Professional Patient Advocate Institute invites you to an interactive conference to shed light on this emerging practice, provide education to like-minded advocates, and promote a culture of clinical and professional competence that will improve the health and welfare of your clients.

Please join us for The 2012 Patient Advocate Conference and take this opportunity to build your skills and knowledge while meeting and networking with like-minded colleagues and mentors. By attending this conference, you will gain:

- Strategies to meet the needs of consumers by enhancing your skills as an advocate.
- Advice from experts on how to improve your practice, regardless of the setting.
- Real-world solutions for making navigating the healthcare system easy.
- How to utilize social media platforms and make it a part of a patient advocate’s arsenal.
- Cutting-edge tools and technology that enhance patient management.
- Communication tactics and skills to achieve better outcomes.
- Skills to improve the quality of life for those with chronic conditions.
- Collaboration tactics to make it easier to gain access, information and resources from the healthcare team.
- New ideas and solutions to enhance patient- and family-centered care.
- And more!

www.patientadvocatetraining.com/conference
5 TIPS ON CHOOSING THE RIGHT HOSPICE PROVIDER
Choosing the right hospice provider for your patient, family member or loved one can be an overwhelming task, especially in that difficult period of time when an individual is terminally ill. A patient's family or other caregiver might not know what the options are for end-of-life care. Hospice, a holistic approach to healthcare, focuses on improving the quality of life for people who face life-limiting illnesses.

For some families and caregivers, home hospice may be an option. But if a family member or other caregiver isn't available for long hours or days at a time to provide services to a patient, then a community hospice is probably a better option. Community hospice providers offer the benefit of staff members that have the skills and training to care for patients nearing end of life.

All hospice agencies are required to adhere to certain guidelines mandated by Medicare. Hospices all provide the same basic services to patients but that does not mean that all hospice agencies are the same.

Here are some major things to consider when choosing a hospice provider:

- **Location.** Hospice care can take place in various locations, such as in a person's home, at a nursing facility or in a hospital. The location of the nursing staff is particularly important in case a patient has a crisis or needs care immediately. That's why it is important to find out how far away the on-call nurses at a hospice agency live from a patient. Location could play a big part in how responsive a hospice agency will be to a patient's needs.

- **Quality.** WhereToFindCare.com has an online searchable database of hospice providers by state. Patients and their families and caregivers can use the tool to compare hospice agencies by their consumer quality score, which is the percentage of people who rated their hospice on the website and reported receiving quality care.

- **Levels of care offered.** When choosing a hospice, an individual will need a provider that can accommodate their needs. Some hospice agencies provide only routine home care. Other kinds of care include comfort care, respite care and inpatient care. Comfort care is meant for patients that have disorders, diseases or symptoms that cannot be controlled or maintained with routine home care. This kind of care requires hospice staff to stay with a patient from eight hours up to 24 hours at a time. Respite care is designed to be temporary, such as when a family member or caregiver is burnt out from taking care of a patient around-the-clock. Inpatient care is when a patient is admitted to a nursing home or hospital for a usually brief period of time until their health becomes more stabilized.

- **Hospice staff.** Medicare requires that all hospice agencies have physician participation, nursing services, home health aid services, social services and spiritual care. How many of these healthcare providers are on a hospice staff can vary greatly from one facility to the next, so knowing the composition of the medical staff can be helpful when choosing the right hospice provider for a patient. Ideally, patients and their family members and caregivers should look for hospice providers that have a full-time medical director, home health aids, chaplains and volunteers.

- **Recommendations.** Many people tend to choose their healthcare providers based on recommendations from their friends, family, co-workers and other acquaintances. Word-of-mouth recommendations can be helpful in determining whether a patient will get along with a hospice provider on a personal level.
8 STEPS TO CHOOSING A LONG-TERM CARE FACILITY
When staying at home is no longer possible, there are a variety of alternatives available. Long-term care options range from subsidized senior housing to assisted living communities to nursing homes.

It is wise to start looking before you need it, so that you are aware of what is available. Most seniors wait until an emergency to make this important decision. Some of the key elements to consider are quality of care, insurance coverage, range of services offered, affordability, and waiting lists.

Ramping up your search begins with a series of steps. The following eight tips will put you – and your patient or client – on the right path to the desired living situation:

1. Gather information about the facilities in your area. Make sure to talk to friends, relatives, and your doctor to get information about each place.

2. Make a list of your options and eliminate the facilities that don’t offer the services you are looking for. Eliminate those facilities that do not meet your religious or cultural needs, or if the facility has a poor reputation in the community.

3. Use online tools: On the website, www.medicare.gov, you can compare nursing homes. This website also provides quality of care information about each facility based on their state inspections.

4. Consider location. It is important to be close to your loved ones and friends. It is very important to have a visitor regularly at the facility. Family and friends can visit a lot more often if you are close to them.

5. Make a list of questions or concerns you have about moving to a facility or about the facility. Make sure to ask these questions before considering moving.

6. Visit the places that make your list. Visit them as many times as you need.

7. Talk with the facility staff, residents, and family members of residents and have a meal, if possible. How are people talked to? How are people treated? How much privacy do they have? What are the residents and activities like?

8. On a tour of a facility, take in all five senses: Sights? Smells? Sounds? Tastes? Feeling or touch?

Choosing a long-term care facility is an important decision. You should plan and think about long-term care before you need care or before a crisis occurs. Planning ahead allows you the time to talk with your doctor about your health and any problems you may be having. The best time to talk about long-term care is before you need the services.
What Does Long-term Care Mean?

Obtaining insurance of any kind quells worrisome thoughts during high-risk situations. Health insurance is the ever-present safety net that will keep people from freefalling into debt brought on by hospital bills due to illness and disease. Long-term care supersedes the importance of paying doctors for their services and the costs of nursing homes and other services by including payment assistance for chronic illnesses and disabilities that leave a person unable to care for him or herself.

The costs of long-term care services can debilitate a person financially. Long-term care insurance policies are available for people of all age groups, from the young to mature, who have been involved in an accident, contracted an illness or are simply in need of life-long assistance due to a newly acquired injury. Insurance plans can be bought for any length of time at various price points and are generally renewable by the policyholder.

What Is the Cost and Who Pays for It?

Long-term care costs are dependent entirely on the level of service a patient requires and for how long they require it. It is best to advise those seeking to obtain long-term care insurance to consider their living arrangements and exactly what type of care they desire when choosing a plan.

For example, if the person purchasing the insurance plans to live in a nursing home, the yearly costs are dependent on the type of facility, the location of the facility and its available amenities. Costs vary greatly. Home care is a considerably less expensive option, but even those costs increase if the patient requires greater assistance.

The insurance plan purchased should directly reflect the financial affordability of the person purchasing it. This is critical as the majority of the people who need the care are footing the bill. Individuals and/or their families pay out-of-pocket costs averaging approximately 25 percent of the overall cost. Health insurance does not generally, if ever, provide financial assistance for long-term care costs. Neither Medicare nor Medicaid covers long-term costs, but Medicare, for people only over age 65, may be able to procure financial assistance for at-home care nurses for the short-term. Again, this is all relative to the person and the level of service they either require or desire.

Predicting the future is impossible. Long-term care is an alternative insurance plan that allows those in need to pay a known premium to protect themselves from large and unexpected out-of-pocket expenses for unexpected medical fees. A licensed long-term care insurance agent or financial advisor can be helpful during the decision-making process when the patient is choosing between policy features.

3 Major Factors of Cost

Age. Anyone between the ages of 18-84, in good health, can purchase long-term care insurance. The age limitations only apply to age of purchase, not the age when benefits are utilized. The younger the person is when they first purchase the insurance policy, the lower their annual premium will be.

Benefits. The amount of daily benefit received and for how long is directly correlated to the cost of the insurance policy. More benefits over a longer period of time will cost a person more money than fewer benefits in the short-term.
Elimination or Deductible Periods
The elimination or deductible period is essentially a minimum number of days a person must reside at their nursing home or the number of home care visits they must receive before their policy benefits kick in. A longer period will reduce premium costs. The periods offered with most policies range from zero to 180 days.

What Is Covered? Not Covered?
Long-term care services include many daily activities such as dressing, eating, toileting and bathing. Skilled, intermediate and custodial care in state-licensed nursing homes and home care services like physical therapy are all covered in basic policies. All policies, in order to stay affordable, include limits of care and benefit exclusions. Preexisting conditions and specific types of disease and illness are not covered by these policies.

For example, policies will not cover costs for care related to birth defects and some mental and nervous disorders. Treatment for the effects of alcoholism, drug abuse and complications due to self-inflicted injuries are also not going to be covered. Policies vary so it a licensed long-term care insurance agent can be very useful during the process.

Long-term care insurance is a preemptive strike toward preventing unexpected out-of-pocket costs related to illness, deterioration of health and accidental injuries. It is affordable and with the help of advocates like a licensed long-term care insurance agent or financial analyst, the decision-making process can be quick and simple.
'QUALITY CARE' TOOL ALLOWS PATIENTS, ADVOCATES TO COMPARE HOME HEALTH SERVICES
‘QUALITY CARE’ TOOL ALLOWS PATIENTS, ADVOCATES TO COMPARE HOME HEALTH SERVICES

By Emily Mullin

The Centers for Medicare & Medicaid Services is making it easier for patients and their caregivers and advocates to compare home health agencies and choose the right kind of care that fits their individual needs.

Results from CMS’ national survey that asks patients about their experiences with Medicare-certified home health agencies are now available on the agency’s Quality Care Finder website at www.medicare.gov/quality-care-finder. The Home Health Care Consumer Assessment of Healthcare Providers and Systems Survey, which will be updated every four months with new survey data, will complement the clinical measures already available on the agency’s “Home Health Compare” website.

Medicare pays for certain healthcare services in the home if patients meet certain eligibility criteria and if the services are considered reasonable and necessary for the treatment of an illness or injury. If you get your Medicare benefits through a Medicare health plan and not through the traditional Medicare program, CMS advises patients to check their plan’s membership materials, and contact the plan for details about how the plan provides your Medicare-covered home health benefits.

Using the Quality Care Finder, consumers can search for home health agencies and get their contact information; find out what services each home health agency offers, such as skilled nursing care, physical therapy, speech therapy, and home health aides.

In addition, patients can compare home health agencies based on the quality of their care – for example, how well they manage pain, treat wounds, or keep patients safe.

Individuals can also access survey results to learn more about patients’ experiences with each home health agency.

“CMS is doing all it can to help consumers make better, educated choices, and help them find the home health agency that best meets their needs,” CMS Acting Administrator Marilyn Tavenner said in a CMS press release. “The survey is the first national assessment tool for collecting information on patient experience and will enable valid comparisons among all home health agencies.”

The Home Health Care Consumer Assessment of Healthcare Providers and Systems Survey collects feedback on topics that patients have identified as important to them in determining which home health agencies provide high-quality care. For example, the survey asks patients about the care they received from their home health agency, including such topics as overall care; provider communication skills; whether care was provided in a courteous and respectful way; and whether the agency discussed medicines, pain, and home safety.

A prospective patient or caregiver will be able to review and compare feedback from other patients about Medicare-certified home health agencies’ care of patients, communication between providers and patients, as well as the specific care issues identified on the survey. Ratings include an overall rating of home healthcare and a patient’s willingness to recommend the agency to someone else.
The survey results are designed to create incentives for home health agencies to improve the quality of care they provide, as well as to give patients additional information so they are aware of the types of care they can receive from a particular agency. Additionally, public reporting enhances accountability in healthcare by increasing transparency, CMS says.
NEW CAREGIVING TOOL CONNECTS PATIENTS, LONG-TERM PROVIDERS
NEW CAREGIVING TOOL CONNECTS PATIENTS, LONG-TERM PROVIDERS

By Emily Mullin

A new resource tailored to seniors and their families is available to help connect those in need of caregiving services, such as home health aides or assisted living facilities, and give advice about different kinds of long-term care options available.

CareScout, a subsidiary of life and long-term care insurance company Genworth Financial, launched its AARP Caregiving Health and Advice from Genworth tool to connect elderly individuals to care counselors, service providers, community support groups and other resources. The new service is endorsed by AARP.

Though the number and scope of caregiving services has grown rapidly over the last 10 years, it can often be overwhelming for seniors and their family members to find a solution to their healthcare needs when facing a sudden illness or a gradually approaching, long-term health event.

Millions of AARP members have access to AARP Caregiving Health and Advice from Genworth, a single source service that will provide seniors and their families with the education, support and assistance they need.

Jowynna Michel, operations leader for care resources at CareScout, said the service has a two-pronged approach. First, clinical professionals will develop a care resources option plan for clients, which will include resources that suit their needs. Then, CareScout staff will help connect seniors with those services in their communities. CareScout’s provider network includes 90,000 healthcare providers nationwide.

“Most families don’t know about the different types of care providers out there,” Michel says.

Plus, Michel says that resources are available to older individuals but they are “disparate,” meaning there is no one website or resource that includes every service available to seniors and those in need of long-term care.

“Folks don’t really understand the costs of home healthcare or the limits of assisted living,” Michel says. “People can get really overwhelmed and confused about long-term care. It’s almost a matter of information overload.”

AARP members will have three different options for connecting with the new service – an easy-to-use website, phone consulting services or the preference of having a CareScout registered nurse coming into the home to provide face-to-face consulting.

Michel says there is a growing demand for long-term care services as the baby boomers grow older and as younger generations increasingly do not have the time to care for their aging parents and other family members.

For a membership fee, AARP members can sign up for the web advisor service. More detailed service offerings and pricing information will be made public when the service launches early next year, but Michel says there will be different price levels for each service. In special cases, individuals who are not AARP members can have their membership waived if they wish to sign up for the service, such as a parent looking for long-term care options for a disabled child.

The AARP Caregiving Help and Advice by Genworth tool can be found at http://caregiving.genworth.com. Healthcare providers interested in signing up for the program can visit http://carescout.com/providerprogram.
Earn Your Certificate in Patient Advocacy

The NEW Professional Patient Advocate Certificate Training Program is a comprehensive, accelerated education program aimed at enhancing training for both seasoned patient advocates and those looking to enter this emerging practice.

Focusing on the concepts of patient advocacy, the program will help advocates meet the needs of individual clients with efficient, effective care, thereby improving patient education and satisfaction.

Goals of the Certificate Training Program:
- Provide a baseline introduction to the emerging role of patient advocacy
- Provide structure to the practice for professionals who want to add this component to their current healthcare practice
- Share insights and best practices that advocates can use to assist consumers as they navigate the complex healthcare system

A Certificate in Patient Advocacy Will Help You...
- Introduce a model of care driven by the consumer who wants to be an active participant in their own health
- Learn what Patient Advocacy means in today’s consumer driven healthcare environment
- Validate your expertise
- Improve outcomes
- Advance your practice
- Drive business
- Ensure patients have a voice in their care
- Improve patient satisfaction rates in your organization
- Ensure appropriate use of healthcare resources
- Reduce medical risks and costs
- Demonstrate your qualifications, education, and skill level to other practitioners
- Learn new avenues to expand your business
- Hone your business skills

For questions about this program, please contact clientservices@patientadvocatetraining.com or 888-707-5814.

Find out more at www.patientadvocatetraining.com