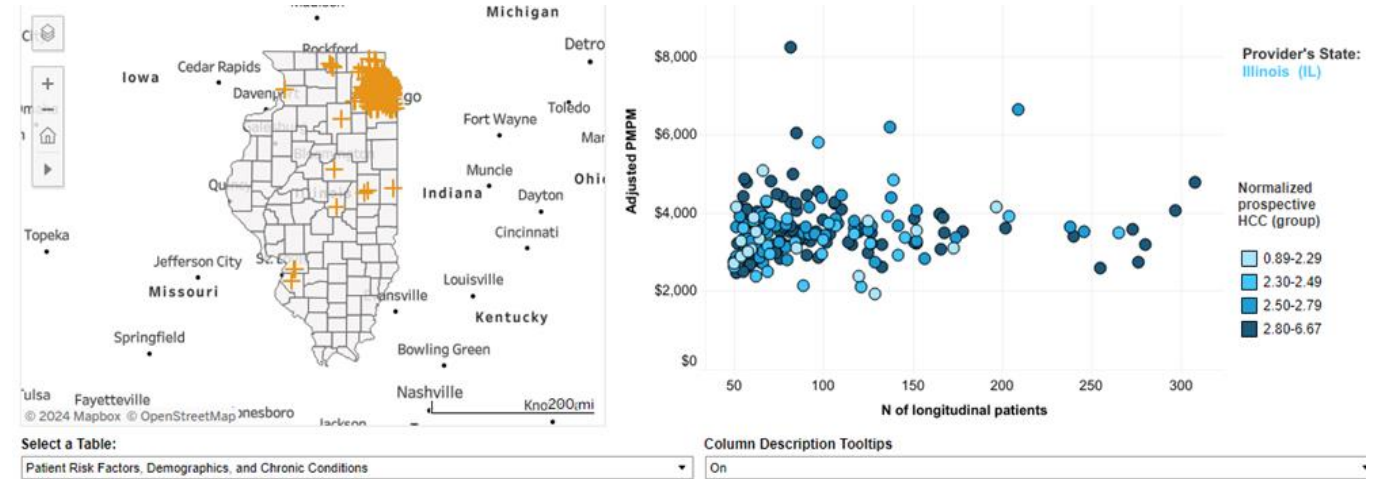
# Recruitment – Hiring THE Right Talent

## Data-Driven Recruitment

- **Demand Matching:** Knowing the supply helps in aligning recruitment efforts with the actual demand for specific skills and qualifications.

- Diabetes
- Alzheimer's / Dementia
- Arthritis
- Anemia
- Depression

## Scorecard of HBMC Clinicians, Medicare FFS



NPI	Name	Patients with total Arthritis/Oarthritis	N of patients with Anemia	N of patients with Depression	N of patients with PVD	N of patients with CKD	N of patients with Anxiety Disorders	N of patients with Diabetes
180134..	AMANDA JENKINS	214	245	122	138	183	136	183
184128..	MOHAMMAD TOOR	205	174	66	118	142	66	179
103338..	RAJENDER DAHIYA	174	169	42	77	112	32	164

# Recruitment – Hiring THE Right Talent

## Candidate Pre-Assessment

### Skills

- Excel
- Word
- Customer Service
- Attention to Detail
- Work Style: Reliability
- Phone Communication
- Supervisory Skills: Motivating & Assessing Employees

### Role Specific

- Electronic Health Records: Best Practices
- Nursing Assistant Skills
- Nursing Assistant Fit
- Nursing: Patient Situations



# Recruitment – Hiring THE Right Talent

## Interview Guides

- **Outlines the interview process**
  - Introduction of the interviewer(s)
  - Sample Questions / Types
  - Follow-up questions (2<sup>nd</sup> Interview)
  - How to conclude the interview
  - Additional evaluation components
  - Next Steps
- **Ensures fairness, thoughtfulness, and specific to a role**
  - Fair – eliminate bias and ensure they are appropriate and legal
  - Thoughtful – be prepared, thoughtful, and effective
  - Specific – should be tailored for select roles

# Recruitment – Hiring THE Right Talent

## Interview Questions

- **Closed**           Where did you attend Medical school?
- **Open-Ended**   What led you to become a Social Worker?
- **Opinion**         What EHR do you find to be the most effective and why?
- **Case**             If your Practice had a decline in new patient enrollment over the past 6 months, how would you address that?
- **Behavioral**     Can you tell me when you needed to consult with another provider(s) regarding a patient's care?

# Recruitment – Hiring THE Right Talent

## Example Interview Questions for NP

- Why did you choose to become a nurse practitioner?
- What is the most challenging aspect of working as a nurse practitioner?
- How would you respond if you witnessed unethical actions from a member of your care team?
- What do you contribute to a patient's care experience?
- A patient/caregiver disagrees with your professional advice. How do you handle this?



# Recruitment – Hiring THE Right Talent

## Illegal Interview Questions

- Age or genetic information
- Birthplace, country of origin or citizenship
- Disability
- Gender, sex or sexual orientation
- Marital status, family, or pregnancy
- Race, color, or ethnicity
- Religion



## Equal Employment Opportunity Commission (EEOC)

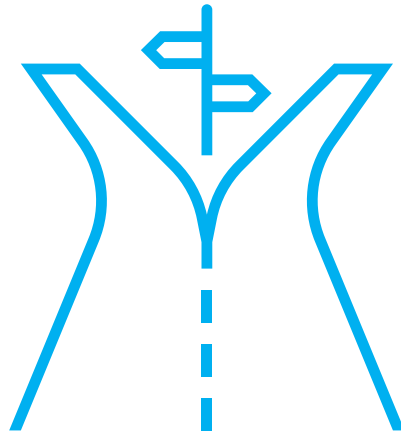
- Equal Pay Act of 1963
- Civil Rights Act of 1964
- Age Discrimination in Employment Act of 1967 (ADEA)
- Americans with Disabilities Act of 1990 (ADA)
- Civil Rights Act of 1991
- Genetic Information Nondiscrimination Act of 2008 (GINA)
- Fair Credit Reporting Act (FCRA)



# Recruitment – Hiring THE Right Talent

## Realistic Job Previews

- Candidate informed decision
- Improve retention
- Connects candidates to culture



## Potential New Hire

- Examples of daily duties
- Job information...good, bad, and the ugly
- Observation opportunities
- Meet key staff members and include in the “interview” process



# Onboarding - Make them FEEL Welcome

## Onboarding versus Orientation

- **Documented Plan**
  - 30/60/90 Days
  - Specific by Role
  - Schedule time within existing schedule
  - Check Ins / Commit to the Process
  - **PRIORITIZE!**

*“You don’t build a business, you build people. And then people build the business.”  
– Zig Ziglar*

**33% of employees quit their job within the first 90 days of employment**

\* Bureau of Labor Statistics. “JOB OPENINGS AND LABOR TURNOVER – JUNE 2021”

# Retention - Be the CONTINUED Choice

## Cost of turnover

- Cost public and private payers \$979 million annually
- National average turnover rates in nursing is 8.8% to 37% (depends on geography/specialty)
- Lowers morale
- Decrease productivity



## Reduce turnover

- Not always \$\$\$
- Work place flexibility
- Recognition
- Inclusive culture
- Career development



# Resources

- [Society of Human Resource Management \(SHRM\)](#)
- [Insperity](#)
- [12 Best Practices for Actively Recruiting Senior Care Providers | Relias](#)
- [Hrconnection – Interview Question Builder](#)
- [HR.com](#)
- [American Society for Health Care Human Resource Administration](#)
- [Department of Labor](#)

# Questions?





# Driving Practice Growth through Media, Marketing, Colleagues and the Community

James Warda, VP, External Affairs and Business Development, HCCI

# Agenda

- 1. Objectives**
- 2. Tell Your Story**
- 3. Share Your Mission, Vision, and Key Messages**
- 4. Engage the Media**
- 5. Engage the Market**
- 6. Engage your Colleagues and Community**
- 7. Putting it all into Practice**
- 8. Next Steps**

# Objectives

- Learn how to promote your practice through media, marketing, and the community
- Learn how to collaborate with your colleagues to drive the growth of house calls and your practices

The screenshot shows a news website with a top navigation bar for 'LAWNDALE' and 'TRADEOFFS'. The main content area features a 'More About the Featured Guests:' section with three profiles: Bruce Leff, MD; Mona Siddiqui, MD, MPH, MSE; and a third guest. Below this is a 'CHICAGO SUN-TIMES' section with a navigation menu. The main article is titled 'Hospices Pursue Base Primary Care Project' by Jim Parker, dated July 11, 2022. The article text states: 'A group of 17 Illinois health care organizations is working to increase access to home-based primary care, including palliative care providers. The providers are participating in the initiative by the Home Centered Care Institute. The program is based on a similar HCCI program conducted in Florida in which providers saw a collective 25% increase in home-based primary care patient volume, as well as reductions in facility utilization and readmissions.' There is also a photo of a nurse practitioner attending to an elderly patient in a home setting.



A blue-tinted photograph of a woman in a white lab coat presenting to a group of people in a meeting room. The woman is on the right, gesturing with her right hand towards the group. The group consists of several people, some of whom are looking towards her. The background is a blurred office or meeting room setting. The overall tone is professional and collaborative.

# Tell Your Story

# Put Your Practice's Story into Words

- **What is the “story” of your practice?**
- **What was the real, human need behind that story?**
- **What is your practice’s “game changer”?**  
**What sets you apart?**
- **What would your patients and their caregivers do if your practice didn't exist?**

# Activity: Tell Your Story

**Share your practice's story  
with a person next to you**

**Then ask them what stood out**

A group of five healthcare professionals, including doctors and nurses, are gathered around a table in a meeting. They are looking at a laptop and a tablet. The image is overlaid with a blue tint. The text "Share your Mission, Vision and Key Messages" is centered over the image.

# Share your Mission, Vision and Key Messages

# Mission and Vision: Structure Your Story

## Mission

- What do you do?
- For whom?
- Why?
- How do you stand out?

## Vision

- In the future, as your practice performs its mission, what will a typical day look like for your patients – including their caregivers and family members, providers and practice staff?

# Mission and Vision: HCCI Example

## Mission

- Increase access to best practice house call programs for the over 5.9 people in the U.S. who are homebound, home-limited, or living with serious illness who still need them.

## Vision

- All those in need of house calls get them. Because the future of healthcare... is in the home.

# Mission and Vision: Your Practice

## Mission

- What do you do?
- For whom?
- Why?
- How do you stand out?

## Vision

- In the future, as your practice performs its mission, what will a typical day look like for your patients – including their caregivers and family members, providers and practice staff?

# Create Key Messages from Mission/Vision: Example

- **THE PROBLEM:** In the U.S., over 7 million homebound adults and those with difficulties leaving the home need primary care, but 85% don't receive it.
- **THE SOLUTION:** House calls bridge this care gap, improve outcomes and the patient/caregiver experience, and reduce costs.
- **LOCAL SOLUTION:** [YOUR PRACTICE] has been offering house calls to homebound residents of [YOUR CITY/REGION] since [YEAR] because [SPECIFIC LOCAL NEED]. Visit [YOUR PRACTICE'S WEBSITE] to learn how to receive quality house calls where you live.





# Engage the Media

# Reach Out to the Media

- Put your practice in front of potential patients and their caregivers, and other stakeholders through publications, TV/Radio, etc.
- Raise awareness about house calls and their benefits.
- “Earned media” (media content not paid for) has value — separate from “paid media” (advertising) and “owned media” (content through your channels).

# Six Steps of a Media Reachout Campaign

1. Determine your “news” and key messages
2. Determine which communications vehicle to use, *e.g.*, press release, OP-ED, Letter to the Editor (LTE)
3. Build a media list
4. Pitch stories to the media on your list
5. Prepare for, and conduct, media interviews
6. Share news coverage with your networks
7. HCCI can help!

# Best Practices: “The Pitch”

- Prepare and send your pitch email – “start a conversation”
- Call to follow up
- Work with the reporter/editor
- Prep your practice’s spokesperson to deliver a compelling message and concrete “call to action”
- Understand how busy reporters/editors typically are, and how many pitches they receive

**NOTE: HCCI may also ask you to participate in media interviews that we are involved in.**

# Best Practices: Media Interviews

## Before the interview

- Know about the reporter/editor and their audience
- Anticipate questions, especially any challenging ones
- Prepare, practice, and expect the unexpected. (Everything is “on the record.”)

## During the interview

- Deliver your messages
- Use simple, direct, concise language and only credible and citable stats
- Don't be afraid of silence or saying, “I'd like to confirm those facts, can I follow up with you?”
- Repeat your main key message then repeat it again
- Use “bridging” technique to get back to main messages
- Always protect privacy/confidentiality (e.g., HIPAA)

## After the interview

- Send follow-up and any resources discussed, ask to know when piece runs
- Nurture long-term relationship, help connect them to other practices/sources

# Best Practices: Media Queries

Media may contact you with questions, interview requests, etc., and your colleagues/partners may direct requests your way.

- **Best practices:**

- Ahead of time, educate your practice on how important these queries are and how important it will be to respond accurately and quickly.
- Identify a media contact/spokesperson for your practice.
- If a reporter calls and you don't have time to talk, tell them. Ask what they need and when/how you can contact them. Don't do an unprepared interview.
- Reporters are typically working on an urgent deadline – ask what their deadline is and work towards it.
- If an interview is then scheduled, follow “Interview Best Practices.”

# Best Practices: Once the Article/Story Appears

You want potential patients, caregivers, family members of patients, and other stakeholders, to see the article/story.

- **Best Practices – several ways to share**
  - Your practice's social media feeds/possibly staff's individual professional feeds
  - Your Practice's Newsletter/Website/Blog
  - Partner Newsletters/Websites/Blogs
  - Email to your patients, caregivers, and wider network
  - Share it with HCCI, too. We will then share with our networks

# Engage the Market





# Get the Word Out

- Share your Story externally through advertising and your “owned channels.”
- Your practice’s marketing messages should align with your internal messages and those being used for media/PR.
- Keep your messages crisp, clear and caring.
- Keep going back to your mission, what makes you different, and what you want people to most remember about your practice – and how the experience with your practice will make them *feel*.

# Ways to Get the Word Out

## Content – What

- Upcoming Event
- Health information
- Statistics
- Provider and Practice Awards/Accomplishments
- Provider and Practice Staff Spotlight
- Patient/Caregiver Spotlight
- Key Partner Spotlight
- Photos
- Media Articles
- Partner Posts/News

## Channels – How

- Practice Marketing Collateral (e.g., business cards, domain)
- Emails, Blog and Newsletter Article
- Videos
- Online Chat
- Webinars
- Podcasts
- Community Listservs
- Social Media (e.g., Facebook groups)
- Surveys/Polls
- Conferences/exhibits

# Online Presence

## Websites are *expected*

- Instant impact on credibility
- Get your URL right now – if you don't already have it!
- Basic site can be done in a few days at minimal cost (e.g., GoDaddy, Wix, Weebly)

## Social media presence is *expected*

- Build relationships, expand the reach
- Share your expertise to help audiences and drive your credibility
- Engage with your audiences and leverage their reviews
- Advertise (e.g., Boost Campaigns)
- Overview: Facebook Page and Local Community Groups, LinkedIn, Instagram, X, Yelp

**Consider dedicated resource for content and online presence management (e.g., internal, intern, freelance, hire)**



# Engage the Community

# Build Relationships and Collaborate with Colleagues and Other Professionals

- Why I don't use the term “networking”
- In-person vs. Online
- The Golden Rule
- The Unwritten Rules
- The Timeline
- The ROI

PARTNERS

# Inform Key Audiences in Your Community

- Local community organizations (e.g., events, meetings) often looking for speakers.
- Identify your local organizations who serve and/or work with older adults and caregivers such as:
  - Senior centers
  - Houses of worship
  - Rotary clubs
  - Veterans groups and clubs
  - Parks and Recreation Departments
- Reach out to the program director/coordinator at each organization to inquire about speaking.

# Next Steps

- Translate your story, mission and vision into 3 key messages.
- **HCCI will be pitching major/regional Illinois media about the Illinois House Call Project and your practices.**
  - We'll also be sharing your stories in our publications, videos, etc.
  - If you need assistance, we have a PR consultant offer available.
- **To complement these efforts, refer to the Media Toolkit and contact your local media and community organizations.**
- **Create/enhance your website and social media presence within 30 days and update at least once a week.**



**BREAK**

**We will see you back in 15 minutes**





# Community Services and Partnership Opportunities in Illinois

Panel Discussion: Diane Slezak, President & CEO, Age Options

# Panel Presenters



## **Diane Slezak**

- President & CEO
- AgeOptions



## **Sandy Pastore, MSW**

- Division Manager
- Illinois Department of Aging

# Faculty



## Cherish Reinwald

- COO/Director of Counseling Services
- Eaves Health Partners



## Therese Byrne, LCSW

- Social Worker
- CATCH-ON

# Community Resources

**“It will be necessary to address an individual’s function, social, and behavioral needs largely through the provision of social and community services that today are not typically the province of health care delivery systems”**

- David Blumenthal (2016). The Commonwealth Fund





# Introducing AgeOptions

## What we do & how we can help



# Connecting, Innovating, Advocating.

Empowering people to thrive as they age.



## 01. Our Mission

AgeOptions innovates, partners, and advocates to improve systems and services in order to strengthen communities so people thrive as they age.

## 02. Our Vision

People thriving as they age.

## 03. Our Values

Commitment  
Integrity  
Connectedness



# Area Agencies on Aging & Older Americans Act Funded Services



# Illinois Pathways to Health

## Evidence Based Programs: Health Promotion



- **Cancer: Thriving and Surviving (English/Spanish)**
- **Take Charge of Your Diabetes (English/ Spanish)**
- **Take Charge of Your Health (English/Spanish)**
- **Tomando Control de su Salud**
- **Workplace Take Charge of Your Health**
- **Take Charge of Your Pain (English/ Spanish)**





# Illinois Pathways to Health

## Evidence Based Programs: Falls Prevention

- **A Matter of Balance**



A MATTER OF  
**BALANCE**

MANAGING CONCERNS ABOUT FALLS

- **Tai Chi for Arthritis**



- **Bingocize**





# How can I find a local resource in suburban Cook County?

Visit [www.AgeOptions.org](http://www.AgeOptions.org)

The AgeOptions provider referral page locates a variety of senior services by street address:  
<https://services.ageoptions.org/>

Call AgeOptions during regular business hours: (708)383-0258

If you live anywhere else in the US outside of Suburban Cook County, you can find your Area Agency on Aging at:  
<https://eldercare.acl.gov/>



# Community Services and Partnership Opportunities in Illinois

Panel Discussion: Sandy Pastore, Division Manager, Illinois Department  
on Aging

The **MISSION** of the Illinois Department on Aging is to **serve and advocate** for older Illinoisans and their caregivers by administering **quality and culturally appropriate** programs that promote **partnerships** and encourage **independence, dignity, and quality of life.**

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Person  
Centered  
Programs

Culturally  
Appropriate  
Services

Advocacy  
and  
Education



Illinois Department on Aging

# Persons Who are Elderly Medicaid Waiver: Community Care Program (CCP)



- Established in 1979 by Public Act 81-202, the Illinois Department on Aging's Community Care Program helps senior citizens, who might otherwise need nursing home care, to remain in their own homes by providing in-home and community-based services.
- Services available (all non-medical services):
  - Comprehensive Care Coordination
  - In-Home Service (Agency model but allow "HCA of Choice")
  - Adult Day Service
  - Emergency Home Response Service
  - Automatic Medication Dispenser Service
- Eligibility criteria:
  - Age 60+
  - Minimum score of 29 on the Determination of Need (DON) assessment
  - U.S. citizens or eligible non-citizens within the specific categories;
  - Residents of Illinois;
  - Have non-exempt assets of \$17,500 or less (Your home, car, or personal furnishings are classified as exempt assets.); and
  - Have an assessed need for long term care (to be at risk for nursing facility placement as measured by the Determination of Need (DON) assessment)
  - Must apply for Medicaid
- All CCP providers must be contracted with IDoA
- Program Rules: [89 Ill. Adm. Code 240](#)

# Choices for Care Program

- Under the [Choices for Care](#) program, Care Coordination Units (CCUs) screen and educate individuals in hospitals, nursing facilities, and in the community about all long-term care options, including home and community-based service options.
- This equips individuals with the information needed to make an informed choice about their options for long-term services and supports to prevent and/or reduce unnecessary institutionalization.
- As part of the Choices for Care consultation, CCUs determine eligibility for long-term care services and Home and Community-Based Services (HCBS).

# Title III-B: Supportive Services and Senior Centers; in-home services, Community services:

*Estimated  
\$17,563,559*

- **Access Services:**
  - **Assisted Transportation**- Assisting or escort for individuals over 60 with physical or cognitive difficulties using transportation services.
  - **Transportation** -Transportation of older adults to and from community facilities to participate in activities or to attend events.
  - **Information & Assistance**- A service for older individuals to: provide information; assess problems and capabilities; link individuals to opportunities and available services; and follow up on individual's needs
- **In-Home Services**
  - **Chore-Housekeeping**- Aiding with house household tasks or personal care.
  - **Respite Care**- Temporary, substitute care or supervision of persons aged 60 and over with an impairment.
- **Telephone Reassurance** - Phone calls made at specific times to or from individuals who live alone to determine if they require special assistance, to provide reassurance and to reduce isolation.
- **Housing Assistance**- Service to help relocate or obtain more suitable housing for individuals 60 and older.
- **Residential Repair and Renovation**- Assistance to older persons to maintain their homes or adapt homes to meet the needs of older persons.
- **In-Home Services**
  - **Chore-Housekeeping**- Aiding with house household tasks or personal care.
  - **Respite Care**- Temporary, substitute care or supervision of persons aged 60 and over with an impairment.
- **Telephone Reassurance** - Phone calls made at specific times to or from individuals who live alone to determine if they require special assistance, to provide reassurance and to reduce isolation.
- **Housing Assistance**- Service to help relocate or obtain more suitable housing for individuals 60 and older.
- **Residential Repair and Renovation**- Assistance to older persons to maintain their homes or adapt homes to meet the needs of older persons.

## TITLE III D: DISEASE PREVENTION AND HEALTH PROMOTION SERVICES

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Funds are currently used for a variety of health-related services at the local level often in conjunction with local health departments. Programs include routine health screening, mental health screening, Gerontological counseling, medication management, home injury control, physical fitness and health risk assessments.

- **Health Screening & Evaluation-** Services that identify and evaluate the health needs of older adults and link them to the health care system. This does not include diagnosis, monitoring or treatment.
- **Health Promotion & Prevention Services** - These funds are used to provide disease prevention, health promotion services and information in the form of ongoing health and wellness programs.

[Health Promotion | ACL Administration for Community Living](#)

## TITLE III-C NUTRITION

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Nutrition services are provided to assist older Americans to live independently by promoting better health through improved nutrition and reduced isolation through a program coordinated with other supportive services.

- **Title III-C1:** the Department on Aging is allotted funds for congregate nutrition services. Congregate meals are served in group settings such as senior centers, schools, churches, or other community settings. These funds may also be used to provide nutrition education and other appropriate nutrition services for older persons.
- **Title III-C-2:** the Department on Aging is allotted funds for Home Delivered Meal nutrition services. Home Delivered Meals are delivered to homebound older persons. These funds may also be used to provide nutrition education and other appropriate nutrition services for older persons.
- **Nutrition Education:** A program to promote better health by providing information and instruction on nutrition, physical fitness, or health.



# Title III-E: National Family Caregiver Support Program

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The National Family Caregiver Support Program provides a core of support services to caregivers of elderly adults and grandparents raising grandchildren. Provides five basic service categories to family caregivers of older adults and grandparents raising grandchildren, including:

- information about services;
- assistance in accessing services;
- counseling
- support groups and training/education
- respite care
- and supplemental services.

# Title VII: Vulnerable Elder Rights Protection Activities

Title VII establishes programs to carry out vulnerable elder rights protection activities.

The programs:

- Long-Term Care Ombudsman Program
- Elder abuse prevention activities
- Legal assistance development program

## **Certain professionals are required by law to report suspected abuse.**

Illinois has a law which requires certain professionals to make reports of suspected abuse of adults age 60 or older or people with disabilities age 18-59 who are unable, due to dysfunction, to report for themselves.

This law applies to persons delivering professional services to adults age 60 or older or people with disabilities age 18-59 in the following fields:

- social services
- adult care
- law enforcement
- education
- medicine
- state service to seniors
- social workers

**\*Mandatory reporting requirements only apply when the reporter believes that the adult is not capable of reporting the abuse, neglect, or financial exploitation themselves.**

- **Abandonment** - means the desertion or willful forsaking of an eligible adult by an individual responsible for the care and custody of that eligible adult under circumstances in which a reasonable person would continue to provide care and custody.
- **Confinement** – restraining or isolating a person for other than medical reasons.
- **Emotional abuse** – verbal assaults, threats of abuse, harassment, or intimidation so as to compel the person to engage in conduct from which she or he has a right to abstain or to refrain from conduct in which the person has a right to engage.
- **Financial exploitation** – the misuse or withholding of a person’s resources to the disadvantage of the person and/or the profit or advantage of another person.
- **Passive neglect** – the failure by a caregiver to provide a person with the necessities of life including, but not limited to, food, clothing, shelter, or medical care, because of failure to understand the person’s needs, lack of awareness of services to help meet needs, or lack of capacity to care for the person.
- **Physical Abuse** – causing the infliction of physical pain or injury to a person.
- **Self-Neglect** - A condition that is the result of an eligible adult’s inability, due to physical or mental impairments, or both, or diminished capacity, to perform essential care tasks that substantially threaten their own health, including: providing essential food, clothing, shelter, and health care; and obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety
- **Sexual abuse** – touching, fondling, or any other sexual activity with a person when the person is unable to understand, unwilling to consent, threatened, or physically forced.
- **Willful deprivation** – willfully denying assistance to a person who requires medication, medical care, shelter, food, therapeutic device, or other physical assistance, thereby exposing that person to the risk of harm.



# Community Services and Partnership Opportunities in Illinois

Panel Discussion: Cherish Reinwald, COO/Director of Counseling  
Services, Eaves Health Partners



**Eaves Health Partners**

Bridging the Gap in Care

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**MENTAL HEALTH COUNSELING  
IN THE COMFORT OF YOUR HOME OR TELEHEALTH**

Eaves Health Partners provides long-term and short-term individual, family and couples counseling in our patient's home or through telehealth. We specialize in the older adult population; however, we provide services to anyone in the need of counseling starting at the age of 12 years old.

### Some of the concerns we address are:

- Depression
- Anxiety
- Grief/Loss/Sadness
- Coping with Physical or mental illness
- Emotional Support
- Loss of Independence
- Hoarding
- Trauma Support
- Stress
- Caregiver Stress
- Phobias
- Family Issues/Concerns
- Support for lack of resources
- Help with physical, emotional or intellectual disabilities
- Relationship Counseling
- PTSD
- Personality Disorders
- Isolation/Loneliness

### Benefits of Counseling:

- Weekly supportive sessions
- Better adherence to medical recommendations
- Decrease in hospitalizations due to the increase in support
- Reduction of medical costs
- Psycho-education (Educate and teach skills)
- Can promote factors of resilience
- Provides Accountability
- Self-Evaluation and Insight
- Shared struggles (group/family)
- Normalizes issues reducing mental/emotional isolation
- Sense of accomplishment when goals are achieved, or progress is made



# Eaves Health Partner's licensed counselors use evidence-based practices and interventions to support our patients

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## **Modalities/Interventions examples:**

- Cognitive Behavioral Therapy (CBT)
- Reminiscence Therapy (Life Review)
- Supportive Psychotherapy
- Trauma Counseling
- Insight Oriented Therapy
- Motivational Interviewing
- Relaxation Exercises/Coping Skills

## **Goals of Interventions examples:**

- Improve the ability to express feelings
- Improve the ability to cope with stressors
- Improve assertiveness
- Improve Social Skills
- Improve Communication skills
- Improve adjustment to change
- Process grief fully
- Harm reduction
- Decrease Suicidality risk and risk of self-harm
- Identify and learn to cope with triggers which exacerbate symptoms.
- Reduce symptom severity



Depression screening are now common practice for all medical professionals.

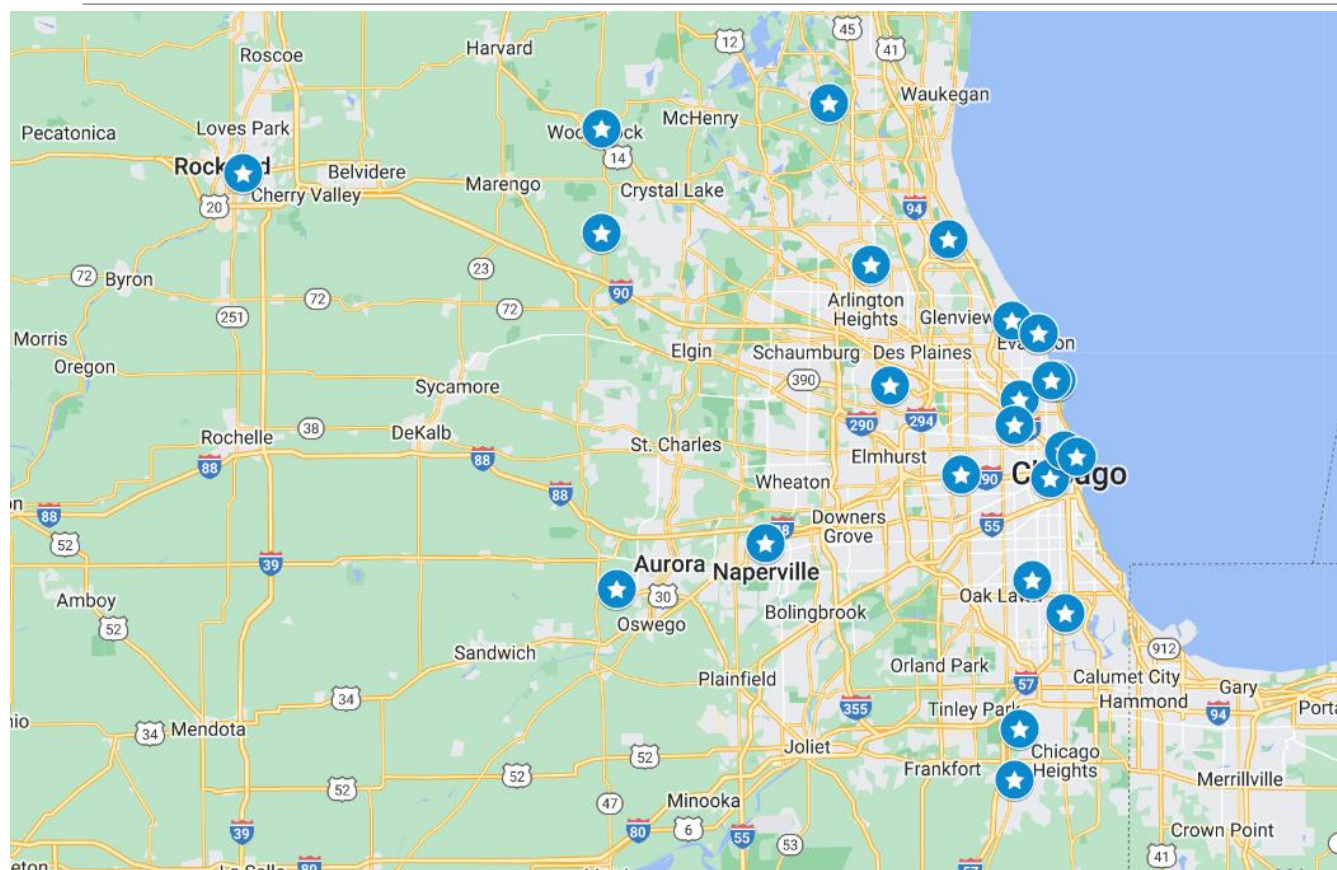
What else should trigger a counseling referral, even without a positive mental health screening?

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- Sleep Disturbances
- Irritable
- Argumentative
- Withdrawn
- Recent discharge from the hospital or SNF
- Recent death of a family member or friend
- Not attending to daily tasks of living
  - Financial obligations, Family obligations, Social withdrawal
- Poor Management of Health
  - Not taking medications, not eating, canceling (or not scheduling) medical appointments

# Referring patients to Eaves Health Partners:

We accept referrals over the phone, fax, online website referral form and via email.

Areas of Coverage (and growing)	Accepted Insurance
	<ul style="list-style-type: none"><li>• Medicare</li><li>• Medicaid (supplement to Medicare)</li><li>• BCBS (HMO, PPO, Medicare, MMAI)</li><li>• Aetna (HMO, PPO, Medicare)</li><li>• Aetna Better Health</li><li>• Carelon (Humana MMAI)</li><li>• Evernorth/Cigna (HMO, PPO, Medicare)</li><li>• Magellan (HMO, PPO, Medicare, MMAI)</li><li>• Meridian</li><li>• Molina (HMO, PPO, Medicare, MMAI)</li><li>• UHC (Optum) (HMO, PPO, Medicare, MMAI)</li></ul>





# Eaves Health Partners

Bridging the Gap in Care

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[www.EavesHP.com](http://www.EavesHP.com)

Phone: (888) 384-7769

Fax: (773) 717-5529

Email: [Info@EavesHP.com](mailto:Info@EavesHP.com)



# Community Services and Partnership Opportunities in Illinois

Panel Discussion: Therese Byrne, LCSW, Social Worker, CATCH-ON

# Social Determinant and Structural Challenges



# RUSH@Home Patient Story



- 26-year-old man with sickle cell disease and HIV who goes to the ED nearly every day. He has been hospitalized 12 times this year.

## Rush@Home

An HCCI Practice Excellence Partner

# Rush@Home Intervention

## RUSH@Home actions

- Home visit
- Provider to provider coordination
- Social work and CHW intervention
- RN care coordination

## Patient strengths

- Takes HIV medications daily and has undetectable viral load
- Successfully navigated hip replacement
- Attends infusion and exchange transfusion appointments
- Close relationship with hematologist
- Sense of purpose related to taking care of his children

## Drivers of ED visits

- Uncontrolled chronic pain
- Needs mental health support and currently gets it from the ED. “They are like my family”
- Uncontrolled sickle cell disease

# Questions?





# Resources: HCCI Learning Hub and HCCI Community

Jeff Fraler  
Director of Education  
Home Centered Care Institute

Dana Crosby  
VP, Education & Practice Development  
Home Centered Care Institute

# HCCI Learning Hub



HCCI Learning Hub features educational offerings designed to equip professionals in home-based care with the necessary skills and knowledge to excel in the field.

- Access HCCIntelligence™ Community Membership through 2026
- Online courses – featuring *AMA/PRA Category 1 Credit™*
- Downloadable HCCIntelligence™ Resources
- Education/Training Activities - Presentation Decks & Recordings
- And More



<https://www.hccinstitute.org/our-offerings/hcci-learning-hub/>



# Accessing Your Resources

The screenshot displays the HCCI Home Centered Care Institute website. At the top left is the HCCI logo. A search bar is located in the top center. Navigation links include 'Cart', 'Account', 'Partner Pages', and 'Logout'. A 'SCHEDULE A MEETING' button is on the top right. A dropdown menu is open under 'Partner Pages', listing: 'The Illinois House Call Project - Cohort 1', 'The Illinois House Call Project - Cohort 2' (highlighted with a red box), 'HCCI & Elea Institute Innovation Award', and 'Loyola Medicine House Call Program'. Below the navigation is a large heading 'Account Information'. Two buttons are visible: '+ Update Account Information' and '+ Reset Password'. A grid of six resource cards follows: 'My HCCI Learning Hub™', 'HCCIntelligence™ Webinars', '1-on-1 Office Hours', 'My Account', 'Add New Credit Cards', and 'Update Credit Cards'. Each card includes an icon and a brief description of the resource.

# Accessing Your Resources

The screenshot shows the HCCI website interface. At the top left is the HCCI logo (HOME CENTERED CARE INSTITUTE). To the right is a search bar and navigation links for Cart, Account, Partner Pages, and Logout. A 'SCHEDULE A MEETING' button is also present. Below this is a secondary navigation bar with links for About, Providers & Professionals, Practice Directors, Population Health Leaders, Our Offerings, Events, Get Involved, and Learn More, along with a 'DONATE' button. The main content area is titled 'My Courses' and features three course cards, each with an 'Enrolled' status badge. Each card includes a representative image, a title, a brief description, a 'LAUNCH COURSE' button, and a progress indicator showing '0% COMPLETE'.

Course Title	Status	Progress
Advanced Coding and Billing: Beyond E/M For House Calls	Enrolled	0% COMPLETE
Building an Effective HBPC Team	Enrolled	0% COMPLETE
Care Management for Homebound Patients	Enrolled	0% COMPLETE

# Accessing Your Resources



## HCCI

HOME CENTERED CARE  
INSTITUTE

**Advanced Coding and Billing:  
Beyond E/M for House Calls**

**TCM Billing**

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Physicians are reimbursed at 100% of the Medicare allowable for the following CPT codes. NP/PA's are reimbursed at 85% of the allowable.

**CPT 99495; wRVU: 2.78; National Medicare Fees - Facility = \$136.22 Non-Facility = \$203.34**

Meeting TCM requirements with medical decision-making of at least **moderate** complexity. The post-discharge visit must occur within 14 calendar days of discharge.

**CPT 99496; wRVU: 2.78; National Medicare Fees - Facility = \$185.00 Non-Facility = \$275.05**

Meeting TCM requirements with medical decision-making of **high** complexity. The post-discharge visit must occur within 7 calendar days of discharge.

**When can a TCM visit be billed?**  
Only one provider per 30-day window can bill for TCM services. Claims can be submitted when a face-to-face visit has been completed.

Click the Next button to continue.

← PREV
NEXT →

# HCCIntelligence™ Community

## Community Benefits



- Free HCCIntelligence™ Premier Resources
- Free & Discounted Online Courses
- Free HCCIntelligence™ Webinar Series
- 1-on1 Office Hours with HCCI Experts
- HCCIntelligence™ Community Online Forum: Launching in January 2025



# Reporting Expectations & Key Milestones

Karly Denes  
Outreach & Engagement Specialist  
Home Centered Care Institute

Jeff Fraler  
Director of Education  
Home Centered Care Institute

# 2024 KEY MILESTONES

✓  
Aug 8th

**Workshop:**  
Preparing for Success in  
the Illinois House Call  
Project

Late  
Aug

**Foundations of  
House Calls**  
12-Week Virtual Self-  
Paced Coursework  
Series Begins

Sept  
26th

**Check-In #1**  
Virtual check-in hosted  
by Subject Matter  
Experts

Oct  
10th

**Check-In #2**  
Virtual check-in hosted  
by Subject Matter  
Experts

Late  
Oct

**Networking  
Event**  
Details to come!

Nov  
14th

**Check-In #3**  
Virtual check-in hosted  
by Subject Matter  
Experts

# "Foundations of House Calls"



This 12-week virtual and self-paced course includes modules on basic and advanced topics in home-based primary care. Modules will be reviewed at each scheduled virtual check-in.



## Module 1: Review Sept. 26th

1. House Calls 101
2. Patient Assessment in Home-Based Primary Care
3. Managing Multicomplexity
4. Provider Safety



## Module 2: Review Oct. 10th

1. Foundations of Coding and Billing
2. Medication Management
3. Infection Control
4. DEI



## Module 3: Review Nov. 14th

1. Advanced Coding and Billing
2. Optimizing Efficiency in House Call Operations
3. Legal Compliance
4. Risk Adjustment and HCC Coding

# 2025 KEY MILESTONES

Early Jan

## Demystifying Value Based Care for House Calls

9-Week Virtual Self-Paced Coursework Series Begins

Jan 24th

### Check-In #1

Virtual check-in hosted by Subject Matter Experts

Feb 14th

### Check-In #2

Virtual check-in hosted by Subject Matter Experts

Mar 7th

### Check-In #3

Virtual check-in hosted by Subject Matter Experts

Early Mar

### Virtual Practice Assessments Begin

Practice assessments will be conducted and delivered on a rolling schedule.

Late May

### Virtual Practice Assessments End

Practice assessment outcomes report will be delivered to practices by late May or early June



# "Demystifying Value Based Care for House Calls"



This 9-week virtual and self-paced course will prepare and equip learners to succeed in value-based payment arrangements. Modules will be reviewed at each scheduled virtual check-in.



Module 1: Review Jan. 24th

**Getting Started In Value-Based Care:** Covers the future of HBPC, quantifying its value, leveraging HCC coding, understanding advanced payment models, working with specialists, and more.

Module 2: Review Feb. 14th

**Managing Costs In Value-Based Care:** addresses conditions such as congestive heart failure, COPD, wound care, mental health, dementia, and medication management.

Module 3: Review Mar. 7th

**Ensuring Success In Value-Based Care:** by optimizing care for homebound patients, managing care transitions, evaluating productivity and staffing, and hiring and supporting the house call program.

# QUARTERLY REPORTING DUE DATES

## Reporting Data Points

- Number of **NEW** HBPC patients added to census since last reporting period.
- Number of **TOTAL** HBPC patients on census to date.

Please email quarterly reports to  
[rali@hccinstitute.org](mailto:rali@hccinstitute.org)

	2024	2025	2026	2027
Q1 (Jan-Mar)	-	April 30th, 2025	April 30th, 2026	<i>ILHCP C2 Ends</i>
Q2 (Apr - Jun)	<i>ILHCP C2 Begins</i>	July 31st, 2025	July 31st, 2026	-
Q3 (Jul - Sept)	October 31st, 2024	October 31st, 2025	October 31st, 2026	-
Q4 (Oct - Dec)	January 31st, 2025	January 31st, 2026	January 31st, 2027	-



# Next Steps

Dana Crosby  
VP, Education & Practice Development  
Home Centered Care Institute

# Activity Evaluation: Required to Receive CME Credit!

Activity Evaluation: Preparing for  
Success in the ILHCP



Complete by Friday, August 23 to receive your CME Certificate on Monday, August 26<sup>th</sup>