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DECEMBER 2022

## THE INNOVATION IMPERATIVE

4 areas ripe for disruption  
+ a look at leading-edge tech

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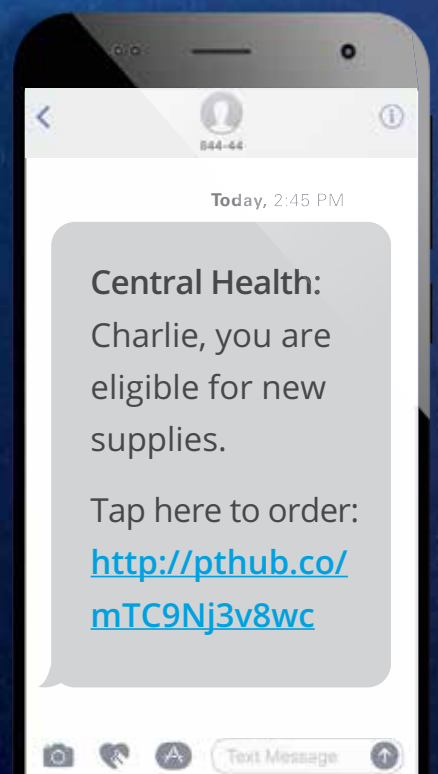
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Dear HomeCare Readers,

Where has the year gone? I'm sure many of you are asking the same thing. It has been a whirlwind 12 months of 2022, certainly different from 2021—think supply chain issues, inflation, lower reimbursement rates, turnover in Washington, and so much more.

Here at HomeCare, we've tried to keep up with what's new for you and also made adjustments ourselves. One of the most exciting changes is that we've launched a new series of HomeCare RoundTables; these are live panels on hot topics designed to give you direct access to the experts. More of these fun events are coming up soon!

We've seen some staffing shifts as well as our parent company has grown quite a bit: Jessi Tygielski took over as art director this year and Matt Hodges is now our digital production designer, meaning he's the brains behind getting HomeCare Now emails to you three times a week. If you're not subscribing, you're missing out, as that's where we update you on fast-moving industry news.

Speaking of news, this month in these pages we report from recent trade shows—Medtrade in Atlanta and the National Association for Homecare and Hospice in St. Louis, Missouri—about the current challenges facing the industry. We also take a look at the latest on mergers and acquisitions in 2022 and what's coming up on 2023, new research on infection control (and how you can get involved), and the areas your company should focus on when it comes to innovating next year. Please enjoy, and as always, send your feedback straight to me at hwolfson@cahabamedia.com.

Thanks for reading!

Hannah Wolfson

**BE HEARD**

**We want to know what you think** and how we can serve you better.

Send your comments and feedback to Managing Editor Kristin Easterling at keasterling@cahabamedia.com. We'd love to hear from you!

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## Nuvance Health Tests RPM for Mild Cognitive Impairment

Nuvance Health is one of the first health systems in the United States to pilot a new remote monitoring technology for patients with mild cognitive impairment (MCI). Neuroglee Connect is a virtual neurological specialty care program for clinical care teams to provide ongoing, personalized support for patients with MCI and caregivers from the comfort of their homes.

There are currently no approved medications to treat MCI. Current guidelines state that regularly stimulating the brain and adopting healthy lifestyle habits can be supportive to patients with MCI.

The remote monitoring program Nuvance Health has made available through its Neuroscience Institute includes brain-

stimulating activities that can measure performance through timely assessments and identify signs of deterioration. A digital dashboard captures this information in real time for neurologists who can provide therapy modifications based on real-world data while tracking each patient's adherence. Care partners can monitor a patient's progress through the platform and access education, support, and informational tools for identifying and overcoming MCI-related anxiety and stress.

A majority of Nuvance Health patients with MCI have adopted the remote monitoring program during the initial pilot phase. The new technology is currently available at Nuvance Health Neuroscience Institute neurology practices in New York and Connecticut.

[nuvancehealth.org](https://nuvancehealth.org)

## Sunrise Medical Adds LUCI to QUICKIE Power Wheelchairs

LUCI and Sunrise Medical announced an agreement that will offer patients within the Veterans Health Administration (VHA) the option to install LUCI's state-of-the-art safety technology system on QUICKIE power wheelchairs as they are built at the Sunrise Medical factory. It's the first agreement of its kind for LUCI, which launched in 2020 and announced its compatibility with the QUICKIE line of chairs in July 2021.

Power chair drivers within the VHA system will have the ability to pre-install LUCI onto the QUICKIE Q300 M Mini, Q500 M and Q700 M chair models. Clinicians will be able to request the technology-equipped chair with one form.

Sunrise Medical opened a production facility in Nashville, Tennessee, in late 2021 where LUCI products can be installed on the three most popular QUICKIE chair models as they are built. The LUCI safety system uses sensor-fusion technology that combines data from cameras, ultrasonics and radar into a single 360-degree view of the world to help drivers avoid collisions and dangerous drop-offs while maintaining personalized driving control.

[sunrisemedical.com](https://sunrisemedical.com), [luci.com](https://luci.com)

## AAHomecare Highlights Value of HME in Brochure

The American Association for Homecare's (AAHomecare) Payer Relations Council has been working on highlighting the value of the home medical equipment (HME) industry and creating consistent messaging and tangible resources providers can use to speak with payers, Medicaid programs and state legislators.

To that end, the payer relations team has unveiled a new "Value of HME Brochure," designed to promote the benefits of home medical equipment and its importance within the health care continuum. The brochure describes customer satisfaction in care at home and standardizes the messaging around what a partnership with HME providers can do for payers. It has multiple embedded videos, statistics, and infographics describing the value of an established HME partnership, including:

- reduced cost
- improved patient outcomes
- enhanced patient satisfaction
- the growing demand for HME

The brochure is available for download so HME providers can share it with payers they have negotiated contracts with.

[aahomecare.org](https://aahomecare.org)

## Myia Health Partners With DispatchHealth for RPM

Myia Health, an enterprise predictive analytics and virtual health care delivery platform, has announced a collaboration with DispatchHealth, a comprehensive in-home, high-acuity medical care provider, to give its clinicians continuous remote monitoring capabilities for patients enrolled in DispatchHealth's Advanced Care program, the organization's hospital substitution model. The partnership will help clinicians identify adverse changes in their patients' health sooner and intervene earlier.

Myia's platform offers access to near real-time information on patients' vital signs, physiological biometrics and symptoms, rather than using episodic data.

"Providing clinicians with near real-time

## UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities. Did we miss an event? Send info to [hwolfson@cahabamedia.com](mailto:hwolfson@cahabamedia.com).

**Jan. 5-8**

**CES**

**Las Vegas, NV & Virtual**  
[ces.tech](https://ces.tech)

**Jan. 22-25**

**Home Care 100**

**Orlando, FL**

[homecare100.com](https://homecare100.com)

**Jan. 31-Feb. 4**

**ATIA Annual Conference**

**Orlando, FL & Virtual**

[atia.org](https://atia.org)

**Feb. 4-6**

**Focus: The EW Conference**

**Clearwater Beach, FL**

[focus.essentiallywomen.com](https://focus.essentiallywomen.com)



## INDUSTRY MOVES

**Nov. 9**

Interim HealthCare announces the appointment of Steve Schildwachter as senior vice president of brand and Scott Williams as vice president of talent.



**Nov. 4**

Tomorrow Health names Anna Lenhardt chief people officer and Ryan Colby head of go-to-market.



**Nov. 1**

Charles D. Johnson joins Empath Health as its chief mission colleague officer



**Oct. 27**

David Bedard moves to ATF Medical as manager of complex rehab technology.



**Oct. 27**

Principle Business Enterprises promotes Ann Hertzfeld to vice president of research and development and adds Lynn Miller as vice president of people and culture



updates on a patient's status is critical as we look to take full advantage of the growing opportunity to provide more care at home," said Kevin Riddleberger, co-founder and chief strategy officer at DispatchHealth.

Myia's platform ingests biometric patient data from curated sensors and turns that data into actionable clinical insights for providers. The platform enables individualized virtual care in patients' homes through connected medical devices and easy-to-use technology that can work for anyone, regardless of internet access or other barriers to care. Providers are able to personalize how often they see alerts for each patient.

The announcement comes during a period of momentum for Myia Health, which powers the nation's leading virtual hospital, Mercy Virtual, and is backed by clinical partners like the American College of Cardiology.

[myiahealth.com](http://myiahealth.com), [dispatchhealth.com](http://dispatchhealth.com)

### Invacare Will Stop Production of Respiratory Products

Invacare Corporation will stop producing respiratory products by the end of the year and will focus instead on lifestyle and mobility and seating categories, the company has announced.

The discontinuation is part of the a shift in strategic priorities designed to "generate a return to profitability," the company reported in its third quarter earnings call. The move should enable the company to focus resources on its core business, it said.

"This will allow us to further streamline our operations and, we expect, to improve profitability by focusing resources on lifestyle and mobility and seating products, which continue to experience strong demand," said Acting President and CEO Geoffrey Purtil. "We will also continue to take a hard look at every aspect of our business, leaving no stone unturned as we position Invacare for the future."

Invacare expects to discontinue the production of respiratory products in the fourth quarter of this year and to fulfill existing customer orders with inventory on

hand. The company will continue to operate its respiratory parts and service business and honor its respiratory-related warranty and regulatory obligations, it said.

[invacare.com](http://invacare.com)

### Intus Care Closes Funding Round

Intus Care, the developer of a predictive analytics platform aimed at improving geriatric care outcomes, announced the close of its Series A, which secured over \$14 million led by Deerfield Management.

Founded in 2019 by Brown University undergraduate students, Intus Care's mission is to empower geriatric care providers through data to deliver more effective patient management and treatment for dual-eligible seniors.

"We are extremely impressed both by the impact that Intus Care's technology is poised to have on patient outcomes, and by the passion and dedication of its team," said Julian Harris, operating partner at Deerfield Management. "We are proud to invest in a company we believe will be vital to revolutionizing geriatric care."

Intus Care's technology platform enables care providers to mitigate preventable high-utilization events, track quality interventions and equip health care management teams with vital actionable insights to make informed decisions for senior patients to improve their health outcomes. Its digital health care platform integrates with electronic health records and claims and accounting software to highlight clinical risks in patients.

Intus Care currently works with over 25 PACE programs in 13 states and has entered into a letter of understanding with the National PACE Association to pursue a strategic partnership.

[intuscare.com](http://intuscare.com)



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# CMS Final Rule for 2023 & Beyond Medicare Home Health Payments

By Hannah Wolfson

After much anticipation, the Centers for Medicare & Medicaid Services released its final rule for Medicare home health payments on Oct. 31, landing on a rate reduction of 3.925% for 2023 with additional cuts to come in 2024. That's less than the 7.69% cut initially proposed by the agency for 2023, but still a blow to providers.

CMS explained the lower adjustment will be applied next year because "we recognize the potential hardship of implementing the full -7.85% permanent adjustment in a single year," but laid out a path to get there with additional cuts in 2024.

Using more recent data on cost increases, CMS revised the net inflation update to 4.0% (calculated from the 4.1% Market Basket Index minus a 0.1% productivity adjustment), up from the 2.9% initially proposed.

The combination of the reduced permanent adjustment and the revised inflation update resulted in a base PDGM 30-day payment rate of \$1,972.04, compared to the proposed rate of \$1,904.76.

## WHAT HAPPENS NEXT? >>

Advocates at the National Association for Homecare and Hospice (NAHC) and elsewhere have pledged to take the fight to Congress. But there is little time left, given the midterm elections and holidays; the best chance is to be part of an omnibus budget bill.

## INDUSTRY REACTIONS:

"The long-term consequences of this rule, unless mitigated, will devastate access to care in the home." —*Joanne Cunningham, CEO of the Partnership for Quality Home Healthcare*

"The fatally flawed methodology will have a direct effect on access to care at a time when home health services have proven their value and are needed more than ever to meet patient needs and control Medicare overall spending." —*Bill Dombi, NAHC president*

"The agency has made clear that future cuts and clawbacks are on the horizon. The behavioral adjustment methodology CMS used is problematic ... and we are concerned about its impact on our mission-driven, nonprofit providers." —*Katie Smith Sloan, president and CEO of LeadingAge*

## DID YOU KNOW?

**The law requires CMS to make adjustments to ensure that the transition to the Patient Driven Groupings Model is budget neutral. NAHC says the agency's method of getting there is incorrect.**

**LEARN MORE** Find a fact sheet from CMS at: [cms.gov/newsroom/fact-sheets/cy-2023-home-health-prospective-payment-system-rate-update-and-home-infusion-therapy-services-0](https://www.cms.gov/newsroom/fact-sheets/cy-2023-home-health-prospective-payment-system-rate-update-and-home-infusion-therapy-services-0)





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# How to Market Your Company Without Crossing the Line

4 things to know to make sure you're compliant

By Michael G. Silverman



MICHAEL G. SILVERMAN is an attorney and co-founder of the law firm Silverman Bain, LLP. As a Certified DME Specialist who represents some of the nation's largest DMEPOS providers, his experience allows him to provide both legal and practical business insights regarding health care regulatory compliance and transactions. Visit [silvermanbain.com](http://silvermanbain.com).

In most industries, when one person refers business to another, it is often customary to compensate that party for the referral. In the health care space, under certain federal and state laws, providing any form of remuneration in exchange for a referral can be considered a crime.

Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) providers must abide by a variety of rules and regulations pertaining to their marketing efforts, both with respect to referral sources (such as prescribers and marketers) and direct-to-patient interactions.

Here is a high-level overview of some of the marketing-related laws that DMEPOS providers should be familiar with and always keep in mind.

## 1 Federal & State Anti-Kickback Statutes

The federal anti-kickback statute states that whoever pays or receives any remuneration in exchange for referring an individual for the furnishing of any item or service for which payment may be made in whole or in part under a federal healthcare program shall be guilty of a felony and fined not more than \$100,000 and/or imprisoned not more than 10 years.

While the connotation of a "kickback" invokes imagery of a bag of cash being left at a prescriber's office, in reality such illegal arrangements take many forms. For example, if a marketing company is advertising a DMEPOS provider's services

and is compensated when a prospective patient connects with that provider, that is considered a kickback.

Even further, the routine waiver of a patient's financial responsibility for DMEPOS (i.e., a co-pay or deductible) is considered a kickback.

Even DMEPOS providers who don't bill federally funded health care programs are not out of the woods with respect to the applicability of anti-kickback regulations, because a majority of states have analogues to the federal law that may be more expansive, insofar as also they apply to commercially insured and even cash-paying patients.

So how does anyone in the health care space engage with referral sources without committing a felony?

Thankfully, federal regulators have delineated certain business practices as exceptions and acknowledged "safe harbors" to the Anti-Kickback Statute, which if adhered to are not considered violations; many states with anti-kickback laws will defer to these exceptions and safe harbors.

The two most common exceptions and safe harbors applicable to a health care provider's interactions with marketers are the bona fide employee exception and the personal services and management contract safe harbor.

- The **bona fide employee exception** is applicable only to an employee providing marketing services, and allows a DMEPOS



provider to compensate such an individual in a manner that takes into account the value or volume of business generated on the provider's behalf.

- The **personal services and management contracts safe harbor** is applicable to independent contractors, and, amongst other requirements, mandates that the parties have a written 12-month long agreement and a compensation structure that does not consider the value or volume of business generated by the marketer (e.g., a fair market value flat weekly fee or hourly rate compensation that will not fluctuate during the term of the agreement).

As such, DMEPOS providers will want to ensure that relationships with any compensated referral sources meet such exception or safe harbor, as applicable, to avoid prosecution.

## 2 Stark Law & Self-Referrals Regulations

As it pertains to relationships with prescribers, separate and apart from anti-kickback regulations, DMEPOS providers need to be aware of additional prohibitions on financial relationships with prescribers under the federal Stark Law.

This law essentially states that if a prescriber (or an immediate family member) has a financial relationship with any entity that provides certain defined designated health services (DHS), such prescriber

cannot refer to that entity for DHS unless an exception applies. Violations of the Stark Law are punishable by civil monetary penalties and exclusion.

Under the Stark Law, because durable medical equipment is considered DHS, a prescriber of DME cannot have a financial relationship with a DMEPOS provider unless an exception applies.

While the Stark Law only applies to state and federally funded healthcare programs, as with the Anti-Kickback Statute, many states also have analogues that can be more expansive than their federal counterparts and that DMEPOS providers need to be aware of.

## 3 Telephone Solicitation Statute or Supplier Standard 11

This regulation governs telephonic contact with Medicare Part B beneficiaries and has its own devoted DMEPOS Supplier Standard (11); it essentially prohibits unrequested sales calls to potential DMEPOS customers regarding a Medicare-covered item.

More specifically, Section 1834(a)(17) of the Social Security Act prohibits DMEPOS providers from making unsolicited telephone calls to Medicare beneficiaries regarding the furnishing of a covered item, except in three specific situations:

- The beneficiary has given written permission to the supplier to make contact by telephone.
- The contact is regarding a covered item the supplier has already provided to

the beneficiary.

- The supplier has furnished at least one covered item to the beneficiary during the preceding 15 months.

Medicare regularly audits providers for compliance with this Supplier Standard 11, especially as telephonic sales activity often results in complaints.

As such, before reaching out to a Medicare via telephone beneficiary about the provision of DMEPOS, suppliers need to ensure at least one of the above exceptions applies.

## 4 Beneficiary Inducement Law

This regulation provides for the imposition of civil monetary penalties against any person that offers anything of value to a Medicare beneficiary for the purposes of incentivizing that individual to order a Medicare-covered item. Patient inducements can take many forms, such as providing free services or gifts, or the waiver of patient financial responsibility (i.e., co-pay or deductibles).

Where there is a law, there is often an exception (as with the statutes referenced above). In certain circumstances, gifts of nominal value below specified monetary thresholds (e.g., a weekly pill organizer) have been recognized to not constitute an inducement. Additionally, there are certain exceptions to the requirement to collect patient financial responsibility, such as in the event of a documented financial hardship.

## In Conclusion

As set forth above, interactions with referral sources and patients are governed by a myriad of regulations, many of which have dire consequences for non-compliance. Ignorance of the law is no excuse, so business owners must become educated and take a “look before they leap” approach with respect to their DMEPOS marketing endeavors. **HC**



# Building a Better PERS

6 ways the industry could improve & increase adoptions

By Chia-Lin Simmons



CHIA-LIN SIMMONS is the CEO of LogicMark, a provider of medical alerts, personal response systems and remote personal monitoring devices. She has more than 26 years of experience as an executive for technology companies including Audible/Amazon, Harman International (Samsung) and Google.

If there is one public health sector and workforce that is calling for improved technology in the modern era, it is the caregiving industry.

A plethora of studies, surveys and data show that professional care providers and the people they support are underserved by solutions that offer only antiquated technology and awkward gadgetry.

By 2050, 23% of the population of the United States will be over 65. These demographics mean that close to a quarter of the entire population will officially be “elder adults,” and it represents the largest shift in decades.

## Today’s Caregivers Deserve More

Workers in the care economy are suffering burnout and leaving the profession in record numbers, but medical alert service companies are still slow to deliver new devices that address the needs of caregivers.

Even before COVID-19 struck and personal care providers became stretched to the breaking point, technology in the compassionate care sector had already fallen behind the pace of other connected services and devices such as vehicles, fitness tracking wearables and smart home or office appliances.

Though many of today’s elder adults have more disposable income than the generations preceding and following them, the majority of technological innovations are not aimed at them. Clearly, our aging population is not well served.

Old tools, new needs and strong demand are a perfect formula for change.

To meet the care device challenge, what has been historically called the personal emergency response services (PERS) makers need to accelerate innovation and provide smarter, more intuitive solutions.

## Innovation in Wearable Devices

Meeting this challenge means creating products, services and other PERS resources that can form the infrastructure of a caregiving system.

New devices must deliver these six primary benefits to consumers, their families and people employed as caregivers:

- safety
- security and privacy
- simplicity
- affordability
- wearability and sleek design
- adaptability

These six components, when built into new devices, apps, and supporting software, will allow care providers to use technology that makes their jobs more efficient while providing the reliability and independence elder adults say are priorities.

## 1 Safety

The Senior List’s Medical Alert Device Consumer Usage Report for 2020 said that every year, one in four seniors over age 65 will experience a fall, in many cases with injuries. According to the Centers for Disease

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Control and Prevention, about 29,000 people aged 75 and older died from a fall in 2019, and millions more have non-fatal falls.

Given that 79% of elder adults prefer to age in place, improved fall detection in the home is vital.

It is also critical that any fall detection technology provides help within what is called the golden hour—that is, the first hour after an accident or fall takes place. Statistically, outcomes are much better when that happens.

Safety monitors designed to function outside the perimeter of the house or yard are rapidly changing to keep up with modern needs. Today's wearable devices need to be waterproof so they continue to work in the rain and the kitchen or bath. With a broad geographic range, the devices can be relied upon to work inside and outside the home.

Devices should also work rapidly and without many-layered, complex communication connections to access assistance.

## 2 Security & Privacy

Respecting the privacy of older adults and caregivers without sacrificing the quality of assistive care is paramount for the PERS industry.

In July 2022, a Forbes Health survey of 2,000 U.S. adults conducted by OnePoll found that 53% of respondents “believe a medical alert system is an invasion of their privacy.” Stronger privacy firewalls and frequent monitoring of who has access to information generated by the devices and apps is necessary to guarantee that users' personal information is never compromised when a device is purchased or activated. Devices should also avoid causing embarrassment or disturbances in public settings and not transmit audible, loud messages like, “You've fallen, do you need help?”

Simple design modifications to preserve security and protect privacy will vastly improve user participation and satisfaction.

## 3 Simplicity

A December 2020 study from the National Center for Biotechnology Information, a branch of the National Institutes of Health, says the complexity of reading and interpreting the output from wearable devices is a significant obstacle for older adults and professional caregivers. Devices should not require more than the push of a button or a voice command to activate assistance.

## 4 Affordability

For older adults, military veterans and people in underserved or under-resourced communities—and for the health care providers who serve them—affordability is key and a low price point for devices ensures access to all. According to a 2020 AARP Research Report on Caregiving, only 50% of caregivers in the U.S. are using a “software” or “technological tool” to help them.

One factor limiting the adoption of PERS devices are services that require high-priced monthly fees. Affordability means no monthly fees. Companies that require a consumer to have an up-to-date cell phone and qualifying service should offer these features as choices, not necessities. It is that simple.

In the future, assistive living technology must not be an unaffordable luxury. More people using wearable devices will make the jobs of professionals and the responsibilities of family members both more effective and easier.

## 5 Wearability & Design

A wearable device study based on a national survey in the United States and reported in Health Informatics Journal found “a low level of wearable use” (17%) among more than 1,400 older adults. Poor or awkward design is a primary factor in the lack of adoption of wearables, according to studies, feedback from end users and industry experts.

PERS in the future will no longer be

chunky boxes worn around the neck. As with all tech gear in the internet of things (IoT) era, tiny is big. Devices that resemble pendants, watches or other wearable fashion must be small, sleek, integrated, and customizable to satisfy individual consumer style preferences.

## 6 Adaptability

Future care device prototypes must be built and updated on an ongoing basis to test and refine tech improvements. Innovations such as apps could expand PERS capabilities beyond alerting 911 and designated family members or guardians. For example, a device might take a user's pulse or inform medical personnel of any underlying health concerns.

This is feasible due to the advent of IoT. IoT devices are connected to the cloud and allow for automatic installation of updates and improvements. In addition, machine learning can help devices improve their artificial intelligence capabilities for features such as accurate fall detection.

New features and improvements based on well-funded research and development are surefire ways to advance technology in the sector. This kind of due diligence will establish innovative companies as leading visionaries able to meet and even anticipate marketplace demands.

## A Call to Action

When it comes to improving technology for caregiving, there's no time to waste. New designs, improved style and ease of use, expansion with apps and other connectivity capabilities—while remaining price-sensitive and focused on providing the broadest access to professional caregivers, family caretakers and users—are all on the horizon.

It is up to companies like LogicMark and other innovators in the industry to heed the call, manufacture and deliver on technology's promise, and provide compassionate, assistive care devices to all. **HC**

# It's Time to Step Out of the Shadows

The dangers of 'Shadow IT' & how to break the habit

By Jack Clough



JACK CLOUGH is chief growth officer for Celo Health, where he leads the operational, sales and marketing activities. He has held business development and sales roles at Celo and other collaborative technology companies. Visit [celohealth.com](https://celohealth.com).

Shadow IT—that is, workplace software, applications or devices that are managed outside of and without the knowledge of the company's information technology (IT) department—has become an increasingly relevant issue in the last decade.

The reason behind its rise to infamy is the surge of easy-to-use consumer tools on the market that are valuable and have made their way into workplace environments, including in the health care industry. If left unmanaged, it poses serious data security threats and exposes organizations to potential fines and lawsuits. Alarmingly, a growing number of health care organizations are turning a blind eye to the use of Shadow IT in the workplace in order to maximize staff efficiency.

Whether allowed intentionally or not, Shadow IT creates many challenges for the homecare industry. Understanding the risks of Shadow IT within the health care

space and strategies for managing this growing issue is vital for the longevity of the organizations and the well-being of the people they serve.

## Risks Around Every Corner

Shadow IT is a liability to any organization or industry, but security and privacy are critical when dealing with protected health information (PHI). Health care organizations are especially vulnerable without the proper protections that an official IT department can offer because they store PHI.

Management teams may recognize that Shadow IT users exist because employees are not properly trained to understand their data security policies and the potential impacts of breaching these policies. While this isn't untrue, the root cause of the issue is that these organizations lack the adequate tools to support their employees, which forces them to use unauthorized

**Understanding the risks of Shadow IT within the health care space and strategies for managing this growing issue is vital for the longevity of the organizations and the well-being of the people they serve.**





consumer applications. For example, many organizations use messaging tools like iMessage, WhatsApp or text messaging to discuss patient information because their workplace has not provided them with a secure messaging tool.

If this did not sound serious enough, Shadow IT also poses other risks, including:

**HIPAA Non-Compliance:** While HIPAA is great for protecting patient data and privacy, it is often difficult for organizations to be certain they are compliant with its rules because of the ever-changing tech landscape. Since Shadow IT is unknown, unauthorized, and unmanaged, it is needless to say that organizations where Shadow IT is used are not HIPAA compliant.

**Data Breaches:** Without oversight from the IT department, Shadow IT users are putting their clients' and patients' data at risk for both data loss and leaks. With consumer tools commonly used in Shadow IT, a lot of the data is stored in

an unencrypted state; therefore, anyone can access it. This data is also stored on the user's device and not in a secure environment and cannot be backed up or recovered.

### Controlling Shadow IT

Here are two straightforward strategies to get started on eliminating the use of Shadow IT in your organization:

#### 1. Educate employees.

It is the organization's responsibility to ensure employees are educated on the policies and procedures that must be followed to guarantee patient privacy, data security and HIPAA compliance. With more knowledge, staff will be more aware of the implications and be cautious about using Shadow IT.

#### 2. Support the team.

In addition to educating employees, the organization must work alongside them to battle the challenges that have been

habitually solved by Shadow IT. It is vital to proactively look for ways to support employees, providing ongoing solutions rather than roadblocks.

However, these two strategies only scratch the surface for solving Shadow IT problems. One of the most significant needs in health care, which for many is presently addressed by Shadow IT, is efficient communication within care teams.

The use of consumer messaging apps and texting are part of everyday life, so these solutions easily make their way into the care environment.

While these easy communication tools can contribute to efficient care, they will expose organizations to HIPAA violations. Therefore, it is essential that organizations introduce easy to use, secure and HIPAA-compliant tools to minimize the risk and provide secure and efficient quality patient care. **HC**

## Time to Tear It Down or Build It Up?

4 areas of focus for the industry to innovate—or disrupt—moving forward

By Bob Roth

Providing care is a very human experience, and as much as we want to innovate the way we deliver it, we need to always keep sight of the fact that we are in an industry where the power of the work is through personal human connection. As homecare agencies continue to grow and evolve, we must embrace the adage of being high tech on our back end while remaining high touch on our front end (that is, the delivery of care).

What does that mean? It's simple—technology makes it possible, but let's not forget that people make it happen.

To quote my friend and AlayaCare CEO Adrian Schauer, "We need to declared war on repetitive tasks."

"Homecare is a relationship business," he said recently at an event. "Nobody came into homecare to do the same six-click sequence 48 times in a day. ... We need to free up all this staff to focus on building relationships with clients and with caregivers and solving problems and get everything that isn't in those two buckets off their plate."

### Disruption vs. Innovation

I will never forget the first time I heard the word "disruption" used to describe positive change. Radical change to an existing industry or market due to technological innovation was a lot for me to grasp, comprehend and process. What was this going to mean for the homecare industry?

My previous understanding of the definition of disruption was "to destroy, disturb or interrupt an event, activity, or process." So this was all new for me—and it probably was new for you, too.

The first time I was exposed to this new definition was when Uber disrupted the taxi industry. Another example is what Netflix did to Blockbuster, which is no more.

The definition of innovation is "the process of translating an idea or invention into a good or service that creates value or for which customers will pay." In homecare, that may be as simple as adding a new line of service like geriatric care, or introducing a technology like remote patient monitoring.

All disruptors are innovators, but not all innovators are disruptors. A homecare organization can innovate and challenge a competitor by doing so, but to disrupt, you must destroy. Disruption is about looking at an established market in a new way. It's like innovation, except it takes no prisoners.

These four areas will help us understand how we can solve for the challenges that face our industry and either innovate or disrupt it to overcome them:

### 1 Awareness

Homecare has an identity problem. Even some professionals like social workers/case managers, nurses and doctors don't know the distinctions between home health care,

personal care services or understand the role played by other parts of the homecare industry, such as home medical equipment (HME) providers. And if they aren't clear, the public certainly isn't.

It's unfortunate, but when a homecare agency receives a call about services, we disappoint nearly half of the people that call for these services. They are disappointed to learn that Medicare or their managed care provider, Medicare Advantage or supplement does not pay for the in-home care services that they need. In addition, there are still many people in our communities who don't know these services are available through professional homecare agencies.

We must do better to get the word out about the full range of services offered to allow people to age in place. I personally want to thank every homecare franchisor who is running television advertising. You are helping us to get the message out that there are options available to families.

### 2 Affordability

The cost to consumers of in-home care services has skyrocketed over the past few years, and in many cases is only affordable to the rich. The wages we are paying our caregivers today is commensurate to what we were charging our clients seven years ago. The recent economic downturn is only going to narrow the ability for people to pay for in-home care services and therefore grow the gap of affordability.

Meanwhile, the cost of our services continues to go up, including wages, benefits and other carrying costs for employing caregiving and other personnel. Employee turnover is incredibly expensive; some say it costs homecare organizations nearly \$4,200 for every caregiver they churn.

### 3 Advocacy

Most Americans want to age in their own homes and communities, where they can maintain their independence and dignity



## All disruptors are innovators, but not all innovators are disruptors. A homecare organization can innovate and challenge a competitor by doing so, but to disrupt, you must destroy. Disruption is about looking at an established market in a new way. It's like innovation, except it takes no prisoners.

and spend time with family and friends. Our elected representatives need to hear about the success of in-home care. Regulations that are created without in-home care providers at the table will lead to our industry's demise, especially if they drive up the costs of our services, which are already at an all-time high.

There has been no greater time for disruption and innovation than during the recent global pandemic. COVID-19 shone a spotlight on the way care was being delivered for aging adults and revealed issues in the communal living sectors. Many were not adequately prepared and the virus wreaked havoc on residents of these communities—and caused a devastating number of deaths. It definitely brought attention to homecare as a safer option for aging adults.

This pandemic experience also led to a number of disruptive innovations in health care. Traditionally, health care has been slow to adopt change, but the pandemic forced the industry to move at a faster pace.

A great example of this is utilization of telehealth. We discovered that the number of telehealth services increased dramatically, to 15 times the pre-pandemic level (from 2.1 million the year before COVID-19 hit to 32.5

million in the 12 months from March 2020 to February 2021).

### 4 Age Appreciation

As we explore ways to innovate homecare now and into the future, we need to be alert to the generational shift that is happening with both the clients we serve and the people we employ.

Let's start with the people we employ. The Paraprofessional Healthcare Institute (PHI) estimates that over the next decade, nearly two-thirds of the direct care workforce will be retiring. We are all dealing with—and desperately trying to solve for—the present workforce challenges, but this startling fact is presenting us with an even more challenging outlook for the future. As an industry we need to be creative, innovative and maybe just a little bit disruptive in attracting more people to this line of work—including both millennials and Generation Z.

As far as clients, we are all experiencing an uptick in the number of baby boomers we are providing care for. This number is going to grow exponentially, and the need for care is going to increase in magnitude to the likes we have never seen before.

As an industry, we need to begin to think about how to provide care for this

generation. It is going to be very different from previous generations. Boomers are going to want care delivered in a very different way.

Here's an example: A friend who runs a senior living community in Tempe, Arizona, completed a remodel about five years ago and polled residents on what dining services would they like to see in their community. The overwhelming demand was for a sports bar with multiple large screen televisions and offering beer and chicken wings. The last generation would not have wanted this, but that is exactly what boomers want!

### Moving Toward the Future

We as homecare company owners need to have a better understanding of the workforce we are employing now and into the future, and the clients we will be serving into the next decade. Our messaging needs to be designed to attract talent and deliver exceptional care.

As a boomer myself, I'm not sure I will be ready to receive care when it becomes my turn, but if my children approached me and framed it in a way that this person was more akin to a personal assistant, I might be more inclined to accept.

What is going to lead us to success in both attracting talented care professionals and being able to keep up with the demands? Thinking outside the box and figuring out how we can innovate and/or disrupt to remain relevant, without losing the personal touch that has been critical to our success and will continue to be in the future. **HC**

Bob Roth is managing partner of Cypress HomeCare Solutions, which he helped create with his family in 1994. He has brought nearly 40 years of consumer products, health care and technology experience to the role. He was appointed to the Arizona governor's Advisory Council on Aging in 2017—the first homecare agency owner to serve—and is on the board of the Home Care Association of America. Roth hosts a radio show called "Health Futures, Taking Stock in You," on Money Radio and writes a monthly column on aging. Visit [cypresshomecare.com](http://cypresshomecare.com).



# Groundbreaking Technology That's Changing Aging in Place

How invention is helping seniors live longer (& better) at home

By Lawrence Kosick

By 2030, all of the baby boomers will be older than 65, and in the United States, people over 65 will make up 20% of the population. A recent study found that 90% of people over 65 want to age in place—in other words, they want to stay in their homes for as long as possible. Considering the growing caregiver shortage, technology is stepping in and making major strides to assure that this can happen.

As aging-in-place technology continues to evolve, the next few years will be a time of major advancements. From artificial intelligence and voice-activated care companions to virtual lifelong learning and health tech that helps people live longer, today's innovations will blend with smart home technologies to improve how we age and become essential tools for aging. Let's take a look at some of the trending technology for 2022 and look ahead to the future of care.

## 1 Robot Companions

Social isolation is a big concern for older adults. Loneliness in this population may increase the risk of early death by 26%. That's where artificial intelligence comes in. While it may sound futuristic, robots and other voice-activated devices are currently helping the elderly age in place by assisting in the home.

Through artificial intelligence and machine learning, robots can be used to provide companionship by playing games

and talking with the elderly, who often feel lonely and isolated.

For example, ElliQ is a care companion that helps older adults live independently through voice command features. It is also equipped with on-screen instructions that guide them through its use. Users can set up their own personal preferences so that the robot will suggest things based on what it knows about them and their home. The device can perform daily check-ins, track wellness goals, assess general health and play cognitive games—and it can even tell jokes.

Therapeutic robot pets from Ageless Innovation are another trend in technology for the elderly. These are often used for dementia and Alzheimer's patients. They're interactive and can improve feelings of loneliness and depression. They are designed to look like dogs, cats and even birds, with simulated personalities that respond to their owners' voices or movements. The theory is that they offer stimulation, make people feel comfortable and help seniors maintain their independence. They require less care than live pets (they live without food and exercise) and don't burden older adults with additional long-term expenses for vet care, food and more.

## 2 Wearables, VR & More

Health technology is another trend for older adults. From wearable technology to virtual reality, there are a plethora of new

devices that can help older adults continue to remain active and engaged in their daily lives.

New advances in smartwatches have made them a life-changing and potentially life-saving piece of equipment for older adults. Falls are the leading cause of injury-related death among older adults. Smartwatches often come with built-in fall detection technology that can be set to automatically alert emergency services if they detect that the wearer has fallen and doesn't get up again within a certain amount of time. Smartwatches can then alert family or friends if someone is unable to reach out and let them know that they need help.

Heart rate monitoring is another feature that many smartwatches have built-in, which can be invaluable for seniors who want to keep track of their heart health and make sure they're staying within normal ranges.

Virtual reality (VR) for health care treatment is also an emerging technology. VR technologies such as Neuro Rehab are valuable tools in dementia-related research and care for use in cognitive and physical assessments and therapeutic interventions. Virtual reality technologies are computer-generated simulations of real-world environments that can be interacted with in a realistic way by a person wearing a head-mounted display or connected to an interactive platform. Many of these systems are designed to provide an immersive experience, incorporating multiple sensory



modalities. A recent study showed that VR improved high-fidelity memory, a type of long-term memory, in study participants.

### 3 Smart Home Technology

Smart homes allow residents to control their appliances, thermostats, lights and other devices remotely through an internet connection. Users can monitor these home appliances through apps, which they can often control easily from smartphones or tablets. Smart homes can help people save money, reduce expenses, prevent accidents and set reminders for medication or therapy.

Devices that are voice-automated can help those with limited vision and can link to cameras and locks that allow people to safely see visitors before allowing them to enter; they can also prevent people from being locked out and allow them to approve entry for known caregivers without getting up. Some smart devices can even tell you what is in your fridge these days!

Voice command devices are becoming popular as well. These devices include Google hubs and Amazon's Alexa, which allow older people to live independently by helping them manage their smart devices without having to move around the home. These devices can be used to control lighting and thermostats, play music, order items through Amazon Prime or even call for help if needed. When integrated with other smart devices, they can also be used to monitor health conditions and get reminders about medications or appointments.

### 4 Virtual Lifelong Learning & Social Communities

Online learning for older adults is another trend that's here to stay. These platforms help older adults learn new things to benefit brain health, offer social connectedness and motivate older adults to stay physically fit.

GetSetUp is an online platform that empowers older adults by offering live interactive classes taught by other older



adults. The platform helps bridge the digital divide by teaching learners computer basics and other technology. It also helps older adults stay socially connected through an interactive social platform where they can interact with others with similar interests. It offers opportunities to stay fit and healthy and offers re-skilling and upskilling classes for older adults who want to stay in or reenter the workforce. Many states, health plans and other organizations offer these services for no cost to seniors who are residents or members.

Senior Planet from AARP uses technology to enhance the way people age. Their courses, programs and activities help seniors learn new skills, save money, exercise, make new friends and so much more. Their webinars help older adults find their purpose in life and boost their confidence by giving them the knowledge they need to be successful in their chosen fields.

Modern Elder Academy is a social enterprise dedicated to offering people the tools to navigate midlife and emerge refreshed, inspired and better equipped to flourish in their next chapter. They provide workshops and events that offer practical

advice on how to navigate the changing tides of middle age successfully.

### In Conclusion

We're in a time of readjustment and redefinition of what it means to age in place. When we think of aging in place in the future, we will likely have access to technology that will provide support for aging individuals in ways that today's elderly simply don't. And, in just a few short years, the aging community will reap many rewards as new innovations are brought to market.

It's hard to predict what the future holds, but we can feel optimistic about how technology will continue to improve our lives starting in 2023. **HC**

Lawrence Kosick is co-founder and president at GetSetUp. Kosick has led business development and partnership teams for decades at companies such as IFTTT, Sight Machine and Yahoo. He is pleased to work with co-founder Neil Dsouza at GetSetUp to create a learning platform for older adults that empowers them to live more happy, healthy and connected lives and inspired by the work his father did to help older adults so many years ago. He can be reached at [lawrence@getsetup.io](mailto:lawrence@getsetup.io).

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Overland Park, KS  
(800) 842-1973  
ntst.com

Nursing Oasis Consulting  
Glendale, CA  
(805) 222-0209  
nursingoisconsulting.com

PointClickCare  
Mississauga, ON Canada  
(800) 277-5889 x3289  
pointclickcare.com

RiverSoft Home Health Care Software  
Melbourne, FL  
(321) 914-0726  
riversoft.net

SMARTcare  
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(800) 450-9104  
smartcaresoftware.com

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wellsky.com

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(647) 477-4174  
alayacare.com

Alora Healthcare Systems  
Atlanta, GA  
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alorahealth.com

AxisCare  
Waco, TX  
(800) 930-7201  
axiscare.com

Axxess  
Dallas, TX  
(214) 575-7711  
axxess.com

Carecenta  
New York, NY  
(646) 774-2000  
carecenta.com

Caresmartz  
Rochester, New York  
844-588-2771  
caresmartz360.com

Careswitch  
New York, NY  
(888) 717-2712  
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CareVoyant  
Schaumburg, IL  
(888) 463-6797  
carevoyant.com

Delta Health Technologies  
Altoona, PA  
(800) 444-1651  
deltahealthtech.com

HealthWare  
Pensacola, FL  
(850) 688-9045  
healthware.com

HHaExchange  
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(800) 869-1322  
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(800) 842-1973  
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saviicare.com

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(386) 258-6393  
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chiefins.com

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glatfelterhealthcarepractice.com

McNeil & Co. (HOMed)  
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(800) 822-3747  
mcneilandcompany.com

Philadelphia Insurance Companies  
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800.873.4552  
phly.com

The Hanover Insurance Group  
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alexorthopedic.com

AMERX Health Care  
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amerxhc.com

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biocompression.com

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Core Products  
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drcomfort.com

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medical.essityusa.com

Global Health Connection, Inc.  
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mckesson.com

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SIGVARIS  
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synergyfir.com

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stander.com

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lssproducts.com

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Greenville, NC  
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attends.com

Essity/TENA  
Philadelphia, PA  
(866) 722-6659  
tena.us

First Quality Products  
Great Neck, NY  
(800) 227-3551  
prevail.com

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hollister.com

Hygie  
Newark, DE  
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hygie.com

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mckesson.com

Men's Liberty  
North Largo, FL  
(800) 814-3174  
mensliberty.com

Presto Absorbent Products, Inc.  
Eau Claire, WI  
(877) 202-4652  
prestoabsorbent.com

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Dunbridge, OH  
(866) 865-6101  
tranquilityproducts.com

PureWick System  
Stuart, FL  
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purewickathome.com

Triple W  
San Diego, CA  
(833) 337-3387  
dfreeus.biz

TZMO USA, Inc./SENI  
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seni-usa.com

UI Medical (QuickChange)  
Long Beach, CA  
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quickchange.com

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(888) 936-7770  
wellnessbriefs.com

Uro Concepts, Inc.  
Fredericksburg, TX  
(830) 997-8025  
uroconcepts.com

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Sioux Falls, SD  
(800) 328-2935  
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Golden Technologies  
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(800) 624-6374  
goldentech.com

Pride Mobility Products Corporation  
Exeter, PA  
(800) 800-8586  
pridemobility.com

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Access BDD  
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accessbdd.com

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acornstairlifts.com

Amramp Accessibility  
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amramp.com

Bruno Independent Living Aids  
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(800) 454-4355  
bruno.com

Handicare  
St. Louis, MO  
(866) 891-6502  
handicareusa.com

Harmar  
Sarasota, FL  
(941) 308-7366  
harmar.com

Merits Health Products  
Ft. Myers, FL  
(800) 963-7487  
meritsusa.com

Savaria  
Brampton, ON  
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savaria.com

Stannah  
Franklin, MA  
(888) 970-1879  
stannah-stairlifts.com

### LIFTS VERTICAL & INCLINE

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(888) 715-7598  
amramp.com

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EZ-ACCESS  
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ezaccess.com

Harmar  
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(941) 308-7366  
harmar.com



### MAC'S LIFT GATE, INC.

Long Beach, CA  
(800) 795-6227  
macshomelift.com

Savaria  
Brampton, ON  
(855) 728-2742  
savaria.com

Stiltz Home Elevators  
Bethlehem, PA  
(844) 919-0333  
stiltzlifts.com

### MEDICATION MANAGEMENT

Apothecary Products  
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(800) 328-2742  
apothecaryproducts.com



# PATIENT LIFTS

## PROTEKT® ELECTRIC LIFTS

- 6-point spreader bar allows for multiple sling options, safer patient handling and a wider range of transfers.
- Capable of lifting from the floor.
- Ergonomically designed foot pedal offers hands free opening of base.
- Manual emergency lowering provides safe response to power loss.
- Dual rear locking casters.
- Clip free sling hookups.



Item #	Weight Capacity
33500	500 lb.
33600	600 lb.

## PROTEKT® SIT-TO-STAND LIFTS

- Soft pad with lateral contour secures legs in three positions.
- 4 sling hooks allows for multiple sling options, safer patient handling and a wider range of transfers.
- Legs spread with an easy to operate foot pedal.
- Ergonomic design makes the lift ideal for toilet transfers.
- Fast, simple sling attachment.
- Manual emergency lowering provides safe response to power loss.
- Dual rear locking casters.



Item #	Weight Capacity
34500	500 lb.
34600	600 lb.

## PROTEKT® ONYX HYDRAULIC LIFT

- High performance hydraulics raise and lower patients gradually and safely from any stationary position.
- Spreader bar allows for use of 4- or 6-point slings, safer patient handling and a wider range of transfers.
- User friendly hand operated base opening adjusts and locks easily.
- Sturdy lift welding ensures safe patient transfers.
- Dual rear locking casters.
- No tool required for assembly.
- Includes chain connections.

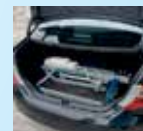


Item #	Weight Capacity
32475	450 lb.

**NEW!**

## PROTEKT® ALL-IN-ONE UNIVERSAL PORTABLE ELECTRIC LIFT

- Universal transfer applications: Car, Bed, Chair or Floor.
- Portable and foldable will fit in most car trunks.
- 4-point spreader bar with "clip" sling attachment.
- Lightweight and easy to move.
- Foot pedal base width adjustment.
- Manual emergency lowering for added safety.
- Dual rear locking casters.
- Battery gauge with audible low-battery indicator.



Item #	Weight Capacity
33350	350 lb.

**FOR MORE INFORMATION, PLEASE CALL OR VISIT:**

270 Washington Street, Mount Vernon, NY 10553 • Tel: 855-237-7622 • [www.proactivemedical.com](http://www.proactivemedical.com)

# AIR MATTRESSES

## PROTEKT® AIRE 3000 SERIES LOW AIR LOSS/ALTERNATING PRESSURE MATTRESS SYSTEM



- User friendly air flow dial offers custom weight settings.
- 350 lb. weight capacity.
- 18 Month non-prorated warranty.

Product	Item #	Description
3000	80030	with standard mattress
3500	83500	with 3" safety base mattress
3600	83600	with cell-on-cell mattress
3600AB	83600AB	with side air bolsters

## PROTEKT® AIRE 6000 SERIES DELUXE DIGITAL LOW AIR LOSS MATTRESS SYSTEM WITH CELL-ON-CELL TECHNOLOGY



- Deluxe digital pump offers (4) alternating cycles (10, 15, 20, 25 min.)
- 450 lb. weight capacity.
- 2 Year non-prorated warranty.

Product	Item #	Description
6000	80060	with cell-on-cell mattress
6450	86450	with 3" safety base mattress
6400	86400	with standard mattress
6000AB	80060AB	with side air bolsters

**NEW!**

## PROTEKT® 1st DEFENSE DYNAMIC HYBRID MATTRESS SYSTEM



\*Patent Pending

- Alternating pressure & low air loss therapies.
- Foam top cover insert creates a more comfortable support surface.
- 350 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
82030	Protekt® 1st Defense System 36"x80"x7"
82030RR	Protekt® 1st Defense System with raised rails

## PROTEKT® AIRE 8000 LOW AIR LOSS/ALTERNATING PRESSURE BARIATRIC MATTRESS SYSTEM



- Digital dual compressors offer greater airflow.
- 750 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
80080	bariatric mattress 42"
86080AB-42	bariatric mattress w/ side air bolsters 42"
80085	bariatric mattress 48"
86080AB-48	bariatric mattress w/ side air bolsters 48"
80080-54	bariatric mattress 54"

**FOR MORE INFORMATION, PLEASE CALL OR VISIT:**

Check 110 on index.

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GCE  
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(888) 659-2102  
us.gcegroup.com

Glenn Medical Systems, Inc.  
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GlennMedical.com

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o2-concepts.com

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Wabasha, MN  
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Orthozone, Inc.  
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orthozone.com

Pain Care Labs  
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Pain Management Technologies  
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paintechnology.com

Performance Health  
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veridianhealthcare.com

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aulisa.com

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sofihub.com

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Connect America  
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connectamerica.com

Essence Group  
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Golden Technologies  
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goldentech.com

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meritsusa.com

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pacesaver.com

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solaxmobility.com

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aquashieldusa.com

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arjo.com

ArmRx  
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armrx.com

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us.coloplast.com

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dermarite.com

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deroyal.com

GEMCO Medical  
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gemcomedical.com

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limbkeepers.com

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mckesson.com

Medela Healthcare  
McHenry, IL  
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medela.com

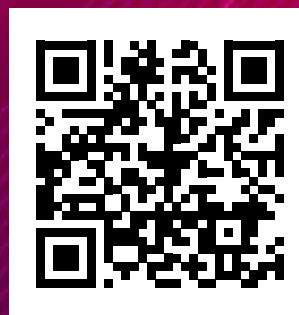
PPS Healthcare  
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# INDUSTRY CALENDAR 2023

## JANUARY

**5-8: CES**

Las Vegas, NV & Virtual  
ces.tech

**10-11: ADMEA Annual Meeting & Convention**

Hoover, AL  
admea.org

**22-25: Home Care 100**

Orlando, FL  
Homecare100.com

**23-24: Home Care Warm Up**

Daytona Beach, FL  
homecarefla.org

**31-2/4: ATIA 2020 Conference**

Orlando, FL & Virtual  
atia.org

## FEBRUARY

**4-6: Focus: The EW Conference**

Clearwater Beach, FL  
focus.essentiallywomen.com

**8-9: Texas Association for Home Care & Hospice Winter Conference**

Austin, TX  
tahch.org

**21-22: ACMESA Winter Meeting**

Greensboro, NC  
atlanticcoastmesa.org

## MARCH

**4-6: ATA 2023**

San Antonio, TX  
americantelemed.org

**25-29: National Home Infusion Association Annual Conference**

Washington, D.C.  
nhia.org

**28-30: Medtrade**

Dallas, TX  
medtrade.com

## APRIL

**17-19: LeadingAge Leadership Summit**

Washington, D.C.  
leadingage.org

**17-21: HIMSS 2023**

Chicago, IL  
himssconference.org

**24-26: NHPCO Hospice & Palliative Care Leadership & Advocacy Conference**

Virtual  
nhpc.org

**26-28: MAMES Spring**

Des Moines, IA  
mames.com

## MAY

**2-3: New England Home Care & Hospice Conference & Trade Show**

Manchester, NH  
nehcc.com

**3-4: Great Lakes Annual Conference & Exhibition**

South Bend, IN  
greatlakeshme.org

**17-19: Rocky Mountain Home Care, Home Health & Hospice Conference**

Beaver Creek, CO  
homecarehospice.civicaconferences.com

**23-25: California Association for Health Services at Home Annual Conference & Expo**

Rancho Mirage, CA  
cahsah.org

## JUNE

**12-14: VGM Heartland**

Waterloo, IA  
vgmheartland.com

**13-14: Home Care Innovation & Investment Conference**

Chicago  
hi2conf.com

## JULY

**16-18: NAHC Financial Management Conference**

New Orleans, LA  
nahc.org

**31-8/3: HomeCareCon**

Lake Buena Vista, Florida  
homecarefla.org

**24-26: RESNA Annual Conference**

Location TBA  
resna.org

## AUGUST

**4-5: FAHCS Annual Meeting**

Orlando, Florida  
fahcs.us

**16-17: ACMESA Summer Meeting**

Wrightsville Beach, NC  
atlanticcoastmesa.org

**29-31: Texas Association for Home Care & Hospice Annual Meeting**

San Antonio, Texas  
tahch.org

## SEPTEMBER

**5-7: Home Care Tech Expo**

National Harbor, MD  
hctechcon.com

## OCTOBER

**2-4: NHPCO Leadership Conference**

Little Rock, AR  
nhcpo.org

**15-17: NAHC Annual Meeting & Expo**

National Harbor, MD  
nahc.org

**18: OAMES 42nd Annual Meeting & Exhibition**

Columbus, OH  
oames.org

## NOVEMBER

**5-8: LeadingAge Annual Meeting & Expo**

Chicago, IL  
leadingage.org

## DECEMBER

**3-7: ASHP Midyear Clinical Meeting**

Anaheim, CA  
ashp.org

**Check It Out:**

Find the full calendar here:  
[homecaremag.com/events](https://homecaremag.com/events)



## MEDTRADE EAST 2022 NEW PRODUCT VIDEO SHOWCASE



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Did you miss out on Medtrade East? You can still learn about some of our favorite new products and improved features offered at the show—from the comfort of home.



# Looking Back at 2022 Sales & Forward to 2023

## 9 conditions that will make or break a homecare deal in the coming year

By Bradley Smith & David Coit

As we approach the end of the year, let's examine some of the most significant factors that affected mergers and acquisitions (M&A) in 2022 and will likely affect transactions and operations in 2023 home health, hospice and home medical equipment (HME).

**1 Macro conditions:** More significant macro conditions are increasingly affecting micro conditions within the homecare market. Such macro conditions include inflation, employee turnover, the slowdown of the economy and even the Russian invasion of Ukraine. These and other conditions will contribute to a reduction in the number of homecare transactions we anticipate seeing in 2023. Expect the figure to be a sharp falloff from the substantial number of deals seen in 2021.

**2 Compressing valuations:** Valuations have been on a wild ride. In 2021, we had a frothy market with over-the-top valuations and some crazy outliers. Valuations were at a full boil—with water spilling over. In 2022, we've had a steady, high boil but no spillage; valuations have compressed. For 2023, expect to see a consistent, medium boil brought on by additional compression. Valuations will come down, but only slightly. They could essentially return to their pre-pandemic normal next year.

**3 Above-market outliers:** In 2021, most homecare companies sold above historical market valuations. In other words, what would typically have been considered outliers became the norm. This year, maybe half of all transactions meet this outlier definition. In 2023, we expect to see some outliers, but companies that sell above market are likely to possess some distinctive attributes that buyers greatly desire.

**4 Deal scrutiny:** Buyers and their lenders are more closely scrutinizing seller businesses. We've seen this level of scrutiny pick up as of late and expect it to increase further in 2023 because of factors that include higher interest rates and the tightening of the credit markets.

What does this increased scrutiny mean for sellers? It essentially translates to more time for due diligence and a magnifying glass applied to the company's historical financial performance metrics and contracts. Buyers and their lenders increasingly want to know, on a per-client or per-patient basis, precisely what services a company is offering. What's the reimbursement for a single client or patient? How long have they've been a client or patient with your business? How long do you expect the client or patient to stay with you? Buyers and their lenders are working to learn everything

about the revenue cycle for all clients or patients. The scrutiny is precise, and it means that a transaction will require more work, more time and the delivery of more documentation and supporting information. Whereas a transaction in 2021 may have only required 60-day due diligence, you're now looking at 90 to 120 days.

**5 Consolidation:** Industry consolidation will continue in 2023, but at a more deliberate pace than we've seen the past few years. That will be attributable to due diligence taking longer and bankers being more cautious. There are buyers with a strong appetite for acquisitions, but they will be more methodical with those transactions.

There has been such a feverish level of consolidation over the past few years that we now have acquiring companies with good scale finding ways to improve by leveraging their economies of scale. We can expect some of the larger companies to gain more profit and put more distance between them and smaller competitors because they are taking advantage of their size.

**6 Wage and labor pressures:** We expect to continue to see the upward wage pressure we're experiencing in 2022 carry into 2023. The labor shortage is also not going to abate any time soon. There's significantly more supply than demand for non-college graduate types of work. That's going to continue into 2023.

**7 Supply pressures:** The supply chain is looking like a mixed bag for homecare. On a positive note, HME companies are regaining access to products such as CPAPs and ventilators. This is relieving some supply chain bottlenecks and pressures.

Unfortunately, we're unlikely to experience much, if any, relief on the cost side soon. Health care providers should expect to see higher costs for goods purchased as manufacturers pass along the higher costs they've been incurring associated with shipping, wages, inflation, fuel and other expenses. Hopefully, we'll see some of these pressures alleviated during 2023 as inventory levels come under control.

**8 New companies:** In any given year, there are about 300,000 new business entities created and new entrepreneurs coming into the market. In 2020 and 2021 (and likely 2022), that figure surpassed 600,000 a year. Many of those are new health care companies, and some are new homecare companies. Today's new companies tend to be tech-savvy, tech-forward and innovative. They usually run lean and are highly efficient. As these young companies begin to mature, we may start to see some of them exert their presence in 2023. Such competition will push mature companies to improve operations and find ways to differentiate themselves.

**9 Tightening reimbursement:** As we are already seeing happen, the Centers for Medicare & Medicaid Services (CMS) is starting to pull back on some of the generous allowances it issued during the

pandemic. CMS is also considering recouping up to \$2 billion in payments made in 2020 and 2021 that the agency now views as overpayments.

On top of these significant financial developments, at some point CMS will also stop overlooking certain regulatory and documentation requirements that received a pass during the pandemic. This is going to require businesses to spend more time and resources to ensure requirements are met.

### **2023: Expect a Good Year—With Some Challenges**

Based on everything we're seeing in the homecare, including what's discussed above, it seems like 2023 should be a good year for the market. It will essentially look like a return to pre-pandemic normalcy, with some new opportunities and challenges. For small, independent health care companies, 2023 may be a big year for big decisions.

The combination of significant consolidation activity with savvy newcomers maturing will put more pressure on small independents to find ways to compete. If these businesses hope to remain viable and competitive, they need to be more innovative and agile, and their owners need to be better businesspeople than ever before. For owners unsure if they want to or are unable to put in the additional work, proceeding with a sale may be in their best interest. **HC**

Bradley M. Smith, ATP, CMAA, and David Coit are both managing directors and partners with the international health care mergers and acquisitions firm VERTESS. The company focuses primarily on their clients' personal and professional goals to help facilitate transactions that make sense for the long term. If you would like to personally discuss this article, the value of your health care company, or how to get the best price when you sell it, you can reach Bradley Smith at [bsmith@vertess.com](mailto:bsmith@vertess.com) or (817) 793-3773, or David Coit at [dcoit@vertess.com](mailto:dcoit@vertess.com) or (480) 285-9708.



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Check 102 on index.

# New Products Take the Stage in Atlanta

Meanwhile, industry faces headwinds

By Hannah Wolfson

Faye Pryor remembers the day when she was helping a patient use a bedpan—and it spilled everywhere. The woman pointed her finger at Pryor, a physical therapist and rehab director, and said “Why are there no urinals for women?”

Pryor explained that there were, but the patient replied that they were almost impossible to use. Then a friend walked in holding a baseball cap, and Pryor put the two concepts together.

The idea for the PottyCap was born that day, but the reality came about after years

of work. Pryor got help from her sisters-in-law, Cynthia Pryor and Donna Raines.

“My goal is that for every man who has a urinal, I want a woman to have one, too,” Pryor said.

Their product took the top spot—the Providers’ Choice Gold Award—in the Medtrade New Product Pavilion Provider’s Choice Awards at the fall show in Atlanta. HomeCare Media sponsors the honors, which are selected by attendees to the show, most of them providers of durable medical equipment (DME).

## Silver & Bronze Awards

Motif Medical won the Silver award for its Aura breast pump, which will be on the market pending approval from the Food and Drug Administration. Aura is a fully portable, tubeless pump that’s designed to fill a growing demand for portability, said Jason Ivey, account manager for Motif Medical.

“We wanted it to be DME friendly and we wanted it to be something DMEs can provide through insurance,” he said.

The Bronze award went to Life Assistant Ltd. for its Sitnstand for Wheelchair, a portable standing assistance system that can be used on wheelchairs or furniture. The Israel-based company has been selling overseas and brought their products to Medtrade to reach the American aging-in-place market.

Life Assistant CEO Gal Goldner said the goal is to give more independence to seniors who may have difficulty lifting themselves from a seated positioning without requiring them to invest in multiple lift chairs.

“It can change every chair to a lift chair,” Goldner said. “You can use it anywhere you want.”

*The Gold award went to the PottyCap.*





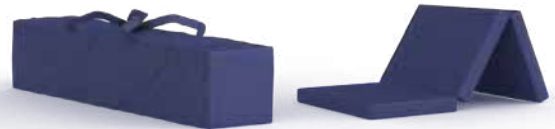
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### Challenges Remain for HME

The home medical equipment (HME) industry faces a wide range of questions as 2022 winds down, experts said at the show—including whether providers will get any relief from rising prices, what post-midterm election political shifts might bring and which COVID-19-related waivers will continue beyond the public health emergency and for how long.

"Today, providers are stressed and we're seeing more and more challenges and it's not gotten any better," Tom Ryan, president and CEO of the American Association for Homecare (AAHomeCare), said in an address to attendees at the show Atlanta. "We've tried to go to (the Centers for Medicare & Medicaid Services, or CMS) and align the rates to something more reasonable and that hasn't worked."

One lingering issue is whether the competitive bidding program, which some have placed on death watch, will be revived or not. Most experts said that CMS had already missed most of its historical deadlines to institute competitive bidding next year—but that it's time for them to make a decision so providers don't have to keep reading tea leaves.

"It is not sufficient, it has not kept up with the time and the reality is it's got to be fixed," Ryan said. "We do need some security that we don't have a competitive bidding program coming in a couple of years."

"I can't wait until we come to a Medtrade and we don't talk about competitive bidding," added Kim Brummett, AAHomeCare's vice president of regulatory affairs, who said that regulators just don't seem to have it at the top of their priority list right now.

And yet, Ryan said, it should be.

"The labor shortages are not getting any easier, (personal protective equipment) costs are expensive and we have seen routine double-digit price increases, which we have not seen in years, and we're still seeing old reimbursement rates," he said.

### Watching Washington

When it comes to change on Capitol Hill, Jay Whittier, AAHomecare's vice president of legislative affairs, said there are three main focuses for the industry. The first, HR 6641, would provide a blended reimbursement rate for DME based 90% on competitive bidding rates and 10% on the unadjusted 2015 fee schedule in competitive bidding areas through 2024. Whittier said the industry is actively seeking it in an end-of-year package.

Second, advocates are pushing the Senate to extend relief granted in the CARES Act past the end of the public health emergency, especially a 75%-25% formula for non-rural areas that are also non-competitive bidding areas.

"As we all know, the cost issues the challenge of labor and fuel, are not going to end when the public health emergency ends," Whittier said.



Third is the “PAYGO,” or pay-as-you-go, rule that has triggered mandatory cuts to Medicare and other payments. If unabated, the PAYGO cuts could add an additional 4% on top of a potential 2% sequestration.

As to whether it will be corrected, Whittier said he’s not counting on anything these days, even though Congress has always diverted these cuts in time in the past.

“Well, we’ve had a lot of firsts,” he said, spurring laughter from the crowd. “I’m not going to rely on any precedent in the environment we’re in.”

### The End of the PHE

When it comes to the end of the public health emergency (PHE), Brummett and Cara Bachenheimer, head of government affairs at Brown and Fortunato, said in a separate session that it may be extended to the spring of 2023.

It is currently set to end January 11, 2023, but the administration has pledged to give states at least a 60-day notice before ending it—meaning they’d need to make a change by mid-November, just after press time.

Other concerns aired at the show, which is the last to be held in Atlanta, include:

- Medicare Advantage (MA): “It has kind of been the Wild West,” Ryan said, and MA programs are expected to continue to grow, with a projection of 61% of Medicare beneficiaries being in them by 2032. Some help would come with HR 3173, the Improving Seniors’ Timely Access to Care Act, which would fast-track prior authorization. Advocates have also asked CMS to add an MA ombudsperson or other additional oversight of MA.
- Audits: Some audits are back on track even while the pandemic continues—in

fact, 43 of 41 of the total active audits listed on the Recovery Audits Contract website are DME-related—and Brummett and Bachenheimer separately reminded attendees of special rules that apply. They also said they’ve pushed CMS to ensure providers don’t have to endure multiple types of audits simultaneously.

- Consumer Price Index: These adjustments were expected in December and could be close to 9% in some categories. Ryan said that’s sort of a bad news/good news scenario. “It will be a good year in a bad year,” he said. “It will be a higher rate than we’ve had before, but it will be because of inflation.” **HC**

Hannah Wolfson is editor of HomeCare Media

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# NAHC WRAPUP

## Prepping for Battle

NAHC conference focuses on challenges

By Hannah Wolfson

At the National Association for Home Care & Hospice's (NAHC) Annual Convention in St. Louis, Missouri, one issue loomed over the attendees: What would happen with the federal government's home health final payment rule?

The rule was released after the conference closed—you can check out the details on page 6—but even without knowing exactly what was coming, home health, hospice and personal care leaders were pledging to fight it as hard as possible.

NAHC President Bill Dombi said in his address to the conference, which was

attended by almost 3,000 people in the industry, that advocacy surrounding the rule is the most intense he's seen in his lifetime. Industry allies in Congress have stepped up, as well, he said.

"In four months, NAHC members have sent 60,000 emails, tweets, phone calls, etc.," Summer Napier, NAHC director of grassroots advocacy, said in a separate address.

### The Next 40 Years

NAHC is celebrating its 40th anniversary this year. Dombi noted that in 1982, at the association's founding, less than 1 million

people in the United States were receiving service under the Medicare home health benefit; today, more than 7 million people receive care each year.

To keep homecare at the top of mind, NAHC has launched a new strategic plan, with three new goals, including elevating the image and awareness of care at home.

"Not everybody knows who we are," said Dombi.

As Dombi looked forward, he said it would be ideal if every aspect of care in the home came under the purview of NAHC.

"It's not a business thing, but it makes sense," he said.

"Physicians delivering care at home, nurses are delivering care at home. Why should there be a dividing line between the two of those? ...What we're seeing happening is the breadth of care expand. I would like to see NAHC as the voice that's unifying those particular interests." **HC**

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# Finding the Facts About Avoiding Infection at Home

How your agency can support research

By Jingjing Shang

Millions of older Americans with multiple chronic conditions use home health care (HHC) services every year, and that number is growing, according to a 2021 Medicare Payment Advisory Commission report. Those patients are often at increased risk of acquiring infections, researchers found in a data analysis published in the journal *Research in Nursing & Health*.

Over the years, our research team at the Columbia University School of Nursing has conducted studies to understand infection prevention and control in the HHC environment. From 2017-2021, we ran the Infection Prevention in Home Health Care (InHOME) Study with funding from the National Institutes of Health (NIH).

The study quantified infection-related

hospitalizations that occur during HHC episodes from Outcome and Assessment Information Set (OASIS) and Medicare Provider Analysis and Review (MedPAR) data. The study also examined existing infrastructure and policies at home health agencies (HHAs) and whether those policies help prevent infections among home health patients.

Here are some of the things we discovered in the process of conducting that study.

## Infection-Related Hospitalizations During Home Health Episodes

By analyzing longitudinal OASIS and MedPAR data, we found that 17% of unplanned hospitalizations during home health episodes were due to four types of infections:

- respiratory
- urinary tract
- wound site (skin or soft-tissue)
- intravenous catheter-related

Our findings emphasized infection prevention and control in the home environment because infections occurring during HHC episodes were associated with substantial 30-day mortality, particularly following hospital transfers caused by sepsis.

## Pre-Pandemic Prevention Policies & Control Infrastructure

To further understand existing infection prevention and control policies and procedures at HHAs, we interviewed HHC staff from agencies nationwide from May to November 2018. Several staff members identified infection prevention and control prioritization by agency leadership as crucial to preventing and reducing infections and infection-related hospitalizations among patients. This leadership support and buy-in would be vital in the midst of an infectious disease crisis like the COVID-19 pandemic.

We also conducted a nationwide survey of HHAs from November 2018 to December 2019. Since it was conducted before the COVID-19 pandemic, the survey captures the preparedness level for an infectious disease crisis. Our results indicated that, at that time, infection prevention and control in the home health setting was suboptimal, and many agencies were not adequately prepared for the pandemic.

Specifically, our findings indicated that agency staff in charge of infection prevention and control often had many other responsibilities, and over one-third had no formal training in infection prevention. Rural agencies were less likely to have anyone in charge of infection prevention and control compared to those in urban areas. Furthermore, agencies reported challenges in collecting and reporting infection data.

We also found that influenza vaccination rates among home health staff were alarmingly low, and only 26% of agencies required vaccination for work. Low staff vaccination rates are associated with an increased risk of respiratory infection-related hospitalizations among home health patients. We urge agency leadership to reflect on their experiences with the COVID-19 vaccination mandates and explore effective ways to improve staff flu vaccination rates.

Lastly, about 40% of agencies provided N95 respirators to their clinical staff before the pandemic. Rural agencies

### Want to get involved in a study?

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#### To email the author:

• [js4032@cumc.columbia.edu](mailto:js4032@cumc.columbia.edu)

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#### To learn more, visit:

• [nursing.columbia.edu/research/InHOME-CR](https://nursing.columbia.edu/research/InHOME-CR)  
• [nursing.columbia.edu/ACROSS-CARE](https://nursing.columbia.edu/ACROSS-CARE)

were significantly more likely to provide those supplies than urban agencies. At the beginning of the COVID-19 pandemic, clinical staff at urban HHAs likely had increased risk of exposure due to suboptimal agency preparedness, which was compounded by personal protective equipment shortages and more reliance on public transportation.

Let's take a look at some of the current studies being done on homecare and infection control.

## 1 Impact of COVID-19 on Care Transitions & Health Outcomes for Vulnerable Populations in Nursing Homes and Home Healthcare Agencies (ACROSS-CARE) Study, 2021-2025

Building upon prior work, our research team was funded by NIH for the ACROSS-

CARE study. In ACROSS-CARE, we will describe how agency infection prevention and control programs have changed in response to the COVID-19 pandemic, specifically among HHAs serving large proportions of vulnerable populations (e.g., people of color, rural residents). We will also examine how COVID-19 disrupted hospital admissions and subsequent discharges to agencies, and determine if the disruptions

disproportionately affected vulnerable populations. Participant recruitment for this study is ongoing.

## 2 Infection Prevention in Home Health Care (InHOME-CR) Study, 2021-2026

Our research team also received funding from NIH to continue our InHOME study. In the InHOME-CR study, we will use

# 26%

of agencies required flu immunization for their staff members



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longitudinal national OASIS and Medicare claims data to examine the evolution of HHC infection prevention and control policies and procedures from pre-pandemic to 2024 and their impact on infection-related patient outcomes, including COVID-19 infection. The study findings will raise awareness of the importance of infection prevention and control in home health care among healthcare policymakers and the public. By collaborating with key stakeholders, we will also generate evidence-based recommendations to help HHAs prepare for future public health emergencies. Participant recruitment for this study is ongoing.

**Getting Your Agency Involved in Research**

In November, we started contacting agencies to participate in a nationwide survey about existing infection prevention and control policies and procedures and COVID-19 experiences. If you get invited, please contact us for any inquiries! Also, we are always looking for agencies to pilot research materials. If your agency is interested, please reach out to the study contact emails (see box). Thank you to those agencies who have participated in the past and we look forward to engaging new participants in our studies!

This kind of research helps generate new knowledge, find solutions to challenges, and identify avenues for industry improvement. Researchers often collect data about factual aspects of agencies (e.g., types of infection control policies in place, number of vaccinated staff) through surveys, as well as gather experiences through interviews and surveys. Your participation is valuable because your experiences represent those of staff members at other agencies like yours. The benefits are often not immediate, but knowledge gained from the research will help your agency and others like it in the future.

As part of the InHOME-CR Study, we will conduct a Delphi panel

**Our results indicated that, at that time, infection prevention and control in the home health setting was suboptimal, and many agencies were not adequately prepared for the pandemic.**

exercise with key stakeholders such as experts, leaders, advocates, patient and caregivers. Through this consensus process, clinical and policy recommendations will be developed, refined and endorsed, resulting in data-driven, evidence-based infection prevention and control recommendations that are specific to home health care.

#### **If There's Another Pandemic**

Based on our prior findings and preliminary data from recent ACROSS-CARE interviews with staff, it is clear that U.S. home health agencies have strengthened their infection prevention and control capacity and adjusted their existing policies/procedures to respond to the COVID-19 pandemic.

However, any strides that have been made with infection prevention and control infrastructure (which we will quantify with the 2022 InHOME-CR survey) will need to be maintained for agencies to respond effectively to the next infectious disease emergency. It would benefit agencies to create a proactive rather than reactive environment regarding infection prevention and control.

We look forward to reporting on the remarkable work agencies have done during the pandemic and creating home health-specific infection prevention and control recommendations so that there is an evidence-based road map to follow, whether during normal operating periods or an emergency. **HC**

Jingjing Shang, Ph.D., RN, OCN, FAAN, is a professor of nursing at the Columbia University School of Nursing in New York. An experienced nurse health services researcher, she studies infection prevention and control in the HHC setting.



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# NEW ON THE MARKET

Hand-picked by the editors of HomeCare & our team of industry experts, these products are the newest frontrunners shaping the homecare marketplace. Stay tuned in every issue for more industry-leading solutions.

## 1 Gloss Rollator

### CLARKE HEALTH CARE PRODUCTS

Gloss is the ideal rollator to empower mobility and independence. Stable and robust, it has a modern and sleek appearance. A welded, lightweight aluminum frame comes in four sizes with a grey powder-coat finish for minimal maintenance. Weighing less than 15 pounds, Gloss can accommodate clients up to 352 pounds. The X-fold design offers generous walking space, while forward-facing handles encourage you to walk within the four wheels. A padded yet firm seat offers sitting comfort. When folded, Gloss will stand on its own, requiring only 7.4 inches of floor space. Visit [clarkehealthcare.com](http://clarkehealthcare.com).

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## 2 NILS

### KAYSERBETTEN

Families now have another choice in safety beds for children with special needs. NILS offers an alternative to larger wooden beds and a simplified version of the mesh beds. The simple, lightweight and portable design allows a safe space at home or away. No padding is required since the mesh is held away from the wood frame. The sleek wooden frame and robust mesh provide boundaries and a low sensory environment. NILS is the product many families have been asking for. Available with or without a top for added security. Visit [kayserbettenus.com](http://kayserbettenus.com).

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## 3 Mini Lite PERS

### MEDSCOPE

MedScope has released a new personal emergency response systems (PERS) device—the Mini Lite. The wearable device weighs in at less than an ounce and is equipped with the option of advanced fall detection technology to help care managers better serve their members. The Mini Lite is water resistant and easy to use with a battery life of up to seven days. Powered by ATT&T and Verizon networks. Visit [medscope.org](http://medscope.org).

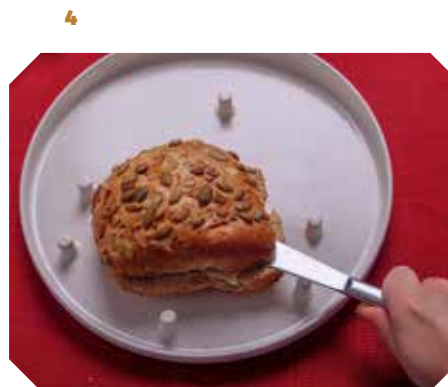
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# CARE MANAGEMENT SOFTWARE

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## 1 Homecare Agency Management Platform

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2



## 2 CareSmartz360

### CARESMARTZ

Transform the way you provide care with CareSmartz360, an all-in-one homecare management software. The software is designed to maximize efficiency through quick scheduling, accurate time tracking and electronic visit verification, and error-free billing and payroll. With an artificial intelligence (AI)-powered solution, owners can accelerate growth and retain caregivers. AI dashboards help businesses reach new heights of success by predicting caregiver retention, foreseeing caregiver turnover risk and retaining skilled resources. This helps improve performance and minimize caregiver churn rates, addressing a primary concern of homecare agency owners. Visit [caresmartz360.com](http://caresmartz360.com).

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3



## 3 Homecare Agency Management Platform

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## 4 CareCoordinator

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# COMPRESSION

## 1 IMAK Compression Arthritis Gloves

### BROWNMED

Developed by an orthopedic surgeon and arthritis sufferer, the IMAK Compression Arthritis Gloves have earned the Arthritis Foundation's Ease of Use Commendation for their design. The IMAK Compression Arthritis Gloves provide mild compression for warmth and help increase circulation, which ultimately reduces pain and promotes healing. The gloves are made of soft, breathable cotton material, meaning they are comfortable enough to wear all day and night. The open fingertips allow your clients complete freedom to perform daily tasks without issue. Helps relieve aches, pains, and stiffness associated with arthritis of the hands. Visit [brownmed.com](http://brownmed.com).

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## 2 Clover Pack

### CORE PRODUCTS INTERNATIONAL

The patented design of the Core Clover Pack comfortably surrounds painful, inflamed joints with cold therapy. Get long lasting, drug free relief by applying mild compression using the adjustable strap to secure the cold pack to the injured area. The pack's exterior is made of a proprietary blend of synthetic fibers and organic plant materials. The nontoxic, biodegradable fill stays soft and pliable when frozen. Visit [coreproducts.com](http://coreproducts.com).

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## 3 Thermoskin Knee Stabilizer

### DDP MEDICAL SUPPLY

The Thermoskin knit range is a further advancement in optimizing injury management protocol through wearer comfort and support. The Knee Stabilizer has been designed with additional support and to minimize movement. The removable silicone ring cushions and reduces kneecap movement. Variable compression zones provide targeted support for muscle maintenance. Visit [ddpmedical.com](http://ddpmedical.com).

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## 4 FlexPress 2

### DERMARITE

FlexPress 2, from DermaRite's DermaPress Compression Systems line, is a complete bandage kit consisting of one cohesive comfort compression bandage and one cohesive compression bandage. Its two-layer system is slimmer, cooler and fits more easily into standard or orthotic footwear, and the all-in-one kit helps expedite dressing changes. FlexPress 2 may be worn for up to seven days. Visit [dermarite.com](http://dermarite.com).

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## 5 WoundExpress

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## 3 Backup Camera

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## 4 Empulse R20

### SUNRISE MEDICAL

The Empulse R20 is an add-on power-assist device that is compatible with most folding and tilt-in-space manual wheelchairs. The Empulse R20 supports the attendant pushing the wheelchair in order to improve the client's overall lifestyle through increased accessibility. This device is lightweight, weighing less than 10 pounds, and is easy to attach and detach from the wheelchair. Visit [sunrisemedical.com](http://sunrisemedical.com).

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## 5 Surf Wheelchair Cushion

### WAVE THERAPEUTICS

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- 19 Sales/Marketing Rep, Mgr, Dir
- 20 Other (Please Specify) \_\_\_\_\_

#### 2. What is your primary type of business? (Check only one)

- 01 Home Medical Equipment Provider
- 13 Hospital with HME
- 03 Independent Pharmacy/Chain Drugstore
- 15 Hospital with Home Health Agency
- 05 Home Health Agency/Nursing (Medical)
- 16 Hospice Agency
- 12 Personal Care/Home Care Services (Non-Medical)
- 14 Long Term Care Facilities (SKNF, Assisted Living)
- 08 Physical Therapy/Occupational Therapy
- 07 Manufacturer/Manufacturer's Rep Firm/Distributor
- 10 Other (Please Specify) \_\_\_\_\_

#### 3. What other areas of business is your company involved in? (Check all that apply)

- 41 Home Medical Equipment Provider
- 42 Hospital with HME
- 43 Independent Pharmacy/Chain Drugstore
- 44 Specialty Pharmacy (Compounding/Infusion)
- 45 Hospital with Home Health Agency
- 46 Home Health Agency/Nursing (Medical)
- 47 Hospice Agency
- 48 Personal Care/Home Care Services (Non-Medical)
- 49 Long Term Care Facilities (SKNF, Assisted Living)
- 50 Physical/Occupational Therapy
- 98 None
- 99 Other (Please Specify) \_\_\_\_\_

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# HONORING CONTRIBUTIONS

## Jim Walsh Named Van Miller Champion

Longtime VGM leader honored for work in industry

By Hannah Wolfson

Sometimes, believing in a friend can change an entire industry.

When Van G. Miller founded VGM back in 1986, his good friend Jim Walsh, a prominent attorney in Waterloo, Iowa, was his very first investor.

A decade later, Walsh joined the VGM staff full time as general counsel and a member of the senior leadership team; he retired at the end of 2021 but remained as board chair and general advisor.

Walsh's extensive work at VGM and the other ways he supported the home medical equipment (HME) industry earned him this year's Van Miller Champion Award from the American Association for Homecare (AAHomecare).

"By sheer force of his vision, his personality, he helped transform this industry," Tom Ryan, CEO and president of AAHomecare, said when he announced the award at Medtrade East in Atlanta. Walsh is currently in poor health and was unable to travel to accept the award, but was lauded by many at AAHomeCare's Washington update and at the Stand Up For Homecare event.



"He was also a driving force to make sure AAHomeCare and VGM worked as partners rather than rivals," Ryan said.

In fact, Ryan fondly recalled Walsh—whom he called a visionary and stalwart policy advocate—coming to visit him personally at his home medical equipment business in Farmington, N.Y. to discuss issues facing the industry.

"He was instrumental in bringing HME vendors to the table to work with smaller providers, allowing them to have better access to more favorable contracts," Ryan said. "He served as a mentor, sounding board and advisor to many HME professionals through his career, including myself."

The champion award has been given since 2011 to celebrate an AAHomecare member for outstanding service to the HME community. In 2016, it was renamed to honor Miller and reflect his characteristics. According to the AAHomecare web site,

those considered for the award will have made an exceptional contribution to the industry in one or more of these ways:

- longstanding record of service within the homecare community
- embodiment of the spirit of caring and generosity which are the hallmarks of this profession
- active membership and engagement in the American Association for Homecare.

"This is a great award for Jim to receive," said Jeremy Stoltz, president of VGM Associates. "Jim was right by Van Miller's side back in 1986, so we're going on four decades of Jim providing mentorship, leadership and advocacy—and friendship as well." **HC**

Hannah Wolfson is editor of HomeCare media.

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