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Provider newsletter We send a quarterly newsletter to all interested providers. To join an email list, fill out the form in the left column of this page. Face-to-Face Encounters On January 1, 2015, the Centers for Medicare & Medicaid Services (CMS) made additional changes to face-to-face documentation requirements (F2F), which are part of eligibility standards for all domestic Medicare health agencies. When referring to home health, the certification physician must include documentation that justifies: The need for qualified home-bound status services under the physician's plan of care Face-to-Face meeting occurred 90 days before or 30 days within the home health start of care to learn more about F2F documentation requirements and print out referral/F2F forms, please check out the links below: Quality Initiative MaineHealth Care Home maintains a comprehensive program for improving quality. Our efforts include the use of comprehensive bench-marking services through strategic health care programs. In addition to these efforts, we are contracting with a national consulting firm to survey the satisfaction of our patients. Important warning on quality measures of the Centers for Medicare and Medicaid Medicaid (CMS) publishes Home Health Compare for Home Health. To learn more and review the findings, please Your Careers Please do not send CVs to this email address. If you are interested in an open position, check out our Careers page. Click here to learn more about how to get health care at home for yourself or a loved one. As hospitals care for people with COVID-19 and try to allow others to catch the virus, more patients have decided to treat it where they feel safest: at home. Across the U.S., hospital home programs are taking off amid the pandemic, thanks to communications technology, portable medical equipment and teams of doctors, nurses, X-ray technicians and paramedics. This reduces pressure on health centres and alleviates patients' concerns. The programs account for a small slice of the roughly 35 million hospitalizations in the U.S. each year, but they grow rapidly with boosts from Medicare and private health insurers. Like telemedicine, the concept stands to become more popular with consumers addicted to home delivery and other internet-connected conveniences. Eligible patients are usually acutely ill – but do not need round-the-clock intensive care – common conditions including chronic heart failure, respiratory diseases, complications with diabetes, infections and even COVID-19. Nurse practitioner Sadie Paez used a stethoscope to listen to the chest of William Merry, who is recovering from pneumonia at his home in Ipswich, Mass. Associated Press/Elise Amendola They are connected to 24/7 command centers via video and surveillance equipment that send their vital functions. They receive several daily home visits from a specialist medical team. As in the hospital, they can press the emergency button at any time for immediate assistance. Research on such programmes around the world over the past 25 years shows that patients are recovering faster, have fewer complications and are happier, while costs may be a third lower. Doctors, hospital officials and patients tout other benefits: People get more rest sleeping in their own bed. They can eat whatever they want, start moving faster and go out for fresh air. They are less likely to fall into their familiar surroundings, where they have support from family and even pets. I would recommend it in a heartbeat for anyone who will be able to stay home, said William Merry, who received pneumonia care in July at his Ipswich, Massachusetts, home. There's never been a problem. Never. Merry, who endured an awkward hospital stay six years ago, turned down another when antibiotic pills didn't help and his temperature hit 103. So his doctor arranged care through Boston-based Medically Home. Vesely and wife Linda, a retired nurse, said they were stunned by how quickly the service turned their dining room into a mini-hospital room. Technicians set up medical equipment, gave them and oxygen tanks, then explained how everything worked. This alleviated their stress, as well as video calls with your doctor. They were given daily schedules listing planned visits to medical staff, blood donations, tests, IV drug administration and other care, she said. I think it's really important, she warned, that a person has someone who is able to be at home. Dr. Bruce Leff, a geriatrics professor at the Johns Hopkins School of Medicine and a home hospital pioneer, did the pilot study years ago. He found benefits for elderly patients who, he said, were otherwise essentially getting crushed in hospital due to the risk of blood clots and infections, losing mobility and developing delirium. Even before the coronavirus pandemic emerged earlier this year, some hospitals were considering home care programs to absorb temporary patients - and avoided the high cost of new buildings. It is not known exactly how many U.S. programs there are, but when the Covid-19 struck, some institutions rushed to sign up with Medically Home and similar services. Nashville, Tennessee-based Contessa Health, which serves 14 hospitals in six states, says it's adding two more hospitals in the short term and is negotiating possible contracts for about 20 more. Patient volume has jumped by 140 per cent since last year and it's added care for patients admitted from urgent care and cancer clinics. Another company, DispatchHealth, had previously focused mainly on preventing ER visits by rushing paramedics to provide diagnostic tests, medications and other care in patients' homes or elsewhere. The Denver-based company says it has 200-plus contracts with insurers in 19 U.S. markets to treat seriously ill and injured people at home. It piloted a hospital-at-home program in November, already has programs running in three cities and plans for rapid expansion. Some hospitals have mounted their own at-home programs. At the end of March, eight of the 36 hospitals in the Carolinas and Georgia started with one patient with COVID-19 who did not need intensive care. About 11,000 people have already been treated. Meanwhile, hospitals with existing programs are seeing many more patients choose at-home care. In New York, Mount Sinai's home program went from handling 10 patients a month to 30, said its director, Dr. Linda DeCherrie. The program has since added a twist in which patients begin care inside the hospital, then end up at home. We all offered that yes, DeCherrie said. DeCherrie said the hospital-at-home model has been used on a small scale in the U.S. since the mid-1990s, but that has been hampered because traditional Medicare and some insurance plans either don't cover such treatment at all or don't reimburse all care costs. But when the pandemic hit, the Centers for Medicare and Medicaid Services temporarily let hospitals bill for care for their walls, even in patients' homes. Many private insurance companies also cover home hospital care during a pandemic. Hospital groups and others want Congress to change permanent, on the basis of as hospital care. Raphael Rakowski, co-founder of 4-year-old Medically Home, said the number of patients treated has increased tenfold since July 2019. Our business is exploding because of COVID, he said. It now treats patients for 10 hospitals and one doctors' group in five states, including two that were set up shortly after the pandemic hit: Boston Tufts Medical Center and Adventist Health West Coast Hospital. Two Mayo Hospital clinics joined this summer. Medical Home should be up and running in 12 states by early 2021, Rakowski predicts. He says some patients are offered home care after an emergency room examination. In other cases, doctors arrange for patient care to get cancer treatment, those with sudden illnesses, some about to get surgery, or home patients with dangerous complications. The Veterans Health Administration operates 12 hospital-at-home programs. Last year, they served 1,120 veterans. More vets are using the program during a pandemic, said Dayna Cooper, head of the agency's home-based programs. One of the busiest, in San Antonio, saw a 90 percent jump in veterans treated this year from March to June versus last year. Another four of the agency's 170 hospitals are working to run the programs. Cooper said study programs in Cincinnati and Honolulu found they cut costs by 29 percent to 38 percent, with no differences in survival or hospital readmissions. While interest in programs skyrocketed, whether in-home hospital care flowers after a pandemic largely depends on whether the government and private insurers continue to cover them at profitable prices. If not, Johns Hopkins' Leff said, I think most hospitals will return to normal. Invalid username/password. Check your email to confirm and complete your registration. Use the form below to reset your password. When you send an email to your account, we'll send an email with a reset code. Send questions/comments to the editor. «Previous Next » »

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