

# LOOK HOMEWARD

*A publication for the supporters of  
Visiting Nurse Health System*



## *Back-To-The-Future*

*Primary Care at Home Is One Solution To Our Healthcare Crisis*

INDUSTRY UPDATE

# Shift to Healthcare at Home Gains Momentum

## Data Begins to Tell the Story

The general election approaches and the national healthcare debate rages on. Will the Affordable Care Act survive come Inauguration Day 2013? It's too early to tell, but one thing is evident: more Americans are able and willing to recover from a disease or injury, face a life-threatening illness, or simply grow old, not in a hospital or nursing facility but in the comfort of their own home. Over ninety percent of Americans over 65 prefer to age in place (at home), according to a recent Washington Post/AARP study.

Healthcare at home was the norm in the early 20th century but became less prevalent, nearly disappearing by the end of the century. Today, several factors are driving this shift back to healthcare in the home:

1. People are living longer lives and want more control over their own healthcare as they age,
2. The cost of healthcare has increased while people are under financial stress,
3. Technological and medical advances allow for effective healthcare at home, and,
4. Medicare and other healthcare payers are under increasing financial pressure to cut costs.

This shift in healthcare venue equates to a substantial and timely cost savings that will help ease the financial constraints contributing to our national healthcare crisis. The average cost of one week in a hospital can be 50 times the cost of one week of comparable care at home. For terminally ill patients the costs of a lengthy hospital stay add up dramatically. By turning to in-home palliative and hospice care these patients not only save money but also improve the quality of their final days. These trends are evident in a June 2012 report to Congress by the Medicare Payment Advisory Commission (MedPAC) which states that 45 percent of people aged 85 or older spent their last days receiving hospice care in 2008, up from 21 percent in 2000.

Government administrators and hospital leadership are also increasingly on board with the positive effects of this shift towards healthcare at home. Medicare

spends nearly \$17 billion per year for patient readmissions within 30 days after being discharged from the hospital. A single episode of readmission costs roughly \$6,000 – \$10,000, and national average 30-day readmission rates are nearly 16 percent\*. By lowering readmission rates, home healthcare is providing significant cost savings to Medicare and individual hospitals.

Whether or not the Affordable Care Act remains intact, this movement back towards healthcare in the home will continue to gain momentum given our attitudes towards aging in place and the financial ramifications of that choice. For over 60 years Visiting Nurse Health System has been offering healthcare at home, and our data and experience bear witness to this national shift. ■

\* 2009 rate survey from The Dartmouth Institute for Health Policy & Clinical Practice

90% of Americans over 65 prefer to age in place

## LETTER FROM THE PRESIDENT



Dear Friends,

Part of Visiting Nurse Health System's role as a nonprofit is to develop and implement innovative programs which produce better patient outcomes and reduce costs of care. A great example of this is our primary care HouseCall program that we have been running since 2010 which provides primary medical care in the comfort of the patient's home. HouseCall was **one of 19 programs selected nationwide for the Independence at Home (IAH) Medicare demonstration** legislated by the Affordable Care Act. Visiting Nurse was one of only two home healthcare providers selected.

The purpose of the IAH demonstration is to test a service delivery and payment incentive model that uses home-based primary care teams to improve health outcomes and reduce Medicare expenditures by decreasing avoidable hospital care. This three-year project will serve patients across all demonstration sites with no additional cost to taxpayers. As early as 2014 incentive payments will be available to providers who reduce Medicare expenditures. The project requires extensive documentation and reporting of quality measures, such as making timely contact with patients upon admission, specifying patient and caregiver preferences and goals, and tracking patient satisfaction metrics. To support the success of the project, Visiting Nurse participates in collaborative calls every other week with the other demonstration sites and the American Academy of Home Care Physicians (AAHCP), which was instrumental in creating the demonstration project. On these calls we discuss common challenges among practices and implementation issues.

The IAH demonstration is designed to focus on the sickest and costliest patients. Philanthropic support allowed us to launch our primary care HouseCall program and it will be such support that allows us to continue to perfect the delivery model required to garner Medicare incentive payments. Thank you for your continued support.

Sincerely,

A handwritten signature in black ink that reads "Mark Oshnock". The signature is fluid and cursive, with the first name "Mark" and last name "Oshnock" clearly legible.

Mark Oshnock  
President and CEO  
Visiting Nurse Health System



# Healthcare Like It Was, Only Better

## In-Home Programs A Viable Solution To Our Healthcare Crisis

Remember when you or a loved one was sick in your own bed and the family doctor made a house call? Not many of us do. In those simpler times, the doctor knew just enough about diseases and their treatment to be effective and therefore charged nominal fees; patients relied on the wisdom of their town doctor and retained him throughout their lifetime. How times have changed! As our country struggles to find a way to provide affordable healthcare to all of its citizens, it's becoming obvious that we've lost a medical practice that made financial sense and provided a time-tested form of compassionate care.

The twentieth century witnessed the migration of healthcare from the home to expansive hospital systems that contained the latest technology, medication and treatments. This shift to hospital care naturally increased costs due to advancements in disease management, related technological breakthroughs and staff expertise. As the population grew and lived longer the hospital system grew along with it. Continued advances

in healthcare saw more diseases identified and treated, adding more costs to health systems that were already showing signs of strain. As costs continued to skyrocket, it became evident that access to and affordability of healthcare needed to be addressed.

This is, of course, a simplified history of a very complex national health system, but history can also be a wise teacher: not every patient needs hospital care throughout their treatment. So why not return to the days of more affordable and accessible home healthcare? The big difference between the house call of the past and today's in-home care is the level of sophistication of portable diagnostic tools, telemonitoring, access to electronic medical records, and advancements in treatment procedures. Visiting Nurse Health System recognized this reality over 60 years ago by serving patients where they live, with the goal of limiting hospital stays and readmissions. Only now is this solution being seriously considered on the national stage as a genuine answer to America's strained healthcare system.

One area of home healthcare that Visiting Nurse has been refining since initiating the program is now being tested nationally. We were recently chosen as one of 19 national Independence At Home (IAH) Demonstration sites, a three-year program that began June 1st for Medicare patients who are at risk for repeated hospital admissions and emergency room use. The demonstration project, which was mandated as part of the Affordable Care Act, is testing a service delivery model that utilizes primary care teams to provide timely in-home care to Medicare patients with multiple chronic illnesses and functional impairments. Visiting Nurse was selected based on the success of our HouseCall program, which was formally established in 2010 and is staffed by a physician and two nurse practitioners. At the time of the selection HouseCall had served 230 patients. We expect to serve 1,000 eligible Independence at Home participants by the end of the three-year demonstration.

Healthcare reform legislation has authorized incentive payments to demonstration providers in addition to Medicare's regular funding, based on how much the participants reduce hospitalizations and other Medicare costs.



“Medicare Part B only reimburses us for the partial cost of each HouseCall patient visit,” says president Mark Oshnock. “But we are confident that the data at the end of the three-year demonstration project will prove substantial cost savings and therefore incentivize Medicare to increase the amount of reimbursement provided for in-home visits.” In the meantime, additional donor funding is still needed to offset the costs in the absence of a full Medicare reimbursement. Funding for the HouseCall program was initiated by grants from the Jesse Parker Williams Foundation, J.B. Fuqua Foundation, Mary Allen Lindsey Branan Foundation, and the Georgia Health Foundation, plus a recent first-time pledge by United Way. Investments made by these forward-thinking foundation Boards and their staff in the HouseCall program have resulted in our participation in a project which has positive implications for healthcare across the U.S.

Our aging population also means an increase in Alzheimer’s cases, a disease absent in the practice of home healthcare in the early 20th century. Visiting Nurse Health System’s Alzheimer’s Support program helps ease the stress of caring for family members with Parkinson’s, Alzheimer’s, and other forms of dementia. Our team of certified nursing assistants (CNAs) offer in-home respite care for patients, giving family members peace of mind that their loved one is safe and well cared for while they pick up groceries, run errands, or simply take a break from the constant role of caregiver. During respite visits, our CNAs provide personal care services and disease management for Alzheimer’s and Parkinson’s as needed. Respite care also allows caregivers to attend to their own careers and continue providing for their families, a necessary responsibility in tough economic times.

Another shift in healthcare returning to the home environment is the evolution of palliative care, which is a coordinated and compassionate model of care for people living with a life-limiting illness. Palliative care allows families to choose their own balance between aggressive treatment of the illness and care that mitigates the symptoms of both illness and treatment. It combines the attention to medical, emotional, social and familial needs that a patient receives in hospice with the option to pursue active treatment of the illness. For

instance, patients receiving palliative care might still receive aggressive chemotherapy and radiation treatments, but a more holistic approach also addresses symptoms such as physical pain, nausea, depression, impaired cognitive functioning, social isolation and other side effects. Like hospice, it improves management of physical and psychological symptoms as well as caregiver wellbeing and quality of life for the patient and family. However, unlike hospice, a patient does not need a diagnosis of six months or less to live to receive palliative care.

In the recent past, care of patients with a life-threatening illness was dictated by the healthcare system or the patient’s physician. Palliative care ensures the care received is aligned with patient and family needs and driven by their agenda through a plan of care that focuses on the best possible quality of life, whether the goal of care is a cure, life prolongation, or achieving a peaceful, dignified death. More often than not, these patients receive this treatment in the comfort of their own home, meaning the care is provided by a family member. As with other in-home treatment programs, caregivers in palliative cases need practical and emotional support as well. By identifying family needs, fears and knowledge gaps, palliative care programs improve a family’s feeling of confidence in their loved one’s care.

Families are becoming more involved in caring for loved ones even as they face their own challenges of daily life. As home healthcare becomes more affordable and accessible, and as the population lives longer, the definition of “care” in general has been expanded. Not only does Visiting Nurse care for more patients, but as families become more involved in caring for their loved ones our work impacts the needs of the caregivers themselves.

Visiting Nurse continues to serve the community as we have since 1948 with excellent care at home. It is encouraging that home healthcare is now viewed as an answer to America’s healthcare crisis. Through programs such as HouseCall, Alzheimer’s Support and Palliative Care we meet these critical needs that are essentially unmet by other local providers. And as the nonprofit provider of these services we continue our work to mend our nation’s healthcare problems and improve the lives of those we serve. ■

*“We are confident that the data at the end of the three-year demonstration project will prove substantial cost savings and therefore incentivize Medicare to increase the amount of reimbursement provided for in-home visits.”*

Mark Oshnock  
President

CURRENT EVENTS

# Advisory Board Annual Meeting Highlights the Independence at Home Medicare Demonstration Project

## Keynote Speaker Dr. Peter A. Boling Presents His Findings

*“Anyone needing  
medical care at home  
should have it.”*

*Dr. Boling*

On Tuesday, September 11, Visiting Nurse Health System held its Annual Advisory Board breakfast and business meeting. In attendance were Visiting Nurse Advisory Board members, Board members, foundations, partner providers, and donors. In addition to highlighting the progress and achievements made by Visiting Nurse in 2012, the primary goal of the meeting was to present the goals, intent and genesis of the Independence at Home (IAH) Medicare demonstration project, and specifically how it assists in decreasing avoidable hospital readmissions. The Visiting Nurse HouseCall program was one of

19 programs nationwide selected to participate in the IAH demonstration project. Keynote speaker Dr. Peter A. Boling discussed his 25 years of research and practice in delivering primary care in the home, and how that work became the model for the IAH project.

Early in his presentation Dr. Boling stated his career goal: “Anyone needing medical care at home should have it.” This philosophy is the foundation for his Home-based Primary Care (HBPC) team model developed in his House Calls program at Virginia Commonwealth University. HBPC is an extended, connected network of



■ Gail Watson, Dr. David Watson



■ left to right: Rich D'Amato, E. R. Mitchell, Mark Oshnock, Bob Quattrocchi



## CURRENT EVENTS

Jon R. Harris, Jr., Mike Nolte

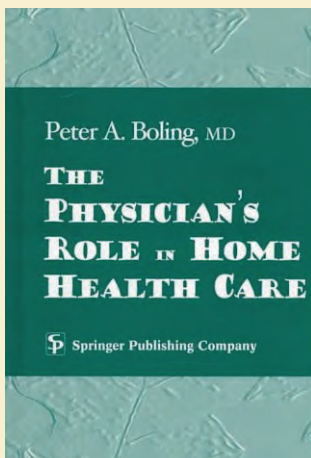


Dorothy Davis, Dr. Kieran A. Cooper



physicians, nurse practitioners, and social workers attending to the sickest of patients. Results from this program saw hospital readmission rates reduced by half and hospital lengths of stay reduced by two and one half days. The program expanded nationally through 130 Veterans Administration centers reaching 23,000 patients. To date, the VA program is realizing a 15-20% reduction in overall costs.

Because 35% of Medicare costs are incurred in the hospital, Dr. Boling believes shifting healthcare back to the home and reducing hospital readmissions could save Medicare \$50 billion if the concept was fully embraced by all providers and patients. Dr. Boling noted he spends one-third of his time not visiting patients but coordinating care, such as driving to appointments, making phone calls, attending meetings and doing administrative tasks. Because Medicare reimbursements do not cover this significant portion of a clinician's time, Dr. Boling made a strong case for continued philanthropic support.



Dr. Boling's work includes authoring *The Physicians' Role in Home Health Care* (available on Amazon) and advising Medicare on home health care quality. He is currently a Professor of Medicine at Virginia Commonwealth University Medical Center. He chairs the Geriatric Medicine Division which has 20 faculty members and numerous initiatives that include PACE, hospice, transitional care, inpatient consults, nursing home care, office practice, and two home-based care programs. In 1984 he started House Calls at VCU, a program he still leads. Dr. Boling chaired the Home Care Advisory Committee for the Joint Commission

in 2008-2009 and has been the principal investigator on two grants from the Donald W. Reynolds Foundation. He is co-director of the Virginia Geriatric Education Center, a fellow of the American Geriatrics Society, recipient of the Nascher-Manning career award (2000), past-president of the American Academy of Home Care Physicians (AAHCP) and President of the Virginia Geriatrics Society. He co-led efforts to increase Medicare physician payment for house calls and domiciliary visits in the 1990's and played a key role in developing the current Independence at Home legislation.



After three years of cultivating bipartisan Congressional support, Dr. Boling's HBPC model became the model for the Affordable Care Act's IAH project which has produced an exciting, tangible opportunity to demonstrate the cost savings of delivering primary healthcare in the patient's home. Since 2010 Visiting Nurse has been delivering similar care through our HouseCall program, which was made possible by our supportive and visionary philanthropic community. ■

PROGRAMS

# Hospice Atlanta Center Preservation Fund

## Created to Ensure the Long-term Strength of the Center

### THE ANDREW AND EULA CARLOS HOSPICE ATLANTA CENTER

*“Establishing this fund to continue the extraordinary care that the Hospice Atlanta Center provides for its patients and their families has great meaning for our family and to all of those families who have been comforted there in their time of need.”*

*Jimmy Carlos*

On April 18, 2012, the Visiting Nurse Health System Board of Directors approved the creation of the Hospice Atlanta Center Preservation Fund. The purpose of the Preservation Fund is to ensure the long-term strength of the Hospice Atlanta Center and Visiting Nurse Health System’s ability to respond to the varying needs of the Center. Visiting Nurse will use the fund to achieve the following objectives:

- Finance a pre-determined portion of routine and all non-routine maintenance, repair or renovation projects at the Center.
- Promote public and donor confidence in the long-term sustainability of the Center.
- Enable the organization to sustain operations at the Center through unforeseen financial setbacks.

The Preservation Fund will be governed by a committee composed of no less than three existing members of the Board of Directors or Advisory Board. Board of Directors member Jimmy Carlos has committed to chairing the committee, ensuring that it serves the best interests of the Center and the donors who have invested in it. “Establishing this fund to continue the extraordinary care that the Hospice Atlanta Center provides for its patients and their families has great meaning for our family and to all of those families who have been comforted there in their time of need,” said Carlos.

Excess funds from a \$1.4 million capital campaign to finance renovations at the Hospice Atlanta Center totaling \$37,555 were used to begin the fund. A \$500,000 bequest from the estate of Elkin Goddard Alston will be used as a cornerstone gift, and charitable contributions will be solicited to build the balance of the fund which has a \$5 million goal. ■



# Looking Back, Giving Forward

## Bequest provides first leadership gift for Preservation Fund

**A**t Visiting Nurse, we are always looking to the future, anticipating how best to meet the rising demand for home healthcare with best-in-class programs that improve our patients' lives. Occasionally, though, we are reminded of the importance of looking back to remember those whose commitment, leadership and vision made Visiting Nurse the organization it is today. This year, that reminder came to us in the form of a \$500,000 bequest from the estate of Mrs. Elkin Goddard Alston.

"A gift like Mrs. Alston's is so encouraging," says Lisa Robinson, Vice President of Advancement. "When a donor makes plans for such a generous provision beyond her lifetime, it is a tremendous expression of confidence in Visiting Nurse and its enduring value to the community."

Mrs. Alston's involvement with Visiting Nurse began with her interest in children's health. In the late 1980s, she was instrumental in building connections between hospice programs at Visiting Nurse and Egleston Children's Hospital (now Children's Healthcare of Atlanta). Visiting Nurse formally established a children's hospice program in 1991, the first of its kind in Georgia, and it remains the largest in the state.

Mrs. Alston's bequest will be used as a cornerstone gift for the new Preservation Fund, which will support ongoing maintenance and capital improvements for the Hospice Atlanta

Center. A small committee, appointed by the Board of Visiting Nurse and chaired by Board member Jimmy Carlos, will oversee the Fund and ensure that it serves the best interests of the Center and the donors who have invested in it. Mrs. Alston's son, John G. "Jimmy" Alston, Sr., and her granddaughter, Jennifer Euart, will share a seat on the oversight committee.

Their involvement is particularly appropriate because one of Mrs. Alston's greatest priorities was passing on to her children and grandchildren the philanthropic values she learned from her parents. "Though my grandmother was quiet about her own giving, she instilled in us the importance of giving,"

says Mrs. Euart. "She took up the causes her father cared about, she discovered her own, and she made it possible for us to follow in her footsteps."

Mrs. Alston's gift and the Preservation Fund will help ensure that the Andrew and Eula Carlos Hospice Atlanta Center remains an extraordinary place of comfort and care for patients and their families, next year, five years from now and well into the future. And for that, we look back and say thank you. ■

For more information on the Preservation Fund or on making an estate gift to Visiting Nurse, contact Lisa Robinson, Vice President of Advancement, at 404-215-6015 or [lisa.robinson@vnhs.org](mailto:lisa.robinson@vnhs.org).



*"Though my grandmother was quiet about her own giving, she instilled in us the importance of giving. She took up the causes her father cared about, she discovered her own, and she made it possible for us to follow in her footsteps."*

Jennifer Euart



## CURRENT EVENTS



# Save-The-Date

## 2013 BIG-TO-DO



The BIG-TO-DO will return to Snow Mountain Sunday, February 10, 2013, for a second snow adventure. The annual BIG-TO-DO benefits the Children's Program of Visiting Nurse Health System. This program meets the comprehensive medical, physical, emotional, and spiritual needs of pediatric patients and their loved ones through long-term care at home, hospice services at home and at the Hospice Atlanta Center, and in the Camp STARS bereavement programs.

"The thrill of snow tubing down Snow Mountain with family and friends and warming up indoors while supporting families who need our care is why everyone should save-the-date and join us at the BIG-TO-DO," said benefit Co-Chair, Britton McLeod.

If you would like to join our BIG-TO-DO Host Committee, we need both individual and corporate team fundraisers. To learn more, please contact [sue.carpenter@vnhs.org](mailto:sue.carpenter@vnhs.org).





David W. Ghegan



Charles H. Morgan



## Visiting Nurse Health System Welcomes Two New Members to its Board of Directors

**D**avid W. Ghegan, a partner in the Corporate practice group at Troutman Sanders LLP, has joined the Board of Directors of Visiting Nurse Health System. David's practice primarily focuses on the representation of public and private companies and investment banking firms in a variety of corporate transactions, including capital raising activities and mergers and acquisitions. David has served on our Advancement Committee since 2008 and he helped establish the Chrysalis Club, a next generation leadership group supporting the hospice program at Visiting Nurse Health System via networking, volunteering, and fundraising. He also

serves as a member of the Board of Directors of the Business and Finance Section of the Atlanta Bar Association and as a member of the Advisory Board of Breakthrough Atlanta. "David's personal commitment to our hospice program and the patients and families we serve has already benefited Visiting Nurse and will continue and broaden with his role on our Board," says Mark Oshnock, president and CEO of Visiting Nurse Health System.

**C**harles H. Morgan is also joining the Board of Directors, having served on the Advancement Committee since 2011. Charlie first became involved with Visiting

Nurse through his wife, Lynn, and two daughters, Lily and Isabel. As members of the National Charity League, they make sandwiches and sweets for our patients and their families in our Hospice Atlanta Center. Charlie is a partner with Alston & Bird LLP, concentrating in litigation and government and internal investigations regarding occupational safety and health, employment and traditional labor matters. Charlie joined the firm in 1988 and is listed in Chambers USA: America's Leading Lawyers for Business in Labor & Employment. "Charlie brings a deep commitment to the Visiting Nurse mission and we are honored to have him serve on our Board," says Oshnock. ■

## Visiting Nurse in Atlanta Magazine Patient Interviewed for Lifelong Communities Insert

**K**eep an eye out for the October issue of *Atlanta Magazine*, specifically the Lifelong Communities insert covering families and individuals who are successfully aging in place. Visiting Nurse patient Ms. Alvesta Parks was interviewed regarding her experience about the challenges aging seniors like her face and how they are positively impacted by services offered by Visiting Nurse and other providers supported by the Atlanta Regional Commission Lifelong Communities initiative. Lifelong Communities are places that provide a full range of housing, healthcare, and social benefits to residents, ensuring a high quality of life. ■

**Atlanta**  
MAGAZINE

**A&C**  
ATLANTA REGIONAL COMMISSION

**Lifelong Communities**  
places individuals in the Pleasant Place Office  
located at 1000 Peachtree Street, N.E.

### ABOVE AND BEYOND

## Arrow Exterminators Goes Beyond The Call

Long-Time Supporters Provide Indispensable Service to In-Home Patients



Have you ever considered all of the not-so-obvious costs

for caring for a patient at home? Beyond the obvious necessities such as nutrition and medical supplies, in-home patients frequently require additional resources and services. Visiting Nurse is grateful there are corporations that provide in-kind services that enable patients to remain at home safely and comfortably.

Pest control is one service that is not top-of-mind but often necessary for many of our under-served patients. Enter Atlanta-based Arrow Exterminators. Arrow has been a lead sponsor of our annual BIG-TO-DO event since 2006, and Ashley Thomas Giardino, daughter of Arrow co-owner Barry Thomas, served as committee co-chair in 2011 and committee

chair in 2012. The company tagline is "Beyond the Call®", which Arrow has certainly demonstrated by donating exterminating services for individual residences experiencing pest control challenges.

"Arrow is proud to support Visiting Nurse in their efforts to provide home health and hospice care needs to patients in Atlanta," states Emily Thomas Kendrick, Arrow's chief executive officer and president. "We are thankful for the opportunity to be affiliated with such a worthwhile organization," she added.

Visiting Nurse is thankful and appreciates the willingness of corporate partners such as Arrow Exterminators who not only sponsor events which support our patients and their families but also offer their own services to patients in need. ■



## CURRENT EVENTS



# CVS Gives Kindly to Healthy Transitions™

## Grant Funds Program Aimed at Reducing Hospital Readmissions

Visiting Nurse Health System is excited to announce a \$30,000 grant in support of the Healthy Transitions™ program from our friends at the CVS Caremark Charitable Trust. Their generous donation, which supports innovative approaches to expanding access to health care for vulnerable populations, will be used to help fund the greatest expense of the Healthy Transitions program, funded solely by donors: the salaries and benefits of three full-time care coordination coaches.

The Healthy Transitions initiative helps residents of senior living communities age safely at home. The program is offered within 16 metro Atlanta senior living communities, many of which house low-income populations. Residents at high-risk for re-hospitalization or nursing home placement within these communities are paired with care coordination coaches. The coaches are registered nurses who work one-on-one with patients, their families, hospital staff and the senior living community staff to facilitate a smooth transition home from the hospital or rehabilitation facility, ensuring proper recovery and avoiding complications. The coaches work with the patient's primary care physician to assess, develop, and coordinate personal care plans, and they serve as a single point of contact between the patient's primary care physician, physician specialists, the hospital, social workers, and others caring for the patient. Coaches also provide training and support to senior living facility staff, and they hold coaching sessions with patients and their families to ensure they are following their care plans

and to determine what other services the patient may require to live independently and avoid re-hospitalization or nursing home placement.

Since its launch in 2008, Healthy Transitions has delivered results beyond our expectations. We are proud to report that in 2011, only four percent of Healthy Transitions patients were re-hospitalized within 30 days of discharge. The national re-hospitalization average for the high-risk, elderly population is 28 percent.

Healthy Transitions serves over 2,800 residents in these 16 communities:

Briarcliff Oaks\*  
Calvin Court\*  
Campbell-Stone – Buckhead\*  
Campbell-Stone – Sandy Springs\*  
Clairmont Oaks\*  
Decatur Christian Towers\*  
King's Bridge  
Lutheran Towers\*  
Meyer Balser Naturally Occurring Retirement Community  
Phillips Tower\*  
Saint Anne's Terrace  
The Cohen Home  
The Jewish Tower\*  
Toco Hills Naturally Occurring Retirement Community  
William Berman Rehab  
Zaban Tower\*

\*HUD Communities

The success and growth of Healthy Transitions is particularly timely due to impending changes to Medicare as a result



of the Patient Protection and Affordable Care Act, particularly potential penalties paid by hospitals for patients who are readmitted within 30 days of discharge.

The CVS Caremark Charitable Trust is a private foundation of CVS Caremark Corporation. Its mission is to support higher education, volunteerism among CVS Caremark Colleagues and disaster relief efforts in the United States. Through an annual process of accepting grant applications, CVS supports organizations that serve the needs of children, families, and communities, including support for health innovations like Healthy Transitions that bring healthcare to locations where people need it. All of their programs are based on the idea that access to education, medical care, as well as therapeutic and special health care services, are the keys to helping people on their path to better health. For more information please visit their website at <http://info.cvscaremark.com/community/our-impact/charitable-trust>. ■

# Coming December 14th: 4th Annual Party with a Purpose

## Hosted by The Chrysalis Club to Support Hospice Care



The 4th annual Party with a Purpose will be held on Friday, December 14, 2012, with all proceeds supporting uncompensated hospice programs of Visiting Nurse Health System. The Chrysalis Club has hosted this festive celebration of the holiday season since 2009. Last year the party raised

more than \$19,000 for uncompensated hospice care.

The Chrysalis Club is a society of young community leaders passionate about the mission of Visiting Nurse. Members network, learn, volunteer and host events to support our mission. ■



■ left to right: Wick Garrard, Lathan Allen, Heather Allen, and Steve Godwin, Anna Godwin



■ Elizabeth Scott, Ellen Schneidau



■ left to right: Bell Beery, Tripps Moog, Wellons Moog, Molly Beery



## MEMORIAL AND HONORARY GIFTS

# April 1 – July 31, 2012

The following people were thoughtfully remembered with a gift in their name:

### In Honor of:

Dr. Jerome D. Berman  
Mr. Shane Burke  
Mr. Bruce R. Cohen  
Mr. Jon R. Harris, Jr.  
Mr. J. C. Jenkins  
Capt. Forrest I. Leef and  
Dr. Dorothy E. Mitchell-Leef  
Mrs. Elizabeth J. Levine  
Mr. Ron F. Stewart

### In Memory of:

Mr. Isiah Allen, Jr.  
Mr. Anthony Angerami  
Mrs. Betty Avent  
Mrs. Linda H. Banks  
Mr. Richard B. Bell  
Mrs. Margaret M. Bernal and  
Baby David Tillman Morris  
Ms. Kay Berryman  
Dr. Alfred Brandstein

Mr. F. Woodson Briscoe  
Mrs. Lucy Browning  
Mrs. Helen Burgess  
Mrs. Florence Bowles Carter  
Mr. Robert Carol Carver  
Mrs. Pat Chancey  
Mrs. Ruth Christensen  
Mrs. Jannyne Clark  
Mr. Thomas B. Clark  
Mr. Chester Cohen  
Mrs. Dot Cohen  
Mrs. Louise Coker  
Mr. Cecil F. Coleman  
Mr. David Coley  
Mrs. Mary Conner  
Mrs. Penelope Curtis  
Ms. Helen Davis  
Mr. John DeMarcus  
Mrs. Doris DeMicco  
Mrs. Dorothy Dumais  
Mrs. Margaret A. Early  
Ms. Alice M. Everett  
Mrs. Dorothy Fendler  
Dr. Paul M. Fernhoff  
Mrs. Millie M. Fite  
Mrs. Vicki B. Fleming  
Mrs. Donna Fortune  
Mr. Freddie G. Freeman  
Mrs. Ruth C. Fristoe  
Mrs. Ruth W. Fritts  
Mr. Donald E. Gaston, Sr.  
Mr. James R. Gatton  
Mr. Stephen M. Gaudio  
Mr. James Giblin  
Ms. Catherine B. Gilliard  
Mrs. Margaret C. Goodman  
Mrs. Jane B. Gordon  
Mr. Sheldon L. Grant  
Mrs. Joan Hahnfeld  
Mr. John H. Hall  
Mrs. Vivian P. Hall





## REMEMBERING SPECIAL COLLEAGUES

Mrs. Mildred L. Hardin  
 Mrs. Priscilla Harris  
 Mr. Steven Hogan  
 Mr. Paul L. Howard  
 Mrs. Viola Humann  
 Mrs. Margaret Carson Johnson  
 Mr. Larry N. Joiner  
 Mr. John T. Kearney  
 Mr. J. Thomas Kellow  
 Mr. Arthur M. Kirchoffer, Sr.  
 Mr. Edward Koss  
 Mr. David Kuryk  
 Mr. Dave Landau  
 Mrs. Merle P. Lipham  
 Mr. Cecil C. Malone, Jr.  
 Mrs. Clara J. McCannon  
 Mr. Bernie F. McCurley  
 Mr. B. Brian McLaren  
 Mr. Francis McMenamin  
 Mrs. Nan Medlin  
 Dr. Frank A. Millians, Jr.  
 Mr. Frank M. Monger  
 Ms. Carolyn Newman  
 Mrs. Brenda Noble  
 Mrs. Audrey J. Piel  
 Mrs. Martha Jane Raedels  
 Mr. Clarence H. Ridley  
 Mr. Howard Roseff  
 Mr. Hubert N. Rucker  
 Dr. Robert Schwin  
 Mrs. Rose Marie Sheffer  
 Mrs. June Sherrill  
 Mrs. Lillian Silberman  
 Mr. John Silva  
 Mr. Leonard G. Sims  
 Mr. Frank E. Smith  
 Mrs. Lila Smith  
 Mrs. Frances P. Stewart  
 Ms. Lucy Taylor  
 Mrs. Annice Thompson  
 Mrs. Mollie Belle Thomson



**R. Timothy Stack**  
Partner and Friend

Visiting Nurse Health System extends our condolences to the family and friends of R. Timothy Stack, who was president and chief executive officer of Piedmont Healthcare in Atlanta. Tim died on July 30 at the age of 60. He was known for his professional leadership and vision but also for his generous spirit, giving nature, and warm demeanor. "Tim valued working with another nonprofit and was instrumental

in strengthening the partnership between our two organizations," says Mark Oshnock, president of Visiting Nurse, who added, "He appreciated and understood the value of home health and hospice care and the benefit to our shared patients."

Tim is survived by his wife Mary and three sons, Tim, Ryan, and Matthew.

Mr. Webb Vermilya  
 Mrs. Melissa Walker  
 Mr. William H. Walsh  
 Mr. Joe H. Watson  
 Mrs. Georgia J. White  
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For a complete list of the generous donors who contributed honorary and memorial gifts visit [www.vnhs.org](http://www.vnhs.org).



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Board Chair

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We welcome your comments and suggestions.  
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# Save-The-Date



Sunday, February 10, 2013  
2pm-6pm

## Snow Mountain at Stone Mountain Park

Benefits the Children's Program of Visiting Nurse Health System

Join us for a day of fun in the snow for all ages! Proceeds fund the comprehensive medical, physical, emotional, and spiritual needs of pediatric patients and their loved ones through home healthcare, hospice, and the Camp STARS bereavement programs.

Co-Chairs: Britton McLeod and Amanda Wolski

To purchase tickets or become a sponsor visit  
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