

Dr. Andrew Sperlin: Embodying the mission of Housecall Providers

It is a lucky few that have the opportunity to align their values and passion so precisely with their chosen profession. Among them is Dr. Andrew Sperlin, who is celebrating his 15th year with Housecall Providers as a primary care provider.

Sperlin has always been mission-driven in his work. Among the steps in his career path he once practiced medicine on an Indian reservation. He is an idealist in a world desperately in need of more like him.

"I have always wanted to practice where there is a need and where the focus of the practice is on meeting that need, not on maximizing revenue," Sperlin said. When, in 2001, he met the founder and then-medical director of Housecall Providers, Dr. Benneth Husted, he discovered a kindred spirit. Both had a commitment to patient-centered care that has continued under the leadership of Medical Director Pam Miner, M.D.

A graduate of the University of Washington Medical School, Dr. Sperlin completed his internal medicine residency in Spokane, Wash., where he had an office for seven years, occasionally making house calls to some of his sickest patients. He decided to take his career in a different direction and headed to West Africa to practice

medicine at a mission hospital for six months. When he returned to the U.S., he spent seven years at a rural clinic in the Yakima Valley before moving to Portland to be closer to his aged parents. That was when he discovered his next calling, Housecall Providers.

The many benefits of in-home medical care

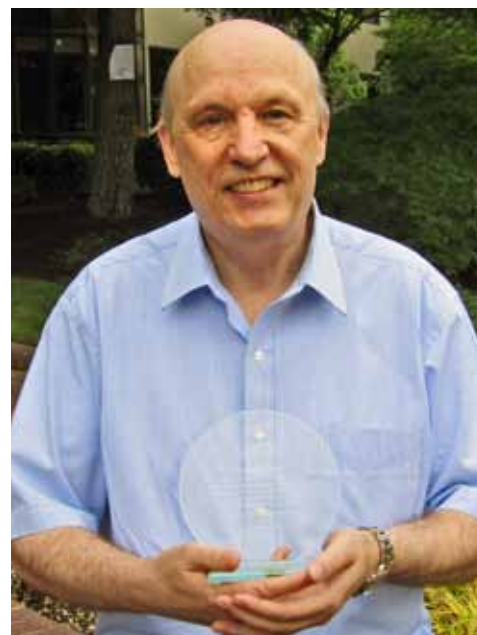
Dr. Sperlin said being a provider of home-based medicine appeals to him on many levels. Among the most important: supporting caregivers who are stressed and many times confined to the home themselves due to the needs of their patients. "Many of our patients are in declining health, but if we can

"Many of our patients are in declining health, but if we can help them stay comfortable and in a supportive environment while keeping their caregivers from being exhausted, it is very rewarding."

— Dr. Andrew Sperlin

help them stay comfortable and in a supportive environment while keeping their caregivers from being exhausted, it is very rewarding," he says.

His patients care deeply for him because he consistently goes the extra mile on their behalf. "Dr. Sperlin really embodies the mission of Housecall Providers," says his care coordinator of nine years, Sr. Jeanette Heindl, SP. "I frequently get calls from patients who mentioned that 'he



Dr. Andrew Sperlin holds his award recognizing 15 years at HCP.

visited me last evening.' Many times when I send him a message about an issue a patient is having, he'll say that

he 'will stop by on his way home' which could be 6:30 – 7:00 p.m. I just have all kinds of admiration for him."

Dr. Sperlin, who has a panel of around 120 patients, understands the difficulty that some of his non-native English-speaking patients and caregivers have with communicating complicated health issues to a provider. He taught himself a little Russian to help bridge the communication gap with Russian patients in order to better meet their needs.

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**Being Mortal free
screening and discussion
July 28, 5:30 p.m.**

Please visit page 3 for details.

Leadership welcomed on national stage

I hardly know where to begin! We've been moving so rapidly in so many directions, it's sometimes even difficult for me to keep up with it all.

Perhaps I should start with the "big picture," which Housecall Providers is certainly a part of these days. The Medicare demonstration project Independence at Home (IAH) continues to put us squarely in the national health care spotlight. As

a result, our team has been included in panels, seminars, and conferences around the country, as we lend our expertise to others and, in return, learn from the very best experts in the field. Our reputation has also led to several consulting engagements. We believe this will be a fertile area for growth as more health care organizations seek to serve their communities with home-based medical care.

A recent *USA Today* article highlighted the success of IAH and said, "Done right and paid right, house calls could prove to be a better way of treating very sick, elderly patients while they can still live at home." Housecall Providers was featured alongside such major health care providers as the Cleveland Clinic and MedStar of Washington, DC.

The demonstration is scheduled to continue through the fall of 2017.

Meantime, our organization is evolving as we learn more about best practices for delivering home-based medical care. As you will see in the pages of this newsletter, we have a new hospice medical director, Dr. Nancy Cloak, who is profiled on page 3. Nancy has become an enormous educational resource on a variety of topics, and we are thrilled that she has accepted this position on our team. This spring we also hired two community liaisons to increase awareness of our programs, especially our hospice, and welcomed a part-time recruiter to our staff to assist efforts in attracting qualified primary care providers that may be drawn to our model of care.

Our focus continues to be trying to meet the ever-increasing demand for home-based medical care in the metro area. We understand that waiting to be accepted onto our service can be frustrating for some. Please know that we are doing everything we can to reduce the wait time as quickly and efficiently as possible and appreciate your ongoing patience in this process.

Warmly,
Terri Hobbs

Photo: Andie Petkus



Community liaisons join our team

We are very excited to announce that Michelle Meierotto and Debbie Davis joined our staff this spring as our first community liaisons. Both come to us with years of experience building relationships within the health care community, and we are thrilled to have these two proven marketers working to increase awareness of our continuum of care as they develop new relationships and strengthen our existing partnerships.

"What I have learned so far is the mission of Housecall Providers lives within its employees," Davis said.



Michelle Meierotto (l) and Debbie Davis.

"I have observed incredible compassion, caring, clarity, and tenderness with patients and family members."

Meierotto too was inspired by the clear and thoughtful demeanor clinicians had with the patient, caregiver, and family members during a recent hospice admission. "Every day our hospice staff performs an amazingly graceful 'dance' of balancing the delivery of clinical knowledge with the delicate emotional needs of the people they serve. It is humbling to watch," she said.

Davis will concentrate on building the awareness of our program on the Eastside of the metro area, while Meierotto will focus on the city's Westside. Both will engage community groups, senior housing staff, and administrators and build up our referral sources so more individuals will become aware of and be able to take advantage of our full continuum of care.

Housecall Providers Board of Directors

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Physician finds her true calling in hospice

Housecall Providers Hospice has a new medical director: Dr. Nancy Cloak. A board certified psychiatrist, Dr. Cloak has been working as a hospice physician at Housecall Providers since 2014. She succeeds Dr. Lara Garrett, who has been the interim hospice medical director this past year.

“We are thrilled that Dr. Cloak has accepted a leadership position within our hospice. Nancy exemplifies the most important qualities of a hospice medical director: a commitment to excellent end-of-life care, honoring patients’ goals of care, and a compassionate heart,” said Hospice Program Director Rebecca Ashling, MSN, RN.

Dr. Cloak received her medical degree from the University of South Florida and completed her residency

at the prestigious Menninger Clinic in Houston, Texas. Following residency, she worked as a psychiatrist with medically complex patients in a variety of settings, including geriatric, palliative care, and eating disorder treatment centers. She was drawn to end-of-life care after being a caregiver for a loved one who was on hospice.

In-home care team offered significant support

“I learned what a tremendous relief it is as a family member to have a hospice team involved when you are caring for a loved one near the end of their life. Significant emotional and spiritual growth can occur when family members do have that kind of support,” she said. “Hospice made the deeply challenging experience of being a caregiver not only bearable but meaningful.”

Providing end-of-life care blends her abiding interest in general medicine with the best parts of being a psychiatrist: listening and working with a multidisciplinary team. While she was familiar with

hospice care long before working at Housecall Providers, the experiences that she has had as a member of the care team confirmed that she is on the right path. Hospice work has led to some of her most profound and integrative professional experiences.

Vast medical knowledge compliments new role

“I’ve been able to see teams work skillfully and beautifully,” Cloak said. “In hospice, I can combine my knowledge of physiology and

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Hospice physicians Nancy Cloak (l) and Lara Garrett.

Free screening of *Being Mortal* to be held next month



Photo: Frontline

Dr. Atul Gawande

Housecall Providers and Oregon Health & Science University (OHSU) are hosting a free, community screening of the documentary *Being Mortal* on Thursday, July 28, from 5:30 p.m. to 8:00 p.m. at the OHSU Auditorium (parking is adjacent to the building).

Palliative care experts from both organizations will be present to discuss advanced directives and how to take concrete steps to identify and communicate wishes about end-of-life goals and preferences.

Being Mortal delves into the hopes of patients and families facing terminal illness. The film investigates the practice of caring for the dying and explores the relationships between patients and their doctors. It follows a surgeon, Dr. Atul

Gawande, as he shares stories from the people and families he encounters. The film sheds light on how a medical system focused on a cure often leaves out the sensitive conversations that need to happen so a patient’s true wishes can be known and honored at the end.

In February 2015 *Being Mortal* aired nationally on the PBS program *Frontline*. The film is adapted from Dr. Gawande’s 2014 nationally best selling book of the same name.

To RSVP for this free screening please email events@OHSU.edu and specify number of attendees.
Refreshments will be served.

For more information, please contact Barb Gorman at 971-202-5535 or bgorman@housecallproviders.org.

Hospice team members help a family find closure

Hospice care isn't only about addressing the physical symptoms at the end of life, it is also attending to an individual's emotional and spiritual needs. "Untie the knots" is a phrase that is heard occasionally within Housecall Providers Hospice. It refers to times that team members help free patients from those things anchoring them to this life. In doing so, they assist patients in letting go of regrets or mistakes that are keeping them from finding peace.

"At the hospice admission we ask if their loved one has any unfinished business, or if there are other family members that they may have lost touch with and would like to see," said Hospice Case Manager, Morgan Clemenhagen, RN. On a particular hospice admission that Clemenhagen and social worker Jane Leng, LCSW completed this spring, that question turned out to make all the difference in the world to a family looking for closure.

Asking the right questions

The two were admitting Virginia "Bea" Longway to hospice, and her niece Linda Elsberry was present. "When they asked if there were any other family members who should be notified, I immediately thought of whom I needed to contact," says Elsberry. Elsberry was thinking of Longway's son Billy Rohn Smith and her grandson Billy Smith. Longway had lost touch with them about four years earlier when she was living with her late husband's family.

"Within the next week, I received a call from Billy," Clemenhagen said.

"I didn't even know my grandmother was in an adult care home – we have missed her so much and had

reached out years ago, but it didn't go anywhere," Smith said. He soon made up for lost time and visited his grandmother with his father shortly after learning where she was living. He made the trip from Roseburg again a month

and the other half at her home in Texas until he was 18. Bea was a distant cousin of President Lyndon B. Johnson, and her love of the state ran just as deep as that of our 36th president.

"It means everything to me that I was able to be there with her."

— Billy Smith



Virginia "Bea" Longway seated with her grandchildren. Billy Smith is on the far right.

later when Longway started her decline, and he stayed at her bedside eight hours a day for eight days until she passed.

"It was hard, but you know the experience is something I would never give back. It was beautiful to know that she was going to be at peace after living such a wonderful life," Smith reflected.

Longway suffered from Alzheimer's and had lived at Awakened Reflections, an adult care home run by Molly Gamache, for almost four years. "Molly and Tate [Molly's husband] were outstanding. They were so competent in the care of my grandmother and wonderful with her. If I wasn't able to be with her the last years of her life, I am glad she was at least with them," Smith added.

Texas Pride

The bond between Smith and his grandmother started early on. He spent half time with his parents

"When I was only months old, my grandmother was insistent that my first steps be planted on Texas soil," Smith said. "So when the time came, my mom and dad put my crib in the back of their van and drove from Southern California to Texas so my grandmother's wish could be fulfilled."

Smith was so taken with that bit of family history that when his daughter was born in Oregon, he had dirt flown in from his mother-in-law's ranch in Texas so that his grandmother could plant his daughter's feet in the soil of the Lone Star State. "She was really tickled to be able to do

that," Smith said.

Appreciative of in-home hospice

Smith and Gamache were very appreciative of the care that Longway received from Housecall Providers Hospice. "They were very friendly, supportive, and comforting and were very interested in the stories I would tell them about her life," Smith said. Gamache, too, found a true partner in the care of Longway. "Housecall Providers is the best hospice I have ever worked with – every member of the team was professional, competent and a joy to work with," she said.

Still, it is the days and final moments Smith had with his grandmother that he treasures most. "I am so thankful I was able to see my grandmother again. It means everything to me that I was able to be there with her," he said.

Care coordinators: the key to patient-centered care

For homebound individuals coping with multiple chronic illnesses, navigating the current health care system can be daunting. Juggling the orders of specialists, pharmacists, home health providers, insurance companies, caregivers, and, of course, the patient's in-home primary care provider is a challenge for anyone. For older individuals who are managing their own or a loved one's health independently, the challenge is far greater.

Early on, the leadership of Housecall Providers sought to minimize the fragmentation of patient care by incorporating professional care coordinators into our home-based primary care model. Today, care coordination is the nexus that links our primary, transitional, and palliative care programs with the services of Housecall Providers Hospice and a wide range of outside providers.

Alicia Hanson, who has been a care coordinator at Housecall Providers for over three years, sees the role as an asset to both the patients and clinicians. "Care

needs are being met and that services are delivered by the right provider in the correct setting.

Executing this mission involves a wide variety of daily tasks. Our care coordinators communicate with family members and caregivers about new patient symptoms. They request prior authorization from insurance companies.

And they "close the loop" on referrals to medical specialists by collecting patient visit notes, lab results, and diagnostic information.

It's a busy job: she makes or receives between 50 and 100 telephone calls each day, in addition to numerous emails, faxes, and other messages. "My workflow on an average day is a cycle of answering the phone, sending messages, and returning calls while constantly checking for replies or new messages from my clinicians," she says.



Care coordinator Alicia Hanson most enjoys connecting with patients, their family members and caregivers throughout the day.

requirements into terms easy for caregivers or patients to understand. At the same time, they must manage the sometimes overwhelming needs of many patients – and all within an eight-hour workday.

"The one thing I wish people understood about care coordinating is that I work hard to try to get our patients what they need or want, but there is a limit to what I can do in one day," she says.

There are so many practical benefits to having a care coordinator that it is easy to overlook the psychosocial support they offer patients and families. Hanson works with people during some of the most difficult moments of their lives – when they or a loved one are struggling with sickness and pain. During these stressful moments, having a person on your side who understands the complicated "ins and outs" of the medical arena can make a huge difference. Hanson feels her greatest impact comes from connecting with the patients and families she serves.

"It's the little moments – laughing together, sharing in the relief of getting a much-needed medication, even being able to provide a listening ear – that mean the most to me," Hanson says.

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– Alicia Hanson

coordinators help clinicians provide a consistent and high level of care for patients who otherwise would have no other avenue for receiving the in-home medical care they need," she says.

Hanson is an expert in helping patients get what they need. Her mission, and that of the other six Housecall Providers care coordinators, is to communicate with all members of a care team to ensure that the patient's

Hanson attributes her success in this work to an uncommon degree of patience, organization, and perseverance. She works with two to three primary care providers to organize the care of 200 to 300 patients at any given time.

A good care coordinator must be a skilled communicator, able to translate complicated, technical medical orders or convoluted insurance company

Transition Nurse Team interventions help people stay at home

Housecall Providers has been a national leader in adapting the role of the transition nurse to fit our frail and homebound population. These health care professionals create a seamless transition for patients and their medical records, whether they are being admitted to the hospital, discharged from care, or need help deciding whether a transition from one location to another is appropriate. We spoke with Housecall Providers Transition Nurse Alyssa Pearman, RN, to learn more about this critical piece of the circle of care.

Please describe the role of a transition nurse.

I work with a team of nurses and social workers that helps our patients remain in place rather than make an unnecessary trip to the hospital. We also assist with the transition to and from different care settings, such as from home to hospital or skilled nursing facility and back home from one of those.

Tell us what an average workday looks like.

The transition team meets in the morning, and we discuss which of our primary care patients are in the hospital, who needs a follow-up visit, and what their discharge plan involves.

We also look at who recently went home and who might need a phone contact or a nurse to visit. Are any urgent visits coming up? Those are visits where a primary care provider (PCP) has asked the transition team to check in on a patient because either they, a family member, or caregiver are concerned about a patient's failing health.

We prioritize our day and assign the calls and visits. I typically see about three patients a day because they may be spread across the whole Portland metro area.

How do you find out about who needs to be seen? How does the information flow to you?

Ideally, our caregivers or family members would call the office and let one of our care coordinators know that a patient isn't doing well, and that they are either considering sending the patient to the hospital or have already done so. Sometimes they are unsure what course to take, and the care coordinator will contact the patient's PCP so that they have an opportunity to respond to the caregiver's concerns and possibly prevent an emergency room trip.

If the PCP believes that an in-person visit is important but isn't able to see the patient, they may request that a nurse go out, and then we communicate back our findings. We are also notified every day by the area hospitals if a patient of ours was seen in the ER or was admitted. Every patient gets a phone call after discharge, and if the conversation is sounding like they need to be seen, and the PCP is unavailable, we will go out to do the follow-up visit.

How do you see your job fulfilling the mission of Housecall Providers?

We are able to really meet patients where they are and support them so they can stay in the home and out of the hospital. Most of them do not want to go there. A lot can be lost in translation when a patient goes to the hospital or nursing facility and back home again. We make their transitions that much easier.

What is your favorite part about working here?

I like that it's a smaller group of people and you really get to know who you work with every day. Even though we are not a large medical provider, we have a huge impact on the community and are a leader in managing transitions and providing health care at home.



Photo: Andie Petkus

Transition nurse Alyssa Pearman, RN

To make a hospice referral at any time call 971-202-5501



CareOregon/Housecall Providers alliance takes another step forward

The constantly evolving partnership between Housecall Providers and CareOregon is about to take another major step forward.

CareOregon, a Portland provider of health care insurance for those eligible for Medicaid and Medicare, has been a close partner of Housecall Providers since its founding to find ways to deliver quality, affordable medical care to Portland's homebound population.

Now the two nonprofits have created a new partnership in which CareOregon will support the hiring of a nurse practitioner by Housecall Providers to serve its patients throughout the Portland metro area.

CareOregon Medical Director Dr. Will Kennedy said the partnership is another step in the strategic alignment of the two organizations. It was the outcome of ongoing discussions between leaders of the two nonprofits directed at finding innovative ways to care for the fragile population Housecall Providers serves.

"We think of this as a prototype, a model for something larger," he said. "We are supporting Housecall Providers in this as part of figuring out what the future partnership between us should look like. We keep asking ourselves, 'How can we further support

what they are doing so that our patients, and, ultimately, all such patients can benefit from it?'"

Kennedy said CareOregon views the partnership as a learning experience, one that will develop over time.

"It's not about how many patients are seen, but what we learn from the patients who are served," he said. "We'll be evaluating and making adjustments as we go along."



"CareOregon's commitment to their homebound, chronically ill patients is further recognized in our latest collaboration," said Housecall Providers Medical Director Dr. Pamela Miner. "We are extremely grateful to have a community partner that shares our vision of how to best care for this underserved population."

The practitioner has not yet been hired. The program is expected to start this summer.

Dr. Sperlin *Continued from page 1*

Some long days part of delivering excellent care

An average day for Dr. Sperlin starts with reviewing documents and labs before heading out for a full day of patient visits, refilling prescriptions, returning calls and messages, and setting the schedule for the following day. "Some days get kind of long," he said. "However, before I started I realized that medicine is not a nine-to-five job. I know that for my patients' caregivers their job is often 24/7 so I have nothing to complain about."

Increasingly today, people want to age in place. Dr. Sperlin is no exception.

"One thing I am constantly reminded of is that the days of our lives are numbered, and we need to use them wisely," he said. Not long from now, I may be the one who is in need of this kind of care, and I hope there is an organization like Housecall Providers available to me."

Our mission

Housecall Providers is dedicated to providing quality home-centered medical care, integrating primary, palliative and hospice services for homebound members of our community. We offer compassionate physical, emotional and spiritual support through life's journey.

Dr. Nancy Cloak *Continued from page 3*

pharmacology with psychotherapeutic interventions, and reflect on the questions of mortality and meaning that surround us."

Dr. Cloak has also been an enormous educational resource for the team, presenting often at the weekly hospice interdisciplinary meeting on

topics that include prognosis for various medical conditions, communicating with families about hospice medications, and addressing mental health issues in hospice patients.

"She is a skillful and thoughtful educator and has enhanced the knowledge base of our team greatly

this past year," Rebecca Ashling said. "We look forward to working with her for years to come."

And it appears the admiration runs in both directions. "I'm deeply honored by the opportunity to serve, learn from, and be a leader in this extraordinary organization," Dr. Cloak said.

Want to go paperless? Email us at
bgorman@housecallproviders.org.

Call Housecall Providers

when you are considering sending a patient to the hospital



A primary care provider (PCP) is always available to discuss a patient's current issues and decide whether a hospital trip is necessary.



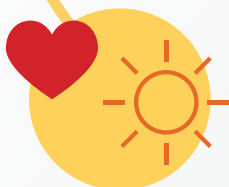
If hospitalization is needed, a team member ensures that hospital staff receives patient **medical information**, that staff honors patient wishes, and that the patient returns home safely.



A team member makes a **post-hospital visit** to ensure the patient's needs are being met.



The PCP makes a **follow-up visit** to help prevent a second hospitalization.



The patient, family, and residence staff enjoy **peace of mind** knowing that the patient is receiving the best possible care.



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