



Why Population Health Holds the ‘Magic Formula’ to VNSNY’s Future

By Robert Holly | October 28, 2018

The Visiting Nurse Service of New York (VNSNY) filled an important leadership position at the beginning of October. That’s when the large nonprofit provider named former NewYork-Presbyterian Hospital exec Andria Castellanos its new executive vice president and chief of provider services.

Castellanos is replacing Marki Flannery, who stepped into the VNSNY CEO and president roles earlier this year.

Home Health Care News recently connected with Castellanos to discuss how she will leverage her hospital background in the home health field, including in all-important efforts to extend VNSNY’s population health capabilities.

This interview was edited for brevity and clarity.

HHCN: VNSNY is one of the largest not-for-profit home- and community-based health care organizations in the United States. It serves more than 33,000 patients in any given day. Before we get into your plans for leading this large organization, though, can you talk a little bit about your background?

Castellanos: We can start with my most recent background. My last professional role was at NewYork-Presbyterian. I spent 28 years there. When I most recently left, I was group senior vice president and chief operating officer at the Columbia campus.

I had responsibility for the operation of three hospitals: the Milstein hospital, the children's hospital and a community hospital. Those hospitals are all located in New York City, in the Washington Heights area of Manhattan.

Recapping my time there is complicated because NewYork-Presbyterian hasn't always been called NewYork-Presbyterian, but for the last 20 or so years it has carried that name. I've had probably six different roles or jobs over 28 years with increasingly responsibilities.

Those responsibilities included the running of a home health company and the management of our relationships with home care companies. I was really on the other side of the coin, managing many relationships with home care companies that serviced NewYork-Presbyterian, VNSNY being one of the primary ones.

So, you have a ton of experience on both the hospital side and the home-based care side. That's interesting. Do you think that will give you advantage or added insight in your new role with VNSNY? With greater insight into hospital-to-home transitions, perhaps.

I think it's going to be a really important part of my success in this role. I really do understand things from the provider side — what's important to providers, patients and families when people get discharged from the hospital.

I think it's also important to figuring out what success looks like. To me, success comes in many ways, in terms of measuring success of the services you provide to patients, families, hospitals and insurance companies.

Our primary customer is our patient. The patient is at the center of everything we do. Families need to be involved, too, and feel confidence that the care we're providing to their loved one is appropriate.

Hospitals are interested in smooth transitions of care where we pick up where they left off, so there's not any holes in the patient's care. They are very interested in us addressing the needs of the patient early — as early as possible. Lengths of stays at hospitals are being reduced significantly, so patients are leaving hospitals faster. They're leaving hospitals requiring more medical management.

Hospitals want to make sure those transitions of care are clear, smooth, appropriate. They don't want patients bouncing back to the emergency room or bouncing back as a readmission. They don't want that for a variety of reasons. It's bad for the patient. It's bad for the hospital — because they get penalized if their readmission rates are too high. It's bad for insurance companies — because insurance companies have to pay more when the patient gets readmitted for an inappropriate purpose.

Smooth transitions into the home are really, really important. And that hasn't really seen its day yet. Everyone is realizing the care we provide in the home is going to be critical in bending the cost curve, reducing inappropriate hospital admissions, nursing home admissions. We will be able to play a critical role in managing patients appropriately outside of the hospital.

How do you think VNSNY is currently doing with care transitions? We just recently ran a research story looking at a tool called Prevent, which prioritizes patients for home health care after they leave the hospital. VNSNY participated in that research, I believe.

I'm familiar with the research that you wrote about.

Where do I think VNSNY is in addressing appropriate transitions of care? I think VNSNY is ahead of the curve. We have a very big research unit that is working collaboratively with hospitals and health care organizations around the city, in other cities. I am not aware of any other home care organization that has the kind of research base that we have.

I think the use of scientific, proven tools to help manage patients' care effectively in the home is the future. And, again, I think VNSNY is ahead of the curve in that area.

CMS-approved analysis of VNSNY population health models used with congestive heart failure-myocardial infarction patients showed an average 8% to 10% readmission reduction, with an average cost savings of \$1,440 per 90-day Bundled Payments for Care Improvement (BPCI) Model 3 episode, compared to the baseline.

Sometimes it does seem that half of the studies HHCN looks at has VNSNY as a research partner, sponsor or participant.

In my short time here, I've been impressed. Academic medical centers do the research in the field of medicine. I think VNSNY does the research in the field of home care.

What attracted you to VNSNY in the first place? Why take this role?

My entire career, I've been involved in mission-driven work, and that's a big reason why I chose to come to VNSNY for my sort of next chapter. I'm also a New Yorker at heart. I was raised in New York City and spent my entire career there.

When I got to know the organization, I found the team to be very passionate and committed.

I also believe that the care that's provided is really an essential element of what patients need to successfully move through their medical course. It's an important service. I also love the research component and the many specialty programs that VNSNY offers.

Your role encompasses more than just home health oversight. What other responsibilities will you have in your new role? I'm specifically thinking of hospice and palliative care.

My role encompasses the certified home health agency, the licensed home health agency, the hospice and palliative care sections of our business, population health, and also community and mental health services.

The population health part of the business is where I see a lot of opportunity in the future. Population health is really our managed care abilities or our managed care organizations. So, I believe that the success of VNSNY in the future is going to be in our ability to help manage populations.

What does that mean?

If we take a population of patients with congestive heart failure, can we prove that we can manage their care in the home and throughout their episode of illness? Can we manage their care from a quality perspective better than anyone else?

That's going to be the magic formula for the future for VNSNY. It's going to be in population management — chronic illnesses like congestive heart failure, pulmonary disease, cancer. And co-morbid patients with many illnesses.

If we prove we can improve quality of care and quality of life for these patients — and that we've been able to bend the cost curve, meaning reducing the cost of episode of care — that's how we'll be successful.

How does that fit into growing or building relationships with payers and insurers? If VNSNY can prove its ability to bend the cost curve, that's appealing to them as well, right?

Payers are already very interested in working with us.

They're interested in talking to us about how we can work with them for their customers. Our ability to successfully reduce their medical cost is the key to our success in the future, and insurance companies are obviously very interested in that because it's the core of their business.

Many insurance companies have not been successful in bending the cost curve because they're doing their work telephonically. They try to call the patient, reach out to the patient, can't get through. Patients let us in their home. We know we'll see them in their homes.

We have access to them, their family members. We can impact their care in ways you just can't do over the phone.

Again, we're having many discussions with insurance companies interesting in hearing about how we can partner with them.

It's a rapidly changing time for home-based care, particularly in New York. What are your top one or two concerns?

Certainly, we are very interested in paying a living wage to our employees. We also want to make sure the reimbursement streams from insurance companies, the state and the federal government reflect the true cost of any wage increases.

Educating all of our workforce in the direction of how a managed care organization needs to think, that's going to be a big focus of mine.

Anything else you'd like to add?

We're continuously looking at the use of technology in the home and in the operations of VNSNY to effectively provide care. There are new products coming out virtually everyday at this point.

The other thing the makes VNSNY unique is we actually take care of patients in some cases before they're born. We then extend that care to end of life and take care of families who have lost loved ones. We really provide the full continuum of care as an organization.

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