



A TRIBUTE *to the* VISITING NURSE ASSOCIATION *of* GREATER PHILADELPHIA



By LISA
YARKONY

Introduction

A LONG HISTORY OF PUTTING PATIENTS FIRST

The VNA of Greater Philadelphia is among the most historically significant yet forward-looking home health agencies in the country. There are many reasons for including it in this special issue of *CARING*, which explores the elements of leadership and provides examples of excellence in corporate management. To begin with, Philadelphia's VNA has a rich tradition of caring. It was created in 1886, one year after America's first home care agency, the Visiting Nurse Association of Boston. As such, Philadelphia's VNA helped set the standard for all home care agencies in the nation. Second, following the outline created by Florence Nightingale in England, the VNA helped pioneer a bring-it-to-the-people brand of public health services to meet the needs of the thousands of immigrants who located in South Philadelphia at the beginning of the twentieth century. The nurses of the VNA taught them good health habits, nutrition, and proper hygiene; they gave them inoculations to limit the spread of communicable diseases and helped them with maternal and child health care services.

Some additional reasons for recognizing Philadelphia's VNA: Third, when the Great Flu Pandemic hit in 1918, the VNA of Philadelphia helped pioneer the idea of disaster preparedness and response to national health emergencies. Hospitals were overwhelmed, physicians were taxed to the limit by the deadly flu that claimed millions of lives in America and around the world, but the nurses of the VNA stepped into this breach, going where others feared to go as they cared for the afflicted and for the dying. Fourth, the VNA of Philadelphia along with the VNA of New York, helped pioneer the idea of placing nurses in schools. Fifth, when World Wars I and II came along, the VNA helped train nurses who signed up to support our servicemen overseas. Sixth, in 1960, when President John F. Kennedy proposed a federal health insurance program for the elderly, Philadelphia's VNA, along with the VNAs of New York and Boston, provided the model of community-owned, nonprofit agencies that were given the exclusive right under the 1965 Medicare legislation to provide home health services to the aged, infirm, and disabled. In 1983, Philadelphia's VNA was among the first in the nation to provide Medicare hospice services under the law revised by Congress the year before.

Seventh, and finally, recently the leadership of the VNA of Greater Philadelphia, including CEO Stephen W. Holt, VP and CFO Walter W. Borginis, and outgoing Chairman of the Board William L. Stulginsky, has been busy creating the home health agency of the future. In order to serve the needs of the



Walter W. Borginis, Executive Vice President of Finance and Administration and Chief Financial Officer of VNA of Greater Philadelphia

5 percent of Americans who are responsible for 50 percent of U.S. health care costs, they have integrated a medical practice into their VNA, expanded their service area and created an ambitious program to serve the growing numbers of Americans who suffer from Alzheimer's and other cognitive impairments. The VNA is to be commended for its fidelity to a "patients first" ideal — that is, the goal of providing patients with high-quality care that is accompanied by an equally passionate commitment to

the wellbeing of the agency's employees. The VNA's leaders have simultaneously been successful in upholding their proud traditions and incorporating the flexibility that has allowed them to adapt to the current environment and to meet the changing needs of their patient populations. Today that means the 48 million Americans who are on Medicare, an additional 30 million who qualify for Medicaid, and increasingly the 78 million members of the baby boom generation who will soon qualify for the services of one of these two programs.¹

The VNA of Greater Philadelphia Then: **THE MORE THINGS CHANGE THE MORE THEY STAY THE SAME.**

The VNA of Greater Philadelphia has been making history in home care since 1886. The story of the nation's second-oldest home care agency is closely linked to that of the public health movement, public health nursing, and visiting nursing in the United States. Until its inception, "no one had ever heard of such a thing as nursing the sick poor except in hospitals," recalled VNA founder Helen Canan Jenks. Only Boston had preceded Philadelphia in bringing "district nursing" from England to the U.S. The system that Florence Nightingale set up in 1862 demanded dedication and daring from those who chose to adopt it. The work of visiting nurses was hard, often taking them to run-down areas that housed the city's workers and growing immigrant population. Close quarters and poor nutrition led to contagious diseases like typhoid, diphtheria, and TB to take a heavy toll on the city's teeming poor. The "dangerous



classes,” as they were called, frightened and disturbed most well-born people of the time.

But they didn't repel Mrs. Jenks, though she was one of the wealthy haves who hailed from Philadelphia's Main Line. She went where few genteel women had gone before and set a standard for the home care programs that have followed since. What made her dare to venture among the unwashed and unwanted have-nots? Perhaps the reason lies in her religion and her roots. Jenks was a direct descendent of passengers on William Penn's ship *Welcome* that sailed from London to Philadelphia in 1682. Her forbears, like most of the passengers on the ship, were Quakers who had come to this country in search of religious freedom. As Quakers, they also had a strong commitment to peace, social justice, and humanitarian service. Activism was in Mrs. Jenks' blood, so she was stirred when she heard about England's district nurses service from a friend. On March 2, 1886, she led 13 other public-spirited women in founding the Visiting Nurse Society of Philadelphia. Together, they envisioned a voluntary organization that would nurse the contagious and chronically ill who other institutions turned away.

While many shunned the sick poor, Mrs. Jenks and her nurses treated them like family. And they gained support for their cause. Churches, relief organizations, and other Main Line women donated food, clothing, bed linens, and money to the new VNS. When a number of physicians gave their support, the VNS gained the credibility it needed to spread its reach. By the end of its first year, the VNS had made 380 home visits, many of them to immigrants from Europe. In time the VNS provided maternal and child care, immunizations, and lessons on the link between poor hygiene and contamination. The visiting nurses appeared in starched uniforms, carrying black bags filled with medical paraphernalia, and the poor

greeted them like angels from above. But these were angels who weren't afraid to dirty their wings. Besides providing medical care, they tidied up rooms, swept floors, and set an example of cleanliness, neatness, and order.

They also ventured beyond the domestic sphere by playing a notable role in the public health movement of the early twentieth century. They joined physicians, social workers, and city officials in showing the public that many fatal diseases could be prevented. They conducted vaccination drives in schools and sponsored festive occasions like Better Baby contests to spread the gospel of improved care for the young. They sponsored dramatic events about tuberculosis, then known as the "great white plague," and they risked their lives by nursing the infected during the flu pandemic of 1918. The pandemic arrived in the last year of World War I before the Treaty of Versailles officially restored peace. But the VNS was not through fighting its own war on behalf of better health care for all. Many of the nurses volunteered to serve overseas during the Second World War, and others supported the war effort at home.

Whatever the community's needs, the society strived to adapt and offer the services most in demand. So after the war, the VNS expanded its maternal and child outreach program as the baby boom stressed hospitals to the breaking point. As the boomers reached school age, the VNS provided nurses to staff health programs in schools and they took up arms against polio, a disease that sowed terror until the advent of the Salk vaccine in 1955. By immunizing Philadelphia's children, VNS nurses joined the heroic efforts that led the disease to drop from 20,000 cases per year in the early '50s to 3,000 per year by 1960.

This was the year that John F. Kennedy became president of the United States, and by then the society was also providing more care for the aged. In response to the many seniors with long-term illness, the VNS had made an early attempt to coordinate medical and social services for the chronically ill. This inclusive model of senior care made its mark after Kennedy asked the nation to help in creating a national health insurance program for the growing numbers of seniors, many of whom couldn't get coverage to fill their needs. When Medicare became law in 1965, it included a home health program modeled on some of the nation's oldest and most venerated visiting nurse services, including those in Philadelphia, Boston, and New York.

Today, Mrs. Jenks' original VNS operates as the Visiting Nurse Association of Greater Philadelphia, and it's still forging the future of home care. The VNA now provides rehabilitative

therapies, mental health services, wound and ostomy care, and chronic care services. It is making substantial investment in telehealth to give patients an even greater sense of security and comfort. It recently added a home visiting physician practice that employs physicians so VNA patients can get quality medical care in their homes. It is now planning to meet the needs of the 78 million baby boomers whose members have begun to reach their retirement years. And it has changed its focus from contagious to chronic disease as medicine prolongs life, though not necessarily health. With an average daily census of 1,600 home care and hospice patients, the VNA is helping to win the last great civil rights battle, that to give people the right to get the care they need at home.

So much has changed since 1886 when Mrs. Jenks and her 13 friends set out to serve needy workers and newcomers to our nation. But some things remain the same. The VNA is still striving to provide personal and compassionate care that responds to society's changing needs. It is still a nonprofit, community-based agency that gives that care regardless of patients' ability to pay. The VNA honors its past while going in new directions to build the home care agency of the future. And it still has caring leaders who honor tradition while taking advantage of all the advances that time has brought about. Despite the march of medicine, the advent of telehealth, and the passage of decades, a common thread runs through the history of the VNA.

It's the belief that everyone deserves the best of care, according to VNA President and CEO Stephen W. Holt. "I don't think our mission of meeting unmet health care needs has changed in 126 years," he says, as he recalls the dawn of the VNA. "Thousands of immigrants were coming into South Philadelphia at the time with many classic public health diseases. So Mrs. Jenks and her 13 friends hired a nurse named Sarah Haydock and set up an office on Lombard Street. Days passed and no patients came to Lombard Street, so Mrs. Jenks and her friends told Nurse Haydock to go to her patients, not the other way around. At the time, they did not have words like access. They did not talk about the great division between those who get health care and those who don't. They did not talk about the racial divide. They were just committed to providing care to those who could not get it any other way."

A "combination of leadership and need" made Philadelphia a pioneer in home care, Holt explains. Epidemics raged in the early 1900s, many immigrants needed help — and "the timing was right," he notes, when the VNA started looking for support. "My belief is that when there is an unmet community



Stephen W. Holt, Chief Executive Officer, VNA of Greater Philadelphia

need, volunteers will come together to meet it, and that's what makes us different. We are not in the business to increase shareholders' equity, not that that isn't appropriate for business," he says. But Mrs. Jenks and her 13 generous friends had something else in mind. "They came here because they wanted to make things different and they wanted to make things better. That's what makes us stand out, and we're no

different today than we were then."

Of course, the patients have changed from the VNA's early years. Nowadays those over 85 make up a large and growing part of the home care population, but maternal and child care was once a big portion of what the VNA did. "We had baby saving stations throughout Philadelphia," Holt says, "and this is where immigrant women, poor women, would go for teaching on how to take care of a baby. We would also supply





food, and that was obviously a central element. As the '30s and '40s came in, inoculations were a key part of what we did. For many years, we were the sole school nursing program in the city of Philadelphia, and all the school nurses came from the VNA. So that was a critical part of our business early in our history. As the years went by, the city and county took on more and more of those functions — but the more things change the more they stay the same.”

Holt saw how true this was when he gave his annual report at a recent meeting of the VNA's board. There had been a slew of problems over the past year, he told the board. “I said we've had a spate of resignations at the management level, difficulty in recruiting nurses, pressures on nursing salaries, government with last-minute unexpected demands,” he recalls, and “everyone was very sympathetic to my comments.” But they erupted in laughter when he revealed he was reading from the annual report of his predecessor in 1905. “The women from the Visiting Nurse Society thought they were going to finish the year in the black,” Holt explains. “Well, three days before the end of the fiscal year, they had to repair the fire escape, thus throwing them in the red. So I read that report, and I thought we don't really have any different problems than they did in 1905. And it gives me comfort to read what my predecessors went through and to see that it's not that different.”

This is especially true when it comes to one of the core components of home care: the interaction from patients and providers. Now, as in Mrs. Jenks' day, home care patients look to nurses for empathy and education, Holt has observed on his frequent visits to patients' homes. “I like to go into the field,” he says, “with nurses, nurses' aides, hospice team members, and

now physicians because I learn much more visiting patients than sitting behind my desk. What I have found is that not that much has really changed in 126 years. It's still about one human being touching another and the warmth that can come from that. For elderly patients, it's about knowing that someone cares enough about them to go and visit them. I don't think that's really changed because we are all still human beings.”

And the VNA's nurses still provide some of the same services they did back then, including patient education. “The instructional part hasn't changed,” Holt says. “I see things related to hygiene that our nurses were talking about in 1886. And the instructional part is still one of the most rewarding aspects of being a visiting professional.” In fact, teaching patients is even more important now with all the advances that medicine has made. Teaching families also matters more as technology allows patients with complex medical conditions to remain safely in their homes. So patients and families get a “roadmap,” as part of the telemonitoring program at the VNA. Patients learn their individual parameters and a color coding scheme to check how they're doing every day: green, you're OK; yellow, caution; and red, call a nurse. “These zone treatments are instructional tools for diabetes, CHF, and other diseases,” Holt explains, “and when you think about it, that's no different than what we were doing in 1886. The teaching part remains very much the same and very vital, too.”

The VNA Now: **HOME CARE IS ABSOLUTELY TAILOR MADE FOR CHRONIC CARE.**

At the same time, there's a mix of new services, including a substantial mental health division. “Thirty percent of the elderly have a depression problem,” Holt says, “and depression is one of the diseases we treat at home. Now the Medicaid benefit has always paid for mental health services, but very few folks provide them because the nurses do need special training and/or experience beyond the standard curriculum required for a registered nurse. The nurses' qualifications have to be reviewed by various payors, and the productivity is not as high.” But it helps, he adds, if you have a mental health team so the nurses can give one other support. Using this team approach, the VNA does therapy and medication management for bipolar patients.

“We do not believe in separating the physical and the mental,” Holt says, “so we are trying to bridge the mental health and physical health silos. If you are going to keep a patient at home, they are going to end up in a psychiatric hospital with a mental illness just as easily as they are going to end up in a physical care hospital with congestive heart failure.”

Chronic patients, like those with CHF, are part of the 5 percent of Americans who account for 50 percent of health care costs. “Home care is the answer to this problem,” Holt says, “particularly home care that is physician based. So we’ve added the home visiting physician practice to the VNA, and at last home care, at least in this agency, will be able to diagnose and prescribe. Supported by our physical health nurses, therapists, aides, and nurse practitioners, we are in a much better position to care for the chronically ill because we have a person who can diagnose and prescribe within the home setting. You don’t have to go to the emergency room, you don’t have to go to the hospital because you have a physician who can respond to patients and will be responding 24/7. Also because we have a chronic care program, our nurses are chronic care nurses who look at patients in a different way.” They learn about their patients’ lives, families, where they receive medical care, and all the medications they take,” Holt says. And all this knowledge means that “home care is absolutely tailor made for chronic care.”

Nurses also bring their know-how to the VNA’s hospice, making it a model for other service organizations in the city. And nurses are the reason why this hospice program is special, according to Dr. Stanley Savinese, who became the VNA’s hospice director last year. He says he chose to work at the VNA because “it is very much a nurse-driven organization. While doctors certainly play a role in end-of-life care and hospice care and palliative care, nurses give the hands-on care. They really know what’s what and how to do it. And I appreciate being able to work with an organization where the nurses are so highly respected” both for their skills and for that special something behind everything they do. The number-one word that describes hospice at the VNA is “compassion,” Savinese says. “Our nurses really care about their patients, and when you have compassion, everything else follows in line. All those other things are natural outgrowths from compassion as your number-one source of motivation.”

This caring spirit has helped create a strong demand for hospice services at the VNA. “We never run out of sick people,” Savinese says. “That’s for sure. There are always more



Bill Stulginsky, Chairman of the Board and Stephen W. Holt, Chief Executive Officer both of VNA of Greater Philadelphia

patients to care for, and we serve patients who really need us. A lot of primary care, which is where my roots are, is caring for the worried well, producing medical care for people who don’t really need it quite so much. But here, this is the real deal. At the VNA, we care for people who are very sick, and we make an enormous difference in their lives.” And the VNA has done this despite the financial roadblocks it faced in recent decades.

Beginning in 1998, the VNA suffered, like all the nation’s home care agencies, due to the Balanced Budget Act of 1997. Under the act, Congress set out to trim the growth rate of the Medicare home health benefit, but through actuarial miscalculation wound up cutting it dramatically. Total Medicare expenditures in five years dropped from nearly \$18 billion to about \$8.5 billion. The number of beneficiaries receiving home care under Medicare was reduced by about 1 million people. At the same time, a new payment system was introduced, and the combination of these factors had a devastating effect on the industry, with some 40 percent of Medicare participating agencies going out of business. The VNA was shaken, but it survived. Resiliency is clearly its strong suit, as it showed eight years ago when Congress put additional cuts in place.

At the time, the agency was again showing financial losses, so it brought in CFO and VP Walter Borginis who has a reputation as a turnaround expert. He helped the VNA regain its financial footing and was an excellent partner, complimenting the work of visionary CEO Stephen W. Holt. Six years ago, the VNA added the final element to reach critical mass in the person of William Stulginsky, a national partner managing



health accounts for PricewaterhouseCoopers who served as chair of the board from 2007 through mid 2012. During this time, “we have had great and engaged board members,” Stulginsky says, “and we are fortunate in having two nurses on our board. Joan Harrison, RN, chairs the VNA’s Program Committee and oversees our quality performance metrics. Joan Lynaugh, PhD, RN, FAAN, is Director Emerita of the Barbara Bates Center for the Study of Nursing at the University of Pennsylvania, and she has supported the implementation of our visiting physician and nurse practitioner service. Other board members have been actively engaged in marketing, pension management, HR, finance, and various programs,” Stulginsky says. With their support, he committed the VNA to creating and implementing a strategic plan.

Decades of working in the business world have taught Stulginsky that there are three types of people. “There are those who watch what happens. There are those who wonder what happens, and there are those who make things happen. I like to think I’m one of the people who make things happen,” he says. And this isn’t just wishful thinking as he showed six years ago when he helped the VNA find a new sense of direction. “At the time, our board and management did not share a cohesive vision for the VNA,” he recalls. “It was important for management and board to be on the same page, so we conducted focus

groups to come up with a number of overarching goals: expand our mission, make it our business to serve more people, expand our footprint in Philadelphia, and strike a balance in terms of profits and the care that we provide.”

Building on these broad objectives, the VNA came up with a strategic plan focused on mission, strategic service growth, philosophy, and PR campaigns to tell more people about the services the VNA provides. “The strategic plan brings all the critical elements together and gives us guidelines in making decisions,” Stulginsky says. “It has helped us achieve measurable goals, retain and retrain people, expand our hospice operations, and make our board even stronger.” Based on what the VNA has achieved in recent years, its future is secure. Of that Stulginsky has no doubt. “We’ll have success,” he predicts, “despite what the economy or market place throw at us.” And they’ve thrown many challenges at the VNA in recent years. But Stulginsky intends to “never give up,” despite what roadblocks appear.

And when problems do come up, Walter Borginis is adept at giving his staff the guidance and support they need. “I allow them to operate somewhat independently,” he says, “but make sure they understand that every time they reach an obstacle, I’m there to solve it. I really think the strength of a good manager is to allow people to reach their natural potential by not having obstacles get in the way.” And VNA managers can do their own jobs better because of the strategic plan, he adds. “The strategic plan isn’t like a railroad track that is narrow and set in its way. It’s really like a guidepost on a highway, where it sets certain boundaries but also gives you a lot of freedom to choose what direction you go and at what speed you go. That sense of direction has forced our management to really work together and know what’s important, what’s not important, and how to create focus in the organization.”

As part of this team effort, VNA managers looked at all their programs and decided which ones to grow, which ones to pare back, and which ones had a long-term future. About three years ago, they also decided to create a new office with room for a 14-bed inpatient hospice unit, Borginis relates. “We created a lot of jobs, and we created a lot of value for the organization by making this move. The in-patient hospice unit is much in demand, Borginis explains, because all the other hospice units in Philadelphia are part of hospitals. “If you are looking for a serene place to address a terminal illness, you don’t really think of a hospital, where there are all kinds of staff coming and going, all kinds of visitors, all kinds of overhead

paging. Our hospice, because it's in a freestanding building, has a much quieter environment," and it's a big reason why the VNA has doubled its revenues over eight years to an annual sum of nearly \$40 million.

Yet challenges remain, Borginis admits, and a major one is how to remain an independent agency. "We have competition in Philadelphia from about a hundred different home care agencies," and this makes the VNA's visiting physician practice matter even more. "If you look at hospital systems in Philadelphia, what they did to have patients for life is they acquired doctors' practices. When one of our patients calls 911 and is admitted to a hospital, we never see them again," Borginis says. So the home visiting practice is a way to keep patients and also target people that no one looks to serve — unless they wind up in the ER. "Most of our patients are located in the poorest parts of Philadelphia. There's no one on the physician side or the health system side that's chasing those patients. They're not getting the health care they need. We need to go into their homes and provide all the services they are entitled to under Medicare and other forms of insurance."

The VNA of the Future **PRIMARY CARE AND HOME HEALTH CARE IS A MARRIAGE MADE IN HEAVEN.**

Having doctors work for home care agencies is not just good for patients; it will again make home care the heart of health care, Stephen Holt explains. "If you look at the early history of home health care in the 1910s, 1920s, and 1930s, it was the center of health care. Then in the '50s, '60s, and '70s, government paid for the construction of nursing homes and hospitals. We saw the rise of these immense institutions and the hospital became the center of health care. Home care was told to follow the orders of physicians who worked directly for hospitals or whose practices were connected to hospitals. Home care was marginalized in the process. So how do you get it back to where it was? You do it by moving the physician or nurse practitioner into home health care as an employee. You build a primary care practice within the home care setting," as the VNA has done with its visiting physician practice.

Patients will be the primary ones to benefit, Holt says, when all home care agencies have physicians working for them. "The

home care patient will be part of the physician's practice but will be seen much more frequently than a middle-aged adult, depending on their medical needs. The physician will be supported by a nurse practitioner or physician's assistant, and the nurse and physician can prescribe medications, the nurse under a collaborative arrangement with the physician. In addition, the physician will be making a diagnosis at home, something we have sorely lacked in home care," Holt says, leaving many patients without the medical care they need. "Believe me, there are millions of patients who cannot get to a physician. They truly are homebound. Physicians won't go to them. So what do you do? You are going to bring the physician to them, and that is an appropriate role for home health care."

Putting a doc on the home care team will let more patients remain in their homes than ever before, and technology will help by keeping clinicians on the same page. "It's always a challenge," Holt admits, "to stay in communication about the status of a patient when you have several different people visiting the patient at different times." But technology is solving the problem, as Holt sees when he makes his own visits to patients'





are measured in the home and transmitted back to the central office where patients are managed.” Telehealth has provided benefits for thousands of VNA patients, But it’s not a panacea, Holt admits as he recalls a patient he visited about two years back. “The nurse was trying to talk the patient into the little box and she said, ‘No.’ I asked, ‘Why is that?’ And she said, ‘Well, my husband has the entire desk, except for this one little area, and if you put that box in this one little area, I won’t have any part of the desk at all!’”

So technology is not for everyone, Holt laughingly admits. “But neither is any one solution appropriate for everybody,” he notes. “It’s all about the combination of what home health care can do. That’s why I feel we’ve only begun on the journey. Technologically, this journey is going to be full of great excitement because home health care can finally establish itself as the center of health care. But I do not believe it can do this unless it has the ability to diagnose and prescribe in the home. This can only be done when home health care agencies hire full-time visiting physicians and nurse practitioners and physician assistants. To me, that’s the very future of home health care and one of our greatest opportunities. Primary care and home health care is a marriage made in heaven. We just have to make

homes. “I can go into a home now with a nurse,” he says, “and the physical therapist has been there the day before. What went on?” Technology makes it possible to know, Holt says, because you can go on your laptop and pull up the physical therapist notes from the day before. “Ten or 12 years ago, you had to go back to the office and pull the record — that is if the progress note had even been filed at the time. So in terms of communication, we are light years ahead of where we were” because of what technology lets us do.

To list a few of its benefits: Technology gives patients some control over their own health care. It helps to reinforce good health habits. It allows adult children to monitor the well-being of their parents at a distance. It allows home care agencies to monitor the telemetry and make more efficient use of nurses’ time by dispatching them when the data shows there is problem. It allows for this data to be transmitted directly to a physician, or through the agency to the physician, so there is better and more up-to-date information about patients’ progress. It lowers the cost to Medicare, insurance, and other payors. It creates a digital record that can be audited and that tells you who was in the home, what they did, and what they did not do, militating against fraud and abuse. Finally, it is a “great equalizer” that fosters the delivery of high-quality care in rural areas and irons out disparities that have existed for years.

Technology is also helping home care to cut costs and collect better data, as Holt has observed at the VNA. “Ten years, we had 16 people in our medical records department; today we have three,” he relates. “Ten years ago, telehealth was all about the TV in the home. Well that’s gone the way of the Dodo bird. Now people are measuring metrics, which is much cheaper and much more useful since patients’ metrics



it happen,” Holt says, and the VNA has already begun. As its leaders break new ground in home care, they’re showing that everything old is new again.

The VNA of Greater Philadelphia is forging the future while preserving the past. It’s investing in cutting-edge technology, but it combines high tech with the high touch that has always soothed the aged and ill. Some of its programs are new and they target chronic disease instead of the contagions of days gone by. But they still fulfill the VNA’s early mission of responding to patients’ changing needs. Its home visiting physician practice is setting a model for the nation by bringing primary care to the home. Yet it also recalls a golden time when home care was the center of health care in the United States. That’s how it was in the days of Mrs. Jenks, the VNA’s pioneering founder

whose Main Line roots didn’t blind her to the misery of the tenements and streets. The VNA still follows in her footsteps by going where no home care agency has gone before.



About the Author: *Lisa Yarkony, PhD, is a senior writer and editor with CARING Magazine. She has expertise in health systems both past and present. She can be reached at lisa@nabc.org.*

¹Under the Affordable Care Act, an additional 30 million people are slated to qualify for Medicaid services beginning in 2014.

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