

Nurse Practitioner Ginger Harris helps make Helen's transition a smooth one

Helen Hoar never wanted to leave the home she and her husband built and lived in for many years. When circumstances around her care began to change in 2010, however, her family faced the difficult but necessary task of relocating Helen for her own well-being.

Helen, the grandmother of Housecall Providers Executive Director Terri Hobbs, has been a Housecall primary care patient since February 2006. When she came into Housecall Providers' care, her primary caregivers were her daughter Linda Hellweg and her son, Dale Evans. But as Helen's health deteriorated and she became increasingly frail, Linda and Dale were forced to acknowledge that they could no longer properly care for her in her home. They selected Summerplace Assisted Living, a warm, sunny residence in Portland, for Helen.

Like many Housecall patients, Helen's health and outlook have improved since her transition to her new living arrangements.

At first Helen resisted the move. "She continued to refer to it as a temporary placement, and was hoping to be able to return to her home," says Terri.

But the cheerful atmosphere, good meals and social activities began to draw her in. And there was Ginger's regular visit to look forward to.



Photo: Cathy Cheney

Back row: Helen's family: Daughter Linda Hellweg, son Dale Evans and his wife, Darlene Evans. Front row: Nurse Practitioner Ginger Harris, Housecall patient Helen Hoar and Housecall Executive Director Terri Hobbs (granddaughter).

When Nurse Practitioner Ginger Harris arrives at Helen's suite for her monthly check-up, it's Ginger who undergoes an examination first. Helen scrutinizes Ginger's wardrobe from head to toe. "One

of the things I like about Ginger," Helen says with a sly smile, "is that she's a smart dresser!" Appearances are important to Helen who, at 93, has flourished in her new suite at Summerplace.

Read more on page 4

Message from the Executive Director and Medical Director

This edition of *Vital Signs* contains our annual report to our “investors.” No, we are not a for-profit that issues stock. But we consider all of you, whether staff, volunteer or donor, invested in our mission. And rest assured: Your “investment” has been a wise one.

Fiscal year 2011 was another year of growth for Housecall Providers. We served 1,558 primary care patients in 2011, compared to 1,483 in FY2010. In our hospice, we served 214 patients compared to 98 a year earlier. Staff grew considerably, from 44 in 2010 to 65 in 2011. Revenue grew as well.

But the numbers don't tell the whole 2011 story. Our hospice, which opened in late 2009, reached a new level of professional development as staff coalesced well under the leadership of Rebecca Ashling and Lara Garrett. Meanwhile, we substantially completed the transition of the clinic to a new electronic health

records system. It was a difficult and, at times, disruptive process, but one that will vastly improve the clinic's operations. We also completed another transition, as Terri became Housecall's Executive Director and founder Benneth moved from that position into full-time duty as Medical Director.

We are extremely proud of the work everyone did in 2011 to make it such a successful year. As we look to the future, many challenges await us. We may be asked to participate in a major national demonstration project, Independence at Home. This will require extra effort from everyone here, but we believe that will be well worth it. Demand for our services is high. But we must recruit new physicians and nurse practitioners in order to accept more patients.

We will also seek opportunities to advocate on behalf of those who are homebound and medically fragile, an underserved population that needs a stronger voice in the community.

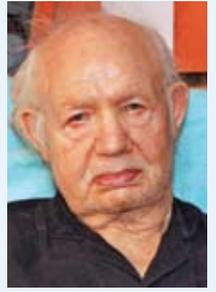


Medical Director Benneth Husted and Executive Director Terri Hobbs

Demand for our services is high. But we must recruit new physicians and nurse practitioners in order to accept more patients.

We look forward to serving our patients and you, our “investors,” even more effectively in 2012. We hope you will continue to invest with us, offering your wholehearted support and your passion for what we do. Thank you for being part of the team at Housecall Providers. We cannot do the work we do without you.

Chuck Perry passes peacefully in our Hospice



There is sad news for readers who may have seen the article about primary care patient Chuck Perry in our Summer 2011 newsletter. Chuck passed away in mid-July.

Chuck had been a Housecall Providers primary care patient since late 2010, seeing Nurse Practitioner Marian Tews in his own home, as was his wish. When his condition deteriorated dramatically last summer, Chuck transitioned to our Hospice care. Nancy Jean Buettner served as his Hospice Nurse Practitioner, and Chuck received the services of the other members of our hospice team as needed, including social worker Cinda McKittrick, hospice aide Michael Hodge and Spiritual Counselor Jill Johnson. Chuck was able to remain in his own home until he passed away, exactly as he wanted his life to end.

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Waverley Club reception celebrates past, looks to future

More than 200 people joined leadership and staff of Housecall Providers at the Waverley Country Club Sept. 22 to celebrate our many accomplishments of the prior year and to officially introduce our new Executive Director, Terri Hobbs.

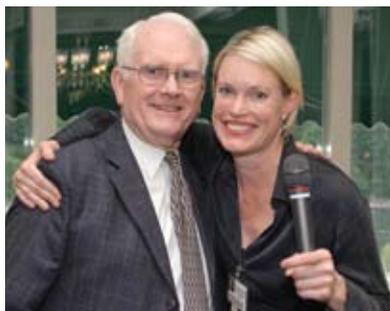
The atmosphere was festive as donors, volunteers, board members, media representatives and other guests had an opportunity to mingle with staff and learn more about what we do and how well we do it.

Board Chair Patty Murphy welcomed the guests and thanked them for their support. Our founder, Dr. Benneth Husted, recounted the highlights of Housecall Providers' first 16 years, and spoke with affection about her successor as executive director, Terri Hobbs.

"The year 2001 has become very important in retrospect because that was the year we hired Terri," Benneth said. "Looking back, I can see the key role Terri played at many critical times, and how she excelled at every task we gave her. Over the years, Terri and I have worked very closely together. Sometimes it feels like our minds are on the same wavelength, like when we are working on the budget or trying to solve a knotty problem. We are truly a team, and that is not going to change."

"I am not leaving Housecall Providers," Benneth added, previewing her changing role there. "If anything, I will be even more present, and focused on raising the bar as far as quality care, and advocating for the needs of our patients on the State and National levels."

Terri then thanked Benneth for her kind words. "It's truly an honor to be placed in this position," she said. "Benneth has been an inspiration and a great example. I could not have asked for a more caring and considerate mentor than Benneth."



Top: From left, Hospice Medical Director Lara Garrett, Medical Director Benneth Husted, Hospice Director Rebecca Ashling, Executive Director Terri Hobbs.

Center left: Board Chair Patty Murphy. Center right, Benneth Husted, S. Patricia Nizic. Bottom: Board member Bill Labberton, Lara Garrett.

Hospice Director Rebecca Ashling and Medical Director Lara Garrett described highlights of hospice's first two years, and Lara recognized Board Member Bill Labberton, a pharmacist who spent many hours helping with a medication reconciliation project.

We would like to thank everyone who joined us for this celebratory evening, including the outstanding Waverley staff, the wonderful musician Pam Jordan, and staff who helped organize and run the event.

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Helen's Story continued from page one

Ginger and Helen form a strong mutual admiration society. They came together in December 2010, when Helen arrived at her new home. They quickly bonded. "I liked her clothes, her shoes and her hair style right from the start," Helen says. Both look forward to Ginger's monthly check-ups on Helen.

Ginger, who joined Housecall Providers' team nearly seven years ago, is known for her high-energy approach to work and life. The same can be said of Helen, whose eyes sparkle as she catches up with Ginger and comments on her stylish boots. Helen's suite is crammed with teddy bears of all shapes and sizes, family photos, a flat-screen television and books and magazines. But all is very orderly and spotlessly clean.

Ginger arrives with a smile on her face and checks Helen's blood pressure and other vital signs. As the exam proceeds, Ginger asks Helen if anything concerns her about her health. "Well, I've had a little heartburn," Helen says. They discuss it—how often, where does it occur, how have you been treating it? Ginger thinks a



change in medication might be in order and they discuss it with the family.

The family of a Housecall Providers patient is a crucial part of the care giving team. Ginger often consults them on Helen's condition, and counts on them to offer insights that she can't get from her monthly visit. For instance, one sign that Helen was beginning to accept the assisted living facility as her home was her weight. "She'd been losing weight while living in her own home, she wasn't eating properly," Terri says. "Since she's been here, she's put on weight and looks much healthier and stronger."

In fact, Helen can recite the menu for each day of the week, offering it along with restaurant-critic commentary. She says there are plenty of activities each day to keep her occupied, and she's made friends throughout the center. Like many Housecall patients, her health and outlook have improved since her transition to her new living arrangements.



"Well, all I can say once again, Helen, is that you're very healthy!" Ginger tells her as she packs up her equipment and prepares to head off to her next appointment. Ginger will see about five patients on an average day and carries a panel of about 75 patients. She'll tell you that there is no "average" patient; Helen is clearly a favorite. Bright, lively, playful and laughing, Helen looks forward to her next visit from Ginger Harris, FNP.

Ginger, who joined Housecall Providers' team nearly seven years ago, is known for her high-energy approach to work and life.

Photos: Cathy Cheney

Financial Report Fiscal Year 2010

Housecall Providers' medical team made more than 10,000 home visits to patients in the 2010-2011 fiscal year.

To our supporters,

Fiscal 2010-2011 was a year of growth for Housecall Providers, as we added new patients and staff and increased our revenues substantially. Here are some of the highlights of that year:

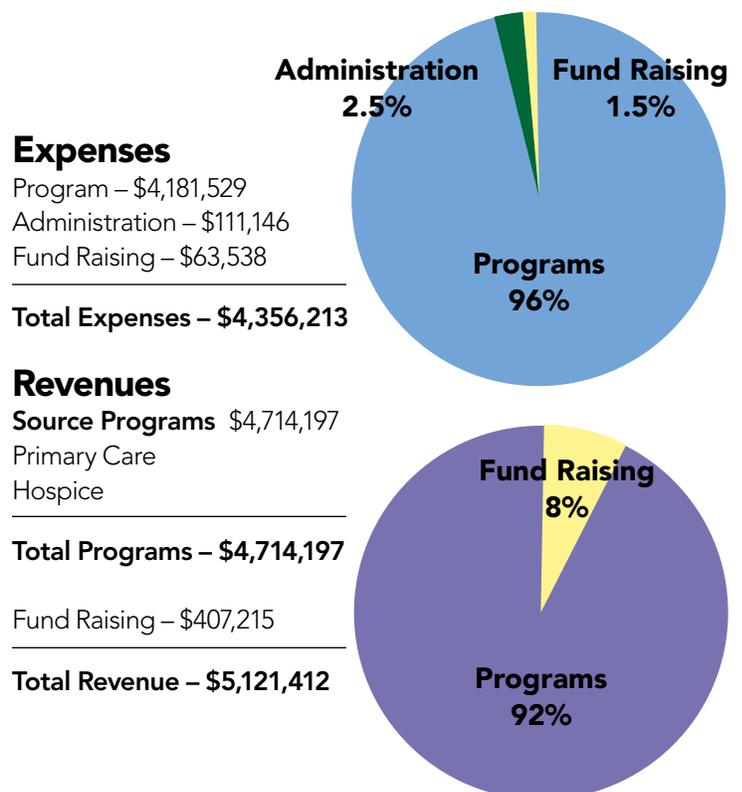
- Our total revenues increased by 48% from \$2,675,671 to \$5,121,412 over the prior year.
- Our total expenses, as a percent of revenue, decreased year to year, from 94% in 2009-2010 to 85% in the 2010 – 2011 fiscal year.
- Net assets grew 45% in the 2010 – 2011 fiscal year.
- Staffing increased by 32% over the prior year to 65 employees.
- We made 10,785 patient visits in the 2010-2011 fiscal year compared to 9,524 the previous year, a 13% increase.
- Our census (number of patients) grew from 1,036 patients to 1,168.



Integrating a hospice program with our primary care program has had a positive impact on every aspect of the organization both clinically and financially. Our programs are interdependent and therefore this integration is critical for the continued success of our organization.

Our financial goal for fiscal year 2011 – 2012 is to build reserves. These reserves will protect us from unforeseen reimbursement anomalies that could negatively impact our revenue, will help us to be prepared for changes due to health care reform, and in general will allow us to continue to provide quality care for an extremely vulnerable population.

Terri Hobbs
Executive Director



J.C.'s fantastic journey from Disneyland and Club Med to SRO hotels

J.C. Provost grew up in France, listening to his grandmother's tales of life as a nurse in a Paris hospital. "She always talked about how she loved the hospital, and she told funny stories about it," he says. "I suppose it's no surprise that I would enter that world."



Sometimes, merely visiting a person improves his or her quality of life.

But the conventional route was not the one J.C. would take. For his nursing school thesis, he traveled to Senegal, West Africa. "I always had the traveling bug and wanted to see the world," he says. He discovered that a nursing career could be a good way to live out his dreams.

His early employers included the Disney Co., which hired him as a nurse at Eurodisney, its theme park near Paris, and Club Med, which sent him first to Switzerland and then to Mexico. While in Mexico, he set his sights on a new destination: the U.S. Clearly a fellow who

views obstacles as opportunities, he made it through the immigration maze and relocated to the Portland area.

Alas, he found his job with a large health care provider unfulfilling. In addition, he wanted a smaller patient load so he could continue his education. "A friend of a friend told me about Housecall Providers. She thought it might be a fit for me. So I looked into it. And it was."

He was hired as a Nurse Practitioner seven years ago, and has never looked back. "The large company environment was not nurturing. Here, everyone is friendly. You have great flexibility. I feel free here," he says.

He has also found a new calling: caring for patients with several mental illnesses. About 50 of his patients reside at the Taft Home downtown, next to the Crystal Ballroom.

"It's hard to explain why I am drawn to these people," he says. "I don't treat their mental health conditions, but I have to deal with them in order to do my work. They are tough, but once they let you in, you're in for good. I wouldn't give it up for anything."

Offering treatment can be challenging to such a population. Most patients are in their 50s and 60s. Some are older and, as he points out, they have been damaged by substance abuse and neglect. "It's not a lifestyle that lends itself to longevity."

Mood swings are frequent; every appointment is unpredictable. Sometimes, merely visiting with such a person improves his or her quality of life. "I recently visited a woman patient there. I simply held both of her hands for a time. It was very therapeutic for her, and a fantastic experience for me," he says.

J.C. has not been able to cut back on his work load. "I inherited a lot of patients, and I've taken on more. I have a little trouble saying 'No.' But the flexibility to make my own schedule outweighs the large panel I've chosen to take on," he says.

That flexibility also allowed J.C. to get his doctorate from the University of Portland. Recently, Housecall Providers promoted him to a lead clinician, a management position that comes with even more responsibility—and one he was happy to accept. He's had his Disneyland and Club Med experiences. Now, caring for the most fragile of patients, such as those at the Taft Home, fulfills the life course his grandmother set him on so many years ago.

Independence At Home

Housecall Providers hopes to be selected to participate in a national study designed to examine the benefits of medical providers who make home visits to patients.

The project, called Independence at Home (IAH), was developed in response to a growing body of evidence that confirms that our model of making

house calls on elderly, medically fragile patients delivers higher quality health care at a lower cost.

"Our own experience is that our patients require fewer trips to the hospital, aren't immediately readmitted to emergency departments after being sent home, and in general enjoy better health at a lower cost than patients who are not seen at home," said Terri Hobbs, Housecall's executive director.

The program was included in the Accountable Care Act (ACA), passed by

Congress earlier this year. Although consensus by Medicare appears to be near on the details of IAH, the unveiling of the program will probably be delayed beyond the initially mandated date of Jan. 1, 2012. Oregon's U.S. Sen. Ron Wyden has been a major supporter of the project and has indicated Housecall Providers would make an excellent demonstration site.

The official description of IAH calls it "a demonstration program to test a payment incentive and service

Gayle Moran: Flexibility got her on board, Housecall Providers' mission hooked her

Gayle Moran's journey to Housecall Providers resembles that of many of the nonprofit's employees. Underserved populations appeal to her sense of service and of equity. Housecall Providers certainly serves one of the most underserved health care populations. But Housecall Providers' willingness to hire those who require workplace flexibility sealed the deal for Gayle initially. It was only later that she realized she was perfectly aligned with Housecall Providers' mission.

A Michigan native, Gayle earned her BSN from Wayne State University in Detroit. Early in her career, she worked with underserved populations such as patients at the Detroit Medical Center. She also performed inpatient service at its Oncology and Hematology unit and as an ICU RN.

After she earned her Master's degree from the University of Michigan, the new adult nurse practitioner again gravitated toward underserved populations. She moved to Eagle Butte, S.D., to work on the Cheyenne Sioux Indian reservation

delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes."

IAH is designed to test whether a primary care delivery model such as Housecall Providers', "which provides comprehensive, coordinated, continuous, and accessible care to high-need populations at home and coordinating health care across all treatment settings," leads to fewer preventable hospitalizations; reduced

with the U.S. Public Health Service's Commissioned Corps. A transfer to Rapid City followed, and she met husband Dennis; their route became more circuitous, as Gayle adapted her career to his. She took a position with a Veteran Affairs hospital in Iowa. That population, like the one on the reservation, presented her with complex cases that required innovative approaches to treatment.

Then Dennis left his employer, Rockwell International, for a position with Freightliner, leading their little family to Portland. "I remember Dennis and our daughter, Sasha, and I flying into Portland in the pouring-down rain. It was February and flowers were in bloom and people were running around in shorts. I thought, 'This place looks interesting!'" Gayle says.

While she was looking for a position that offered her more flexibility, she heard about Housecall Providers. Dr. Benneth Husted assured her that Housecall Providers welcomed part-time employees. She took the job. That was a decade ago. "I came to Housecall Providers because I wanted that flexibility. The work is difficult; very complex cases, like I saw in South Dakota and Iowa. It was tough at first. But I've grown to really like this work," she says.

Since she joined Housecall Providers, Gayle has watched the staff expand, providing much-needed support for the nurse practitioners and doctors. Then she saw the addition of hospice, which brought in a new revenue stream, a key

hospital readmissions; reduced emergency room visits; improved health outcomes "commensurate with the beneficiaries' stage of chronic illness;" improved efficiency of care, "such as by reducing duplicative diagnostic and laboratory tests;" lower cost of health care services; and beneficiary and family caregiver satisfaction.

"We look forward to participating in this national program," said Dr. Benneth Husted, Housecall Providers' Medical Director.

factor in improved pay and benefits. "You still have to be very independent. You have to create your own support team in the community. The Home Health RNs, the Psych/Mental Health Nurse Specialists, the pharmacists, physical therapists, speech therapists and the occupational therapists—they all help you understand what is going on with your patient."

There also are the caregivers and the family members that she has come to know. Some are very helpful. All are part of the Housecall Providers matrix—challenging cases that require much of the provider.



It was tough at first. But I've grown to really like this work.

Certain patients stick with her. "There was Ruth in Sellwood, all by herself. It was dangerous for her to stay at home, but that is what she wanted," Gayle recalls. "I lent her my presence, my listening ear, my continuity. Those were the things she needed from me. I had her for five years."

The workplace flexibility remains important to her. She loves to spend time with her family, which now includes "our fabulous dog Luke." Hiking in the mountains and snowshoeing are favorite family pastimes.

On the job, she has grown to love the process of getting to know the patient, caregiver and family members. "It's different when you see them in their own home. You think about how they lived when they were younger, you see the old family photos. It's very special," Gayle says. "You need to have a sense of adventure, of the unknown, to do this work. And, in the end, you realize you are managing the patients on your own. They are truly your patients."

housecall providers

Housecall Providers, Inc.
4531 SE Belmont, Suite 250
Portland, OR 97215

housecallproviders.org
503-988-5303

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Our mission

Housecall Providers is a nonprofit medical practice dedicated to delivering, coordinating, and advocating for the quality medical care that homebound seniors and persons with disabilities need to experience healthful lives in their own homes.

Housecall Providers Hospice, in concert with primary care, serves our community by offering physical, emotional and spiritual support to persons completing life's journey and those who love them. We strive to add quality of life to this sacred time.

Make Housecall Providers a part of your legacy

When the time comes to turn your attention to estate planning, we at Housecall Providers urge you to make us part of your legacy. By including Housecall Providers in your estate planning, you will help bring our signature health care services to more members of our community. A planned gift offers tax advantages to the donor. To gain the full advantage, we suggest consulting a professional.

We're hiring! Come join our team.

Housecall Providers is looking for physicians and nurse practitioners who share our values and would like to help us fulfill our mission. Please call 503-988-5303 for more information.

HOLIDAY WISH LIST

As the holiday season approaches, our thoughts often turn to the gifts we will give and receive. We at Housecall Providers have a "Wish List" of our own we would like to share with our supporters. These items are ones that we cannot afford without your donations. Please take the time to review the "Wish List" and consider if you can make one or more of our wishes come true.

- New computer desktops (not laptops) – 4
- Software Microsoft office Professional 2010 – 2
- Software Microsoft Office Home & Business 2010 – 10
- New dishwasher
- Portable spirometer (\$2000 each, two needed) that connects to PC
- Noninvasive hemoglobin monitor (\$850)
- EKG rhythm monitor that connects to PC
- Donations to support staff training

To make a donation for an item on the "Wish List," please contact Kim Swan: kswan@housecallproviders.org or 503-988-5356.