One more classic joy ride

Last year Gillian Beck van Heemstra, RN, orchestrated a virtual reality experience for hospice patient Glenn Morris so he could “swim” with sea turtles and “ride” a roller coaster. Gillian, a Housecall Providers hospice nurse, is always full of good ideas. She had another one last summer when she paved the way for her car buff patient, Gino Damico, to tool around in a 1966 black Chevy Chevelle convertible.

“Gino has framed pictures of his favorite cars he’s owned up on the walls in his room,” says Gillian, who could plainly see the joy they’d brought him over the years.

Over his lifetime, Gino, 92, has owned 25 classic cars, including a Jaguar, many Mercedes, a few Cadillacs and – his prized possession – a 1929 Ford Model A convertible, complete with rumble seat. Knowing how much

Gino would love to ride in one of these beauties again, Gillian called Affordable Classics in Gladstone. Owner Juan Ruiz was happy to oblige her request to indulge a fellow car enthusiast.

“Gino is such a sweetheart,” says Gillian. “You can tell immediately that he’s an interesting person, very social, has a lot of stories to tell.”

(See “Joy ride” page 4)
Care team helps solve housing issue for cancer patient

It is hard enough to deal with a serious illness when you have many resources at your disposal. Now, imagine that housing, food, medical support and transportation are not readily available to you. How would you manage? Where would you turn for support?

Last February, Tiffany Wicke, 42, faced that hard reality when she was released from Coffee Creek Correctional Facility. She had advanced cancer and nowhere to call home.

“I was supposed to have a bed at Simonka Place in Salem, but my spot was given away a day before I was released,” she says.

With nowhere to go, Tiffany called her “spiritual mother,” Bunny Scalf. The two had struck up a friendship last November when Bunny was volunteering at Coffee Creek through her church’s Bible study program.

“To release someone in her condition to the streets was just unbelievable to me,” Bunny says. “I couldn’t let her be homeless, so I called my husband, and we made the decision to take her in.”

Bunny and Tiffany “worked day in and day out” to locate temporary housing in Portland so that they could start understanding the social service landscape that Tiffany would need to navigate. They decided to begin by securing shelter. Each day, Bunny would drop Tiffany off at the Portland Rescue Mission at 7 p.m. and pick her up 12 hours later.

It turned out to be a good approach. Tiffany started going to Old Town Clinic in downtown Portland; from there, she was assigned a room in the Royal Palm, Central City Concern’s nearby recuperative care program.

Stable housing couldn’t come soon enough. Two weeks before leaving Coffee Creek, Tiffany had found out that her ovarian cancer had metastasized and that she needed to start chemotherapy within four days of her release. “It was a lot to go through at the time,” says Tiffany, “and I am so grateful that I had Bunny in my life.”

(See “Housing for cancer patient” page 8)
Anne Betsey Lawrence, or “Bets” as she likes to be called (in honor of her maternal grandmother) is a natural storyteller. Sitting in her warm and cozy room at Golden Age Adult Care Home, you can’t help but get caught up in the story of her life – her adventurous childhood exploring the hills and valleys of the Hawaiian island of Oahu, her long career as a beloved high school history teacher, the time she lost part of a finger in a skeet shooting accident.

She speaks with passion and clarity about her appreciation of coffee (with lots of milk), her love for her last cat (who was very smart), and her gratitude for the Housecall Providers team who helps care for her.

Now in her mid-80s, Bets has a more laidback lifestyle, but she remains the same independent person who, as a young girl, used to sneak into the stables near her home to ride polo ponies bareback in the moonlight. Gesturing to the pictures of horses posted above her bed, she notes that while she never owned a horse herself, she always “took advantage of every opportunity” to practice her riding.

As she grew older, it made sense for Bets to relocate from Hawaii to Oregon to live with her eldest daughter, Dale Lawrence, who has long been a primary source of support. But when work called Dale to California, Bets had to rely on her grandchildren to help her get to her doctor appointments, a tough arrangement for the whole family.

“It was always so difficult to get mom to the doctor,” says Dale. “Her grandkids would have to take time off work to bring her in, and it was hard to stay in the loop with other medical providers, especially since I live so far away.”

Both Dale and Bets are grateful to have primary care provider Kelly Fromuth, FNP visit Bets where she lives. “I’m very, very glad when Kelly comes to see me,” says Bets. “She always takes my blood pressure, and you know she’s doing it right because the cuff is nice and tight, and she sends the info to my daughter down in California.”

For Dale, knowing that she has the support of not just Kelly, but Spiritual Care Counselor Dean Yamamoto and Social Worker Sarah Jo Tomlin has made a big difference. Earlier this year, the
team pulled together to help get Bets a new adjustable hospital bed with a firm mattress. “My other bed was too soft – I fell out of it and banged my head. Dale says we’re just renting this one, but I like it, so I told her I’m going to keep it!”

While caregiving long-distance can be challenging for both Dale and Bets, having the wraparound support of the Housecall Providers team makes it easier for everyone, and helps Bets maintain her characteristic independence.

“I really appreciate that Kelly checks in with me whenever she changes one of my mom’s meds,” says Dale. “This has been such a wonderful opportunity to have mom cared for at home.”

Joy ride (From page 1)

A longtime affection for cars is just one aspect of Gino’s fascinating life. Despite late stage Parkinson’s disease, Gino has regaled Gillian with colorful stories from his past: Lifeguarding in the late 1940s at Roamers Rest on the Tualatin River. Owning Gino’s Turquoise Room on Barbur Boulevard, home of a five-piece band and dance contests. Working as an operating engineer and crane operator for 54 years.

And during one visit, Gillian and Gino learned that they had lived in the same Hawaiian town, albeit at different times.

When Juan heard the idea about driving Gino in one of his dealership’s beauties, he was happy to oblige. For Gino’s throw-back car ride, Juan picked a ’66 Chevelle – the muscle car of that era. But Gino also eyed a Mercedes-Benz convertible, because, he notes simply, “It’s a Mercedes.”

The big day, his niece and nephew Linda and Bruce McGavin picked up Gino to bring him to the shop. “On our way in, Gino asked if he was going to drive the car, so we had to let him know that this time he was just going to be a passenger,” recalls Linda with a smile. “You can tell there’s still some gas in that engine.”
STAFF SPOTLIGHT:
Mission-driven pharmacist fills her community’s complex needs

Growing up in Klamath Falls, Leah Goeres was disturbed to see that health care wasn’t equally available to everyone. When she faced a dangerous blood clot as a teen, a pharmacist made sure Leah got the care she needed, inspiring her future career.

Today, as a clinical pharmacist for the Housecall Providers Advanced Illness Care program, Leah makes pharmacy house calls, where her passion for justice and equity helps her advocate for seriously ill patients. Her philosophy? “Really sick people shouldn’t spend their limited energy trying to access needed medications.”

Leah’s primary role is to help our homebound and seriously ill patients access medications that ease their suffering and improve quality of life. She manages the complex medication schedules of hundreds of patients living with chronic, life-limiting illnesses. When visiting patients in their homes, Leah gathers crucial environmental and social information that would otherwise be missed.

“Medications can be a big part of people’s lives,” says Leah. “If we can do something to simplify their regimen or reduce their side effects, we can improve their day, every day.”

Leah, whose postdoctoral training was in geriatrics, epidemiology and public health, didn’t go for the highest salary when choosing her career’s direction. Instead, she was drawn to caring for the most medically, socially and economically marginalized people in our community. This work can be difficult, but 30-year-old Leah handles life or death situations with the maturity and compassion of someone beyond her years. Her passion for justice drives her to combat the “unequal lives, unequal deaths” phenomenon by ensuring that her patients have the support they need, regardless of their socioeconomic status.

Starting as a pharmacy volunteer at age 18, Leah has worked in almost every major part of the industry, including public health. She’s been nationally recognized for her research into health disparities and was lead author of “Rural-Urban Differences in Chronic Disease and Drug Utilization in Older Oregonians,” published in the Journal of Rural Health. In 2017, the Oregon Institute of Technology presented her its Scientific Achievement Award — the first non-engineer and second woman ever to receive this honor.

Her clinical expertise and passion are especially important now as Housecall Providers addresses the
unique challenges of treating terminal and persistent pain during an opioid epidemic. She assists our care teams in developing best practices for safely reducing our patients’ symptoms while reducing the risk of harm and abuse associated with opioid use.

Not many pharmacists choose to work within the health care safety net, and almost no pharmacists choose to visit patients in their homes. Her colleagues and patients appreciate that Leah has dedicated her career to helping those in our society who have the hardest time getting the care they need. Her story underscores how pharmacists play a critical role in Housecall Providers meeting our mission to deliver quality health care to those who need it most.

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2019 donor survey results

Many warm thanks to the 110 individuals who completed our first-ever Housecall Providers donor survey! Our goal was to learn a little more about why you — our supporters — care about this work so we can make sure we’re doing our best to meet your needs. We were happy to see that 85% of respondents feel we’re sending them just the right amount of communication. That, and other insights, are highly valuable. Here are top responses in three of the categories.

Why do you support HCP?

- 34% My family member/friend has received your services
- 32% I believe in the mission of Housecall Providers
- 21% This is the care that I would want if I had a serious illness
- 11% I am interested in health care innovation

Why did you first give to HCP?

- 60% I was grateful for the care I, or someone I loved, received
- 23% My gift was in memory or honor of someone

Donor satisfaction

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Unifying these home-based services under one roof makes care transitions smoother, cuts down on patient wait times and improves the efficiency of communication. But more important, it provides the most-vulnerable patients in our community with the compassionate, wraparound support they need to navigate their serious illness.

The team includes nurses, social workers, outreach specialists, a chaplain and a pharmacist. They provide symptom management, care coordination, and advanced care planning for our patients who are facing serious illnesses like advanced cancer, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), degenerative neurological conditions and end-stage liver and kidney disease. These patients are disproportionately affected by poverty, housing instability, food insecurity, behavioral health conditions and substance use disorders. Many have lost their income and housing due to their inability to work because of declining health. Not lost is their strong spirit and sense of gratitude for the care and support they are receiving.

Nationally, the U.S. faces an enormous shortage of palliative care clinicians because of high demand. Yet our Advanced Illness Care team has had few openings since becoming part of Housecall Providers. This speaks to the amount of support the team members feel they receive from their manager, Kelly Ambrose, RN, and fellow colleagues as well as the satisfaction the job offers clinicians looking to make a true difference within the safety net population.

In 2014, California passed Senate Bill 1004 requiring all Medicaid managed care plans in the state to provide access to palliative care for eligible members. While this was a giant step to offer all Californians the support to manage their serious illnesses, health plans and practices were not in the best position to implement the law, even four years later.

Oregon plans to follow suit in 2020 with SB 179, a similar law to California’s. All we have learned with our Advanced Illness Care team puts Housecall Providers in a solid position to scale the program if the law takes effect. We will also be in a position to offer guidance to coordinated care organizations (CCOs) across the state that want to replicate and partner with a program that shows not only strong patient engagement and outcomes but staff resiliency as well.
Housing for cancer patient (From page 2)

In July, when Tiffany switched her care to Compass Oncology’s Rose Quarter location, she learned about the Housecall Providers Advanced Illness Care program.

Meeting Housecall Providers’ Brenda Hartman, RN Advanced Illness Care, and Social Worker Melodie Kelly, LCSW, “was a major turning point for me,” says Tiffany. “They got me fitted for a scooter and wheelchair right away and were, and continue to be, genuinely interested in my well-being.”

Around the same time, Central City Concern opened its new Blackburn Center, which combines housing and a medical clinic, in Northeast Portland. Tiffany moved there with the recuperative care program. “A definite upgrade,” she says with a smile.

“Aside from all the resources our team helped Tiffany receive, she needed to know that we were on her side and going to be with her for the long haul,” says Melodie. “Consistently showing up, following through on what we say we are going to do, basically building a trusting relationship so that we can efficiently and effectively coordinate care and services – this is the cornerstone of our work.”

Recently, permanent housing became the top priority for Tiffany. So another member of the team, Outreach and Care Specialist Sarah Emerson, worked to secure a spot on Home Forward’s priority housing list. “They really are rock stars,” says Tiffany. “Whatever I need in the moment, they are there, and I can’t tell you what that means to me. This service has been amazing.”

Our team is now helping Tiffany manage her many prescriptions, coordinate care and appointments, and complete the necessary paperwork to secure permanent housing and caregiving services.

“They want to advocate for her as well – make sure that she gets all that is available to her,” says Bunny. “But it’s been their compassionate care that has made the real difference in Tiffany’s life, and for that, I am forever grateful.”