

From Recent NAHC Reports

NAHC Supports Legislation to Keep Veterans in Community Settings

A NAHC Membership is the Best Value in Home Care and Hospice!

New CMS Open Door Forum: Focus on PDGM, Quality Reporting Program, CAHPS, and More

Turbocharge Your Career Higher as a Certified Home Care and Hospice Executive

NAHC Advocate Spotlight: Manjeet Kaur of Amedisys

November 8, 2018

Advocate Spotlight: Sara Ratcliffe and Liz Vogt

It's time for another installment of the Advocate Spotlight, in which NAHC Report draws attention to a committed and effective advocate for home care and/or hospice in the United States. These advocates for home care and hospice can provide important tips for everyone about how we can better persuade the public and our elected officials to adopt policies that will enable every American who needs and wants home care and hospice services to receive it.

In addition, we will learn about the concerns home care and hospice leaders have around the country. Some of those concerns will be universal to our community, but others will be particular to that state or region.

We shine our advocate spotlight now on two women from the [Illinois Home Care & Hospice Council](#) who have worked as hard as anyone in the industry to protect home care and hospice patients and providers. **Sara Ratcliffe** became Executive Director in June 2016 and immediately received a baptism by fire, as the Pre-Claim Review (PCR) Demonstration began causing havoc for home care patients and providers in Illinois – the only state where it was imposed. Sara's response to it – calm, but determined to defend the thousands of people in the state who depend on quality health care in the home – helped steady nerves and see Illinois through the crisis. Sara is a regular at [NAHC's March on Washington](#) advocacy meeting and has become a seasoned veteran at advocating for the many people who work in and depend on home care and hospice.



Liz Vogt, the Director of Regulatory and Government Affairs for the Illinois Home Care & Hospice Council, received her Masters Degree in political science from the University of Illinois and has been working in key advocacy jobs ever since.

With prior authorization now returning as the Review Choice Demonstration, we thought this would be an excellent time to talk to Sara and Liz and they agreed to answer a few questions from NAHC Report on the subject of home health and hospice advocacy.



In addition, both women faced medical emergencies in their families that make the cause of quality health care in the home very important to them. I think you will find their answers and stories interesting and inspiring. Please read on.

1. NAHC REPORT: What strategies have you used that resonate well with elected officials in your advocacy efforts?

LIZ: At the core of our advocacy work is our focus on building and maintaining relationships with policymakers and elected officials and their staff. As soon as something new emerges (i.e. the Review Choice Demonstration), we communicate immediately with Congressional staff to alert them to the initiative/change and how it will affect Illinois providers. As the situation develops, we continue to keep them in the loop. As much as possible, we provide them with data and useful facts to support our position. After an in-person meeting, we always follow-up to provide additional information and write a thank you note. We find ways to keep in regular communication and try to build relationships long before we need something.

2. NAHC REPORT: You have been through the crucible of prior authorization. Briefly describe how you got through it, please, and what advice do you have for others who may face it in the very near future?

SARA: Essentially, it boils down to relationships and communication. The Pre-Claim Review Demonstration (PCR) was very disruptive for providers – it was rolled out less than 2 months after it was announced, there were issues early on with MAC reviewers and the eServices portal, and rumors were flying. We relied heavily on our relationships – NAHC was a huge part of that. Bill Dombi and I hosted weekly chats with Illinois members for 22 weeks during PCR; that gave Bill and I an insight into what was happening on the frontlines. We were able to regularly communicate to IHHC members

PDGM Starts January 1st
GEAR UP WITH EXPERT SOFTWARE



ACHC ACCREDITATION
Demonstrate your commitment to quality



PREPARE FOR PDGM
Expert resources to help you get ready.
VIEW RESOURCE HUB



MatrixCare brightree
Are you connecting with your referral sources?
Read the report



what we were doing to help ease their burden and the chats fostered a sense of community – that we were in this together and we would support one another.

We also relied on our relationship with Palmetto GBA – as a result we were able to quickly flag issues and in most cases, get quick resolution. Finally, timely, accurate communication was key. We issued weekly updates, maintained a listserv, built a dedicated PCR webpage and were responsive to calls. Moving forward with RCD and whatever comes at us next, we plan to implement many of the same types of communication that we used during PCR. My advice to others is to act as a conduit between members and the organizations/entities that can influence change. Speak calmly and respectfully and make absolute sure that what you are saying is based on fact, not rumors.

3. **NAHC REPORT:** What is the most important legislative or regulatory issue facing the Illinois home care community right now? Is it prior authorization or do you think Illinois is prepared for that?

SARA: In the immediate future, RCD is a concern, although since Illinois has experience with PCR, we are probably more prepared than other states. PDGM looms large in the future and I believe will be a huge challenge. Preparing our members for that while they are trudging through RCD and implementing OASIS-D will be challenging to say the least.

LIZ: I agree; PDGM will radically change how providers are paid for the services they provide. It is vitally important that each agency take time to understand the new payment model and how it will impact them, sooner rather than later; most will need to re-evaluate their business model and workflows to survive and thrive.

4. **NAHC REPORT:** Why did you get into the home care field and what keeps you there?

SARA: My path to the Illinois HomeCare & Hospice Council was not a direct one. I was a high school art teacher for a decade and then worked in membership services for an association dedicated to lifting low-income individuals and families out of poverty for 12 years. In 2013, my father developed liver cancer and was a home care and then hospice patient prior to his passing. The dedication and compassion of the nurses that cared for my father touched my family deeply and helped us through a very difficult time. When the position at IHHC became available, I jumped at it. It is an honor to help support an industry dedicated to helping patients and families in crisis.

LIZ: I went to school for political science and have spent the last ten years working in several legislative and policy roles both in state government and for a not-for-profit medical society. I joined the Illinois Home Care & Hospice Council in June of this year, two months after losing my mother-in-law to Stage IV pancreatic cancer. To say that her year-long battle with cancer was difficult is an understatement. Her illness took a tremendous toll on our family and further shaped my views on our healthcare system and the value of home care to both patients and their families. I am fortunate in that the stars aligned in such a way that every day I am able to use my education and experience to help amplify our members' voices, influence laws and policies at the federal, state and local levels, and shape the future of home care– all to benefit patients and families in the midst of the most difficult days of their lives.

5. **NAHC REPORT:** The holidays are coming up. What's your favorite food at Thanksgiving and your favorite memory at Christmas/Hannukah?

SARA: Thanksgiving is my absolute favorite holiday! I love all of the side dishes more than the turkey. My favorite is a family tradition – scalloped oysters, but no Thanksgiving is complete without my mom's pecan pie. My favorite memory – my dad reading *'Twas the night Before Christmas* to my kids on Christmas Eve.

LIZ: Hands down, my favorite food at Thanksgiving is the dressing—I could eat an entire pan! My favorite Christmas memory — baking cookies and making home-made party mix with my grandma. After she passed, my dad took over responsibility for the party mix and makes a bulk batch to share with everyone in our family. The secret ingredient? Bacon grease!

6. **NAHC REPORT:** Surprise bonus question: Pumpkin spice everything this time of year – good or bad?

SARA: I like pumpkin spice in things that are meant to be pumpkin spiced, like pie and bread, not coffee or beer – ew.

LIZ: Everything is better in moderation, right? Pumpkin pie, pumpkin bread, pumpkin bars—YUM! I'll pass on everything else.

Thank you, once again, to Sara Ratcliffe and Liz Vogt of the Illinois Home Care & Hospice Council, for answering our questions. Even more we appreciate all the hard work they have done on behalf of home care patients and providers often under some extremely challenging conditions.

P.S. Sara and Liz gave the correct answer to question 6.

See previous editions of the Advocate Spotlight:

[Walter Borginis](#)

[Jenni Blendu](#)

[Janet Seelholff](#)

[Tim Rogers](#)

[Doris Visaya](#)

[Christine Buteas](#)

[Shaista Kazmi](#)

[Kyle Simon](#)

[Kathy Messerli](#)

[Dave Macke](#)

Posted in [NAHC Report](#) Tagged [advocacy](#), [Advocate Spotlight](#), [Illinois Home Care and Hospice Council](#), [Liz Vogt](#), [NAHC](#), [NAHC Advocacy](#), [pre-claim review](#), [Review Choice Demonstration](#), [Sara Ratcliffe](#) [Edit](#)

[CMS Posts Hospice Quality Reporting Program Deadlines and Updates](#) [MedPAC is Evaluating the Accuracy of Provider-reported Functional Assessments](#)