OUR MISSION

TO SUPPORT, PROMOTE AND ADVANCE NONPROFIT PROVIDERS OF COMMUNITY-BASED HEALTHCARE INCLUDING HOME HEALTH, HOSPICE AND PALLIATIVE CARE AND HEALTH PROMOTION SERVICES TO ENSURE QUALITY CARE WITHIN THEIR COMMUNITIES.

VNAA
Visiting Nurse Associations of America
2014 VNAA ANNUAL REPORT

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THE VNAA DIFFERENCE

In 2014, the Visiting Nurse Associations of America embraced and led changes in healthcare delivery. Our vision of individuals and families receiving personalized and coordinated care in the home and across the community came into focus under a desire to better serve our members, and ultimately their patients.

VNAA put into practice many of the strategic goals established in 2013. Quality improvement initiatives provided VNAA members with best practices for home health and hospice care, in turn creating a body of evidence to continue to push for home-based care as a high quality, low-cost solution to many of the issues regulators and policymakers see in today’s healthcare market.

In 2014, VNAA lead a unified voice on key policy issues including regulatory burdens related to eligibility documentation and development of new payment models. Clinical experts from VNAA members created new quality tools such as the expansion of the Blueprint for Excellence to cover hospice and palliative care and the 19th edition of the Clinical Procedure Manual. Our members taught and earned countless hours of continuing education through the 32nd Annual Meeting and our educational programming.

We expanded membership to forge partnerships with state associations. We followed up our successful Case Study Compendium with a new series of innovative projects from VNAA members. We connected at events such as the Annual Meeting, Public Policy Leadership Council and Regional Meetings.

The key phrase is “we.” It is not just the VNAA here in Washington, D.C. but the thousands of staff at our member agencies tirelessly working towards a common goal: to ensure that healthcare is accessible to all and home-based care is thought of as an innovator, a partner and a leader in healthcare across communities and the nation.

It is a great privilege to lead this organization and its membership. We thank you for all you have done in 2014.

Mary B. DeVeau
VNAA Board Chair

Tracey Moorhead
President and CEO
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Dominican Home Health
Hoffmann Hospice
Hope Hospice, Inc.
Hospice of Humboldt
Hospice Services of Lake County
Livingston Memorial VNA
Mercy Home Care
Mercy Home Care and Hospice
Mission Hospice and Home Care
Pathways Home Health and Hospice
Pioneer Home Health Care Inc
St. Elizabeth Community Hospital Home
St. Joseph's Medical Center Home Health Care
Sutter Care at Home
Visiting Nurse and Hospice Care of Santa Barbara
VNA California
Woodland Healthcare Home Health

COLORADO
Centura Health at Home
Northwest Colorado Visiting Nurse Association
Rehabilitation and VNA
Visiting Nurse Corporation of Colorado

CONNECTICUT
Bethel Visiting Nurse Association
Foothills Visiting Nurse and Home Care, Inc.
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Orange Visiting Nurse Association - Town of Orange
Regional Hospice and Home Care of Western Connecticut
Ridgefield Visiting Nurse Association
VNA Community Healthcare, Inc.
VNA at Home, Inc.
VNA of South Central Connecticut
Western Connecticut Home Care, Inc.

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The Home Health Agency - Beebe Medical Center

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Hope Visiting Nurses
Visiting Nurse Association of the Treasure Coast
VNA and Hospice of the Florida Keys
VNA of Florida, Inc.

GEORGIA
Archbold Home Health and Hospice of Southwest Georgia
Athens Regional Home Health
Visiting Nurse Health System
Wellstar Home Care and Community Hospice

IOWA
HCI Care Services and Visiting Nurse Services of Iowa
Visiting Nurse Association of Johnson County
Waterloo Visiting Nursing Association
Wesley Life

ILLINOIS
In Home Care VNA
VNA Health Care

INDIANA
Visiting Nurse Service of St. Francis

MASSACHUSETTS
Acton Public Health Nursing Services
Community Nurse and Hospice Care, Inc.
Community VNA, Inc.
Good Shepherd Community Care
GVNA
Home Health VNA, Inc.
Norwell VNA and Hospice
Partners Healthcare at Home
Porchlight VNA/Home Care
Southcoast Visiting Nurse Association, Inc.
VNA Care Network Foundation and Affiliates
VNA of Boston
VNA of Eastern Massachusetts
Walpole Area Visiting Nurse Association

MARYLAND
Adventist Home Health Services, Inc.
Frederick Memorial Hospital Home Health Services
MedStar Health VNA

MICHIGAN
Michigan Visiting Nurses
Spectrum Health VNA
Visiting Nurse Association and Blue Water Hospice (VNABWH)
VNA of Saginaw
<table>
<thead>
<tr>
<th>State</th>
<th>Member Names</th>
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<tbody>
<tr>
<td>Minnesota</td>
<td>Allina Health Home Health, HealthEast Home Care and Hospice, Knute Nelson Home Care, MVNA, Winona Health Home Care and Hospice</td>
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<tr>
<td>Missouri</td>
<td>Serve Link Home Care, VNA Corporation, VNA of St. Louis</td>
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<tr>
<td>North Carolina</td>
<td>Advanced Home Care</td>
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<tr>
<td>Nebraska</td>
<td>Fremont Health Home Care and Hospice, Visiting Nurse Association</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>Central New Hampshire VNA and Hospice, Concord Regional VNA, Cornerstone VNA, Home Health and Hospice Care, Home Healthcare, Hospice and Community Services, Newfound Area Nursing Association, North Country Home Health and Hospice, Northern New Hampshire Health Care Collaborative, DBA Northwoods Home Health and Hospice, Rockingham VNA and Hospice, Visiting Nurse and Hospice of VT and NH, Visiting Nurse, Home Care and Hospice of Carroll County</td>
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<tr>
<td>New Jersey</td>
<td>VNA Health Group</td>
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<tr>
<td>Oklahoma</td>
<td>LifeCare Alliance, Ohio Health Home Care, VNA of Greater Cincinnati &amp; Northern Kentucky, VNA of Ohio</td>
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<tr>
<td>Pennsylvania</td>
<td>VNA of Tulsa, Community Nursing Service of North East, Home Nursing Agency and VNA, Penn Home Care and Hospice Services, SUN Home Health and Hospice, VNA Home Health - Wellspan, VNA of Erie County</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>VNA of Care New England, VNS Home Health Services, VNS of Newport and Bristol Counties, Willowbrook VNA</td>
</tr>
<tr>
<td>Utah</td>
<td>Community Nursing Service, Intermountain Homecare, Inova VNA Home Health, Instructive VNA</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Central Vermont Home Health and Hospice, Orleans Essex VNA and Hospice, Inc., Rutland Area VNA and Hospice, VNA of Chittenden and Grand Isle Counties</td>
</tr>
<tr>
<td>Washington</td>
<td>Visiting Nurse Services of Wheeling Hospital, Community Nursing Service of North East, Home Nursing Agency and VNA, Penn Home Care and Hospice Services, SUN Home Health and Hospice, VNA Home Health - Wellspan, VNA of Erie County</td>
</tr>
<tr>
<td>West Virginia</td>
<td>Visiting Nurse Services of Wheeling Hospital, Community Nursing Service of North East, Home Nursing Agency and VNA, Penn Home Care and Hospice Services, SUN Home Health and Hospice, VNA Home Health - Wellspan, VNA of Erie County</td>
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In 2014, VNAA focused its mission on initiatives designed to highlight the value of home-based care in achieving the Triple Aim: improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care. VNAA proved itself an industry leader in developing programs, tools and services for home-based care providers backed by expertise and care-tested solutions. Finally, a number of programmatic changes in education and policy and regulatory outreach led VNAA to a more integrated approach to serving its members, and in turn, empowering those members to put patients first.

VNAA’s Quality and Innovation initiative provides resources for evidence-based, quality improvement practices through the identification and distribution of best practices, case studies and other resources to nonprofit health providers across the country. The cornerstone of this effort is VNAA’s Blueprint for Excellence. Launched in 2013 as a quality improvement and staff-training tool, it provides industry leadership for best practices in home health care transitions. In 2014, the VNAA Blueprint for Excellence expanded to guide best practices at the end of life. The newest components of VNAA’s Blueprint enable hospice and palliative care providers to meet the challenge of ensuring a comfortable end of life for patients, minimizing pain and suffering, while supporting patient preferences.

The future for home-based care and its role in managing population health led to new partnerships for VNAA. Along with the Alliance for Home Health Quality and Innovation, the Institute of Medicine and National Research Coalition, VNAA took part in the launch of the Future of Home Health Project, a research-based strategic planning project on the future of home health care in America. VNAA President and CEO Tracey Moorhead spoke at the launch of AHHQI’s white paper on the project. VNAA attend a first of its kind two day summit held by AHHQI, IOM and NRC to bring together leaders in home health from providers, payer, policymakers and academia.

VNAA launched the 19th edition of its Clinical Procedure Manual. By drawing on the knowledge and expertise of registered nurses, intravenous certified nurses, wound and ostomy specialists, certified diabetes educators, physical and occupational therapists, physicians and dietitians from top agencies around the country, the Clinical Procedure Manual eliminates any need for an agency to produce a clinical manual of its own. The 19th edition featured over 300 procedures, written by 50 experts in home health and hospice care along with expanded sections on new technologies, maternal and child health and infection control.

VNAA highlighted home-based care innovation through the second edition of its Case Study Compendium. The Compendium showcases the success of VNAA member agency collaborations and partnerships, demonstrating the value of nonprofit home health and hospice to others across the continuum as a proven sub-acute provider.

VNAA advocacy efforts on behalf of nonprofit home health and hospice providers continue to support appropriate access to and reimbursement for affordable home-based care for Medicare, Medicaid, uninsured and under-insured patients as well as an array of community benefits. While the VNAA agenda is distinctive in terms of the mission and values of its nonprofit, safety net members, it addresses issues that affect all home health and hospice providers. Ongoing implementation of the Affordable Care Act in 2014 continued to change the healthcare delivery model and
payment landscape for home-based care providers. VNAA took the lead on a number of policy and regulatory challenges facing nonprofit home health and hospice providers to position home-based care as a driver of high-quality, low cost population health management.

The highest priority for VNAA members in 2014 and into 2015 is relief from regulatory and administrative burdens including aggressive and inconsistent Federal auditor practices.

Implementation of Section 6407 of the Affordable Care Act (ACA, P.L. 111-148) requires physicians to document a “face-to-face” encounter with home health patients within 90 days prior to the start of home care or 30 days after as a condition of home health providers receiving payment under Medicare. As the Centers for Medicare and Medicaid Services (CMS) implemented the “face-to-face” requirements, many home health providers and patient advocates expressed concern that documentation requirements were onerous and confusing. Although the “face-to-face” policy was intended to ensure physician involvement in prescribing home health services, in practice, CMS’ implementation resulted in a dramatic increase in denials of payment for otherwise medically necessary home health services for eligible beneficiaries. VNAA and its members petitioned CMS to make changes to face-to-face documentation requirements. VNAA members and state associations worked closely with Congressional advocates to raise awareness and offer solutions for complications members faced due to face-to-face coverage denials and the devastating financial impact on home-based care providers across the country.

VNAA members also successfully pushed for release of the long delayed Vulnerable Patient Study mandated by Congress in the Affordable Care Act. The ACA mandated this study and authorized a demonstration project to evaluate vulnerable patients’ access to Medicare home health services. Specifically, the ACA required the Secretary to conduct a study on costs involved with providing ongoing access to care to low-income beneficiaries, those living in underserved areas and to patients with varying levels of severity of illness.

By building allies within Congress, VNAA’s efforts were successful as the study was released in late November. VNAA believes the study findings merit further review to examine opportunities to improve access to home health services through payment policy adjustments. Further work in this area will be critical to ensure the payment system appropriately reimburses for care provided to vulnerable and complex patients. Linking advocacy with quality, VNAA provided comments to the National Quality Forum for their whitepaper on the impact of sociodemographic factors on quality and risk adjustment in care.

VNAA also worked with other health care providers to expand the definition of who can prescribe home health services, such as nurse practitioners, to ensure access to quality care remains available to all, regardless of ability to pay, complexity of condition or other socioeconomic factors.
CONNECTING PROVIDERS

VNAA serves as a connection point for all nonprofit home health and hospice providers to unite under a common umbrella of service to their patients and communities. VNAA provides opportunities for all aspects of its membership to engage with each other, from clinical management to operations to the C-suite level.

In 2014, VNAA set a new standard for leadership and accountability for home-based care providers through its first ever Code of Ethics. The purpose of the VNAA Member Code of Ethics is to serve as a standard of conduct for mission-driven home health, hospice and palliative care agencies. VNAA encourages all mission-driven home health, hospice and palliative care agencies, regardless of whether they belong, to subscribe to the VNAA Member Code of Ethics.

VNAA expanded its membership in 2014 to include state associations. Allowing state associations to join in the exchange of information about the current and future practice of quality, cost-effective nonprofit home health care and hospice services is a valuable addition to its mission. VNAA welcomed 12 state association members in 2014.

VNAA’s Special Interest Groups continued to expand in 2014 with the addition of new communications vehicles for agencies serving Medicaid populations as well as those engaged in Managed Care Partnerships. These vehicles offered direct communications and quick links to member agencies under contract to managed care organizations to share their experiences and to agencies that need additional information and resources, and for Accountable Care Organization and Patient-Centered Medical Homes (ACO/PCMH) to facilitate communication and information exchange among VNAA members on integration and engagement in new care delivery models. VNAA also established a Communications Working Group for communications, public relations and marketing staff at member agencies to share best practices, emerging areas of interest in their field and work with VNAA as subject matter experts for media inquiries.

VNAA’s 2014 events saw great success in connecting members and partners with educational resources and networking opportunities. From record attendance at this year’s Public Policy Leadership Conference, the first Financial Leadership Summit and the Northeast Regional Meeting to engaging presentations on the intersection of home health and hospice providers, payers and policy at during plenary sessions at the 32nd Annual Meeting, VNAA events showcased rich discussion about the topics at the forefront of its members day to day operations.
A LOOK AHEAD TO 2015

As VNAA looks to 2015, we see continued growth and opportunity for home-based care to play a key role along the healthcare continuum.

In 2015, VNAA is partnering with National Research Corporation (NRC) to develop a comprehensive outcomes research database to provide evidence based information to assist in research and advocacy efforts. This database effort will provide VNAA and its members a broad perspective of quality, service utilization, financial, and outcomes performance allowing insight into the unique value that VNAA and its members bring to the home health market. Information from the database will provide input for on-going advocacy and lobbying efforts, research projects, and policy activities to assist with VNAA overarching goals.

VNAA will launch a new virtual learning center for live and on-demand events, Education@VNAA. This virtual learning center allows students to manage their own transcripts, take courses on their own schedule and learn in an interactive environment.

VNAA is also spearheading development of value based payment models for home-based care providers. In the 2015 Home Health Prospective Payment System final rule, the Centers for Medicare and Medicaid Services (CMS) gave notice of intent to launch a home health value-based purchasing (VBP) program in calendar year 2016. VNAA supports development of a home health VBP program to drive quality improvement and demonstrate the value our members bring to beneficiaries and the Medicare program. VNAA launched in late 2014 a multi-stakeholder coalition to develop recommendations on the VBP program design, which we will submit to CMS.

VNAA looks forward to connecting with its membership at the following 2015 events:

- 33rd Annual Meeting
  April 20-22
  New Orleans, La.

- Public Policy Leadership Conference
  Sept. 16-17
  Washington, D.C.

- Midwest Leadership Summit
  June 17-18
  Cincinnati, Ohio

- Financial Leaders Summit
  Nov. 1
  Boston, Mass.
The VNAA National Awards celebrate the unique qualities and contributions of individual leaders and staff within nonprofit home health care and hospice.

The awards luncheon held each year at Annual Meeting provides a perfect opportunity for every organization and individual connected to the VNAA mission to come together and recognize the outstanding contributions made by the award winners.

**ADMINISTRATIVE LEADER OF THE YEAR**

Marki Flannery  
Visiting Nurse Service of New York

**QUALITY TEAM OF THE YEAR**

Brenda Bartock  
VNS of Rochester/Monroe Counties

**CLINICIAN OF THE YEAR**

Heather Smith  
Advanced Home Care

**INNOVATIVE LEADER OF THE YEAR**

Rose Madden-Baer  
Visiting Nurse Service of New York

**AGENCY BOARD MEMBER OF THE YEAR**

Carol M. Kanarek  
VNA of the Treasure Coast
WORKING TOGETHER IN 2014

PLATINUM

PREMIER

careerbuilder

CHN

GOLD

SILVER

ASSOCIATE

Axxess

At Hoc

BKD CPAs & Advisors

Cardiocom

byram</a>

HealthWyse

McKesson

Care Watch

The Joint Commission

Accreditation

Home Care

Philips

Covidien

Novartis Vaccines

Select Data

Delta Health

WellTrackMD

Learn more about the VNAA Corporate Partners program at vnaa.org/CPP.