

## **A Healthier State, Through Access and Delivery**

In March of 2013, the Affordable Care Act marked its third year in existence. Katherine Sebelius, Secretary of the United States Department of Health and Human Services, states that “For Marylanders, that means a health care system that is stronger than it was three years ago, and a future that looks even brighter”. People who have not had access to health care are now insured. According to Secretary Sebelius, there have been many additional benefits to the health of Marylanders and more to come.

In addition to this new access to health care for many, current technological advances facilitate the delivery of quality care. This issue of The Pulse takes a closer look at these factors.



Lori Krausz, RN

## **Keeping a Strong Clinician-Patient Bond**

By Lori Krausz, RN Staff Development Coordinator

Back in the 1970s, nursing of a home bound person was focused on spending time educating the patient and family about his or her disease process and doing simple, normal saline wet to dry dressings. Patients who were diabetic were taught how to check their glucose by testing their urine with a dipstick. Those requiring oxygen would be confined to home due to lack of mobility with the large and heavy oxygen tanks in use at the time.

As technological advances have been made in the delivery of health care, protocols have changed. With today's in-home access to wound vacs, IV therapy, bedside PT/INR monitoring machines, smaller, more portable oxygen tanks, and talking glucometers, more advanced care can be delivered in the home. Patients are being discharged home from hospitals sooner and sicker and often with multiple medical problems. These patients are at a greater risk for being rehospitalized. For Clinicians, this means a greater patient load that requires a more

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## **The Affordable Care Act and Home Care, Part 2: The New Medicaid**

By Matthew Bailey, JD, Chief Financial Officer

The Affordable Care Act (ACA) is now the law of the land and it brings with it changes that have been both anticipated and unanticipated. The ACA's incorporation of basic preventive services and the lack of limitation on pre-existing conditions were anticipated. However, the expansion of Medicaid was not. Although the home health benefit is not yet fleshed out, in the coming plans under ACA, it is known that Maryland Medicaid recipients will have a home health benefit. It will be similar to the current Maryland Medicaid benefit and home care providers under Maryland Medicaid will be paid more for their services.

Under the ACA, states must offer essential health benefits and services in at least 10 cate-

gories: ambulatory patient services; emergency services; hospitalization, maternity and newborn, mental health and substance use disorder services; including behavioral health treatment, prescription drugs, habilitative and rehabilitative services and devices, laboratory services, pediatric services; including oral and vision care, preventive and wellness services and chronic disease management.

When ACA was proposed, Medicaid funding was expected to be cut for states who did not participate in the ACA. However, the Supreme Court stated that the federal government went too far when it threatened states with the withdrawal of all of their Medicaid funding if they did

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## Home Health Care and the Digital Age

By Stephan Lieske, Database and IT Support

There is a wealth of clinical information that a Home Health Care agency must maintain for clinical, regulatory and legal reasons, and until the advent of Electronic Medical Record systems, most of this information was managed on paper. Jackie Bailey (CEO) and Matthew Bailey (CFO) of P-B Health knew back in 1997 when they started the agency, that the use of computers would be paramount in efficiently and effectively treating home health patients. P-B had used several different systems to manage the various aspects of running the agency, but at the heart, the actual clinical data, was still on paper. The information could be “keyed in” to a tracking system, at a cost of time, staffing, and extra oversight to prevent errors. The Baileys knew that the key to efficiency and accuracy, and as a result, the key to better patient care, would be to have the clinical information entered into a computer at the point of service—in the patient's home.

After a few years of looking for the right product to use at P-B Health, they saw a demo of a Homecare Homebase (<http://www.hchb.com>) system in early 2004. The system consisted of two parts: PointCare, a program that runs on a handheld computer, used by the home health worker in the patient's home to record and document clinical findings; and the HCHB online system, which would securely receive and store the data

### Digital Medical Records and HCHB

By Stephan Lieske, Database and IT Support

One key benefit to using a digital medical record system is the flexibility one has to make changes to the set of guideline questions the nurses and therapists answer when they treat patients in their homes. The Homecare Homebase (HCHB) system gives us the ability to modify the assessments and treatment protocols that we provide, which allows the agency to incorporate best practices that are encouraged in the home health industry. The ability to make these changes also helps the agency maintain its Accreditation with the Joint Commission.

Each of the clinicians in the field, the nurses, therapists, social workers and home health aides, have a hand-held “Android” computer that runs a special HCHB computer program to collect patient information called PointCare. The PointCare program on these cell phone and tablet devices is kept up-to-date as the home care industry changes. The P-B Health Quality Assurance department keeps abreast of regula-

from Point-Care, allow clinical review and processing of the information, schedule the visits directly to the home



Stephan Lieske, IT Support

health workers, and provide the information to bill for the services provided. The system took the patient information, once completed in the patient's home, and immediately put it in the hands of office staff that could review and process the documents. It was a key to the paradigm shift that they knew would transform how home health care would be provided, so that a greater focus could be on providing excellent patient care, and less on managing documents and meeting regulatory requirements.

In November 2004, P-B Health became one of the earliest users of the Homecare Homebase system. Since that time, the agency has provided over 190,000 visits to over 8,700 patients in Maryland.

tory requirements, best practices in home care, as well as identifying special requirements for our patient population, and they incorporate the changes into the PointCare software that the clinicians use. This helps assure that our patients will receive the highest quality of home care services.

### Affordable Care Act, Home Care

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not participate under the ACA. The Court struck down the requirement that Medicaid funding be tied to the states participation in ACA.

Under the new expanded Medicaid, the federal government is asking states to extend coverage to any person under 65 who does not have Medicare and has an income at or below 133% of the federal poverty level. The federal government has agreed to cover 100% of the cost of these Medicaid recipients for the first three years and will decrease its responsibility in the succeeding years thereafter.

## Spotlight on Employees and Patients

The P-B Health Family is made up of employees and patients from every walk of life in the Baltimore metropolitan area. Here we feature Mr. Stephan Lieske, and Mrs. Ardis Watkins, a P-B Health Patient.

### Stephan Lieske, Database and IT Support

Stephan Murray Lieske is a multifaceted man. He has a very broad based intellect, a great emotional depth and a deep spiritual commitment, all of which fuel the development and accomplishment in and of his many talents. While he got his start in the working world as a courtesy clerk at Ralph's grocery store in La Cañada, today he is the Senior Database and Computer Support Specialist at P-B Health. He is now in his 9th year of service to the Agency.

Stephan was born to Sally and Jay Lieske in February, 1973 in Los Angeles, California. He is the youngest of three children. His mother is a homemaker and his father, now retired, was an astronomer at the Jet Propulsion Lab in Pasadena, California.

Mr. Lieske attended high school in his home town of La Cañada, California. Here he participated in the school's orchestra, as well as regional orchestras playing the viola. He also worked on his school newspaper, both as a photographer and graphic designer. After completing high school, Stephan traveled to the other side of the country to attend Vassar College in Poughkeepsie, New York. While

he pursued his studies in Mathematics, he spent a year abroad in Freiberg, Germany. Stephan graduated from College with Departmental and general honors.

Graduate work at Johns Hopkins brought Stephan to Baltimore. During these advanced studies, he settled in Charles Village where he has lived for 18 years, often just blocks from P-B Health. He continues to play with the Hopkins Symphony Orchestra, since joining in late 1996. Stephan came to work at P-B in November of 2004 when the company started using the Homecare Homebase system. His job has grown with the HCHB system as Stephan is accountable for making agency changes to the HCHB system, and supporting office and field staff with IT needs.

On October 2, 2010 Stephan married the lovely Laura Sinche, a pastor with Baltimore Lutheran Campus Ministry. Together they are raising their first child, Hannah Elaine Lieske.

### Patient Profile: Mrs. Ardis Watkins

Mrs. Ardis Watkins is a 96 year old widow who enjoys a comfortable and peaceful retirement in the Evergreen neighborhood of West Baltimore. She was born in Chester, South Carolina on January 4, 1917 to Thomas and Dora Buckson. Her mother Dora was a teacher while her father Thomas commuted to Baltimore to work at Sparrows Point. As a young woman, Miss Ardis Buckson moved to Baltimore City to start her adult life. Here she met and married Mr. Norbon Watkins and from this union three children were born. "We had a wonderful life together until his death in October of 2005," states Mrs. Watkins.

Throughout her adult life, Mrs. Watkins worked at Johns Hopkins Hospital and then the Old City Hospital. After retiring from City, she volunteered at Bon Secours Hospital for seven years, earning many awards for her service. Additionally, Mrs. Watkins has been a long time member of The Village Baptist Church and retains her membership today.

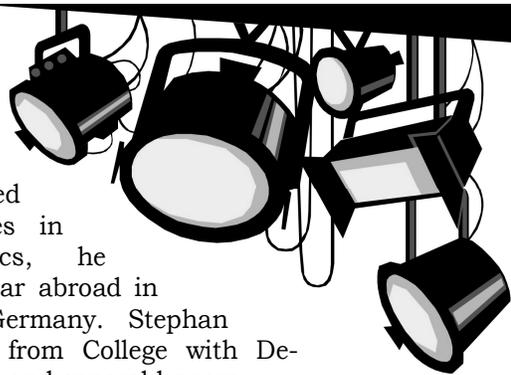
After so many years of caring for others, the time came when Mrs. Watkins needed care for herself. Through the Department of Aging, the family was put in touch with P-B Health Home Care Agency. Personal care and chore services were provided to Mrs. Watkins. Olivia Cross, CNA, home health aide was assigned to her care. "Olivia has been very courteous, caring and helpful in assisting



with my personal needs. Ms. Cross is a fine representative for P-B Health and my family and I have become very fond of her" shares Mrs. Watkins.

In her later years, Mrs. Watkins has had several brief hospitalizations after which skilled home health services were prescribed. These therapy services brought Mrs. Watkins the benefit of nursing, physical and occupational therapy, and nutritional counseling in the comfort of her own home. "Each was skilled and provided exceptionally good service" reports Mrs. Watkins.

Mrs. Ardis Watkins continues to do well and would not hesitate to call P-B Health if these services are needed again.



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*Special People,  
Special Needs,  
Exceptional Care*

### News Among Our Staff

- P-B staff helped the Ravens to their Super Bowl victory by holding a pre-game rally in the "Ravens Room" at the P-B offices. Loyalty of this magnitude has to be part of what gives the Ravens their competitive edge!
- On behalf of P-B Health, **Sally Staehle** and **Delano Bailey** attended the Annual Black History Month event held by J4P. The event was held at the Social Services/Courthouse Complex at 1400 North Ave.
- The **P-B Health Staff** is assisting Belvedere Housing in furnishing several houses they operate to help Baltimore's vulnerable populations. P-B staff is donating household and personal care items and furnishings to help these houses become homes.
- After a long journey through a difficult subject area, DeAnna Myrtle Bailey, aka Tootsie-poo (daughter of **Delano Bailey**), received important clearance from the administration at Morgan State University. They will graduate Miss Dee with a PHD in Electrical Engineering in May 2013. Congratulations Ms. Bailey!
- **Shawqi Scott** gave birth to her first child, Jamal Nasir Maxwell on February 28, 2013 at 11:23am. Jamal weighed 7 lbs, 10 oz.



### Mr. Jim Reports on P-B Family News and Sports

by Jim Griffin

Erica Cornish, from the Medical Records Department is a dancer with NaZu & Company. Annette Pitts-Pina, and Susan Nai, both Physical Therapy Aids at P-B Health are also members of this Baltimore based dance company. Erica is the Principal dancer.

Before joining NaZu and Company, Erica was the Artistic Director for APGADS Drum and Dance Ensemble. She has been dancing for over 17yrs. Erica received her training under various instructors from Guinea, West Africa to the Ivory Coast. She performs nationally from Miami, Florida, to the Kennedy Center, The Reginald F. Lewis Museum, and the World Bank in Washington D.C. and internationally from Canada to France and Bermuda.

Erica has been featured on live TV as the Guest Artist on the Dr. OZ Show, Fox 45 News, WJZ News, and in news articles in the Washington Post, the Capital, the Baltimore Sun, and Africa Celebrates

2013 Inauguration Presidential Ball.

Performing at the Inaugural Ball for President Barack Obama was a major accomplishment for the company. The ball featured celebrities Lou Gossett Jr. and Trina Braxton to name a few. Many of the members of NaZu and Company have no prior dance experience which makes this dance company so unique. "We accept you for who you are and whatever you bring to the table", states Erica. "The company operates based on The Spirit of Dance and love".



Erica Cornish (left, front) and NaZu and Company.

### Keeping a Strong Clinician/Patient Bond, (continued from page 1)

advanced skill set.

Clinicians can't let the technological advances detract from the personalization of care given to patients and their families. Clinicians still need to spend the time teaching the patient and family how to manage these complex treatments, including their disease processes and the correct usage of any equipment. They must make sure all of the patient's needs are met through nursing, therapy, social work, home health aides, and dieticians.

If not managed properly, the strict regulations regarding documentation by Medicare, JCAHO, and the State can impede the quality of care given to patients. With the wrong mindset, it is easy for clinicians to focus on the documentation and not the patient, thereby missing important information. The use of electronic notes

has increased the accuracy of documentation; however, sometimes it can keep clinicians from giving the reader a true picture of the patient during that visit. In other words, if the electronic cue doesn't ask the question, important information may not get documented.

It is the responsibility of the clinician to know the features of the documentation system and how to use all equipment required for the patients care so that this is in the background and the clinician/patient relationship is primary.

Technology continues its advancement. What will this hold for the future in home care? Will it make better clinicians? Will it reduce rehospitalization rates? Will it increase personalization of care? How will you as health care providers manage this?