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Dear HomeCare Readers,

As we worked on putting together this month's respiratory issue, I've watched several friends and colleagues come down with COVID-19. Fortunately, most of them recovered quickly. But this new wave of variants and cases has made me think a lot about how a widespread respiratory disease—one that seems to cause serious lingering effects for some—could impact the health system's approach to respiratory treatment in the home.

"Once the pandemic is over, there will be a group of patients with new health needs: the survivors," Dr. Panagis Galiatsatos, a lung disease expert at Johns Hopkins Bayview Medical Center, said in a fact sheet on the hospital's website. "Doctors, respiratory therapists and other health care providers will need to help these patients recover their lung function as much as possible."

It's worth keeping that in mind as you grow your own respiratory business—and as you read our cover series, which dives into some innovative approaches to respiratory therapies and COPD management, including telehealth options and hospital at home. You'll find it starting on page 16.

On a lighter note, I've also been swept up in the buzz about the new electric version of the iconic Volkswagon "bus." This month we take a look at whether you should incorporate electric vehicles into your company's fleet and why it might also be helpful to hire out your fleet management. In fact, there's a wealth of practical business management advice in this issue, including: how to get ahead with e-commerce, why inventory management is more important than ever (hint: supply chain challenges), steps to tighten up your revenue cycle process, and what states and providers should ask before choosing an electronic visit verification system. There are also primers on loans and financing and on building a succession plan—basically, help for every stage of your company. Enjoy! And as always, thanks for reading.



Hannah Wolfson



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## 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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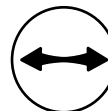
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## National Sleep Foundation Names New Board Members

Effective July 1, Temitayo Oyegbile-Chidi, associate professor of neurology at the University of California Davis and adjunct professor at Georgetown University Hospital, will serve as chair of the board of directors for the National Sleep Foundation (NSF).

“Dr. Oyegbile-Chidi has expertise in multiple topics including neurology, sleep disorders, epilepsy and younger populations which will help NSF continue its work to improve sleep health for all,” said National Sleep Foundation CEO John Lopos. “She is a key member of the NSF board, a prior research fellow and has been integral in providing insightful sleep health information with NSF partners along with leading NSF’s Sleep Health Equity task force.”

Thomas DiSalvi, vice president of safety and loss prevention at Schneider National, Inc., will serve as vice chair. Steve Lerman of S&W LLC will serve as treasurer and David N. Neubauer, associate director of the Johns Hopkins Sleep Disorders Center, will serve as secretary. Rafael Pelayo, clinical professor at the Stanford Center for Sleep Medicine and Science, will serve as an at-large member of the executive committee. Additionally, Matt Mellott, president and CEO of Brightree, and Gina Pervall, chief of the medical advisory board at the Maryland Department of Transportation, will now serve on the board of directors.

[thensf.org](https://www.thensf.org)

## HomeWell Announces Zero Initial Franchise Fee

HomeWell Franchising Inc., the franchising arm of the nonmedical in-home care provider HomeWell Care Services, announced a new zero initial franchise fee offering for new franchise owners. The typical franchise fee in its previous sole offering is \$49,500.

“It’s a bold move, but we believe removing this upfront barrier will open the path to business ownership for many entrepreneurs looking to capitalize on the tremendous growth we’re seeing in the homecare industry,” said Crystal Franz, CEO of HomeWell Franchising.

HomeWell is also developing a training platform to keep owners apprised of best practices and industry trends and help improve clients’ quality of life.

In the last few years, HomeWell has experienced tremendous growth, signing over 35 new owners and expanding its footprint in 25 new states. After year-over-year growth of more than 40% in several key areas, HomeWell earned itself a spot on the Inc. 5000 list of fastest-growing private companies in 2021.

[homewellfranchising.com](https://www.homewellfranchising.com)

## Philips Pledges to Reduce Emissions

Royal Philips announced the company has joined an initiative created by the Biden

administration to reduce greenhouse gas emissions. Philips, along with other health sector organizations and administration leaders, participated in a roundtable discussion about work being done to combat climate change and other sustainable initiatives.

The U.S. health care system is responsible for approximately 8.5% of the country’s total carbon emissions. Those signing the voluntary pledge commit to: reducing their organization’s emissions by 50% by 2030 and to net zero by 2050 and publicly reporting on their progress; completing an inventory of Scope 3 (supply chain) emissions; and developing climate resilience plans for their facilities and communities.

Philips became carbon neutral in its operations at the end of 2020 and has remained so since then. The company became one of the first health technology organizations to have its emission reduction targets approved by the Science Based Targets initiative. Philips aims to have at least 50% of its suppliers committing to science-based targets for carbon dioxide emission reduction by 2025. The company has been cited as a leading company in the Dow Jones Sustainability Indices as well as Wall Street Journal’s 100 Most Sustainably Managed Companies in the World.

[philips.com](https://www.philips.com)

## Tomorrow Health Completes \$60M Funding Round

Home-based care company Tomorrow Health closed a \$60 million Series B round, bringing its total funding to date to \$92.5 million. The oversubscribed round was led by BOND, with participation from Andreessen Horowitz, Obvious Ventures, BoxGroup and Sound Ventures. The capital will fuel Tomorrow Health’s expanding partnerships with national and regional health plans, its growth in new markets and investment in its technology.

Tomorrow Health is accelerating to 317% growth in annual recurring revenue from 2021 to 2022. Insurers across all lines of

## UPCOMING EVENTS

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

**Aug. 10–12 Big Sky Conference**  
Anaconda, MT  
[bigskyames.org](https://www.bigskyames.org)

**Aug. 17–18 ACMESA Summer Meeting**  
Wrightsville Beach, NC  
[atlanticcoastmesa.org](https://www.atlanticcoastmesa.org)

**Aug. 30–Sept. 1 Texas Association for Home Care & Hospice Annual Meeting**  
Round Rock, TX  
[tahc.org](https://www.tahc.org)

**Sept. 14–15 ATHOMES Annual Meeting**  
Nashville, TN  
[athomes.org](https://www.athomes.org)



business contract with Tomorrow Health to coordinate home-based care for their members through a value-based model that incentivizes high-quality patient outcomes. [tomorrowhealth.com](http://tomorrowhealth.com)

### **EZ-ACCESS Relocates Corporate Headquarters**

EZ-ACCESS, a division of Homecare Products, Inc., announced the addition of a new manufacturing and distribution facility in Hopkinsville, Kentucky, a relocated corporate headquarters in Auburn, Washington, and the opening of a new office space in Madison, Tennessee.

The manufacturing and distribution warehouses offer 200,000 square feet of combined space, which is actively being used to meet the increased demand the company has been experiencing. The new plant, in a building originally used for packing tobacco, has brought more than 100 jobs to the area.

Situating all the company's manufacturing and distribution in Kentucky provides a consolidation of resources, increased coordination and a central hub to receive raw materials and efficiently deploy finished goods across the United States.

EZ-ACCESS' new corporate headquarters, located in Auburn, Washington, will continue to support departments such as finance, human resources and customer service. The office in Tennessee will primarily offer operations and sales personnel a dedicated location for everyday offices and a space to gather for strategic meetings and training throughout the year.

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

### **Breas Announces Canadian Distribution Partnership**

Breas Medical USA and McArthur Medical Sales announced a Canadian distribution partnership for Breas Medical's Vivo 1-2-3 family of Bi-level devices and a full line of Breas Vivo accessories.

The Vivo 1-2-3 product family are Bi-level ventilators designed for comfortable

respiratory support across the continuum of care, both noninvasive and invasive (Vivo 3 only), for nondependent patients with chronic breathing insufficiency. They feature a built-in humidifier with heated wire circuit, a comprehensive set of modes with auto-EPAP and high-flow nasal cannula therapy support, plus oxygen saturation monitoring.

"The Vivo product family is going to allow for significant clinical advancement in bi-level therapy; our highly skilled team of clinicians are looking forward to introducing Vivo to the Canadian health care system," said Frank Fiorenza, product development and national sales manager for McArthur Medical Sales, a family-owned and operated distributor and manufacturer of medical equipment founded in 1984. [breas.us](http://breas.us)

### **LeadingAge California Awarded Over \$25M for Training Program**

LeadingAge California has been awarded more than \$25 million dollars by the California Health and Human Services Department of Health Care Access and Information for the Gateway-In Project to expand certified nurse assistant (CNA) and home health aide (HHA) pipeline development, training and retention programs over the next three years.

California has the largest population of older adults in the country, and it is projected that an additional 275,000 direct care workers will be needed by 2026. CNAs and HHAs are a critical part of this workforce. In California, more than 50% of CNAs work in nursing care facilities or community care facilities serving older adults.

Existing pipeline development and training programs are inadequate to fill the growing demand for CNAs and HHAs. The Gateway-In Project is expected to add 2,700 new CNAs/HHAs. It will provide training and

## **INDUSTRY MOVES**

**June 23**  
**Matt Nyquist**  
**Joins Lifespark**  
**Leadership Team**



**June 23**  
**Ability Members**  
**Group Hires**  
**Kelli Vriend**



**June 28**  
**BOC's Zacharias**  
**Announces**  
**Retirement Plans**



**June 30**  
**Always Best Care Names**  
**Lisa Hafetz VP Franchise**  
**Financial Management**



**June 30**  
**Lucile Blaise Promoted to**  
**ResMed Global President,**  
**Sleep & Respiratory Care**



**July 8**  
**Wayne Grau Named**  
**Executive Director of**  
**NCART**



certification at no cost to students, with additional incentives for retention at one, six and 12-month periods and to take career development pathways such as empathy and climate disaster modules, and stipends [leadingageca.org](http://leadingageca.org)



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# Notching State Success for HME

Reimbursement & access victories

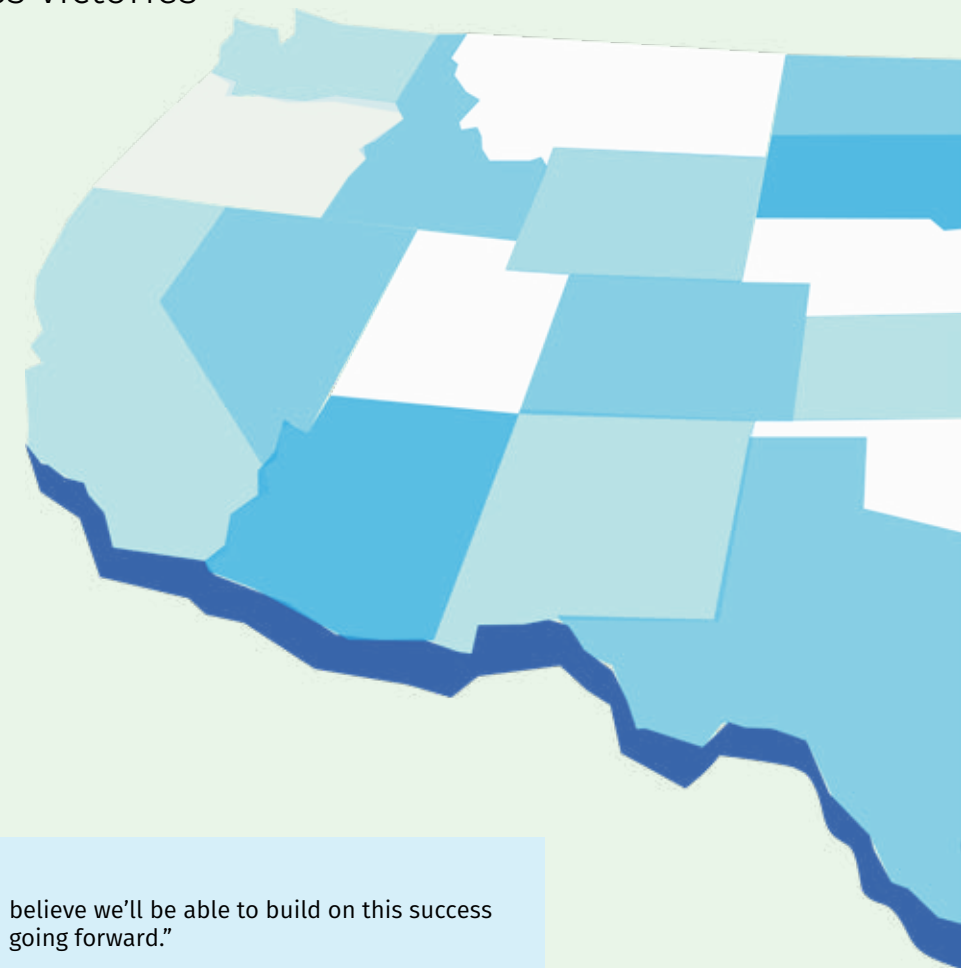
By Kristin Easterling & David Chandler

This column usually covers federal actions, but Congress recesses in August, so we're using this space to look at some major wins at the state level regarding access and reimbursement for home medical equipment (HME).

"Working with leaders at state and regional HME associations, we've helped improve access to a wide range of HME products, prevent reimbursement cuts and eliminate counterproductive regulatory requirements," said Laura Williard, vice president of payer relations for the American Association for Homecare (AAHomecare).

There have also been some regulatory wins. In Alabama, the state Medicaid Agency ended the rental period payment process for CPAP and BiPAP devices and updated allowable quantities for PAP supplies. In Ohio, HME providers were awarded \$27 million in relief from American Rescue Plan funds.

"Through these efforts, we've increased awareness of how high-quality, home-based care improves patient outcomes in a cost-effective manner," Williard said. "AAHomecare has also invested in new state policy tracking and analysis tools that will allow us to be even more effective in 2023. We're proud of what HME advocates have achieved in the payer relations space in 2022 and we



believe we'll be able to build on this success going forward."

Williard said many states have concluded their 2022 sessions, but AAHomecare is working with state HME associations on priorities for next year. Meanwhile, they're celebrating these successes that have been signed into law.

Kristin Easterling is managing editor of HomeCare Magazine.

David Chandler is the senior director of payer relations for the American Association for Homecare.

### Illinois

- **Bill:** HB 4234 & SB 3634—Exempt breast pumps and supplies from sales tax.
- **Status:** Language inserted into SB 157 (a budget implementation bill), passed, and signed into law with effective date July 1.

### New York

- **Bill:** Eliminate Medicaid's 1.5% across-the-board (ATB) rate reduction plus another 1% rate increase.
- **Status:** Language included in passed budget
- **More Information:** New York legislators' work wrapping up the 2022 budget included Medicaid rate increases across health care sectors, including HME. The budget includes a 1% "trend factor" boost for Medicaid rates and eliminates 1.5% ATB rate cuts that were implemented in 2020. Both were effective April 1.

### Rhode Island

- **Bill:** HB 7867 and SB 2603—Introduced to eliminate sales tax for breast pumps.
- **Status:** Language included in budget (HB 7123), which passed and was signed into law effective Oct. 1.

### Virginia

- **Bill:** HB 241—Adding coverage for complex rehab technology (CRT) in nursing facilities for Medicaid recipients.
- **Status:** Language amended in conference for the Department of Medical Assistance Services (DMAS) to form a workgroup with Department of Planning and Budget and CRT stakeholders to reconcile fiscal impact estimate by Sept. 15, 2022.
- **More Information:** The DMAS workgroup convened July 21, and included representatives from United Spinal Association of Virginia, AAHomecare, a seating clinic clinician and other provider stakeholders.

### Mississippi

- **Bill:** HB 657—Noninvasive ventilator (NIV) language added in conference, which prevents Medicaid and managed care organizations from capping reimbursement for NIV.
- **Status:** Passed and signed into law effective July 1.
- **More Information:** AAHomecare has been working with leaders at the Mississippi Association of Medical Equipment Suppliers to prohibit payers from capping rental payments on NIV.

### Tennessee

- **Bill:** SB 2134 and HB 2048—Introduced to improve prior authorization process for CRT.
- **Status:** Passed House and Senate. Signed into law effective July 1.
- **More Information:** The bill does not require coverage of CRT, but where it is covered, the law prohibits insurers from considering where CRT products will be used when making a medical necessity determination; requires insurers to offer a prior authorization process for CRT coverage determinations; and requires insurers to pay 100% of benefits approved in a prior authorization issued by the health benefit plan. The health insurer may not seek future reimbursement based on inaccuracies found in the prior authorization.

# Playing a Game of Whac-A-Mole

Overcoming problems in your revenue cycle management

By Joey Graham



JOEY GRAHAM brings nearly 20 years of home medical equipment experience as EVP and general manager at Prochant. In this role, Graham ensures best-in-class results to HME and pharmacy clients through scalable solutions and advanced technology. Graham earned his MBA from the University of West Florida and holds a degree in finance. Visit [prochant.com](http://prochant.com).

Those of us who have been in the health care revenue cycle management (RCM) field for some time know there is no such thing as perfection. Unless your business is 100% cash up front, it is impossible to achieve a 100% payment rate. The reality is, by allowing insurance companies to comprise most of your revenue, risk of nonpayment is a given.

Remember the arcade game Whac-A-Mole? The RCM game is a never-ending game where the “mole” is payment issues from specific insurance companies. This week it’s Blue Cross Blue Shield incorrectly denying claims for documentation that’s already been provided. You contact your rep and ask them to reprocess the claims in-bulk that were denied in error. The moment you hang up the phone, the mole is back! Now UnitedHealthcare is denying authorization on items that were previously verified as not requiring it. Back to the phone. This time you’ve got call reference numbers and recordings to prove the authorization denials were in error. They relent, you resubmit, and, pow, there’s the mole again! This relentless

cycle of problem identification, problem solving, clean up and repeat is frustrating and demoralizing, leading to home medical equipment (HME) teams experiencing high burnout and turnover in key RCM roles.

## What’s the Solution?

That’s just the thing: There is no solution. The game isn’t likely to change. What’s needed is a paradigm shift. Rather than seeking perfection, seek incremental improvement. Celebrate wins as they come, knowing that tomorrow there will be more.

To preserve your sanity, establish a pattern and cadence, using triage to identify the most important issues, and focusing your attention on those. At Prochant, we like to set up a quarterly pattern for major changes and initiatives and a weekly pattern for incremental improvement. Each week, we review what happened the previous week, and then strategize about what can be done to prevent those issues going forward. We have found that it is useful to analyze the following information on a weekly basis so you can rapidly act:

**What’s needed is a paradigm shift. Rather than seeking perfection, seek incremental improvement. Celebrate those wins as they come, knowing that tomorrow there will be more.**

- Top five preventable denials
- Top five write-off reasons
- Days ahead or behind for billing and cash
- Key performance indicator (KPI) data on days sales outstanding (DSO), 90-plus accounts receivable (A/R) balance and net collections rate

### Break It Down

Start with last week's top five preventable denials. Break them down by payer and procedure to identify problem areas. Brainstorm ways to prevent those denials going forward, updating wherever possible your standard operating procedures (SOPs) and other work guides as well as information systems (such as the contract file for the relevant payer). Next, identify the affected population of claims/orders and assign projects to the appropriate team members to get them resolved either one at a time, or in bulk where possible. Repeat this process with the top five write-off reasons for the past week

This pattern establishes a key feedback loop from your back office to your front office, ensuring constant incremental improvement.

Days ahead or behind for billing and cash tells you, as of today (e.g., the 14th of the month), how much should you have billed to hit your monthly goal, and how much have you actually billed. The same thing goes for cash.

When you identify discrepancies, can you explain them? For example, perhaps you closed the previous month later than usual, so you didn't start posting cash in the new month until several days in and now you're backlogged. As a result, your cash days show you're significantly behind. However, you can see that you have outstanding deposits pending cash posting that make up the difference. Since this has been identified, you can approve overtime for the weekend to catch up, bringing your cash days back in line with expectations. You will incrementally improve this week so that next



week, when you look at the numbers you'll see a different story and can act accordingly.

The strategy behind reviewing KPIs is similar. Typically, providers only review these numbers after closing a month; however, this can lead to nasty surprises and uncomfortable questions from your boss. Continuing the previous example where you have a cash-posting backlog: When reviewing KPIs, you may see that your 90-plus A/R balance is higher than expected, and your net collections rate is lower than expected. Now you understand why—the unposted cash is causing your A/R to be inflated and your collections to look artificially deflated. Had you not uncovered this and approved the overtime for weekend work to catch up the backlog, you might be standing in front of your boss unable to explain why you just posted bad KPIs following an end-of-the-month close. Instead, those incremental improvements allowed you to address the issues during the month so that when it closes, the KPIs show a much more realistic picture.

### How to Stay There

Will it ever stop? No. Next week will bring a new set of moles for you to whack, and that's okay. What you will achieve doing this is industry-leading metrics and KPIs—a DSO in the 30s or 40s, a 90-plus A/R balance in the teens or low single digits, and a net collections rate in the high 90s are the best you can hope for.

How do we stay there? Incremental improvement—every single week, month and quarter. What happens if we stop? The numbers will slide in the wrong direction until get back on it, and if we're not careful we'll end up with a big mess to clean up. **HC**

### A STEP-BY-STEP RCM IMPROVEMENT PLAN:

1. Identify problem areas
2. Brainstorm preventative solutions
3. Update SOPs & systems
4. Assign cleanup projects

# What Health Care Leaders Can Learn From Hospice

The importance of the patient & family experience

By Mark Morse



MARK MORSE joined Enclara Pharmacia as CEO in 2020 after nearly two decades at Enclara's parent company, Humana, Inc. Under his leadership, Enclara has invested in continued innovation around hospice workflow technology, greater mail order fulfillment capacity and expanded local pharmacy partnerships. Visit [enclarapharmacia.com](http://enclarapharmacia.com).

Two years ago, I transitioned from a leadership role at a home delivery pharmacy to a new role as CEO of a pharmacy benefits manager focused on hospice providers. As I learned the inner workings of the business, what surprised me most was just how unique the hospice model is within the larger care system. What stands out about hospice care is its singular focus on the patient experience. The goal is to treat the whole person through both symptom management and social and spiritual support. This mindset extends to the needs of family caregivers, and—as anyone who has helped navigate care for a loved one can attest—it's an area that innovators across the care continuum can learn from.

## Medication & Pain Management

Patients with advanced disease may experience new or worsening symptoms without warning. When that occurs, the hospice nurse must coordinate medication changes promptly.

Hospice pharmacology also has very different best practices compared to other areas of health care, particularly around pain management. Patients experiencing life-limiting conditions create a unique dynamic in nurse-pharmacist consultations. Conversations are collaborative and highly focused, with the pharmacist making detailed recommendations.

Those recommendations may include a new medication to treat an emerging symptom or could involve discontinuing drugs that are no longer helpful. Patients often come into hospice care using seven or

more medications. The hospice pharmacist can help optimize the patient's medication regimen for greater comfort and safety.

## The Client Experience

Most of a pharmacist's day-to-day interactions are with nurses who, particularly in home settings, are the primary professionals providing direct care, instructing family caregivers on treatment and coordinating with prescribers. This requires a different mindset from any audience I've served in the past. Hospice nurses are highly mission-driven and fierce advocates for their patients.

That sense of mission tends to extend to all of us who work closely with hospice. Our own Enclara employees, for example, are personally driven to help make nurses' lives easier by freeing up their time so they can focus on patient care. We employ a number of successful tools to help us understand how we can best design our operations, workflows, educational materials and digital tools to help improve nurse efficiency.

I have come to appreciate strengths in the hospice model that can help inform innovations in both acute and chronic illness management. Current demonstrations around value-based insurance design are already providing new opportunities for hospice and managed care organizations to both form and strengthen collaborations, and it is my hope that health care professionals will adopt some of the same care delivery and patient/caregiver experiences that are common among hospice providers. **HC**



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# A Template for Selling Your Homecare Business

## 5 steps to take before handing over the reins

By Mark Higley



MARK HIGLEY is vice president of regulatory affairs for the VGM Group with responsibilities that include corporate business development, market research and industry analysis. He sits on the AAHomecare Regulatory Council and on the board of the Healthcare Quality Association on Accreditation and is a regular speaker at numerous industry events. You can connect with him at [mark.higley@vgm.com](mailto:mark.higley@vgm.com).

The past few years have brought unique issues to the homecare industry. If you could say anything positive about the COVID-19 pandemic and the associated tough operational obstacles—finding sufficient staffing, an upward price spiral for our products, supply chain issues—it might be that it required businesses to get better at accepting and acting upon the need for change.

Homecare providers did just that, and you fared pretty well overall. Demand for your products and services has never been higher. Valuations of your businesses improved. Forecasts for continued growth and strength in the home health and home medical equipment market are more than positive.

I recognize the challenges that this industry brings—but also have noted a renewed optimism from providers about continued operations in the future. And the future requires planning, including the eventual conveyance of your business to another person or entity.

### When to Begin

Business owners looking to create a succession plan might wonder when they should get started. Much like a personal will, the answer depends on a variety of factors, but generally comes down to as soon as possible.

Creating a succession plan takes time and effort, and answering the questions accurately isn't easy. For this reason, many business owners start planning for

succession at least five to six years before a transition. Creating a succession plan should also be considered as a contingency in case of death, illness or other circumstance that creates an unexpected need for transition.

### 5 Steps to Writing a Succession Plan

Writing a succession plan can be daunting. Indeed, many business owners put it off because they're not ready to tackle the complexities. I've narrowed the process down to some simple steps to direct you along the way. Here are five common steps to preparing a business succession plan template.

#### 1 Establish the timeline of succession.

There are two key types of succession plans: an exit succession plan and a death-or-accident succession plan. You may wish to write a death-or-accident succession plan well in advance of when you think you'll need it to protect your business and successors in case of unanticipated events. An exit succession plan should be written when you have a specific plan to transfer ownership of your small business.

While an accident plan should be considered at any age, an exit succession plan should be written when you are within several years of retirement or wish to exit the business for other reasons. When writing an exit succession plan, you should have a specific date that you would like to transfer the business and indicate whether you



will remain involved in the business after succession or prefer a clean separation.

## 2 Determine your successor.

An important part of writing a succession plan is choosing who will take over the business. Many owners plan to have a family member take over. Other common choices include a business partner or key employee. And of course, an outside buyer is always a possibility.

Choosing a successor may be difficult and requires considering what is in the business's best interest. While keeping everything in the family may seem like the most obvious choice, keep in mind that second-generation businesses have a high failure rate. For this reason, many business owners choose instead to sell their business so they can provide a cash inheritance for their family.

## 3 Formalize your standard operating procedures.

As a small business owner, you should understand the importance of recording and formalizing day-to-day functions. Standard operating procedures (SOPs) should be documented for your managers and employees to reference, as well as any future owners of the business. Important items to document may include a daily checklist of opening and closing procedures, training for new employees and a performance management system.

While not required, many businesses include SOPs when writing their initial business plan and update them regularly as procedures change and the business grows more complex. It is a good idea to have these procedures in place before succession planning, as they will help you grapple with growth and change.

## 4 Value your business.

Figuring out the value of your business should happen early—and regularly. It's an unfortunate fact that many owners tend to overvalue their enterprise, and these

misjudgments can snowball into financial errors when planning for retirement.

There are several ways to determine the value of your business, from using a simple business valuation calculator to hiring a professional appraiser. You may also consider working with a company that offers business valuation services, such as BizEquity or Guidant Financial.

A good practice is to consider the lowest price the business should sell for. When the business is eventually listed for sale, it may take a while to find a buyer who is willing to pay your asking price. The succession plan should provide stipulations regarding how long to wait before dropping the price, how much to lower the price and the lowest acceptable offer.

## 5 Fund your succession plan.

Few buyers out there have enough liquid cash to pay up front. Therefore, every succession plan needs specifics on how the buyer will make the purchase, whether it's a loan, installments or another option. The last thing you want is to reach your retirement date or triggering event and find that your chosen successor can't afford your business.

This is also why your funding plan will often need a buy-sell agreement. This is a legal document in which your buyer agrees to a specific course of action (like taking out a loan or life insurance policy) in order to afford the purchase. Once you've settled on a specific method of funding, make sure you meet with a legal professional to draft your buy-sell contract.

Here are the most common ways succession plans are funded:

- **Life Insurance:** Contrary to how it sounds, life insurance isn't only used in the event of death. Permanent life insurance builds cash value that can be taken out at any time, so it can also be used in the event of retirement, disability or any other triggering event. Life insurance arrangements are common in family successions, especially when there are multiple children but only one is

taking over the business. A life insurance payout lets them purchase shares from other heirs, thus leaving everyone with some compensation and financial security.

- **Acquisition Loan:** This is money borrowed by the buyer, which is common when a key employee or outside party is taking over and they need funding. Buyers can typically get 70%-80% of the purchase price financed from a bank or the Small Business Administration (SBA)—which is great news for sellers who want to be paid in full up front. Acquisition loans are secured against future profits, which means a bit of work for the seller, as you'll need to provide a lot of details for the bank's due diligence. Even then, however, the loan is not guaranteed. Preapproval can provide some security, but it would need to be undergone regularly up until the transfer date or triggering event.
- **Seller Financing.** This is when the buyer pays you back gradually over time. It is one of the easiest and most flexible arrangements, as the parties can set whatever terms they like. Terms can vary widely, but most agreements involve a down payment of 10% or higher, followed by monthly or quarterly payments with interest until the purchase is paid for. The key downside to seller financing is the time it takes to get paid back. If you're relying on the sale to fund your retirement, a 20-year term may be less than ideal. However, given the flexibility of seller financing, it can be possible to find an arrangement that works for everyone. **HC**

*This article was adapted from "Succession Planning: Identifying What Is Next for Your Business and How to Make It Happen," an exclusive handbook for VGM members. Access the full version at <https://bit.ly/3yJ4gM1>.*



# Blending Value-Based Care & the Comfort of Home

How a TeleRespiratory program improves outcomes for patients & providers

By Ray Gregg

One of the many byproducts of the COVID-19 pandemic in the United States has been a rapid expansion in the utilization of telehealth services, including use by older adults (ages 65 and up). A recently published Pew Research Center survey of more than 1,500 U.S. adults demonstrated that older Americans have made great strides in technology adoption over the past decade—and a large part of that happened since the start of the pandemic.

The survey, which was conducted in 2021 and just published this year, found that 61% of adults aged 65-plus own a smartphone. This is a 33% increase from 2018 (46%), and a 369% increase since 2012 (13%). Three quarters of respondents over age 65 also reported using the internet and 64% reported having home broadband service.

While it has been noted in prior research that technology access disparities still exist for patients who live in lower socio-economic conditions and/or rural areas, the trending data indicates that a substantial percentage of current and future retirees now have the infrastructure in place to successfully participate in remote telehealth programs.

### Telehealth for Respiratory Needs

Many industries have rapidly moved to telehealth over the last few years, but home medical equipment (HME) providers have been slower to adopt telehealth strategies during the pandemic. Now, providers are faced with a new obstacle: The respiratory therapist (RT) staffing issue has become a crisis. This clinical staffing shortage has the potential to most negatively impact those patients who require advanced therapies. Advanced therapy patients, such as those on noninvasive ventilation (NIV), are typically seen live by appointment in their home by an RT on a predetermined schedule and also



on an as-needed basis when unexpected issues arise.

Rather than attempting to replace the benefit that patients receive by having live RT interaction in the home, a properly implemented, respiratory therapy-focused telehealth program can assist an HME provider's RT staff in the scope and reach of the clinical services that they provide to their patient base.

This specialized combination of telehealth and respiratory care is called TeleRespiratory Services (TRS). TRS is the delivery of respiratory therapy using telecommunication technologies without a respiratory therapist physically present at the point of care. These respiratory navigators create exceptional engagement that helps patients manage their respiratory care from the comfort of their own home.

# 61%

**In 2021, 61% of adults aged 65+ owned a smartphone.**

### Successful TeleRespiratory Care

The most successful NIV TRS programs are those that focus not just on patient device compliance monitoring, but also incorporate disease-specific clinical outcomes-focused assessments and metrics.

Such programs might include some aspects of the following elements in their workflows:

- Live telehealth engagements with the patient starting shortly after in-person NIV setup by the RT. Several of these engagements would occur in quick succession over the initial 30 to 60 days of usage to help drive patient adherence and acceptance of therapy.
- During these initial engagements, a personalized plan of care would be developed that includes personalized motivational goals to help the patient recognize the benefit they were receiving from the NIV therapy.
- Disease-specific clinical assessments performed on a regular schedule that would be supported by targeted clinical reporting to allow for physician collaboration in the ongoing management of the patient.
- Disease-specific education and symptom management techniques would be provided to the patient to help them better manage the day-to-day variability that patients often encounter with chronic lung disease.
- Modern technology allows for the remote documentation of settings and regular



monitoring of device usage. Providers can proactively reach out to patients who are starting to fall away from therapy adherence, and if they can't resolve specific issues through remote means, can let the HME RT know a live home visit is needed.

- Depending on the TeleRespiratory platform and program used, individual and group population outcomes data can be compiled and reported back to physicians, health systems and/or payers to demonstrate the effectiveness of the HME provider's clinical services.

When designed and implemented properly, a comprehensive TRS program not only provides clinical benefit to the patient and provider, but also helps alleviate the operational capacity strain that many HME clinical service teams currently face. TRS programs allow the in-house RT teams to focus on revenue-generating new device setups and on emergent patient needs without sacrificing clinical patient care. This allows the RT team to manage a much larger NIV patient population than they could previously in models dependent upon ongoing live in-home visits. HME organizations can focus on opportunities to grow their NIV programs without the pressure of scaling the in-house clinical support team at the same growth rate, which is particularly challenging in today's constrained labor market.

**These models can yield reductions in hospitalizations by more than 60% in a combined TeleRespiratory approach.**



### Other Opportunities

Other utilizations of TRS models include sleep therapy and, most recently, the emergence of chronic obstructive pulmonary disease (COPD) and oxygen patient management programs. Sleep therapy is the one area that telehealth services has been the most widely accepted in the industry and has had rapid adoption over the last several years by HME providers and by manufacturers providing the service and products to HME providers.

COPD and oxygen management models have been birthed by access to data analytics and the rapid evolution of health care into newer models that are based on quality and outcomes, often referred to as value-based care.

These programs seek to improve care coordination and results while reducing utilization and hospital readmissions. Providing TRS for patients with COPD and oxygen allows home medical equipment providers to venture into value-based care models and grow their market share by selling a holistic approach to care. These models can yield reductions in hospitalizations by more than 60% in a combined TeleRespiratory approach.

Finally, one of the most important strategies for the HME provider managing

oxygen patients—even in the absence of sustainable reimbursement—is the understanding that today's oxygen patients are the future's advanced therapies patients who will end up on ventilation or airway clearance devices.

Proactively managing these patients now means better patient outcomes and earlier identification of the need for advanced therapies. A recent study found that hypercapnia may develop in up to 33% of advanced COPD patients and is associated with increased morbidity and mortality. A separate study demonstrated that up to 49% of Stage 3 and 59% of Stage 4 COPD patients may have underlying bronchiectasis.

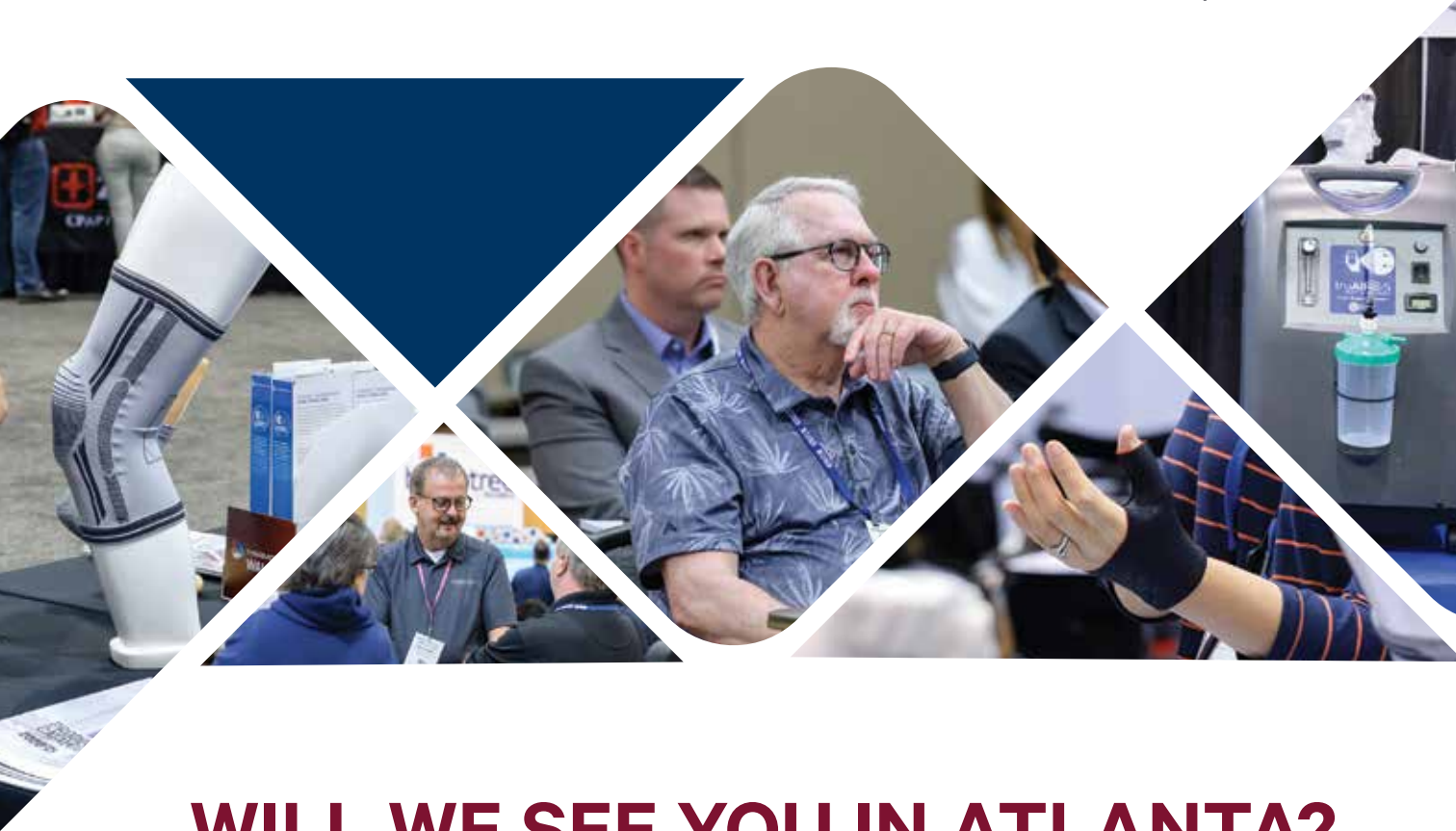
This type of model aims to get the right patient on the right therapy at the right time, thus reducing hospitalizations and overall health care utilization. **HC**

Ray Gregg has more than 20 years of experience in respiratory care, including time at ResMed, Breathe Technologies and Hillrom/Baxter in various clinical, sales and senior management roles. His past experiences have helped shape his belief that quality clinical care combined with connectivity and analytics can help drive measurable and meaningful outcome improvements for patients, providers and payers. He brings that passion to his role as Encore's vice president of sales and business development. Visit [encorehc.com](http://encorehc.com).

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# Hospital at Home for COPD Patients

## How remote patient monitoring prevents hospital readmissions

By Gary Manning

In the United States, chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death. Almost 15.7 million Americans live with COPD and other respiratory diseases that cost the health care system over \$50 billion each year. The number of people living with COPD is expected to double to 31 million by 2050.

Marked by a chronic cough, lung inflammation and buildup of thick phlegm in the lungs, COPD permanently damages lung capacity and function. Reduced oxygen levels cause the patient to experience shortness of breath, wheezing and fatigue, making it challenging to perform even the most basic physical activities.

Caretakers and families of people living with COPD witness firsthand how devastating the disease can be on a person's quality of life. The result is often a downward spiral toward an increasingly sedentary lifestyle, leading to more frequent and serious respiratory infections and exacerbations requiring emergency room visits and hospital admissions.

Although there is no known cure for COPD, effective treatments combined with 24/7 monitoring can delay disease progression and improve quality of life and life expectancy. Telehealth and digital home health monitoring are proving vital to safely manage patients in virtual care models. The right remote monitoring technologies can reduce adverse events, the risk of mortality

and hospital readmission rates while also lowering overall direct care costs.

### Better Care Management

Meeting the needs of patients with COPD is a high priority for health systems across the U.S. About 800,000 patients are hospitalized for COPD annually, making it among the leading reasons for hospital admissions—with about 20% discharged and readmitted within 30 days.

Frequent readmissions are not only distressing to patients, but also costly to health systems. Financial penalties can be applied for excessive 30-day readmissions. Therefore, incentivizing health systems to improve communication and care coordination that better engages patients and caregivers and informs discharge plans may, in turn, reduce avoidable readmissions.

Early diagnosis, treatment and disease management are critical elements for reducing hospital admission and readmission rates, and to improving the quality of life for millions of people with COPD. The disease can be managed with medications, oxygen therapy and pulmonary rehabilitation to slow progression, in addition to smoking cessation support and education about healthy lifestyle changes. Patients must strictly follow their medication schedules, including the appropriate use of inhaler treatments and rescue inhalers when necessary. They may

also be prescribed daily oral steroids or antibiotics to prevent and treat infections. Patients with chronic disease may hesitate to report worsening symptoms in a timely fashion because they don't want to burden their loved ones and caretakers. Hospitals, clinicians and home health professionals need better strategies to safely monitor and treat patients living at home with COPD.

Keeping chronic care patients from deteriorating or developing complications is a significant driver for reducing unnecessary hospital utilization, especially in a value-based care model. As health systems adopt virtual care models to enhance care and optimize workflow, they also need to ensure that the investment provides a positive return.

### Hospital at Home & RPM

In 2020, the Centers for Medicare & Medicaid Services (CMS) introduced the Acute Care Hospital at Home (ACHaH) program, which provided a waiver enabling the use of virtual care models to manage acute patients at home and benefit from the equivalent inpatient fee-for-service payment. Although still in its infancy, the ACHaH reimbursement model makes home health care more economically viable for patients with acute exacerbations of COPD and other acute conditions.

CMS has also introduced innovative programs to help clinicians manage chronic disease patients to prevent deterioration and identify early intervention opportunities to avoid rehospitalizations and drive down costs. The reimbursement of remote patient monitoring (RPM) targets health management by allowing clinicians to claim reimbursement for monitoring at-home patients—specifically, to measure vital signs and submit to the clinician and to initiate regular appointments to discuss and assess their health. As CMS promotes these payment incentives to support the value of the home-based consumer experience, many other managed care organizations,

## Hospitals, clinicians and home health professionals need better strategies to safely monitor and treat patients living at home with COPD.

self-insured employers and private payers are following suit.

The concept of transitioning patients to the home has existed for decades, and many studies have demonstrated the clinical and economic benefits. In this evolving environment, it is estimated that ultimately, 20% more clinical services annually will move to the home—which calls for a technology ecosystem that is ready to support the transition.

A broad, continuous remote patient monitoring (cRPM) approach consolidates surveillance by detecting any kind of physiological abnormality and providing exception-based notifications of where a clinician should focus their attention. A flexible and configurable enterprise platform spans the continuum of care from low acuity to high acuity in-home patients. Near real-time continuous vital sign monitoring with Food and Drug Administration-cleared and validated artificial intelligence (AI) algorithms identifies patient deterioration, triggering early intervention and helping avoid unnecessary health care utilization.

AI-driven cRPM does not replace an expert clinician when it comes to diagnosing patients or dictating medical interventions. Rather, it separates the data from the noise



by providing clinicians access to accurate and objectively measured changes in physiological behavior that provide insight into the patient's medical story. This allows the clinician to direct their investigation to the right patients at the right time and make the most informed treatment decisions.

The more data collected, the better a clinical care team can understand how an individual with COPD exacerbates, what triggers the exacerbation, and what works and doesn't work in terms of treatment. The predictive analytic algorithms can detect personalized physiologic patterns and anomalies so subtle that even the patient may not yet have noticed something is wrong. Armed with objective clinical insights, a respiratory therapist at a hospital or outpatient clinic can quickly adjust the patient's treatment plan to prevent an exacerbation before escalating into a serious episode that requires an emergency room visit or hospitalization.

Patient care, satisfaction and trust matter most—especially for those who require extended and varied levels of care. Some have questioned whether people

will fully embrace remote care models. In 2020, as the global pandemic and health care needs surged, health systems pivoted from traditional care models to those that supported remote patient interaction. Telehealth and remote patient monitoring tools were quickly deployed. Adoption and acceptance were remarkably high among clinicians, patients and payers as they realized the inherent convenience, ease of use and affordability digital health offers without sacrificing the quality of care.

Moving forward, health systems are expected to leverage successful virtual care models and ACHaH programs to create positive patient monitoring experiences, reduce overall costs and improve clinical outcomes for the growing number of people living with COPD and other chronic respiratory diseases. **HC**

Gary Manning is the senior vice president and general manager of health care at physiq. He previously served as CEO of Gaido Health and senior vice president of sales and marketing at Sotera Wireless. Manning received his undergraduate degree at Peterborough University in electrical and electronics engineering. Visit [physiq.com](http://physiq.com).



# Encouraging Providers to Branch Out Amid Rapid Change

A conversation with VGM's new respiratory director

By Hannah Wolfson

Boone Lockard joined VGM & Associates this spring as the new director of VGM Respiratory. Lockard began his career as a respiratory therapist at Lehan Drugs, serving northern Illinois, and has more than 12 years of experience in durable medical equipment (DME). Before joining VGM, he worked with Philips Respironics as a key account manager. HomeCare chatted with Lockard about the latest in the respiratory DME world and what providers need to know.

**HOME CARE:** So you're new to VGM, but not new to the DME world, right?

**LOCKARD:** I've been in the independent pharmacy world basically since I was born, and in DME since I was 16. My mom managed a string of independent pharmacies here in Illinois for about 40

*Boone Lockard*



years, and literally her water broke with me while she was at work! I worked there when I was 16 and got into DME working as a customer service representative for a while, and then went to respiratory school, finished that up and then came back and worked for the same DME here in Illinois for roughly 11 years. I was a respiratory therapist, and I started a ventilation program and an AffloVest program as well with them, then I moved more into a sales role. We had entered new markets before I took off from there; we'd opened two more locations in the northern Illinois area and then in 2019 I joined on with Philips as an account manager.

**HOME CARE:** Have you seen things change over time in the respiratory world?

**LOCKARD:** In the short time that I have had in the industry, it's been a complete whirlwind. When I was at the DME level, we were introduced to competitive bidding and we were literally frightened that our doors were not going to be open within a year. We didn't win a bid—that's when I took on more of a sales role and started trying to enter into markets that were not part of the bidding territory. And then obviously, there are reimbursement cuts and everything else the industry has gone through in the last 12 or 13 years.

**HOME CARE:** That said, do you have optimism about where things are heading?

**LOCKARD:** Oh yeah! I feel like COVID really presented the homecare market at a national or global level; you know, we really found out that people needed to be taken care of in their home, that it was a safe place. And I think that it brought a lot of light to what we do in the industry.

**HOME CARE:** You mentioned competitive bidding—I know we can't quite have a funeral on it, but it is on life support, right?

**LOCKARD:** We're still wondering what it is going to look like come next round. Supposedly something's coming in December, but we don't really know if it encompasses all of the product categories that it did before, or if it's just bracing like it has been.

**HOME CARE:** What are some of your priorities and goals there at VGM?

**LOCKARD:** Taking on this role, my biggest priority is how do I introduce our members at VGM to or help them bring on new revenue-generating lines of product. Whether that might be the AffloVest—or High Frequency Chest Wall Oscillation



## What other ways can we help these patients and provide great clinical care, but also how can we generate new revenues so that we can continue doing what we do on a daily basis?

therapy—or do we revamp their clinical programs that they have surrounding ventilation and respiratory products. We're leaning heavily on Encore Healthcare's TeleRespiratory program to try to produce better outcomes for these patients and be able to create and provide data to either insurance providers or physicians.

**HOME CARE:** Is there more demand for at-home ventilation options, or do you think there will be down the road in part because of the pandemic?

**LOCKARD:** I think some of these patients are experiencing prolonged symptoms of COVID. We've heard a little bit about COVID lung—it's here already and more studies are to come on that. I think we're really waiting to see what the lasting side effects are from COVID-19; there's still a lot to come on that with research. We're seeing patients who thought that they were going to be on oxygen for a couple of weeks post-discharge and some of them are still on it today.

**HOME CARE:** Are you finding that the providers you're working with are receptive to trying new things?

**LOCKARD:** They definitely are, and the global CPAP shortage has kind of pushed their hand to do that. What other ways can we help these patients and provide great clinical care, but also how can we generate new revenues so that we can continue doing what we do on a daily basis?

**HOME CARE:** Is the Philips recall something a lot of people still have questions about or are trying to navigate?

**LOCKARD:** I think Philips has gotten better at their communication to DME customers, at keeping them in the loop of everything that's going on. We still have occasional questions, but right now it's really like a hurry-up-and-wait type of situation. The process is there, the manufacturing has ramped up and now a lot of these members and patients are just waiting for the machines to show up on their doorsteps.

**HOME CARE:** In CPAP more generally, have some of the supply chain issues calmed?

**LOCKARD:** On the CPAP device itself, we're still in a waiting period. ResMed is still having their constraints. React Health is also getting more machines out to some of their newer customers that have come on board with them. And then obviously, when Philips

has completed the remediation, they'll be back in the market as well.

**HOME CARE:** What's the situation with the CPAP devices that have emergency authorization? What will happen with those when the public health emergency ends? Does anybody know yet?

**LOCKARD:** So we really don't, and of the questions around the CPAP shortage, that's the biggest one that we get: What's going to happen? If I've got a patient that's in the middle of a rental on their CPAP device and all of a sudden the emergency use authorization (EUA) goes away—we're not sure yet. I feel like there's been manufacturers coming out of the woodwork with the EUA. There's one main manufacturer that has really built some market share. But other than that, we get inquiries every week from members asking, "Hey, I saw this online. What do you guys think of it?" ... It would be nice to see the government step up in some way, like they did with the formula shortage; that got a lot of limelight and something was done about it. And we're over here in the CPAP world wondering why we are not getting any sort of relief. **HC**

Hannah Wolfson is editor of HomeCare.

# Your Supplier Is Coming After Your Internet Customers

How the new approach to online shopping will change everything

By Kamal Haddad

Everyone knows the saying “the early bird gets the worm,” but I also like the expression “it’s the second mouse that gets the cheese.” As a general rule, the home medical equipment (HME) industry has been slow to adopt change, especially when it comes to e-commerce technology and the shift toward retail sales. Given today’s landscape, it may not be so bad to have sat on the sidelines. Having missed the first wave of e-commerce gives you an opportunity to learn from mistakes that others have made and assess what has worked and what has not and gain a better perspective on the direction of e-commerce for HME. In this case, it may be OK to be the second mouse.

## The Amazon in the Room

No discussion about e-commerce can be had without addressing Amazon. The retailer’s strategy has always been to make the buying process seamless for customers and to exploit every margin opportunity between the manufacturer and the Amazon customer.

Amazon started as a marketplace for books where sellers were introduced to customers in exchange for a fee. The sellers made money, Amazon made a 15% fee for sales completed on the platform and the customers got fast, easy and convenient shopping. Amazon then realized they were accumulating data—lots of data. They knew what customers were buying and they knew

what sellers were offering. They also knew what worked and what did not. Sellers turned over all their customers’ buying patterns and behavior to Amazon, and Amazon later used the information against them.

Whether you call it data accumulation, knowledge, research, intel, behavior tracking—or outright abuse—Amazon used that information to compete with its own sellers. First, it offered the items and combinations of items it knew customers were buying, and second, it drove margins downwards to the point where sellers on the platform, who had to pay 15% of sales for the privilege of being listed, couldn’t compete. In essence, third-party sellers



unintentionally helped Amazon drive their profits downward and created the conditions that hastened their own demise.

### Following Amazon's Playbook

As we look at how—or even if—e-commerce can work for the home medical equipment industry, providers must accept the fact that some manufacturers and distributors are now following Amazon's playbook. You must be aware of it and develop a strategy to protect your business to avoid becoming collateral damage.

Like Amazon, your supplier partners have been collecting data about your patients because you are voluntarily giving it to them when they ship to your patient, just as many Amazon third-party sellers did. That may be OK in cases that make sense or when contractual protections exist. It is not OK, however, when your supplier can aggregate

patient data and use it to compete with you by selling directly to consumers. Think about it: Your supplier has enough data on your customer to engage with them on social media, produce product ads on their browser and target them and divert them toward their own website. If you are working with a supplier who sells directly to consumers on their own website and on marketplaces like Amazon, it is time to stop ignoring e-commerce and pay attention.

### The Death of Traditional E-Commerce

Many manufacturers and distributors now have their own e-commerce sites and also sell on Amazon. Why? Because it is more profitable for them to cut out the middleman—that is, you. It is how customers want to buy, and, as an industry, we have not stepped up with the technology to offer patients the retail items they need

when, where and how they want to get them. Many providers are not engaging with patients online. Manufacturers and distributors want to sell their products to your patients and may be circumventing you because you are not paying attention to the online consumer's buying behavior outside your reimbursement bubble.

Having said that, there is a problem when your supplier is also your competitor and selling below your retail price or, in some cases, below your cost online and on Amazon. That is right out of the Amazon playbook. That is a warning to evaluate your supplier relationship, change to suppliers that enforce the minimum advertised price and/or look into private label products.

In my opinion, traditional e-commerce, whether selling on Amazon or on your own website, may no longer be profitable. Technology can be costly to maintain and

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**It is also hard, if not impossible, to compete with your suppliers. It is a race to the bottom and they have a lower bottom. That system is rigged. The rules are stacked against you. It is time to start a new ballgame.**



is often difficult to change. It is also hard, if not impossible, to compete with your suppliers. It is a race to the bottom and they have a lower bottom. That system is rigged. The rules are stacked against you. It is time to start a new ballgame.

### **Headless Commerce: Trends, Solutions, Strategies & Predictions**

The way patients shop has changed forever. They are getting used to engagement from multiple sources and making purchases through various touch points. They can interact with you by phone, video chat, email, website, marketplace, kiosk, text message, social media or visiting your location. In addition, there is interaction with their health care provider and the billing systems used to process reimbursement claims. All these touch points have systems with a limited and restricted back end that has a connection to a predefined front end. While many great solutions exist to address some of these interactions, they traditionally operate as separate silos. There is a struggle to keep up with the demands of patients because there is a disconnect between how they want to interact and the tools you use.

Headless commerce provides an opportunity to interact with patients in all of the channels mentioned above. What is headless commerce? In simple terms, it separately manages data (your products and services, suppliers, patient history, etc.) from

the patient-facing interaction. It allows you to create the user experience your patients want without the complication, cost or limitations of a traditional single-purpose e-commerce platform.

The hallmark of headless commerce is the use of application programming interfaces (APIs) that deliver new functionality and patient experiences by combining their reimbursed medical product needs with complementary products and services they are currently getting elsewhere. It makes it seamless to inform patients who have a particular condition about all of the complementary items they could benefit from. It's like your in-store salesperson making a recommendation for a grab bar when a patient comes in for a rollator or walker—without the need for the patient to visit your physical location.

Headless commerce starts with a platform that offers the APIs with flexibility to power any front-end commerce site, billing system, point-of-sale system, scripting system, email marketing campaign or resupply program while retaining all of the patient-facing features that provide fast and convenient transaction execution. Think of a back end that manages and stores all of the product information for reimbursement items you offer, as well as all of the complementary retail items the patient may benefit from. The data includes detailed product information, such as descriptions,

specifications, HCPCS codes, pictures, videos, alternate SKU, accessories, complementary products and more. This data can be queried and presented to patients in a very targeted manner during their care process. This can be rendered on your traditional e-commerce site, in email or resupply campaigns, or informative brochures with a QR code that provides relevant information specific to a patient.

Once patients hit "Buy Now," they are directed to pay by credit card for the retail items or are routed to the billing system to determine if the item qualifies for reimbursement. This is currently available as a hosted, managed and cost-effective commerce-as-a-service system that allows you to control what you sell to whom and on what platform.

Your billing folks are not marketers. Your retail folks are not web designers. Your marketing folks are not developers. You need to work with a platform that includes a central location to manage the products and services you offer, the vendors you work with and the agility to move and grow, all while enabling your team to work within your existing system. **HC**

Kamal Haddad is CEO of Health Mobius, a medical products distribution company that builds and manages web stores, and co-founder of Mobius DME. Mobius DME provides patient care management solutions and frictionless e-commerce solutions as a service to HME providers. Visit [healthmobius.com](http://healthmobius.com).

# 6 Methods to Better Manage Your Stock Today

How tracking inventory helps avoid supply chain challenges

By Sunny Patel

Inventory management is vital to ensuring success for a business. Those in the home medical equipment (HME) industry have the added consideration of providing medical supplies to the public that help them remain healthy. Making sure your operations run smoothly saves you time and money—and they can quickly become inefficient if you're not careful.

Implementing thoughtful inventory management practices can help prevent errors and keep your business running effectively for years to come. Listed below are some best practices you can use to help

ensure the current and future success of your business.

## 1 Utilize categorization.

Categorization streamlines the inventory process, making it easy to find the products you're searching for. There are many ways to categorize your inventory, creating a customized system that meets your needs. One highly effective tool is ABC analysis. This technique creates an inventory hierarchy sorting each item in order of importance. ABC analysis implementation would look like this:

- **"A" inventory** is your best-selling items that take the highest stock priority and are regularly reordered, requiring constant quality reviews.
- **"B" inventory** is your medium priority items that are still valuable and are generally reordered monthly.
- **"C" inventory** is your lowest priority items that are minimally reordered and maintain a high volume in stock.

When your stock organization is categorized by the most valuable items, you can optimize your storage space and streamline the order fulfillment process.

## 2 Take advantage of batch tracking.

Batch tracking, otherwise known as lot tracking, allows you to track your goods using their batch numbers as they move along the distribution train. The term "batch" describes goods that are purchased simultaneously and use the same materials. Batch tracking is a highly effective practice because it allows you to easily access the item's information, which is useful in cases like product recalls. Consider using an automatic batch tracking system to make the process even faster.

## 3 Enhance inventory turnover.

Your inventory turnover rate measures how often you sell or use your inventory over a set amount of time. When you calculate your inventory turnover rate, you get a more in-depth look at the market's demands for



# INVENTORY MANAGEMENT

the products your business offers. Using this information, you can see what stock is and isn't selling, allowing you to optimize your inventory. Use this easy formula: the cost of sold goods divided by your average inventory.

To increase your inventory turnover rate, consider implementing these steps:

- Liquidate out-of-date stock.
- Experiment with inventory pricing.
- Project future customer demand.
- Redistribute unused inventory to different warehouses.

## 4 Keep safety stock on hand.

Safety stock is a small amount of excess inventory that you keep in your warehouse to help guard against market variabilities. As businesses grapple with supply chain issues, safety stock is more important than ever to help ensure you don't run out of key

inventory. Without a cushion of safety stock, your business could experience:

- Revenue loss
- Market share loss
- Decreased sales and customer engagement

There are many benefits to keeping your safety stock up to date, which is why it's counted among this list of best inventory management practices. Benefits include:

- A safety net against spikes in inventory demand
- Stockout prevention
- Secured compensation in case of market forecast inaccuracies
- A long lead time buffer

## 5 Reduce your inventory.

For many businesses, it's tempting to have a high percentage of your working

capital tied to your inventory, but this may not be a great practice long-term. If your capital percentage bound to your stock is around 40%, you should probably consider inventory reduction. You want to find the perfect balance between low inventory levels and finding yourself understocked to ensure maximum profitability and growth. There are three methods you can use to help make this process easier:

- **Eradicate disused inventory** by placing it on sale, dating it to use as a tax write-off or offering discounts.
- **Decrease lead times** by using lead-time tracking, communicating sales data to suppliers and reducing minimum order quantities.
- **Improve your inventory forecast** by utilizing real-time reporting and tracking, link communication and management tools for larger volume inventories.

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## 6 Use cloud-based systems.

Cloud-based inventory systems can transform your management process, including inventory control and tracking, allowing you to pay only for the features you use and to upgrade when necessary. When you purchase a cloud-based system, you only pay for a preset subscription you choose to fit your business's needs. As you grow, you can upgrade your features with the click of the mouse.

Additionally, cloud-based software includes background system monitoring to ensure everything runs smoothly and assist you with any questions you may have.

### Overcoming Common Supply Chain Issues

Recent supply chain issues can have a devastating effect on businesses of all sizes, so ensuring that your current inventory

management systems can help safeguard against them is vital.

- **Inconsistent delivery speeds** can be devastating to your business, leading to unhappy customers and lost revenue. By ensuring that you have an appropriate supply of safety stock, you can help guard against the pains of delayed deliveries. Tracking your orders is also helpful when dealing with inconsistent delivery speeds, as it may give you a generalized idea of when your items will arrive.
- **Lost inventory** is another supply chain problem that can affect your bottom line. Delayed delivery is especially devastating to some medical supplies if it results in spoiled and damaged goods. To help combat this issue, you must be vigilant to identify, track and measure problem areas to address the issues and determine an appropriate solution.

- **Human error** is often unfortunately unavoidable with supply chain issues. However, you can help reduce it on your end by using automated inventory control processes. Systems like blind receiving help minimize error and reduce the risk of theft while providing real-time inventory data.

Your business is your livelihood, so ensuring that you're using the best inventory management practices can help keep it running smoothly. **HC**

Sunny Patel is the CEO and product owner at Curasev, a provider of a revolutionary cloud-based platform for home medical equipment providers to streamline their business and better serve their patients. To learn more about Patel or the company, visit [curasev.com](http://curasev.com).

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## FLEET MANAGEMENT

# Company Cars as Marketing Machines

How having a dedicated fleet can improve business, staff morale & safety

By Kristin Easterling

You may know Enterprise as the people who say they will “pick you up” when you rent a car from them. But you might not realize that the company also provides fleets of vehicles for medium-sized businesses. Brice Anderson, president of Enterprise Fleet Management, sat down with HomeCare to talk about some of the benefits of having your own fleet rather than relying on employee-owned cars.

**HOME CARE:** Some of our readers may not be familiar with this side

**of Enterprise. Can you share a little more about how it works?**

**ANDERSON:** Enterprise Fleet Management provides full-service fleet management for companies, government agencies and organizations operating medium-sized fleets of 20 or more vehicles, as well as those seeking an alternative to employee reimbursement programs. We operate a network of more than 50 fully staffed offices and manage a fleet of more than 745,000 vehicles in the United States and Canada.

Additionally, Enterprise Fleet Management supplies most makes and models of cars, light- and medium-duty trucks and service vehicles across North America.

For homecare agencies, we offer expert-level support to help agencies make better-informed decisions about their fleet operations—from vehicle acquisition and resale to day-to-day fuel usage and routing.

As a homecare agency’s fleets continue to grow, a fleet management partner can be particularly valuable when determining the best time to sell, replace or conduct maintenance on vehicles. Fleet management companies (FMCs) closely follow market trends and transitions—like which manufacturer updates are being implemented each year to meet vehicle safety regulations and ensure optimal performance and driver safety.

**HOME CARE:** What are the benefits for a homecare company of having a dedicated fleet of vehicles instead of using employee cars?

**ANDERSON:** Your fleet is more than just a collection of vehicles. It’s your reputation—and a message to your customers! By having a dedicated fleet of vehicles, you can choose vehicle models that make the most sense for your business (which ultimately helps maximize performance), ensure a consistent brand appearance when employees are on the road and reduce risks that could have a financial impact on your business, from vehicle damage to general liability concerns. Many FMCs offer a small plug-and-play telematics device in their vehicles to capture important details that improve safety and monitor driver compliance—with data delivered directly to the business point of contact.

Contrary to popular belief, a well-managed company fleet often costs less and is more efficient than an allowance or reimbursement program—cutting overall costs 10% to 20% annually for industries that traditionally use reimbursement and





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# FLEET MANAGEMENT



allowance programs, such as health care, courier services, security and sales.

## **HOME CARE:** Fuel prices continue to rise. Can a fleet help control those costs?

**ANDERSON:** While we may not have control over the price at the pump, you still have some control over your fleet fuel expenses. One way to control fuel costs is to right-size the vehicles your homecare business needs to help prevent excessive fuel consumption. An FMC will conduct the analysis and help by providing suggested vehicles that are right for the business.

Enterprise also uses a fuel card to help organizations monitor and control their fuel costs. We've found organizations can save up to 10% on fuel by using the program to set purchase limits, control the type and quantity of fuel that drivers purchase, and manage nonauthorized purchases. The fuel card can also help drivers locate the lowest-cost fuel in the area.

## **HOME CARE:** How can a fleet help increase safety?

**ANDERSON:** For organizations with employees who operate motor vehicles as part of their jobs, safety on the job must be an absolute priority. A fleet can help in a few ways.

First, swapping aging vehicles with newer models improves the likelihood that occupants will be protected from impact in a collision. Today's standard models often come with improved safety and crash-avoidance technology, additional airbags, electronic stability control and many other essential safety features. Proactive vehicle maintenance can also help organizations ensure that their vehicles are in good working order.

Enterprise Fleet Management also collects telematics data and offers tools to identify at-risk drivers, assess individual driver performance and enforce driver policies. While many organizations check their drivers' motor vehicle reports (MVR) periodically, driver monitoring technologies are considered more effective than sporadically running MVRs.

By using a small plug-and-play fleet telematics tracking device, operators can monitor their fleets in real time. A fleet

telematics system should provide a wealth of data (e.g., GPS location, speed, fuel usage and engine performance) and capture critical details to improve fuel usage, optimize routes and plan maintenance.

## **HOME CARE:** There's a major staffing shortage in homecare right now. Can providing a company vehicle help with recruiting and retention?

**ANDERSON:** Company cars are an exciting, valuable benefit that can boost employee satisfaction as well as recruiting efforts. A company vehicle can also be a positive force for your business's visibility and reputation.

Many of our clients report a positive change in their organization's brand awareness when shifting to a company fleet—they'll often see heightened sales and awareness due to more vehicles on the road with a branded wrapper. They've shared examples of hard-to-fill positions attracting new staff due to the perk of a company vehicle.

Company fleets are a win-win for many organizations—your employees will love the added bonus of their own company vehicle, and as a business owner or operator you will be able to ensure vehicles are safe and compliant and excellent representatives of your brand.

## **HOME CARE:** How should an agency vet staff for safety and reliability behind the wheel?

**ANDERSON:** Many organizations who employ drivers with serious moving violations often perform, on average, more than 20 points worse in loss ratio results than organizations whose employees have clean driving records. A fleet management company will provide the visibility you need to identify at-risk drivers, assess individual driver performance, reduce accidents and enforce driver policies.

A small plug-and-play telematics device can also provide real-time risk and safety

## Your fleet is more than just a collection of vehicles. It's your reputation—and a message to your customers!

reports, in-vehicle coaching, accident notifications and insights on seat belt usage.

### **HEMOCARE:** What are some things homecare agencies need to look for in a fleet partner?

**ANDERSON:** It's important to remember that partnering with an FMC is no different than hiring any other specialized expert—the best fleet partner should be able to offer a depth and level of expertise that companies themselves may not ever attain as they grow.

Be sure to seek out a fleet partner that makes it a priority to stay relevant in the automotive industry, whether that's partnering with manufacturers and service vendors or investing in the latest fleet technology. In turn, you'll benefit from having a national infrastructure with local, dedicated services. A good local fleet manager will also work to know and understand the challenges your company faces—allowing you to focus on what matters most for your business.

Ultimately, the expertise of a fleet management company should help your homecare agency reduce administrative costs, maximize vehicle performance and reduce human error, all while aligning their strategy with your agency's goals.

### **HEMOCARE:** What are some obstacles to more homecare providers using company fleets, and how can they be overcome?

**ANDERSON:** Many homecare agencies begin their operation with internal infrastructure and resources to manage their vehicles. However, as the operation grows, managing more vehicles each year can often become its own full-time job. Choosing to outsource fleet management to an FMC like Enterprise Fleet Management can help free up a homecare agency's most valuable resource—its people—to focus on the core operating activities of the organization. **HC**

Kristin Easterling is the managing editor of HomeCare.

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## FLEET MANAGEMENT

# 4 Steps to Electrifying Your Homecare Fleet

Weigh the risks & benefits before you start

By Glen Stancil

Electric vehicles (EVs) are a hot topic for homecare fleets of all sizes. Some companies are looking to electrify to meet environmental and social governance goals, while others are intrigued by potential cost savings, air quality advantages or the reputation boost that can come from driving electric. With gas prices around the country making headlines this summer, EVs are an attractive option. Whether your fleet is ready to electrify or you're just kicking the tires, it's time to make a plan.

Merge Electric Fleet Solutions has helped fleets consider the costs, vehicles and charging infrastructure needed to electrify, including Solace Pediatric Healthcare, a Denver-based home health company that is currently running a pilot program with four EVs. In this article, we're sharing four steps that homecare companies should consider as they add EVs to their fleets.

## 1 Investigate upcoming vehicles.

There are EVs shipping to customers right now that may be an electric replacement for your current fleet vehicles. Some homecare fleet needs can be met by passenger vehicles, including sedans and SUVs, while medical equipment delivery may require a commercial van. Here are some model options to consider:

- **The Volkswagen ID.4:** This small SUV with an all-wheel drive option boasts a range of approximately 240 miles depending on the trim level, and charges from 20% to 80% in about 30 minutes,

## Gathering telematics data is a crucial step to finding out which routes, vehicles and drivers might be a good fit for an electric vehicle.

ideal for clinicians who may see patients on high-mileage routes. The starting manufacturer suggested retail price (MSRP) is \$41,230.

- **The Ford E-Transit:** Built especially for commercial applications, the E-Transit is available in different roof heights and lengths and has a range of up to 126 miles. The starting MSRP is \$46,295.

There are a number of other all-electric passenger vehicles that are widely available and cost-effective options for homecare providers; your fleet vehicle provider can help you make the best choice.

Solace Pediatric Healthcare is conducting a pilot program with four clinicians who are driving the Volkswagen ID.4. The pilot will run for six months, and telematics devices will collect data about routes, utilization, costs and charging efficiency so Solace can take a data-driven approach before committing to purchasing electric fleet vehicles.

## 2 Plan for charging infrastructure.

While an electric fleet will save you the hassle of managing gas cards and paying

high fuel prices, charging infrastructure is one hurdle to consider as you plan. Homecare decision-makers should ask themselves these questions:

- When will the vehicles charge? Overnight, during the work day or both?
- Where will they charge? At employees' homes, at offices, at public chargers or a combination of these?
- Are my offices and/or employees' homes ready for an EV charger? Will I need to upgrade the electrical panel or service?
- Compared to my current fuel budget, what will EV charging cost?

The answers to these questions will vary with each homecare fleet. For example, Solace Pediatric Healthcare is taking a hybrid approach to charging during their EV pilot program. Each clinician in the pilot program will be able to charge at home on a Level 1 or Level 2 charger that our company will install, and at public fast-charging stations. With thoughtful planning and a targeted approach, homecare companies can plan for charging, provide access to public chargers and make the right decisions for their fleets.



### 3 Use your data.

The nature of homecare means your clinicians are probably covering a different route each day; patients come and go, and schedules may change weekly. This means that gathering telematics data is a crucial step to finding out which routes, vehicles and drivers might be a good fit for an electric vehicle.

We at Merge recommend using telematics data to explore operational fit, economic impact and environmental benefits on a vehicle-by-vehicle basis. For example, you may find that one clinician serving patients in a rural area drives too far each day without access to mid-day charging, while another in an urban center may not run their battery down and can easily charge up each night. Data can also help assess the environmental impact of an EV fleet, including the reduction in greenhouse gas emissions. In a data analysis for a fleet in the Dallas area, our company found that converting 12 cargo vans to electric versions would save 107 metric tons of carbon dioxide emissions

each year—the equivalent of growing 1,769 trees for 10 years!

If you aren't currently collecting telematics data to assess utilization, driving patterns and costs for your fleet, now is the time to take action. Installing telematics devices in your fleet vehicle alongside a fleet electrification services partner can help you collect data and ensure your electrification plan is practical and possible.

### 4 Consider an EV pilot program.

It's no secret that vehicles are hard to come by at the moment. Empty car lots and long waiting lists are common for both electric and gas vehicles. A smaller scale pilot program is a great way to "try before you buy" when it comes to an electric fleet.

Solace Pediatric Healthcare's pilot program kicked off in May with four clinicians who volunteered for the program. Each is driving their Volkswagen ID.4 to patient visits, and they agreed to allow telematics data collection as they go about their work. The program will also assess cultural fit through driver surveys, along

with analyzing the operational impacts of electrifying more fleet vehicles in the coming years. Merge owns the four ID.4s Solace is using, so the customer is able to get the benefits of a small pilot program without committing to vehicle purchasing.

Early data shows the drivers are able to charge fully overnight at home and that they enjoy the experience of driving an electric car. One pilot participant told us, "I don't know if I can ever drive another gas car. I'll never go back!"

As you consider the electric vehicle options available for your homecare fleet, we hope these steps will help you make data-driven decisions that make sense for your business, your employees and your patients. **HC**

Glen Stencil is the president and CEO of Merge. He is a pioneer in the electric vehicle industry, and his background includes designing, deploying and supporting EV charging networks nationwide. Merge helps fleets electrify with confidence. Visit [mergefleet.com](https://mergefleet.com).

# The Basics of Borrowing for Your Business

Everything you need to know about credit & funding

By Alyssa Stahr

With the baby boomer generation aging and retiring—and with chronic illnesses on the rise for people of all ages—more and more people find themselves in need of services that support aging in place. Instead of rehab centers, nursing homes and hospice facilities, many people are turning to homecare options. In fact, U.S. News & World Report says the pandemic has “played a pivotal role in changing the health landscape by hindering chronic disease management for many patients, raising the specter of more severe illness for many with underlying health conditions. Such factors are likely contributors to increases in mortality for some of the leading causes of death in the U.S., such as Alzheimer’s disease and diabetes.”

The home health care industry is growing exponentially. Technological advances have made homecare treatment more affordable than ever, opening new avenues for these businesses. Yours is a unique industry; whether you’re just starting out or you’re an established business owner looking to expand your offerings, it is important to understand your credit and financing options to ensure that you can access the funds you might need for your enterprise to succeed.

Read on for the who, what, when, where and how behind getting a loan, choosing a lender, loan options and more.

## 1 Who are homecare loan specialists?

Homecare loan specialists are experts in the home health industry, with a vast knowledge of licensing requirements, accreditations, current challenges in the field and more. They also understand the nuances that come with private insurance carriers and Medicare and Medicaid reimbursement.

These experts can help you navigate loan processes, understand your financing options and get your ducks in a row so that when it comes time to sign on the dotted line of your loan agreement, every “i” is dotted and every “t” is crossed.

## 2 What types of loans are available for homecare businesses?

There are many types of loans available



to homecare business owners, each with its own rates, terms and funding. Before settling on a loan type, consider what you plan to use it for, if you need it right away or if it’s there for incidental expenses. Figure 1 details rates, loan terms and how long funding typically takes for each type of loan.

Figure 1. Source: Gud Capital

Types	Rates	Terms	Funding
Bank	6%-10%	3-7 years	14-30 days
Small Business Admin.	6%-10%	3-7 years	10-30 days
Line of Credit	5%-15%	1-3 years	7-30 days
Alternative	6%-25%	1-5 years	5-7 days
Cash Advance	1.16%-1.55%	3-24 months	1-3 days

# 6%

## Traditional loans and credit lines typically start at about this rate.

**Traditional Options:** Banks, community lenders and credit unions offer traditional financing options like loans and lines of credit. Rates typically start at around 6%.

**Small Business Administration (SBA):** SBA loans are small business loans that are backed by the U.S. Small Business Administration, which covers any losses

should a borrower fail to repay their loan. They are only issued by participating lenders, but are otherwise very similar to bank loans.

There are several types of SBA loans: SBA 504 loan, SBA microloan, SBA impact loan and SBA 7(a) loans, a line of multiple loan products. See Figure 2 for more details.

**Line of Credit:** A line of credit is a pre-approved amount of funds that a business can access when it needs it. Think of it like a credit card—the funds are there when you need them, but you only have to pay back (and owe interest) on what you use.

**Alternative Agency Loans:** Alternative agency loans are non-bank options that offer quick funding and fewer documentation requirements. Rates usually start low, but can go as high as 25%.

**Cash Advance:** A cash advance involves selling a portion of a business' future revenue in exchange for immediate financing. Repayments are usually made through deductions from a bank account or through credit card processing.

## 3 When is it the right time to apply for financing?

"Figuring out the timing for applying for



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# FINANCING

Loan Type	SBA 504 Loan	SBA Microloan	SBA Impact Loan	SBA 7(a) Loans
Amount	Up to \$30M	Up to \$50,000	Up to \$250,000	Up to \$5M
Term	10-25 years	3-5 years	Up to 10 years	See type
Rates	Dependent on market conditions; usually 4% or less	8%-10%	4.75%, plus a 3% loan packaging fee	2.5%-8%, with a possible 10%-20% down payment
Requirements	<ul style="list-style-type: none"> <li>Applicants with a net worth of less than \$15 million</li> <li>Average after-tax profit less than \$5 million over two years</li> <li>Down payment of at least 10%</li> <li>Plan to occupy at least 51% of the building or commercial property</li> </ul>	<ul style="list-style-type: none"> <li>For-profit small business</li> <li>Prove that the business earns suitable income to repay the loan</li> <li>Intend to use the loan for an approved purpose</li> <li>Show proof that you've tried to receive approval elsewhere but been unsuccessful</li> <li>680 minimum credit score</li> </ul>	<ul style="list-style-type: none"> <li>African American and Latino applicants</li> <li>Own for-profit businesses</li> <li>Show previous year's tax returns that demonstrate upward trends</li> <li>Been in operation for minimum of one year</li> <li>680 minimum credit score</li> </ul>	<ul style="list-style-type: none"> <li>Startups and established for-profit businesses</li> <li>Industry experience and competency</li> <li>No recent bankruptcies or similar financial problems</li> <li>620 minimum credit score</li> </ul>
Who is it for?	Standard small businesses looking to purchase commercial property or heavy equipment	Small businesses requiring short-term loans	Small businesses in low-income communities	Each type targeted to different demographic

Figure 2. Source: CDC Small Business Finance

financing is dependent on what you plan to use it for, and when,” said Susan Lamping, vice president of sales for CDC Small Business Finance, a small business lender.

“For new businesses, it is smart to apply at least three to four months before you plan to open to give you plenty of time for unforeseen challenges. For working capital

or equipment for an existing business, a six-to eight-week lead time should be fine.”

Established businesses have a little more wiggle room, but business owners should still consider any potential changes in revenue, expenses and loan costs. Calculate projected income and existing debts—and be conservative. After all, you are the one who will be paying back the loan.

## 4 Where should you apply for a homecare loan?

Whether yours is an established business or you are just getting started, it is wise to consult a financial adviser to learn more about your financing options and what is best for your business needs. Established businesses typically have existing relationships with lenders, and that is a good place to start—they have the tools and expertise to point you in the right direction.

At some financing companies, loan applicants and current borrowers can meet





Whether yours is an established business or you are just getting started, it is wise to consult a financial adviser to learn more about your financing options and what is best for your business needs.

with small business advisors to provide support on everything from credit repair to financial reporting to business strategy.

## 5 How do I apply for a loan?

Applying for a business loan or line of credit is much like applying for a mortgage for a new home, with similar steps needed.

1. Choose a lender and get pre-qualified so you know how much capital you have to work with. This usually takes a few days.
2. Work with your lender to discuss your business and secure approval. It could take several weeks to gather and submit all of the appropriate paperwork.
3. After everything is submitted and you have signed on the dotted line, you are approved!

### To Sum Up

Current and prospective home health business owners would be wise to consult a health care loan specialist to explore their options. Research different types of loans and financing avenues to determine which is best for your needs, whether you have a new business or are expanding an existing one. Give yourself plenty of time to apply for financing and think about how you need to use the funds—and when. That will help inform your decision making. **HC**

Alyssa Stahr's 20-year award-winning editorial history includes working with global companies specializing in brand creation, content marketing and public speaking. With a Bachelor of Arts and English certificate from Saint Louis University and a teaching English as a foreign language (TEFL) certification from the International TEFL Academy, she also teaches English as a second language.

## AN ALTERNATIVE TO CPAP

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**TRANQUILITY**



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## ELECTRONIC VISIT VERIFICATION

# Seeking a New Solution? Consider This.

6 questions states & organizations should ask their EVV providers

By Kim Glenn

Since passage of the 21st Century Cures Act in 2016, states have been faced with deadlines to implement electronic visit verification (EVV) for home-based personal care services (PCS) and home health care services (HHCS) in an effort to combat waste, fraud and abuse.

Yet experience deploying EVV for PCS and the impending Jan. 1, 2023, deadline for HHCS has left many states wondering if they have the best solution, or whether now is an ideal time to make the switch to an EVV solution that can effectively manage the entire network and ensure better care.

When instated, the Cures Act mandated use of EVV to electronically verify that Medicaid-funded PCS and HHCS workers arrived on the job and completed the approved tasks. But the law didn't provide detailed implementation guidance, leaving states with tremendous freedom to use their own designs and technologies, or even build on existing systems.

Looking forward, however, the many benefits of EVV, such as incentivized timeliness and records being more accurate

and secure than traditional paper time sheets, make this an ideal time for states to review their EVV vendors. Looking at their decision-making process can help individual providers make their own vendor choices as well.

## The Time is Ripe for Changing EVV Implementation

As the Jan. 1, 2023, HHCS mandate approaches and frustrations with earlier implementations continue to mount, now is an ideal time for states and homecare providers to explore new EVV options.

Below are six questions you should ask—and important features to look for—to select an EVV vendor that fits your specific needs and goals.

### 1 Does the solution support vertical connectivity?

Compliance with the 21st Century Cures Act is extremely challenging when EVV systems cannot be integrated across providers (both personal care service agencies and skilled agencies), financial management service entities and managed care plans. Plus, limited access to detailed visit data could lead to waste, fraud and abuse; overpayments; inability to maintain compliance; and failure to provide members with the services they need.

States and providers should look for electronic visit verification software that mirrors the homecare ecosystem by connecting all stakeholders through a

single platform. This provides visibility and transparency and makes it easier to monitor your provider network's performance and ensure the quality of member care.

### 2 Are the EVV tools fully functional?

Numerous tools on the market can electronically verify the type, date and location of the service performed, who received service, the caregiver or aide performing the service, and the time the service begins and ends. But not all tools are created equal. Some electronic visit verification technology only does the bare minimum, which can negatively impact providers.

All-in-one EVV solutions can streamline processes and deliver greater efficiency. Solutions should automatically associate the visit with the schedule and authorize the services performed. Plan-of-care tasks and duties should be captured upon clockout. And, to protect caregivers' privacy, GPS coordinates should be captured only when clocking in and out—not before, during or after the visit. Consider EVV systems that also offer billing, scheduling, payroll, reporting and compliance capabilities, as well as direct integrations to other solution vendors.

### 3 What is the price?

The least expensive technology isn't always best. An EVV solution should offer more value than solely compliance, and it should be a tool that provider networks



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When all stakeholders can leverage a single system, everyone has greater visibility and access to key metrics to ensure quality care.

actually like and fits into their workflow.

States should focus on an EVV solution that meets long-term needs and Cures Act requirements and can deliver other benefits—from communications and billing to workflow efficiencies. Today's EVV is generally more affordable and feature-rich than first-generation solutions. But for that added functionality to be a true benefit, make sure it actually works.

#### **4 What is the impact on member outcomes?**

The industry shift to value-based care is making it even more important to consider how technology will impact members in a state. When all stakeholders can leverage a single system, everyone has greater visibility and access to key metrics to ensure quality care.

Look for solutions that let payers leverage caregivers' visits with members to improve health outcomes through real-time change-in-condition alerts, social determinants of health observation reporting, and gathering in-home health-related metrics over time at member, risk cohort and population levels. With these insights, member risk escalations can be more easily prevented and hospital readmissions reduced.

#### **5 Has your state achieved Centers for Medicare & Medicaid Services (CMS) outcomes-based certification for EVV?**

Applying for CMS outcomes-based certification can be a long, expensive and difficult-to-navigate process. But the benefits—more efficient processes, demonstrated compliance, and enhanced federal financial participation—make the effort worthwhile. States should research a CMS-certified vendor that can support you in your path to timely compliance and ensure a more effective process for all stakeholders.

#### **6 Does the solution accommodate self-direction?**

Self-direction is an increasingly popular option for individuals wanting more control over their health care. As more in the Medicaid population select home- and community-based services (HCBS) for their care, member experience will be the No. 1 factor impacting electronic visit verification success for self-direction programs.

Make sure key elements in EVV systems can accommodate both traditional HCBS and self-direction. These include self-scheduling options, participant review and approval capability, flexibility, no geofencing,

variability, controls for program integrity and GPS coordinates captured only at clock in and clock out. By prioritizing participant autonomy and following best practices, payers can ensure they implement an electronic visit verification system that delivers positive outcomes, compliance, reduced risk, and above all, an effective self-direction program that benefits all stakeholders.

Selecting EVV technology shouldn't happen in a vacuum. This technology impacts everyone involved: providers, caregivers and members. States should look for an EVV system that is more flexible and reliable, and designed to connect the entire homecare ecosystem.

With the right solution in place, all stakeholders can reap the benefits—from Cures Act compliance to effectively managing the entire network and ensuring better care over the long-term. **HC**

Kim Glenn is senior vice president of government health plans at HHAExchange, where she leads the company's business development, growth and government relations strategy within the Medicaid managed care and Medicaid fee-for-service markets. She has been consulting to and serving Medicaid programs with technology solutions for over 30 years. Visit [hhaexchange.com](http://hhaexchange.com).

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*Deluxe Toilet Lift - DL1*  
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[www.DignityLifts.com](http://www.DignityLifts.com)

Check 112 on index.

A purple vertical banner for Dignity Lifts. At the top is the company logo, which consists of the words 'DIGNITY LIFTS' and a stylized purple arrow icon. Below the logo is a photograph of a woman with short hair and glasses, wearing a grey button-down shirt and pants, sitting on a white toilet lift. At the bottom of the banner, the text reads 'Deluxe Toilet Lift - DL1 \$1799.00 www.DignityLifts.com'. A small yellow box on the right side of the banner contains the text 'Check 112 on index.'

# NEW PODCAST

NEWEST EPISODE  
**The State of E-Prescribe in DME**  
with DMEScripts

COMING SOON  
The Co-Founders of IntusCare Share About  
**New Tech for PACE Programs**

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PODCAST

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A large blue banner for a podcast. On the left side, there is a vintage-style silver microphone on a stand with a pair of large green headphones. The text 'NEW PODCAST' is written in large, bold, white letters at the top. Below that, the text reads 'NEWEST EPISODE The State of E-Prescribe in DME with DMEScripts'. Further down, it says 'COMING SOON The Co-Founders of IntusCare Share About New Tech for PACE Programs'. On the right side, there is a black square logo with 'HomeCare' in white, a white microphone icon, and 'PODCAST' in white below it. At the bottom of the banner, a black bar contains the text 'Look for this and other podcasts at homecaremag.com/podcasts' in white.

# INCONTINENCE MANAGEMENT PRODUCTS

In this directory, HomeCare delivers a monthly breakdown of crucial sections of our annual Buyer's Guide, providing the most up-to-date information on the products and services your business needs. This month, we're featuring incontinence management products. Here and on [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide), you can find the essentials to help your business thrive. **HC**

Abena North America  
Marina del Ray, CA  
(844) 223-6248  
[abena-na.com](http://abena-na.com)


Hollister Incorporated  
Libertyville, IL  
(800) 323-4060  
[hollister.com](http://hollister.com)

Presto Absorbent  
Products, Inc.  
Eau Claire, WI  
(877) 202-4652  
[prestoabsorbent.com](http://prestoabsorbent.com)

TZMO USA, Inc./SENI  
Atlanta, GA  
(470) 377-4942  
[seni-usa.com](http://seni-usa.com)

AMG Medical  
Montreal, QC  
(866) 518-6099  
[amgmedical.com](http://amgmedical.com)

Hygie  
Newark, DE  
(866) 588-2221  
[hygie.com](http://hygie.com)



**PRINCIPLE BUSINESS ENTERPRISES**  
Dunbridge, OH  
(866) 865-6101  
[tranquilityproducts.com](http://tranquilityproducts.com)

UI Medical  
(QuickChange)  
Long Beach, CA  
(800) 206-2816  
[quickchange.com](http://quickchange.com)

Domtar Personal Care/  
Attends  
Greenville, NC  
(800) 428-8363  
[attends.com](http://attends.com)

Lavin Lift Straps  
Ypsilanti, MI  
(888) 545-5438  
[lavinlift.com](http://lavinlift.com)

Unique Wellness  
Brooklyn, NY  
(888) 936-7770  
[wellnessbriefs.com](http://wellnessbriefs.com)

Essity/TENA  
Philadelphia, PA  
(866) 722-6659  
[tena.us](http://tena.us)

McAirlaid's/x-top  
Rocky Mount, VA  
(540) 352-5050  
[xtopformen.com](http://xtopformen.com)

PureWick System  
Stuart, FL  
(800) 323-0914  
[purewickathome.com](http://purewickathome.com)

Uro Concepts, Inc.  
Rocksprings, TX  
(830) 997-8025  
[uroconcepts.com](http://uroconcepts.com)

First Quality Products  
Great Neck, NY  
(800) 227-3551  
[prevail.com](http://prevail.com)

McKesson  
Richmond, VA  
(888) 822-8111  
[mckesson.com](http://mckesson.com)

Triple W  
San Diego, CA  
(833) 337-3387  
[dfreeus.biz](http://dfreeus.biz)

HealthSmart  
Waukegan, IL  
(800) 526-4753  
[livehealthsmart.com](http://livehealthsmart.com)

Men's Liberty  
Largo, FL  
(866) 314-9239  
[mensliberty.com](http://mensliberty.com)

## 2022 BUYER'S GUIDE

**FIND YOUR SUPPLY**

Products & Services Expand to Meet Evolving Needs

## 2022 HEMOCARE BUYER'S GUIDE LISTINGS

Our 2022 Buyer's Guide is filled with manufacturers' and service providers' contact information to help you find the right mix of products and services for your company. No matter which way you plan to steer your business in 2022, we know that products and services are at the heart of it all, and this comprehensive guide will help you grow and stay on track throughout the year. You can also easily reach these resources online at:

[homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide).

# NEW ON THE MARKET

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

1



## 1 Sport Double-Depth Stretch

### ANODYNE

Meet the No. 84 (for men) and No. 85 (for women) Sport Double-Depth Stretch. With the combination of stretchable fabric and bilateral adjustable closures, these styles provide customization and accommodation for even the most difficult feet. The luxe, stretchable fabric forms to the contours of the foot, offering an exceptionally versatile and comfortable fit, and the bilateral straps make them extremely easy to put on and take off. The Sport Double-Depth Stretch styles are the perfect option when needing to accommodate edema and braces, as they offer an additional 3/16 inches of depth when compared to Anodyne's standard styles. Visit [anodyneshoes.com](http://anodyneshoes.com).

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2



## 2 Hamilton Mobile CapTel

### HAMILTON CAPTEL

Hamilton Mobile CapTel delivers the same reliable caption experience customers have enjoyed at home and in the office for years—now available on any iOS device. The new app provides fast, accurate captions on incoming and outgoing calls, syncs with mobile device contacts, enables users to access their call log and review captions later and much more. Hamilton Mobile CapTel helps keep people with hearing loss connected with what matters most in life. Visit [hamiltoncapter.com](http://hamiltoncapter.com).

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3



## 3 Laminated Medication Card

### ROYAL CREATIONS

A new solution for keeping track of prescription dosages and timing. The durable laminated design allows enough space for up to 18 medications. Comes in a package of two double-sided cards, two permanent markers and two carry bags for appointments and revisions. Unlike small wallet cards, this one won't fade away. Help your clients stay organized with a reliable place to track prescriptions. It will also provide doctors with accurate information about their patients' health, avoiding negative side effects and incorrect prescribing. Visit [royalcreationsonline.com](http://royalcreationsonline.com).

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4



## 4 iQ2 Nasal Mask

### SLEEPNET CORPORATION

The iQ2 Nasal Mask is a lightweight, moldable CPAP mask that can accommodate most facial structures. Patented custom-fit technology allows for a better fit and all-night comfort. With maximum comfort and minimal headgear tension, AIRgel minimizes pressure points and skin irritation. By design, AIRgel is twice as soft as competing gel products. The iQ2 frame and headgear are interchangeable with SleepNet's Phantom2 frame and headgear, making changing masks a breeze. Cushions may also be removed and replaced without purchasing a new mask. Visit [sleepnetmasks.com](http://sleepnetmasks.com).

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5



## 5 Accessible Side Zipper Joggers

### SLICK CHICKS

The Accessible Side Zipper Joggers are adapted to simplify dressing with features such as a raised back waist, lowered front waist, and a full zipper opening along the side seams for easy on and off functionality. A banded waist and ankle hems keep clients secure and a roomy fit keeps them comfortable. Visit [slickchicksonline.com](http://slickchicksonline.com).

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# VERTICAL LIFTS



## 1 PASSPORT Vertical Platform Lift

### EZ-ACCESS

The PASSPORT Vertical Platform Lift (VPL) is the ideal home access solution for any difficult porch, deck or other raised entry. The VPL features an all-aluminum design, making it one of the lightest residential vertical platform lifts on the market. The PASSPORT's operating system was designed with safety plus ease of operation and installation in mind. The tower and accessories are pre-wired using automotive style connectors (no additional wiring needed) and the DC-powered unit requires only a 120-volt outlet for trickle charging. With its self-diagnostic LED control board and plug-n-play wiring technology, the PASSPORT is the preferred lift of technicians and installers. Visit [exaccess.com](http://exaccess.com).

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## 2 Highlander II

### HARMAR MOBILITY

The Highlander II is designed to safely lift most mobility devices and the rider so they can come and go with ease. With a lifting capacity of up to 750 pounds, this vertical platform lift is available in multiple heights and dimensions, providing access to decks, porches, garage entries, second-story entries and elevation between floors. The Highlander II offers five systems to deliver reliable, easy use: Guardian System for continual performance feedback; Smart Sense PC Board to monitor any potential issues; Steady Drive for a smoother ride; ReadyUPS battery backup for potential power outages; and the Big Blue Paddle for easier operation (not available for three-stop units). Visit [harmar.com](http://harmar.com).

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## 3 Mac's Vertical Home Lift, PL-50, PL-72 & PL-90

### MAC'S LIFT GATE

Mac's Vertical Home Lift, models PL-50, PL-72 and PL-90 are designed and engineered for everyday use. They are easy to operate, easy to install and virtually maintenance free. The Mac lifts have a 750-pound weight capacity and will accommodate electric wheelchairs and scooters. The lifts will operate in all weather conditions from -30 degrees to +120 degrees and are weatherproof and sealed. The lifts operate on 110 volts and draws seven amps when in use. They also come standard with an emergency manual hand crank and five-year limited warranty. Visit [macshomelift.com](http://macshomelift.com).

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# INFECTION CONTROL

## 1 Ur24T Portfolio External Catheter

### AMRX

The Ur24T Portfolio is a completely external catheter system designed to comfortably empty the bladder for adults and infants, while helping prevent urinary tract infections. Noninvasive, non-adhesive and easy-to-apply, the Ur24T catheter technology's leak-proof design avoids urine contact with the skin. This external catheter system actively empties the bladder. Online and in-person demonstrations and training included for clinicians. Effective for incontinence and urine retention. Visit [amrxusa.com](http://amrxusa.com).

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**1**

**An Opportunity to Step Outside of Internal Catheters and Step Into the Future of External Catheter Systems**


**AMRX**

- ✓ FDA class 1
- ✓ Ur24T is ISO 13485 compliant
- ✓ Ur24T is Medicare Part B DME reimbursable
- ✓ Made in the USA

**Ur24Technology**

**Reduce CAUTI's in women, men and pediatrics.**

**Ur24T**



## 2 ALCAVIS Single-Use Bleach Wipes

### ANGELINI PHARMA INC

Canister wipes lose efficacy when their lids are left open. When moved between locations, canisters can carry environmental contamination, risking infection spread. ALCAVIS single-use bleach wipes from Angelini provide effective bleach disinfection where it is needed and in the right dilution. ALCAVIS 1:10 bleach wipes are ideal for blood and body fluid spills. ALCAVIS 1:50 bleach wipes provide effective disinfection of hard surfaces. ALCAVIS 1:100 bleach wipes are ideal for hard surfaces, yet gentle enough for delicate equipment. All three are available as individual packets or in packs of two. Visit [angelini-us.com](http://angelini-us.com).

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## 3 Vapor Distilled CPAP Water

### AQUAPAP

Aquapap's single-serve distilled water can help prevent infection due to water-borne bacteria. Homecare patients risk illness pouring and repouring from a gallon jug of distilled water, because bacteria begins to grow within 24-48 hours of opening the jug. Accredited sleep labs and CPAP providers are not allowed to fill up a CPAP reservoir by pouring from the same bottle more than once. Repouring risks the patient's health by introducing contaminated water into their lungs. Available in eight, 12 and 16.9 ounce sizes for easy use and travel. Visit [aquapap.com](http://aquapap.com).

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4



## 4 Opti-Cide MAX

### COMPASS HEALTH BRANDS

Opti-Cide MAX is the next evolution in surface disinfection. Opti-Cide MAX is the perfect choice for home medical equipment dealers for daily, multi-use surface disinfection. With a clean, fresh scent, Opti-Cide MAX is fast, broad-spectrum and gentle on surfaces helping maximize the life of valuable equipment. Opti-Cide MAX kills tested organisms in 30 to 60 seconds and tuberculosis in two minutes. In one minute, Opti-Cide MAX can kill ESKAPE and ESKAPE MDRO organisms or SARS-CoV-2 on hard, nonporous surfaces. Available in wipes, spray and one-gallon refills. Visit [compasshealthbrands.com](http://compasshealthbrands.com).

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5



## 5 Gentex PurFlo 3000

### MEDLINE INDUSTRIES, LP

The Gentex PureFlo 3000 powered air purifying respirator (PAPR) is the new breed of industry leading all-in-one National Institute of Occupational Safety and Health (NIOSH)-approved air purifying protection systems. This all-in-one respiratory, eye and face protection is lighter weight with a lower profile. Enhanced features for maximum mobility and simplified use make it ideal in health care and emergency response environments for protection from respiratory hazards. No fit testing is needed. High air flow circulation and ready to use out of the box. Visit [medline.com](http://medline.com).

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6



## 6 Makrite N95 Disposable Particulate Respirator

### SUPREME MEDICAL

Home health nurses and home medical equipment delivery technicians deserve the same level of protection from COVID-19 as their acute care counterparts. Supreme Medical is offering NIOSH- & FDA 510(k)-approved N95 masks so your homecare company can ensure continuity of operations by offering your staff medical grade protection while working in the field. Visit [suprememedical.com](http://suprememedical.com).

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# REMOTE PATIENT MONITORING

## 1 CarePredict @Home

### CAREPREDICT

CarePredict is an artificial intelligence (AI)-powered platform that gives homecare agencies and families continuous visibility into older adults' well-being. Using CarePredict's remote activity monitoring and actionable insights, agencies can continuously evaluate clients' needs and update the care plan, enabling them to get ahead of emerging conditions. They can reach prospective clients not yet ready for homecare services by offering CarePredict as the first level of service. They can provide timely services and extend their client's ability to live independently for longer while providing families with peace of mind and constant reassurance of their loved ones' well-being. Visit [carepredict.com](http://carepredict.com).

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## 2 eazense

### CARETEQ

Eazense is a passive monitoring system based on radar sensor technology coupled with AI. The radar sensor offers real-time fall and presence detection across multiple occupants in a room. It is designed to detect, record and log activity in a room, and will report all alerts to caregivers via the SOFIHUB online portal. Traditional fall detection solutions rely on a wearable device and can sometimes be triggered unintentionally. Instead, eazense passively monitors a room and will detect if a person has fallen without the need for any interaction from the senior, sending a request for help to a caregiver. Visit [sofihub.com](http://sofihub.com).

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## 3 RPM With Optional PERS

### CLEAR ARCH HEALTH

Clear Arch Health offers remote health care monitoring services designed to improve clinical outcomes and keep your high-risk patients healthier and out of the hospital longer. By offering a unique, combined platform with remote patient monitoring (RPM) and a personal emergency response system (PERS) integrated in the same base station, Clear Arch Health provides a simplified and satisfying end-user experience. Clear Arch Health solutions engage your patients and offer you the flexibility to customize and scale your RPM program to suit the health care needs of every patient without incurring extra costs or having to replace equipment. Visit [cleararchhealth.com](http://cleararchhealth.com).

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## 4 Remote Care Management Platform

### CONTACT HEALTH

Contact Health removes the complexities, constraints and challenges connected with providing remote monitoring while fine-tuning the nuances of health engagement, personalization and cultural sensitivity. The Remote Care Management Platform is designed to monitor a wide spectrum of patient populations. Comprised of an ecosystem of patient-friendly monitoring devices and a virtual care platform, Contact Health helps health care entities successfully expand their remote care capability, engage at-risk patients and deliver targeted interventions. With Contact's platform you'll have the flexibility, adaptability and agility you and your clinicians need to adjust to changes in strategy and market demands. Visit [contacthealth.com](http://contacthealth.com).

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5



## 5 Eitan Insights

### EITAN MEDICAL

Eitan Insights is a cloud-based platform that provides clinicians and homecare providers remote treatment data and visibility of Eitan Medical's suite of advanced infusion and drug delivery devices. The system tracks patient treatment status, as well as the infusion pump's location and status allowing clinicians to assess events and conduct remote follow-ups on treatment progress. Aggregated patient data and cloud-based processing allows caregivers to identify treatment patterns and provide data-based adjustments. The Insights system empowers health care providers to confidently provide infusion and drug delivery therapies in the comfort of the patient's home. Visit [eitanmedical.com](http://eitanmedical.com).

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6



## 6 SafetyNet

### MASIMO

Masimo SafetyNet combines the power of advanced remote patient monitoring with telemedicine capabilities, like virtual visits and the benefits of Masimo's Hospital Automation platform, such as full two-way integration with hospital electronic medical records. Now enhanced with secure video conferencing, the platform delivers a comprehensive telehealth and telemonitoring solution—and for patients, a better “hospital at home” experience. Masimo SafetyNet allows clinicians and hospitals to schedule and conduct multi-way audio- and video-based virtual appointments with at-home patients through the Masimo SafetyNet smartphone app—while still viewing continuous and spot-check vital signs and other physiological data. Visit [masimo.com](http://masimo.com).

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7



## 7 VitalCare

### MEDLINE INDUSTRIES, LP

VitalCare provides a smoother and safer transition for patients and providers. The VitalCare platform allows patients to engage with health care providers from the privacy of their own home. Easily view a patient's integrated health data from any smart device. Real-time and historical vitals, nutritional inputs and medication adherence are recorded to the patient record and viewed based on patient populations. Caregivers can monitor patients in real time with VitalCare Admin. The web-based platform livestreams data, creates custom questionnaires and surveys, as well as scheduling and task lists. Visit [vitaltech.com](http://vitaltech.com).

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8



## 8 WristOx2 3150 With Bluetooth Low Energy

### NONIN MEDICAL INC.

Nonin's WristOx2 3150 with Bluetooth Low Energy (BLE) delivers fast, accurate oxygen saturation (SpO<sub>2</sub>) and pulse rate readings in challenging conditions, including low perfusion and motion. The WristOx2 3150 with BLE is compatible with a wide range of Nonin PureLight sensors and provides continuous, reliable SpO<sub>2</sub> monitoring and data recording. Applications include overnight oximetry studies at home, in the hospital and in sleep labs. Nonin's devices tend to read with low bias, which may be particularly helpful for sleep studies, as it may lead to more patients qualifying for oxygen concentrators and getting the help they need. Additionally, Nonin technology has been proven to read accurately across diverse skin pigmentation. Visit [nonin.com](http://nonin.com).

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9



## 9 iPulseOx

### SMART METER

iPulseOx, a cellular-enabled pulse oximeter, is optimized for connected care in a patient's home. The measurement technology ensures accuracy exceeding that of other connected devices on the market. The iPulseOx has several unique features, making it an advanced method for tracking oxygen saturation. Unique to Smart Meter, iPulseOx has a simple yet robust application programming interface, allowing easy integration with a variety of health record software systems. The iPulseOx uses the AT&T network, with data storage in the United States. It provides instant transmission of readings to a health care provider's platform. Visit [smartmeterppm.com](http://smartmeterppm.com).

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# LIFT CHAIRS

## 1 Uplift Premium Power Seats

### COMPASS HEALTH BRANDS

Uplift Premium Power Seats are Medicare-eligible lifting devices that are designed to be used when someone needs extra help to stand from a seated position. Electrically powered, Power Seats provide 100% lift for those up to 300 pounds and are available in 17-inch or 20-inch widths. Uplift Premium Power Seats must be used on chairs or sofas with at least one arm available for stability as the user raises or lowers themselves. In some cases, users can replace the seat or sofa cushion with the lifting seat to ensure both feet remain flat on the floor when operating the unit. Visit [carex.com](http://carex.com).

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## 2 EZ Sleeper Luxury Power Lift Recliner With Twilight Technology

### GOLDEN TECHNOLOGIES

The EZ Sleeper luxury power lift recliner represents the next generation of Twilight seating technology. Elevate and circulate in the PR761 (pictured), an advanced power positioning lift recliner. It features Golden's patented five-motor system that combines the ability to achieve unique positions along with power lumbar support and a power head rest. Benefits include being able to elevate the feet above the heart while experiencing a feeling of weightlessness. Twilight positions relieve pressure points and encourage proper posture while supporting the natural "S" shape of the spine. Available in Brisa fabrics with breathable technology. Visit [goldentech.com](http://goldentech.com).

*Check 224 on index.*



## 3 VivaLift Radiance

### PRIDE MOBILITY PRODUCTS

The Radiance by VivaLift Power Recliner is a four-motor recliner with three different heating pads in the shoulders, lumbar and seat. The heat level can be adjusted with the ergonomically designed toggle remote, which also features two programmable memory position buttons and a USB charger. With a 400-pound weight capacity, the Radiance offers independent functions to customize one's comfort and provides peace of mind with lithium battery backup. Visit [pridemobility.com](http://pridemobility.com).

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# SOMEONE YOU SHOULD KNOW

## Ian's Ride

How one wheelchair user recaptured his love for the outdoors & set a world record

By Kristin Easterling

On June 4, 2008, 26-year-old Ian Mackay was riding his bike home from a study group on the campus of the University of California Santa Cruz, when he hit a patch of sand in a turn and lost control.

"I was wearing a helmet, which most likely saved my life, and went headfirst into a tree," Mackay related on his website, [iansride.com](http://iansride.com).

He learned in the hospital that he had a C2 spinal injury and was a quadriplegic. While in the hospital, he lost the ability to breathe on his own, and had a tracheostomy to allow him to breathe on a ventilator.

A year after the crash, after a lot of rehab and work, he regained the ability to speak and breathe without the ventilator. Four years later, he rekindled his love of the outdoors, taking his Invacare TDX SP2 power

chair, which uses a mouth control, on the Olympic Discovery Trail for long distances.

That led to the creation of a nonprofit designed to others to stretch their comfort zone and an eventual world record.

### A World Record

In 2016, Mackay began taking even longer rides on the trail, traversing Washington state from Canada down to Portland, Oregon, and from the Idaho border to the Pacific Ocean. While these trips covered great distances, Mackay wanted to do more. So, he turned to the Guinness Book of World Records to see what others had done.

In 2008, Chang-Hyun Choi of South Korea travelled 17,398 miles in his mouth-controlled wheelchair, covering 35 countries in Europe and the Middle East.

"This was an 18-month journey," said Mackay. "And you know, there's no [accessibility] and you're going over some gnarly terrain and it's all seasons ... And I was like, okay, I'm not pursuing that."

But Choi also held the record for furthest distance traveled in 24 hours—174 miles—which he set in 2017. And 24 hours seemed doable, Mackay said.

"I've got an amazing support team ... that has joined me for all these other cool, long rides. So I reached out to everybody and started figuring out what needed to be done, what kind of logistics had to happen," he said.



That meant extra batteries and some NASCAR-like moves to swap them on the trail. Choi set his record by transferring chairs, but the battery swap made more sense to Mackay's team. On June 21, 2022, he went 184.4 miles, breaking Choi's record.

### Sea to Sound

Mackay's longer rides led to the founding of Ian's Ride, a nonprofit dedicated to getting people of all abilities outdoors.

In 2019, the nonprofit started Sea to Sound, a 74-mile, three-day, multi-modal group ride that covers the entire length of the Olympic Discovery Trail, which is paved and accessible along its full length. This year's event will take place Aug. 26-28.

There are aid stations and support along the full route, with vans that can transport wheelchair users if they choose not to complete the full trail. Each day, Mackay said, there is a five-mile section that participants are highly encouraged to do, and the vans will provide transport.

"It's a cool opportunity to interact and allow the cycling or the running community to get some time with people in chairs and see people that also have a passion to be outside that are just maybe enjoying it in a different way," Mackay said. **HC**

*Find an extended version of this story at [homecaremag.com/august-2022/ians-ride](http://homecaremag.com/august-2022/ians-ride).*

Kristin Easterling is managing editor of HomeCare.



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