2017 Spring Home Health Care Conference

March 28 – 29, 2017
Prairie Meadows Conference Center
1 Prairie Meadows Dr.
Altoona, IA

Special track offered on Home Health Care Value Based Purchasing 2.0
The 2-day conference features six breakout sessions which includes a special Home Health Value Based Purchasing 2.0 track on the conferences second day. You have the option of attending both days of the conference and earning up to 10-hours of continuing education or registering for day two only so you can attend the Home Health Value Based Purchasing education track.

12:00 p.m.  Registration

1:00 p.m.  OPENING GENERAL SESSION – 1.0 CEUs

Creating Moments of Joy
Speaker: Jolene Brackey

2:00 p.m.  Break

2:15 p.m.  EDUCATION SESSION ONE – 1.5 CEUs

(1)  State Agency Directors Panel - CEUs: SS, N, DH, ADM, ALMC, HH
Panel: Rod Roberts, DIA; Chuck Palmer, DHS; Joel Wulf, Dept. of Aging; Brenda Dobson, Dept. of Public Health; Col. Bob King, Veteran Affairs

(2)  Guardianships Gone Wrong
Speaker: Tyler Eason

(3)  Partnerships in Care – Family Partnerships for Persons with Dementia
Speaker: Marianne Smith

3:45 p.m.  Break

4:00 p.m.  EDUCATION SESSION TWO – 1.5 CEUs

(1)  Excellence in Dementia Care – Communication Skills
Speaker: Janelle Johnson

(2)  Financial Exploitation – Trends, Tools, Warning Signs
Speaker: Tyler Eason

(3)  Mental Illness and the Elderly
Speaker: Marianne Smith

5:30 p.m.  Reception with Your Legislators

7:00 p.m.  Evening open
8:00 a.m.  
Registration Open / Continental Breakfast

8:30 a.m.  
EDUCATION SESSION THREE – 1.5 CEUs

(1)  
Home Health Value Based Purchasing 2.0 – Data Analysis  
Speakers: Mary Carr, Mark Sharp

(2)  
Excellence in Dementia Care – Managing Behaviors  
Speaker: Janelle Johnson

10:15 a.m.  
EDUCATION SESSION FOUR – 1.5 CEUs

(1)  
Home Health Value Based Purchasing 2.0 – Clinical Services Management  
Speakers: Mary Carr, Mark Sharp

(2)  
Managing Conflict – Your Own, Your Clients, and Your Staff’s  
Speaker: Lou Ann Brubaker

11:45 a.m.  
Lunch (Provided)

12:30 p.m.  
EDUCATION SESSION FIVE – 1.5 CEUs

(1)  
Home Health Value Based Purchasing 2.0 – Financial Operations Management  
Speakers: Mary Carr, Mark Sharp

(2)  
Getting the Staff You Want and Keeping the Staff You Have  
Speaker: Lou Ann Brubaker

2:15 p.m.  
EDUCATION SESSION SIX – 1.5 CEUs

(1)  
Home Health Value Based Purchasing 2.0 – Payment Models  
Speakers: Mary Carr, Mark Sharp

(2)  
It’s a Buzz! Social Media and the Healthcare Implications  
Speaker: Michelle Kinneer

3:45 p.m.  
Adjourn

Continuing Education Credit Information

A total of 10.0 CEUs are available for Nurses, Administrators and Social Workers

NURSES: This program is approved for nurses, offered by IHCA/INLTC, IBON Provider #166. Providership regulations do not allow for partial credit to be given for any portion of this program.

SOCIAL SERVICES: This continuing education activity meets the Iowa Department of Inspections and Appeals, Health Facilities Division’s established criteria for continuing education credit for Social Service Workers.

ADMINISTRATORS: This continuing education program meets the Iowa Board of Examiners curriculum criteria for continuing education credit for health care administrators.
Home Health Value-Based Purchasing 2.0
In 2016, the Centers for Medicare and Medicaid Services initiated a demonstration program testing out the impact of a value-based purchasing program in Medicare home health services. Nine states were selected for the project including Iowa. With just over a year of experience in HHVBP, home health agencies need to evaluate what are the early outcomes and what best practices have emerged to improve HHVBP “scores” and qualify for bonus payments. This program is the second phase of the educational effort by Iowa Center for Home Care and the National Association for Home Care & Hospice to prepare home health care leaders for the brave new world of value based payment.

1. HHVBP Data Analysis: An Early, but Deep Dive into Lessons Learned
HHVBP is centered around a series of patient outcome and HHA process measures. It is also a competition between HHAs throughout the state that is all about the numbers. Both achievement and improvement can be the foundation for HHVBP financial rewards. What do the 2016 numbers show about HHA behavioral changes? Can we tell whether your agency’s performance qualify your agency as a winner this year? This program presents and evaluates the performance data of HHAs through the third quarter of 2016. It will highlight changes in performance with HHAs in the state that would likely affect the outcome of the HHVBP competition.

2. Clinical Services Management: What Works to Improve HHVBP Performance
The core goal of HHVBP is to reach the best practical patient outcome. HHVBP measures focus on clinical outcomes as central components of a performance measurement system. For many years, HHAs have worked to achieve improved patient outcomes, but there was no direct connection to payment. With HHVBP, clinical success for payments can translate to higher Medicare reimbursement. This program is designed to explore the clinical practices that make a difference in HHVBP scoring. When clinical practices work for patients, HHVBP makes them work for an HHAs bottom-line as well.

3. Financial Operations Management: What are the Keys to Success in HHVBP
While clinical performance is essential for success in HHVBP, a strong partnership with an HHA’s Financial Operations can exponentially improve the chances of positive achievement. Performance tracking, return on investment analysis, cost efficiency strategies, and prioritization of actions can help turn clinical success into bottom-line positive outcomes. This program explores the strategies, tactics, and operational adjustments that the financial management team at an HHA can take in combination with clinical practices that form the foundation for HHVBP success.

4. Beyond HHVBP: Payment Model Innovations in Health Care
The end of traditional fee-for-services, volume based payment models in Medicare, commercial insurance and Medicaid is in sight. In 2017, it is all about outcomes, value, population health management, integrated care, and shared financial risk. Today’s new payment models include Accountable Care Organizations of many sizes and shapes along with bundled payments integrating care episodes for a host of patient characteristics and care settings. In many situations, home care care is the best partner in these innovative payment models, bringing positive patient outcomes in a highly cost effective manner. Are you ready to innovate?
   A. Understanding the Advance Payment Model Landscape
   We will explore the numerous variations of payment reform models including Medicare ACOs, post-acute bundled payment programs, and targeted patient bundles such as complete joint replacement (CJR) Medicare patients. Additionally, the program will cover payment model innovations in managed care, Medicaid, and commercial insurance.
   B. Advance Payment Models: What is a good fit for your organization
   Innovations come and go in health care. Not every new payment model is a good fit for all health care providers. Do you want to be a partner, participant, vendor, a bystander? This discussion focuses on where home health agencies can best fit in various APMS, how to become part of one, and what it takes to demonstrate you belong.
Creating Moments of Joy
Why do we keep utilizing the same worn out, broken approach with seniors; traumatizing, frustrating, depressing, and angering them further? Wouldn’t it be better to use a more effective, successful technique if it were out there? You will laugh, cry and be inspired as Jolene shares stories and successful techniques for more effective communication and interaction with seniors who have dementia and Alzheimer’s disease.

State Agency Directors Panel
Learn the Condition of the State and how it effects long term care, assisted living and home health care. State Agency Directors and Department Heads, will review the State’s current policy and the direction that future State policies will likely go. Each panel member will have an opportunity to discuss the important issues that their departments face on long term care policy and issues.

Guardianships Gone Wrong
This session will take participants through some of the worst guardianships seen in the state of Iowa and the United States. It will examine the failures that occurred and the damages incurred. Participants will learn how to prevent these cases through identification of warning signs, informed and effective interactions, tools at their disposal and steps that are being taken to prevent such cases from occurring.

Family Partnerships for Persons with Dementia
Family involvement in dementia care is often important to "knowing the person" with dementia and assuring quality of life. Training modules based on the Family Involvement in Dementia Care Evidence-based Guideline will be reviewed, with an emphasis on forming staff-family partnerships to enhance person-centered care.

Dementia Care – Communication Skills
This session will discuss communication skills and why these skills progressively change as a result of dementia. It will outline common communication difficulties that occur in different types of dementia, as well as, practical strategies and methods to assist communication with people who have dementia.

Mental Illness and the Elderly
Mental disorders and threats to mental health both cause a variety of behavioral problems that are distressing to the resident, staff, and family alike. Understanding common disorders and overlapping syndromes can help guide decisions related to daily care and treatment.

Financial Exploitation – Trends, Tools and Warning Signs
This session will discuss the growing issue of financial exploitation. Participants will learn of the current trends and scams being used and perpetrated. Participants will also learn about the likelihood that financial exploitation will come from individuals known to the victim and not strangers. Current laws in place to prohibit such actions and protect victims will be also discussed.

Dementia Care: Managing Difficult Behaviors
This session will focus solely on the behaviors of concern that occur in persons with dementia. Discussion will focus on the causes of various behaviors and practical information and approaches to managing and preventing these behaviors from occurring. A 7-step process to P.R.E.V.E.N.T. problematic behaviors and situations will also be presented.

Managing Conflict – Your Own, Your Residents and Your Staff’s
Regain control of the misunderstandings and misbehaviors that can destroy the cohesiveness of a conversation or situation. Whether the issue is medical errors, employee productivity or resident/patient satisfaction, adopt the approaches that correct broken promises, violated expectations and bad behavior. You’ll discover practical, proven alternatives you can use in the most difficult, frustrating situations.

Getting the Staff You Want and Keeping the Staff You Have
Successful health care managers recognize that quality staff is their most valuable asset. The task of attracting, retaining, motivating, training and rewarding good employees is of the utmost importance. Hiring good people is just the beginning. Health care managers must be able to make the work and workplace meaningful. This session will review successful hiring and retention strategies and help you develop a game plan for recruiting and developing a top-tier team.

It’s a Buzz - Social Media and the Healthcare Implications
Inappropriate social media conduct can lead to tomorrow’s headlines. That’s why it is so important for health professionals to understand the recent changes and how they relate to enforcement of HIPAA for both facilities and staff. This session will go into great detail regarding the use of technology and social media and how it relates to the HIPAA Security Rule, in particular with portable devices.
Registration Information

**MEMBER REGISTRATION FEES**
- FULL Two-Day Registration for IHCA/ICHHC Members: $215
- Day ONE Registration for IHCA/ICHHC Members: $100
- Day TWO Registration for IHCA/ICHHC Members: $155

**NON-MEMBER REGISTRATION FEES**
- FULL Two-Day Registration for Non-Members: $400
- Day ONE Registration for Non-Members: $175
- Day TWO Registration for Non-Members: $225

Fee includes CEUs for the sessions you attend, access to conference handouts, refreshment breaks, welcome reception with appetizers and open bar, continental breakfast and lunch on day two.

**HOW TO REGISTER FOR THE CONFERENCE**
- To register you need to access our website: www.iowahealthcare.org and then click on the 2017 Spring Home Health Care Conference under the EDUCATION section of the website.
- Select Register online.
- Complete the online registration and click Submit. A registration confirmation will be e-mailed to you.
- To register another person, click on LOGOUT and repeat this process.

**Refunds/Cancellations**
Refunds will only be granted to those who cancel their registration for the program in writing 3 business days prior to the event. Cancellations after this time/date, no-shows due to weather, acts of God or illness, will be charged the full registration fee. IHCA ICAL reserves the right to cancel any educational program; in the event of such a cancellation, all fees will be refunded.

**Hotel Sleeping Room Information**
Rooms are available at a special discounted rate on the nights of March 27 – 28, 2017
Room rates: $110 + Tax - single or double occupancy
To receive the special rate, mention you will be attending the Iowa Health Care Association Conference.
Please note the IHCA room block cut-off date is March 3, 2017 at 5:00 p.m.