

HOME HEALTH CARE

VNSNY Repurposing Staff, Teaming Up with Hospitals to Fight Coronavirus

By **Bailey Bryant** | April 13, 2020

While home-based care providers nationwide are on the frontlines in the fight against the COVID-19 virus, the Visiting Nurse Service of New York (VNSNY) is on the bloodiest part of the battlefield.

To date, New York accounts for nearly half of all the coronavirus-related deaths nationwide. Though the COVID-19 mortality rate seems to be flattening there, VNSNY's steadfast focus on combating the virus has not.

"We have approximately 200 individuals that make up our highest level of leadership, and ... all 200 of them are engaged 90% in the management of our workforce and our city as relates to COVID-19," VNSNY Executive Vice President and Chief Administrative Officer Michael Bernstein recently said. "We try to fit in other work when we can, but there's not a lot of time for that."

VNSNY is a home- and community-based care provider and health plan serving more than 44,000 people, most of whom live in and around New York City. On the provider side, VNSNY has a certified home health agency; a hospice and palliative business unit; and a personal home care arm that employs more than 9,000 aides.

The not-for-profit organization [has teamed up with area hospitals](#) to take COVID-19 referrals, providing home-based care to patients who are stable enough to be safely discharged.

Bernstein shared the organization's experience on [a recent Home Health Care News webinar](#) designed to help providers elsewhere in the country prepare for potential outbreaks of their own.

While there are only so many factors agencies can control, communicating with and repurposing staff are among the most important, he said, as is working out the kinks of remote service delivery sooner rather than later.

Communication is key

Like many home- and community-based care providers grappling with the coronavirus, VNSNY kicks every morning off with a COVID-19 leadership meeting.

First, at 8:15 a.m., the organization's six EVPs have a call with the CEO, which is immediately followed at 9 a.m. by a daily incident command conference call with about 45 people, according to Bernstein. After that, it's more of the same.

"Every one of us — at either a leadership level or throughout the organization — is online working from home, answering emails, having conversations virtually and in meetings that are specifically related to COVID-19," he said.

Many of those conversations revolve around how to keep staff safe as they serve increasingly vulnerable populations. Paramount to that is personal protective equipment (PPE).

Like the rest of the home-based care industry, VNSNY has struggled to get the PPE it needs; but teaming up with local hospitals to take on COVID-19 referrals has made the task easier, according to Dan Lowenstein, vice president of government affairs at VNSNY.

“We do compete for resources, but we also rely on each other,” Lowenstein said on the webinar. “Hospitals need beds for sick patients, and home health agencies are the off ramps. If we have problems, they have problems.”

Hospitals working with VNSNY started to realize that without proper PPE, home health aides couldn’t care for their patients.

“That set off alarm bells,” Lowenstein said. “That set off the hospitals and the hospital associations putting us in the mix to get what we needed, and we’re seeing the same thing on the policy side.”

Now, with more PPE on hand, VNSNY is piloting creative initiatives to get that equipment in the hands of front-line workers. Namely, it’s working with the U.S. postal service to deliver surgical masks and other supplies to 8,500 home health aides, with the goal being to arm workers with PPE while also cutting down on unnecessary person-to-person contact.

The organization is also assembling and mailing out COVID-19 start-of-care and standard care kits.

A starter kit would go to someone who is going to the home of a person who has or is suspected to have COVID-19. It includes enough wearable PPE for five encounters, along with necessary medical devices like thermometers and blood-pressure cuffs.

For other levels of care, workers receive a COVID-19 standard kit, which includes more basic items like masks and gloves.

Those kits are assembled at a central location by volunteers and staff members who have stepped out of their day-to-day roles to help. Such flexibility is essential.

“We thought we had enough people to monitor our supply rooms and hand things out,” Bernstein said. “We don’t, because what we’re doing now is not onesies and twosies but lots and lots of PPE that has to be distributed.”

At VNSNY, employees traditionally working in facility or business roles have especially stepped up to the plate, along with others.

“Those folks have become assembly-line workers assembling those COVID kits,” Bernstein said. “And so have our executives at all levels, and not just for a photo op, but because it’s an all-hands-on-deck kind of activity.”

Bernstein also stressed the importance of making sure lines of communication remain open with frontline staff.

Curbing contact

Minimizing in-person visits is also an essential part of keeping home-based care workers and patients safe amid the coronavirus emergency, according to Bernstein.

“Your staff is going to want that, particularly if you don’t have enough PPE, and you’re going to need to do it so that you do have staff free to make visits to people who are COVID-19 positive,” he said. “Don’t wait too long to try to figure out a way in which you can minimize in-person visits, because that’s going to come up on you really, really quickly.”

The caveat there is reimbursement. While the Centers for Medicare & Medicaid Services (CMS) gave home health agencies the go ahead to perform telehealth, there’s no way for providers to get directly reimbursed for the services under traditional fee-for-service Medicare.

CMS has said it doesn’t have the power to authorize such a rule change.

“Congress could have given CMS greater authority to act, but it didn’t,” Lowenstein said. “We think they need to be educated as well as CMS on this. ... There’s a fundamental misunderstanding that they have about how these visits work and what the value is.”

Still, even without reimbursement, home health agencies have an obligation to minimize in-person contact whenever it’s clinically appropriate.

“In a way, CMS is putting home health agencies in this untenable position of forfeiting adequate reimbursement in order to protect our staff and patients,” Lowenstein said. “It’s just the right thing to do from a community spread point of view, as well as for our patients and our staff.”