

Return of the House Call: Strong turnout validates our mission

Years of hard work, dedication and focus on the mission all came together that morning in June, as the main ballroom at the Multnomah Athletic Club filled with people eager to hear the story of Housecall Providers.

The event, *Return of the House Call*, featuring keynote speaker Dr. Tom Cornwell, president, American Academy of Home Care Medicine. Guests heard Cornwell's remarks and a discussion among a panel of experts regarding the resurging demand for home medical visits, the proven effectiveness of the house call, and their potential to save millions in medical expenses.

Panelists included Dr. Benneth Husted, founder of Housecall Providers; State Rep. Barbara Smith Warner; CareOregon CEO Pat Curran; and Cornwell. Together, these experts outlined the reasons behind the return of the house call and the ways in which it differed from the Marcus Welby M.D. home visit.

"Five years ago, this [turnout] would not have been possible simply because, even that recently, no one recognized the value of home medical visits."

– Benneth Husted

But the focus was clearly on Housecall Providers. Time and again, panelists cited the groundbreaking work of the team at Housecall Providers for helping to reinvent the house call. "You really have such a gem here," Cornwell, who lives and works



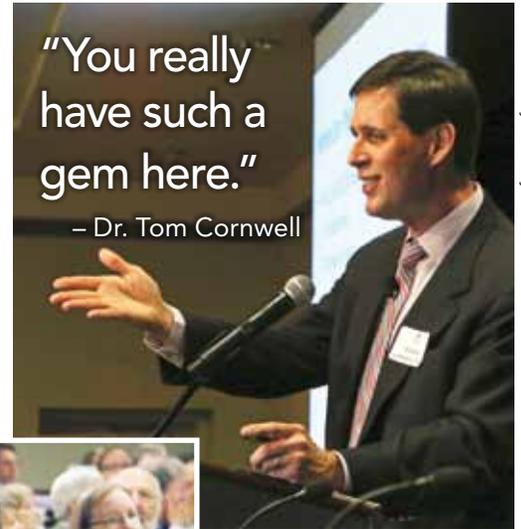
outside of Chicago, said of Housecall Providers in his initial remarks. "They have made over 100,000 house calls."

The audience of 250 included local political decision makers, corporate executives and healthcare professionals. It was as though Portlanders had awakened that morning, suddenly aware of Housecall Providers and eager to learn more. Audience members were totally engaged in the conversation about home medical visits; clearly, they were hearing about something of great value to them.

Cornwell praised the Portland community for its support of the nonprofit and offered special thanks to U.S. Sen. Ron Wyden for his advocacy on behalf of Housecall Providers. It was Wyden, he noted, who pushed hard for the creation of the Independence at

"You really have such a gem here."

– Dr. Tom Cornwell



Keynote speaker Dr. Thomas Cornwell praised Housecall Providers for its role in reintroducing the medical home visit to American healthcare. A full house was on hand for the event.

Home Medicare demonstration project, and for Housecall Providers' inclusion in it.

He said Wyden "so championed" Independence at Home "in part because of Benneth's work here and knowing the difference it is making. And truly it is making such a huge difference in the country, as we need to figure out a better way of taking care of the most expensive people in our society. And I think Housecall Providers is finding a way" to do that.

Husted told the audience she had long felt called to minister to the homebound, and in 1992 she began to shift her practice toward that end. The road was a long one from Husted's initial home medical visit practice, run from

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From the Executive Director

Farewell to a legend, a colleague, a dear friend

The upcoming retirement of our amazing founder, Dr. Benneth Husted, leaves me with extremely mixed feelings. Benneth and I have become more than colleagues since the day that I first came to work with her



at Housecall Providers in September of 2001. We have developed a deep and abiding friendship over the years. Now, as her Oct. 31st retirement

date looms, I am having a hard time contemplating what it will be like when she isn't here every day, popping into my office to schedule a meeting, or bringing her wisdom to the table as we work through a difficult challenge.

But as much as I know I will miss her, she deserves a break to follow other pursuits that her heart desires. The community support we received at our recent Return of the House Call event demonstrated to Benneth that her vision for providing in-home care to those in need has been fully realized. The long hours she put in launching Housecall Providers paid off. Now she can relax and move into a new role as an advocate for the house call.

Benneth put together a strong team over the years; she can leave knowing that the organization is in good hands. Benneth was closely involved in the selection of her successor as Medical Director, Pam Miner, M.D., and we all anticipate a smooth transition.

Yet there will never be anyone who can replace Benneth, especially in our hearts. She modeled the courage of her convictions to all with whom she came into

contact. She was both a visionary and a very disciplined, determined implementer of her vision. Where once skeptics arched their eyebrows when she mentioned a practice based solely upon house calls, today the home medical visit has thousands of supporters nationwide. Benneth has played a key role in that movement.

For those of you who wish to honor Benneth as she moves on to her next phase in life, we will have a dinner for her on October 23rd at the Multnomah Athletic Club (see page 8). Meantime, I can only say that I will miss her dearly.

– Terri Hobbs, Executive Director



Thank you to everyone who has supported Housecall Providers.

From the Founder

Life's Journey Takes a New Direction

Yes, it is true: I am stepping down from my job at Housecall Providers as of October 31st. I have been making house calls to homebound patients since 1992, and it's time for someone else to take over my responsibilities.

At first I hated the word "retirement" and refused to use it. To retire means to go to sleep! If you look at the word synonyms, they include: be put out to pasture, be pensioned off, leave and withdraw. Ugh. I hope none of these apply. I prefer to think of my retirement as an extended sabbatical.

Everyone asks if I know what I will do, but the part that intrigues me the most is what I don't yet know. This will be my chance to open once more to spirit calling me.

My plan is to make October 31st my last day as medical director of Housecall Providers. Other than a 10-day silent

retreat in December, I have no plans for what I will do next. I intend to put boundaries around the next six months, allowing time to slow down so I can listen.

Continuing to supervise PAs at Housecall Providers is very appealing to me and would allow me plenty of time for other things. Perhaps I will travel, or write, or do some mentoring. Who knows! I know there is more to life than work and that it is time to pay attention to that something more.

As I am about to take on new adventures, I find it reassuring to know that Housecall Providers will be just fine in my absence. Over the years, Housecall Providers has grown into a mature organization with stellar leadership. Thanks to all the hard work of staff and board throughout the years, Housecall Providers truly has a life of its own that does not depend on me. This makes me feel proud and happy.

Plus, we have hired an amazing person to take over the role of medical director. Dr. Pam Miner, a palliative care physician, comes to us from Providence Portland, where she headed the in-patient palliative care team. Pam has been thoroughly vetted by our staff, and we all feel very lucky that she has chosen to work with us.

I have total confidence that in the years ahead Housecall Providers will continue to be patient-centered, a great place to work, small enough to be innovative yet large enough to be successful, and smart enough to be sustainable. As we witnessed at Return of the House Call, our June event, communities around the U.S. are embracing home medical visits as an integral component of our healthcare system. What better time for me to step back than when my vision for bringing medical care into the home is being validated?

– Benneth Husted, D.O.

Robyn Tobin: A new patient's introduction to Housecall Providers

Veering off a winding country road onto a rutted dirt road, Robyn Tobin maneuvers her way among pine trees to a house deep in the woods. A Siamese cat – black face and tail setting off its white body – greets her as she makes her way to the front door. After a few attempts to arouse the homeowners, a woman answers.

“Hi, I’m Robyn from Housecall Providers. I’m here to see Ed.”

The woman motions her into the house. “Who’s there?” comes a voice from the back of the house. Ed hobbles into the living room to greet his guest. His legs are swollen, wrapped in gauze bandages. Supporting himself with a cane, he eases himself into a chair. Robyn and Ed’s wife, Diana, sit.

Robyn is Housecall Providers’ patient intake coordinator. Her job: to be the first point of in-person contact with new Housecall Providers primary care patients. She has already reviewed Ed’s medical history. Now she will elicit information about Ed’s medications, his previous medical care, his diet, exercise, daily habits, any formal medical care protocols – anything that can be of value to the clinicians who will take care of Ed. Her records will guide their treatment program from its onset.

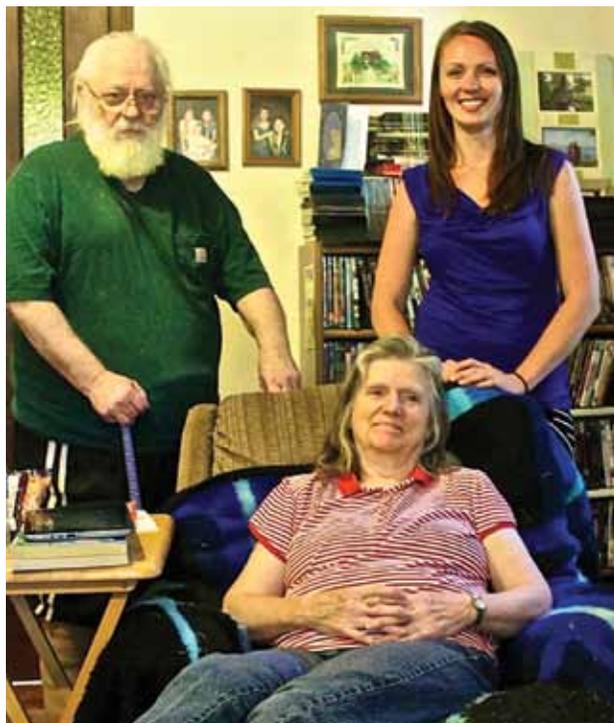
Ed, homebound, beset by various chronic disorders, has been accepted as a patient by Housecall Providers. His wife, suffering from early onset of dementia, will also be a patient, Ed tells Robyn. “I can’t take care of her anymore. I need help,” he says.

Robyn’s intake interview is now underway. Her style is respectful, patient, conversational. As she talks to the couple about their lives, medical history, and their reasons for choosing Housecall Providers, she takes careful notes.

Their story is compelling, heart-wrenching. Ed smoked – five packs a day, he says – and developed conditions related to his smoking. Up until five years ago, he says, he jogged around his extensive property every day after work. As his conditioned worsened, he needed more help with daily activities. Now he can barely walk.

Ed complains to Robyn about the care he received from his previous physicians. “They kept telling me they were gonna cut off my legs. I said, ‘No way are you doing that! There must be some other way!’”

Photo: Dan Cook



Ed, Diana (seated) and Robyn following the intake interview in their home.

The only thing that saved his legs, he says, was care he received from visiting nurses. Will he get that kind of care from Housecall Providers? How will he pay for it? How often can he expect to see a physician, a nurse, anyone from the clinic? What about Diana? Who will care for her?

Diana was healthy until a year ago, when she began exhibiting signs of memory loss. Suddenly Ed’s caregiver needed care herself. There was no one to drive Ed to doctor’s appointments, and he couldn’t drive Diana to hers. They learned about Housecall Providers and made the call.

Robyn patiently answers all his questions, reassuring him that Medicare will cover the cost of his care. A nonprofit, Housecall Providers never turns away a patient because they can’t pay for medical care, she says. Diana will get the same attentive care as Ed. There’s no limit to how often he can call to discuss his or his wife’s condition, no limit on visits from clinicians when they are in need. If hospice is required, they can remain with Housecall Providers.

“And I don’t have to drive to a clinic at all?” he says. “No, we come to you,” Robyn tells him. Ed smiles. That’s what he was waiting to hear!

Robyn has Ed fill out some paperwork that she will bring back to the office, then prepares to leave. Ed thanks her profusely. He and Diana walk her to the door. Back at the office, Robyn will file her report, and Ed will officially join the Housecall Providers circle of care. Soon after, Diana too will become a patient.

Ed tells Robyn:
“I can’t take
care of [Diana]
anymore.
I need help.”

Housecall Providers featured on KATU

Photo: Kathleen Krushas

Nurse Practitioner **Helen Zeon** and patient Dale Allen were co-stars of a special KATU-TV report that aired July 15.

KATU "Problem Solver" reporter Shellie Bailey-Shah accompanied Helen on one of her regular checkups with Dale, 89, a lively chap with a good sense of humor. The segment took viewers along as Helen chatted with Dale, took his vitals, discussed his general state of health and ordered some changes to his medication.



Photo: Dan Cook

Housecall Providers patient Dale prepares for his TV debut.

The report demonstrated the personal care Dale receives from his caregivers at Housecall Providers, as Helen spent nearly an hour with him the day of the filming. In addition, Bailey-Shah emphasized the potential for substantial savings when patients, especially those who are homebound, are seen in their place of residence.



KATU reporter Shellie Bailey-Shah discusses the value of the house call with Nurse Practitioner Helen Zeon.

The complete report, entitled "Doctors do make house calls in this day and age – and it's saving money," can be found on Housecall Providers' blog. There, you can read more news about your favorite nonprofit, including the full content of the two articles below.

Housecall Providers clinician receives AANP State Award for Excellence



Photo: Andie Petkus

J.C. Provost, DNP, FNP-C, APRN received the prestigious American Association of Nurse Practitioners (AANP) 2014 State Award for Excellence at an awards ceremony and reception held during the AANP 2014 National Conference June 17-22, 2014 in Nashville, Tenn.



The Oregon hospice delegation to D.C.: Linda Furman Grille (South Coast Hospice), Karen Schramm (South Coast Hospice), Deborah Whiting Jaques (OHA ED), Rebecca Ashling (Housecall Providers), Jessica Fishman (Providence Hospice).

HCP hospice director lobbies Congress on behalf of hospice patients

Housecall Providers Hospice Program Director **Rebecca Ashling**, MSN-RN traveled to Washington, D.C. last month in support of hospice patients all across America. Rebecca was part of the five-member Oregon delegation that was calling on Congress for assistance in halting a recent Center for Medicare & Medicaid Services (CMS) action that left hospice patients without the medications they need at the end of life.

Want to learn even more about Housecall Providers? Visit our website and sign up for our e-newsletter, which is packed with more news about our leading edge medical team. Housecall Providers is in the news – don't miss out on the excitement!



Government rep pays us a house call

By Barb Gorman, Communications Specialist

I had the opportunity last month to interview Linda Colantino, senior research analyst with the Center for Medicare and Medicaid Services (CMS) during her site visit to Housecall Providers (HCP). Linda's current role is team lead for the national demonstration project, Independence at Home (IAH). Housecall Providers is among 17 healthcare organizations nationwide selected to be part of this cutting-edge Medicare project, designed to identify ways to enhance the medical care Medicare patients receive while reducing the cost of that coverage. The following is an edited excerpt of that taped interview.

Photo: Barb Gorman



Representatives from CMS and RTI visited Housecall Providers last month to learn more about our model of care. (L to R) Ashley Malpass, RTI, Dr. Benneth Husted, Medical Director, Thomas Kirk, QAPI Specialist, Terri Hobbs, Executive Director, Mary Sayre, Primary Care Program Director, Linda Colantino, Team Lead IAH, and Judy Abbate, RTI.

Barb: Can you tell me why you decided to visit Housecall Providers?

Linda: One of the reasons I specifically wanted to come to Oregon is that Housecall Providers is the only primary care practice in the demonstration that interacts with patients living in adult foster homes. You can read all that you want on paper and talk to people on the phone, and that information is very helpful, but when you have the opportunity to sit down and meet the people who are on the ground doing the work and be able to visit a patient involved in the project – when you put that all together, the picture becomes much clearer.

Barb: Yes, the adult foster homes are pretty unique to Oregon.

Linda: I've been trying to put this all together for some time now, how your

primary care providers interface with the caregivers who are paid in these settings. Trying to discover how it all connects.

The adult foster homes take in the frailest and sickest individuals, as does everyone in this demonstration, and to offer this type of service, coupled with in-home primary care – I think would be the best type of intervention for this population. It is exciting and conceptually I think it adds a dimension to this demonstration that, had Housecall Providers not submitted an application and been accepted, would not have had the depth that it has now.

Barb: What can you tell me about how the demonstration is going thus far?

Linda: I'm finding it to be extremely interesting. This is an intervention that is not the norm. We've been looking at care coordination, value-based purchasing,

and all kinds of things at CMS, but this demonstration is interesting because you've got provider-based, not organization- or company-based, but provider-based organizations that are responsible for carrying out the tenets of the demonstration. I think that it is going as well as any demonstration; it has ups and downs, but we've learned a great deal from it already. I think the general opinion is that this is a no brainer – how could this not be the best possible thing to do? But when you run a demonstration you must be able to show with data, hard data, that it meets all the requirements as to whether or not it can be a public part of the Medicare program. We're all working as a team to make that happen, along with all the providers.

We're hoping that the demonstration looks successful financially, but quality is extremely important. In all of the programs at CMS the focus is really on quality because if you're saving money, but you're not improving quality for the patient, then there's a problem. In regards to the quality and the savings, I don't think there's much of a problem. The issue is how to integrate IAH within the Medicare framework.

Barb: What are you going to take away about Housecall Providers from this visit?

Linda: The professional environment here is palpable, and the respect for the people that are here too. There's a sameness with all of the sites in the demonstration because there has to be, because they have to provide the same information, the same kinds of intervention, but I think Housecall Providers has a uniqueness. The fact that it's a nonprofit organization providing care in an environment that we haven't seen from any other provider involved in the demonstration. I think the challenges for Housecall Providers are probably a little bit more than what some of the other providers in the demonstration are experiencing.

Return OF THE HOUSE CALL

A BREAKFAST FORUM



housecall providers

Leading the Way



Housecall Providers board member Victoria Blachly introduces the panel members.



Panel members Patrick Curran, CEO, CareOregon, and State Rep. Barbara Smith Warner

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her home, to the 100,000th home medical visit made by a Housecall Providers clinician in 2013. Finally she was seeing acceptance of the house call as a critical component of effective health care.

Gazing out over the audience, she said, “Five years ago, this [turnout] would not have been possible, simply because, even that recently, no one recognized the value of home medical visits.”

She spoke eloquently of the typical Housecall Providers patient, those who don’t leave their homes, can’t make it to the grocery store, let alone a medical clinic. “Our patients are homebound, and you just don’t see them until they wind up in the hospital setting.”

Now, she said, the house call is getting attention because it is seen as a way to better manage the cost of care of the most

expensive patients in the nation. “Ironically, it’s the payers who are beginning to see the value of what we do,” she said, noting that Medicare and others are now closely studying the data around high risk patients who receive care in their homes.

Smith Warner, a former aide to Wyden, told the audience, “I’m here to confirm that Housecall Providers was the inspiration for the [IAH] program.” She was among the cadre of politicians who turned out to learn more about how Housecall Providers’ care model saves money and enhances the lives of its patients.

Curran also had words of praise for Housecall Providers. He spoke of the opportunity to learn about home medical visits from Housecall Providers, and called upon those in the room to “leave here and tell two people about Housecall Providers, about the work. Those [of you] in the room ... all understand, we don’t need to tell you this is a good thing, but I think awareness is huge and the extent that you can do that would be great.”

Long after the event had officially ended, attendees remained, peppering the panelists with questions and comparing notes with one another. Housecall Providers, previously one of Portland’s best-kept secrets, was a secret no more.



Event photos: Cathy Cheney

Volunteers heed call for vigil

By Mary Finn, Development Assistant

Photo: Dan Cook

No one should have to die alone. And thanks to a growing contingent of volunteers, many of our most isolated patients don't have to. These volunteers are trained to serve witness to the dying, sharing with them one of life's most intimate experiences, and providing for them the simple comfort of a human presence.

Todd Lawrence trains and coordinates these special volunteers. One Friday afternoon he got a call from Gillian Beck, hospice RN and unflagging patient advocate, with the story of a Housecall Providers patient who was very close to death. This patient was lonely and frightened; she had no friends or family in the area to visit her. Her caregivers were providing as much extra care as they could, but they had other patients who needed them. Was there anyone who could hold vigil with this patient?

"I thought it would be very difficult to be dying alone."

– Morgan

Todd immediately sent out an e-mail to his team of volunteers describing the situation, and the response was tremendous. Seven people volunteered, despite the short notice. "It amazed me that so many people were willing to rearrange their lives to help someone they'd never met," Todd said.

One who responded, Morgan, is a paramedic accustomed to responding to crises. "It sounded like this patient needed company. I thought it would be very difficult to be dying alone so I wanted to provide support."

The hospice vigil is a simple art. Volunteers may speak to the patient, read scripture or poetry, sing softly or play an instrument. These practices help soothe the transition for patients (as hearing is typically the last sense to fade), and also provide a focus for volunteers to remain mindful. "I read my



Volunteer Coordinator Todd Lawrence put out the call for volunteers to sit with a dying hospice patient.

book, held her hand, and talked to her a little bit," Morgan said.

John, an attorney, took the next shift. Though he'd only recently completed his mandatory volunteer training, he was comfortable with the situation. "I felt honored to be at her side in such a personal moment. It was a humbling experience," he said.

Dave, a veteran volunteer who had been with Housecall Providers for over two years, was at the woman's side when she peacefully passed. He spent all of Saturday evening holding vigil with this patient and returned again Sunday morning. Dave was the first volunteer to be with a patient during those final moments.

When Todd learned that the patient had passed, he called to notify the numerous other people who had stepped forward to help. "I spent the next day talking to all of the volunteers who had participated or offered to participate – debriefing with them about what had transpired. At one point one of them said, 'This is what I signed up to do as a volunteer.' I suppose that pretty much says it all."

Want to explore a volunteer opportunity with Housecall Providers? Contact Todd Lawrence at 971-202-5515 or tlawrence@housecallproviders.org.

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5100 SW Macadam Ave., Ste. 200
Portland, OR 97239

housecallproviders.org

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Housecall Providers Hospice is a labor of love.

As a mission-driven nonprofit, our staff understands that, throughout a lifetime, everyone chooses their own path. As a life draws to its close, those decisions become ever more significant. When you select our hospice during this important time, you can rest assured knowing that your wishes, or those of a loved one, will be honored every step of the way.

Together with our clinical staff, we listen, observe, validate and educate patients, families and caregivers through one of the most sacred and intimate times of life.

Housecall Providers Hospice:
We honor your choices.

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.

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PLEASE HELP US CELEBRATE

One Woman's Vision

October 23, 2014
Multnomah Athletic Club

An evening honoring the work and dedication of Housecall Providers founder, Dr. Benneth Husted.

Seats are limited
\$75 per ticket
\$600 per table

Register online at
housecallproviders.org