You
need
to
be
the change you want to see.
— Ghandi



Annual Report 2000

### A Message from the President

As the new century emerges, the Academy continues its quest to create a better future for homebound and needy patients by changing the paradigm of American health care.

Our goal? To broaden American medicine's fixation with the hospital and outpatient settings to include the patient's home, to make the home a focus for primary care delivery in the context of the continuum of long-term care.



Our cause has been and remains difficult. Medical care systems evolve slowly. The barriers have been huge: education, financing, convincing skeptics, developing and documenting successful practice models...Yet, we persevere.

Our quest has often been lonely. We, the volunteers, the "early adopters," have led the way by demonstrating through our practices the future that could be if services were offered in the most appropriate way, and in the most preferred setting for care.

Progress has been made over the years on all fronts. This Annual Report celebrates that success and those who have stood with us to overcome barriers and create the new paradigms of practice. It is a future whose time has come, not a dream to be endlessly deferred.

With your help and support, our success will continue!

Sincerely,

George Taler, MD President, 1998-2000

#### Who We Are

Since 1988, the American Academy of Home Care Physicians (AAHCP) has worked with its member physicians and other professionals and agencies to improve the care of patients in the home.

There are currently 34 million older adults in the United States

and this number will likely double in the next twenty years. By 2020, an estimated two million elderly will be chronically homebound due to functional impairment. Many children with chronic diseases and others with disabilities are, in effect, homebound as well. Yet, few providers exist who can care for these individuals and the many others who prefer care in the home. Why? Because



physicians and nurse practitioners have not been educated in how to care for patients in the home; because the health care system has not embraced medical care in the home; and, because reimbursement barriers have impeded development of such services, even for the most vulnerable members of our society.

### What We Do, And Our Successes So Far

The Academy's volunteer Board of Directors and members have worked tirelessly to reduce barriers, with notable accomplishments:

■ The Academy has reduced the clinical education gap by providing a newsletter and a journal on clinical aspects of care in the

home and clinical guidelines. It has also made information available on relevant textbooks and articles and written an ethics statement;

- The Academy has described and fostered the development of successful house call programs through brochures and articles;
- The Academy has successfully advocated for increased reimbursement for house calls in all locations and continues to work to remove remaining financial barriers;
- The Academy has educated physicians in how to become successful home health agency Medical Directors, and on the rules and regulations for participating with home care agencies. Since 1998, the Academy has provided a certification process to enhance the Medical Director Training seminars giving evidence of the qualifications of those able to meet certification standards;
- The Academy has participated in the creation of the Home Care Credential Examination, administered by The Institute for Clinical Evaluation (I.C.E.). Those who pass the exam receive the Home Care Credential which indicates that the recipient possesses the knowledge and skills identified by respected experts as necessary to provide safe and effective medical care in the home;
- The Academy has explained the needs for home medical care and advocated for reasonable rules and regulations to the U.S. Senate and to government agencies such as Healthcare Financing Administration and the Office of the Inspector General.

Despite these efforts, much more remains to be done. The number of doctors and other providers participating in home care and making house calls remains small. Only about 1.5 million

house calls were recorded annually in the Medicare Program through 1999 and these included multiple calls to the same patients. Surprisingly, the increase in reimbursement did not lead to an increase in the number of Medicare house calls. Clearly, the system, education, and other barriers need to be addressed in an ongoing and larger effort if the gap between those needing services and the available provider pool is to be closed by more physicians, nurse practitioners, physician assistants, and other providers.

# **Leadership In Action: A Chronology of Success**

The Academy has been blessed in having leaders who have used their volunteer efforts to develop the field. Key leaders and events are as follows:

1988: The Academy incorporated under the leadership of the first President, John Lewis, MD.

1990-95: First AMA Guidelines for Physicians, "Medical Management of the Home Care Patient," were developed under the leadership of Joanne Schwartzberg, MD, who later served as AAHCP President. The first Medical Director Training Seminars were developed under the leadership of President Joseph Keenan, MD, who obtained grants for this effort. The first Strategic Plan was developed under the leadership of President Allen Goldberg, MD. A pioneering textbook was written by members Jay Portnow, MD, PhD, and Lawrence Bernstein, MD, on the physician's role in home care. The first Annual Scientific Meetings were held in conjunction with the American Geriatrics Society meeting.

1995-1998: President Peter Boling, MD, led the way in major fund raising, resulting in support for the first booklet on reimbursement and regulation in home care, the first booklet on

incorporating house calls into a practice, and the first co-sponsored special edition of the Newsletter on wound care. Dr. Boling also wrote a textbook on home care which provided much needed guidance to physicians. The Academy developed its first Ethics Statement as well as a Certification Examination for Medical Directors of home care agencies.

1998: After a tremendous effort by a team of Board members working with other organizations, reimbursement changes were approved and HCFA raised the rates for house calls, making

them financially feasible. The first *House Call Doctor* of the Year Award was presented at the AAHCP Annual Meeting. The website was launched.

1999-2000: During the tenure of President George Taler, MD,nurse practitioners were recruited to the Board to reflect their increasing participation as providers in home care. The Newsletter became bi-monthly. A Journal was launched. A special Nutrition Edition of the



Newsletter was published. Initial funding was received for Faculty Development and House Call Promotion Campaign efforts. The first clinical guidelines were produced specifically for home care medical practice on DVT treatment in the home. Guidelines on pneumonia are in progress.

### **Leadership In Action: Current Directions**

At its bi-annual Strategic Planning Retreat, the Board recommitted itself to achieving progress in five major areas:

Public Policy: Advancing domiciliary care reimbursement and seeking reimbursement for the practice expense of travel time;

Faculty Development: Obtaining funding to instruct faculty in how to train medical residents to deliver effective home care and house calls;

Encouraging doctors to make house calls: Increasing the number of physicians making house calls by promoting those who do so through a funded educational and promotional initiative;

Advancing development of the field: Obtaining funding for a research project aimed at describing "best practice" models of house calls/home care in the community;

Adding to clinical knowledge: Obtaining funding to continue to develop added clinical guidelines for practitioners in the home; enhancing the usefulness of the Journal in providing education to those practicing in the home.

Work is continuing to foster progress in these areas in 2001.

# Who's Who And What's What In The Academy

#### **Members of the Board of Directors**

#### Edward Ratner, MD

President
Assistant Professor, Aging and
Geriatric Medicine Program,
University of Minnesota
Minneapolis, MN

## Wayne C. McCormick, MD, MPH

President Elect Section Chief, UWAMC Long Term Care Service Seattle, WA

#### George Taler, MD

Immediate Past President
Director of Long Term Care,
Washington Hospital Center
Washington, DC

#### C. Gresham Bayne, MD

Treasurer
Chairman and Founder,
The Call Doctor
Medical Group, Inc.,
Private Practice
San Diego CA

#### Alan P. Abrams, MD, MPH

Secretary
Medical Director, Geriatric
Division, The Cambridge
Health Alliance
Boston, MA

#### Eric Baron, MD

Medical Director, House Call Physicians, P.C., Private Practice, Chief Medical Officer, National Medical Management, Inc., Health Systems Integration Provider Southfield, MI

#### Peter A. Boling, MD

Professor of Medicine, Virginia Commonwealth University, MCV Campus Director: MCV House Calls, MCV Long Term Care, and MCV Campus Geriatrics Section Richmond, VA

#### Edward J. Feldman, MD

Medical Director, Home Care Services, Cedars-Sinai Medical Center Los Angeles, CA

# Allen I. Goldberg, MD, MBA, FAAP, FCCP, FACPE

Director, Pediatric Home Health, Loyola University Health System Chicago, IL

#### Ziad Haydar, MD

Assistant Chief of Geriatrics, Baylor Health Care System Dallas, TX

#### Stephen W. Holt, MA, MBA

President and CEO, The Visiting Nurse Association of Greater Philadelphia Philadelphia, PA

#### Margaret K. Koehler, MS

Adult/Geriatric Nurse Practitioner, Home Based Primary Care Baltimore, MD

#### Joseph W. Ramsdell, MD

Professor and Head, Division of General Internal Medicine/Geriatrics University of California, San Diego; Medical Director, UCSD Home Care San Diego, CA

#### Joanne Schwartzberg, MD

Director of Aging and Community Health, American Medical Association Chicago, IL

#### Robyn I. Stone, DrPH

Executive Director, Institute for the Future of Aging Services, American Association of Homes and Services for the Aging Washington, DC

#### Jean A. Yudin, MSN, CRNP

Geriatric Nurse Practitioner, University of Pennsylvania, Philadelphia, PA

# Past Presidents of the AAHCP

1998-2000

George Taler, MD

1996-1998

Peter A. Boling, MD

1994-1996

Allen I. Goldberg, MD, MBA, FAAP, FCCP, FACPE

1992-1994

Joanne Schwartzberg, MD

1989-1992

Joseph M. Keenan, MD

1988-1989

John Lewis, MD

#### **Staff**

Constance F. Row, FACHE

**Executive Director** 

Rebecca Cornacchia

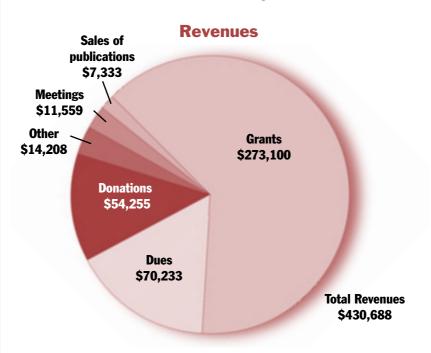
**Executive Assistant** 

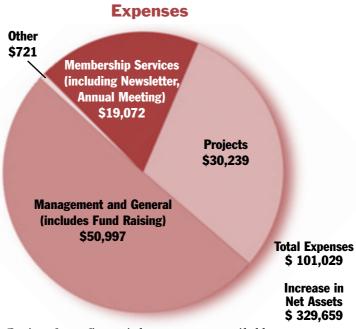
Sandra L. Monaco-Burton

Assistant Executive Director

Membership in 2000: 563

## Financial Summary—2000





Note: Copies of our financial reports are available on request.

#### **AAHCP Contributors**

#### **Corporations**

Aventis Pharmaceuticals

Bristol-Myers Squibb Company

The Call Doctor Medical Group, Inc.

ConvaTec

DomIsys, Inc

**DuPont Pharmaceuticals** 

Healthcare Automation, Inc.

Hill-Rom

Janssen Pharmaceuticals

Merck & Co., Inc.

Ortho-McNeil

Purdue Pharma L.P.

Ross Products Division, Abbott Laboratories

Smith & Nephew

#### **Foundations**

The Bradley Wayne Philanthropic Fund

(lectureship sponsorship)

The Grotta Foundation for Senior Care

#### **Individuals**

Eric Baron, MD (grants)

Arnold Myles

AAHCP Board Members



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