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Brian Desmarais, CEO of Home
Care Specialists, talks about
thriving in tough times

*Plus:
Home infusion
special section*

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Check 102 on index.

We had our Home Infusion Therapy
ACCREDITATION.
Simplified.

By The Compliance Team.



Byron Yoshino, Pharm.D.

President & CEO Pharmacare Hawaii Inc., Honolulu, HI

*Community Pharmacy, HIT, LTC, Sterile Compounding,
DMEPOS, Specialty Pharmacy*

The Compliance Team is a CMS approved DMEPOS and Home Infusion Therapy (HIT) accreditation organization. Our provider centric approach to accreditation was developed over 25 years ago and is designed to save you time and money without compromising quality. It is our genuine commitment to deliver ***Accreditation. Simplified.*** that sets us apart from other accreditation organizations.

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The logo for The Compliance Team features three horizontal wavy lines in red, white, and blue above the text. The text is arranged in three lines: "The" in a large, bold, black font, "Compliance" in a larger, bold, black font, and "Team" in a large, bold, black font with a trademark symbol. The background of the entire advertisement is a blurred image of a medical infusion pump and drip chamber with a clear tube and a blue cap, set against a blue and white background with a red wavy line at the bottom.

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Dear HomeCare Readers,

We've written before about how the seniors that the homecare industry serves have been hit hard by the COVID-19 pandemic, struggling with social isolation and sometimes to fulfill their basic needs—including having enough to eat.

To help, HomeCare has decided to donate \$2,000 to our local chapter of Meals on Wheels. We know you all make a huge impact on the lives of seniors in your communities, and we felt inspired to step up in our own way. Last month, a group of us went out to spend an afternoon packing and delivering food to see the work they do.

Here in Jefferson County, Alabama, Meals on Wheels shifted to weekly deliveries during the pandemic, doing welfare checks and frozen meal drops for more than 1,700 homebound seniors and delivering more than 426,000 meals in 2021. They also added 744 new people to their rolls, so the need continues to grow.

Meanwhile, our goal is also to help you optimize your business. In this issue, you can get advice from Brian Desmarais, who runs a growing home medical equipment company with a specialty in sleep, on how to thrive even when times get tough. Also included in that section are the latest on the CPAP recall and tips to improve your resupply program.

We've added a special section this month looking at changes in home infusion, including updates from National Home Infusion Association President and CEO Connie Sullivan and stories on the benefits of home infusion accreditation and using connected hospital-grade devices for drug delivery. Plus, there's a report from Medtrade, client relations and onboarding strategies, the latest on electronic visit verification and the fight for state licensure, and much, much more. I hope you enjoy.

Thanks for reading!

Hannah Wolfson



Members of the HomeCare team packing pantry meals for Jefferson County Meals on Wheels (from L): Managing Editor Kristin Easterling, Digital Production Designer Matt Hodges, Controller Brandon Whittemore (mostly hidden) and Graphic Designer Jessi Tygelski.

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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Golden Shortens Lead Time

Golden Technologies has dropped lead times on in-stock power lift recliners to one week and custom build orders to six weeks.

In addition, Golden is adding two new size options for the PR766 Relaxer power lift recliner in small and large. The Relaxer is the original MaxiComfort chair and features a waterfall back with individual zippers for customizable comfort to relieve pressure and improve circulation.

Other models regularly stocked and available at the one-week lead time include Golden's chairs with patented MaxiComfort positioning and patented Twilight technology. Lift chairs in the long-standing small-to-tall sized collection are stocked and ready to ship as well.

Over the last 12 months, the company has been working to expand a robust and diverse supply chain for parts and products to ensure a continuous supply of products and services to the home medical equipment market. It has expanded its capabilities with a new distribution center that's over 170,000 square feet and is equipped with state-of-the-art warehousing equipment and systems for faster order fulfillment.

goldentech.com

CareCentrix Rebrands Palliative Care Offering

CareCentrix, an independent company that coordinates care to the home for health plans, patients and providers, announced a rebrand of the Turn-Key Health palliative care solution to Serious Illness Care at Home, which provides a population health approach to home-based serious illness care. Turn-Key began providing palliative services nationally in 2016 and was purchased by CareCentrix in 2020.

This national offering supports health plans and health systems by blending compassionate care with technology to discover, address and monitor unmet medical, emotional and social needs for seriously ill people at risk for over-medicalization. According to independent peer-reviewed research published by the Journal of Palliative Medicine, the program has continually demonstrated 20% reductions in total medical costs, 33% reductions in hospitalizations and 98% member satisfaction.

carecentrix.com

Boone Lockard Joins VGM Respiratory

VGM & Associates welcomed Boone Lockard as the new director of VGM Respiratory. Lockard began his career as a respiratory therapist at Lehan Drugs in DeKalb, Illinois, and has more than 12 years of experience in the durable medical equipment industry. Lockard also worked on the manufacturer side with Philips Respironics for three years as a key account manager.

"VGM has been an invaluable resource for me throughout my career," Lockard said.

"I'm excited to work with this team and meet our members."

vgm.com

CAIRE Celebrates 20 Years of LifeStyle POC

Two decades ago, CAIRE developed and launched the first portable oxygen concentrator (POC), the LifeStyle—dramatically improving the quality of life for oxygen users worldwide.

Introduced under CAIRE's AirSep brand, the LifeStyle portable oxygen concentrator was the brainchild of then-Vice President of Research and Development Norman McCombs, who modeled the size and weight of the device on his wife's handbag, which weighed 9.75 pounds. In 2005, the LifeStyle became the first POC to gain Federal Aviation Administration approval for commercial air flights.

McCombs received the National Medal of Technology and Innovation at the White House. The award acknowledged McCombs's development and commercialization of pressure swing adsorption oxygen-supply systems with a wide range of medical and commercial applications, leading to improved health, substantially reduced health care costs and positive impacts on the environment.

caireinc.com

Trella Health Shares Post-Acute Care Industry Trend Report

Trella Health, a source of health care growth insights and performance analytics, released its 2021 Post-Acute Care Industry Trend Report. Key topics addressed include Medicare Advantage enrollment, inpatient discharges, home health adherence, hospice utilization, skilled nursing admissions, telehealth utilization and NPI closures. This year's report also includes a special guest forward written by former U.S. Senate Majority Leader and heart transplant surgeon Bill Frist.

"As you dive into the 2021 Post-Acute Care Industry Trend Report, the Medicare fee-for-service claims data continues to confirm what we have believed for years:

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.

JUN 13–15 VGM Heartland
Waterloo, IA
vgmheartland.com

JUL 13–15 RESNA Annual
Conference
Arlington, VA
resna.org

JUL 19–22 HomeCareCon 2022
Lake Buena Vista, FL
homecarecon.com

JUL 24–26 NAHC Financial
Management Conference
Las Vegas, NV
nahc.org

MERGERS & ACQUISITIONS

March 29, 2022 UnitedHealth Group Acquires LHC Group for \$5.4B

March 31, 2022 Owens & Minor Completes \$1.6B Purchase of Apria

March 31, 2022 The Vistria Group Invests in Professional Health Care Network

April 5, 2022 Choice Health at Home Buys Texas Assets of Abiding Home Health

April 12, 2022 Advocate Aurora Enterprises Acquires MobileHelp

Post-acute care (PAC) plays an essential role in reducing unnecessary health care spending in the U.S.," Frist said.

In addition to highlighting market and financial trends, the 2021 report explores the ongoing impact COVID-19 has on the industry. Some of the key takeaways included:

- At its current growth rate, Medicare Advantage (MA) enrollment is set to eclipse 50% of eligible Medicare beneficiaries in 2025.
- Between the second quarter of 2020 and third quarter of 2021, home health instructions increased 2.5 percentage points to 24.1% of inpatient discharges, while skilled nursing instructions declined 2.4 points to 18.6%.
- Adherence to inpatient discharge instructions remained consistent at 71.9% and represents a substantial growth opportunity for home health agencies.
- In 2021, inpatient discharge instructions to PAC agencies returned to pre-pandemic levels. Discharges were more likely to be referred to home health services agencies than skilled nursing facilities.

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

Nonin Appoints New Board Members

Nonin Medical announced the appointment of five new members to the company's board of directors. The new directors bring a diverse and unique set of experiences, along with a passion for growth and innovation in the medical device and health care sectors. The new members are:

- Waqaas Al-Siddiq, founder and CEO of Biotricity
- Larry Betterley, president and CEO of Lexington Advisors, LLC
- Angela Dillow, strategic consultant and

board director at Regions Hospital

- Laura Gillund, corporate board director and global human resources executive
- Robert Rajalingam, president, U.S. Medical Products & Distribution, Cardinal Health

With health care technology playing a major role in the management of the global pandemic, the Nonin leadership team recognized the need for a new board to help the company address rapidly changing market needs and meet the demands of providers, payers, and other audiences using health-driven digital and data solutions.

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

Honor Expert Service Launched

Honor Technology, Inc., a senior care network and technology platform, announced Honor Expert—an online and mobile service to deliver solutions to meet the needs of aging adults and their families—at the American Society of Aging Conference.

Honor Expert—which currently has 14 national partners including Amazon Business, Best Buy, SelectRX and Freshly—allows older adults and their families to call a dedicated toll-free number or start an online chat to ask questions about major aging-related topics such as health and wellness, care planning and home management. From there, users are directed to educational resources, tools, and products and services from the partners that address whatever aging issue they are facing.

In addition to the online portal, Honor Expert provides human interaction by allowing users to call the helpline and connect directly with a professional social worker, removing the friction and frustration that families often face when researching problems and seeking solutions. Honor

Expert provides a one-stop shop for seniors and their families to receive help directly from social workers, gerontologists, and aging advocates and get connected with services on a national scale.

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

Haynes Named Right at Home CEO

Right at Home announced that Margaret Haynes has been named president and CEO.

Haynes has more than 25 years of senior management experience, including a decade on the leadership team at Right at Home—eight years of which was spent as chief operating officer. As the COO, she was responsible for overseeing day-to-day company operations and enhancing the internal infrastructure in support of Right at Home's strategic vision. Her guiding focus has been helping local offices build sustainable, profitable businesses while delivering a model that best serves the global need for home care.

Haynes, a Nebraska native, graduated from Northwest Missouri State University with a B.S. in accounting and business management. She holds an MBA in personnel and human resource management from the University of Colorado Boulder. Prior to joining Right at Home, Haynes was senior vice president of financial services at First Data Corporation.

[rightathome.net](https://www.rightathome.net)



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Access to Acute Care at Home

HR 7053/S 3792

By Kristin Easterling

In November 2020, when many hospitals were overwhelmed with patients due to the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) launched the Acute Hospital Care At Home waiver program to allow Medicare beneficiaries to receive acute-level health care services within their own homes. This waiver is set to expire at the end of the federal COVID-19 public health emergency, which is currently set for July. CMS has promised providers a 60-day notice prior to the end of the emergency.

Sens. Tom Carper (D-Delaware) and Tim Scott (R-South Carolina), and Reps. Earl Blumenauer (D-Oregon) and Brad Wenstrup (R-Ohio) introduced the Hospital Inpatient Services Modernization Act to extend the waiver flexibilities for at least two years following the end of the emergency. The act would also require an evaluation of the program by the Department of Health and Human Services with recommendations for additional legislation and administrative action on hospital at home programs.

The companion bills were introduced in mid-March, and both are in committee.

WHAT
HAPPENS
NEXT? >>

Home health is expected to grow in the coming years. Extended access to acute care at home will increase patient choice in care.

DID YOU KNOW?

As of February 2022, **92 health systems** and **202 hospitals** in **34 states** were participating in the hospital at home waiver program.

INDUSTRY SUPPORT

Several health systems and industry associations have expressed support for the bill, including:

- National Association for Home Care & Hospice
- Advanced Care at Home Coalition
- ChristianaCare
- CommonSpirit Health
- MultiCare
- Medically Home
- Contessa
- DispatchHealth
- Moving Health Home
- Compassus
- BrightStar Care

“Hospital care at home is an extraordinary innovation that brings hospital-level care into a patient’s home, including lab tests, mobile imaging like x-rays and ultrasounds, (intravenous) therapies, durable medical equipment and much more,” said Janice E. Nevin, president and CEO of ChristianaCare. “We are grateful for the legislative support that has made this new kind of care possible, ultimately enabling better care and better outcomes at lower costs.”

LEARN MORE >> [Track the bill at congress.gov.](https://www.congress.gov)

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HME: STATE LICENSURE

Location, Location, Location

Now is the time to work with your legislators to implement state licensure & raise the bar for local care

By John Gallagher



JOHN E. GALLAGHER is vice president of government relations for the VGM Group, Inc. in Waterloo, Iowa, the largest organization representing independent durable medical equipment (DME) providers. In his position, Gallagher oversees key government and regulatory affairs that pertain to the DME industry. Gallagher has amassed thousands of miles traveling across the country to educate both state associations and independent providers on regulatory and government issues. He has also worked to promote the DME industry while advocating for beneficiaries' access to quality care. Visit vgm.com.

Now is the time for providers and durable medical equipment (DME) state associations to begin focusing on their individual state's licensure procedures—or lack thereof. Why? Requiring DME licensure within states will create safeguards for the industry and allow providers to raise the bar for local care.

We are in a period where there is some uncertainty as to when the next round of competitive bidding will be and exactly what will be bid as it relates to product categories. Mark Higley, VGM vice president of regulatory affairs, believes that the Centers for Medicare & Medicaid Services (CMS) would be hard pressed to implement the next round of the competitive bidding program (CBP) sooner than January 2024. That gives the DME industry time to prepare for and implement individual state licensure during the 2023 state legislative session. The industry has had success with state licensure in such states as Alabama, Kentucky and Tennessee.

Beyond helping create safeguards for the industry, DME licensure will also help:

- Protect your business with minimal requirements
- Make it difficult for out-of-state providers to take your business
- Promote credibility and transparency in the DME industry and show that DME companies are the “good guys”
- Fight competitive bidding because regulations won't let an out-of-state provider supply DME without following that state's regulations
- Give DME a spot at the policy table

Protect Your Business

Simply put, DME state licensure helps level the playing field. It holds out-of-state providers to the same quality standards that you and your local competitors are held to. Right now, in the competitive bidding program, the advantage goes to those out of state that would simply like to drop ship CBP product categories to beneficiaries. State licensure holds all who wish to bid in a certain competitive bidding area (with state DME licensure) to the same standards. That is something we should all support.

State licensure protects providers from out-of-state bidders with low-ball bids that take business simply because they are not held to the same standard as local providers by the referral source. Requiring state licensure doesn't mean a provider can't supply services or products for beneficiaries in adjoining states or across state lines, but it does mean that provider's proximity to the patient or beneficiary—and ability to respond in a timely fashion when there is need for services or set up—are important.

Promoting credibility and transparency in the DME industry is key to advancing the effort of state DME licensure. State providers working with their state legislators are not asking for a barrier to be set up against out-of-state competitors or to restrict trade. Providers are looking to make sure beneficiaries in the state have access to receive quality care when they need it most. When explained in this way to state legislators, they see local DME providers in a different light—as the “good guys.”



Transparency is key. Holding all providers, regardless of location, to the same standards ensures access to quality care.

Local Care Is the Best Care

Fighting the competitive bidding program is perhaps one of the best parts of a state DME licensure effort. Even CMS knows that the CBP is flawed. Allowing out-of-state providers to win bids based on a different set of standards only ensures the eventual breakdown of access to quality products and essential care. When there is an ice storm in the Upper Midwest or hurricane in the Southeast that disrupts power, what happens to the beneficiary? With the CBP, they are left on their own or told by an out-of-state provider to go to the emergency room. Is that what we want in our local communities?

Most state legislators understand that the best care is local care. Local providers employ local people and pay local and state taxes that benefit local school districts. Local providers also engage with their communities and promote local youth sports, senior centers and other charitable ventures. Licensure is not restrictive. Exemptions are allowed for certain products or product categories when it makes sense—diabetic supplies, for example. Certain providers could be exempt as well, such as

Simply put, DME state licensure helps to level the playing field. It holds out-of-state providers to the same quality standards that you and your local competitors are held to.

a pharmacist who already has licensure in place. The bottom line, once again, is that DME state licensure levels the playing field and holds all providers to the same standards and procedures.

Finally, DME state licensure allows state associations and providers to have a seat at the policy table to work on the standards that all providers in that state should be held to. This helps ensure access to and quality of the products and services that beneficiaries receive. This will only enhance and elevate the industry in the eyes of our referral sources and that of state legislators as well.

If Mark Higley is correct and CMS will indeed be hard pressed to implement the next round of the CBP sooner than January 2024, the DME industry has time to prepare for and implement individual state licensure during the 2023 state legislative

session. Reach out to your state association and offer to assist in working with your state representative and state senator to implement sound DME state licensure and ensure your state beneficiaries have access to quality products and care. **HC**

TAKE ACTION!

The VGM Government relations team has put together several resources to assist your efforts, including grassroots and communications strategies and sample bill language. You can access them at bit.ly/3LqsVsa, and the VGM team is always ready to help state associations gain DME state licensure in their states.

IN-HOME CARE: CLIENT RELATIONS

It Takes Two to Tango

6 ways to establish solid connections between caregivers & clients

By Elena Jonathon



ELENA JONATHON is director of customer success for the CareSmartz Company in Pittsford, New York. CareSmartz provides a complete suite of advanced homecare software, CareSmartz360, which gives control over all aspects of homecare business management. Jonathon is a homecare business strategy leader with more than seven years of experience in the industry. Visit caresmartz360.com.

It's easy to forget that a professional caregiver's job entails far more than just taking care of a client and helping them with their health care or with the activities of daily living. Caregivers play an important role in the lives of their clients, and the services they provide are crucial to allowing them to age successfully at home.

Many hiring managers for homecare agencies focus on a caregiver's professional experience and references, but fail to consider the professional's ability to establish a strong rapport with a client.

Strong client-caregiver relationships can significantly improve the client's quality of life. We'll go over some strategies for building a strong and successful client-caregiver relationship in these pages.

But first, let's examine the challenges that may be encountered along the way.

Difficulties in Client Relationships

The complexities of the client-caregiver dynamic can pose difficulties when the right training is not in place. Seniors and those with disabilities are vulnerable to abuse, and their caregivers may face issues such as wage theft, verbal abuse or unfair treatment from family members.

Remember that building a deep, nurturing relationship with clients can help your staff avoid situations like this. Doing so takes time, but in the long run it will help facilitate:

- Open dialogue and communication
- Trust and mutual respect
- A strong bond and mental well-being

Building a Meaningful Relationship

Here are steps caregivers and patients can take to strengthen their relationship and form a genuine bond to provide quality care and healing.

1 Remember that listening is caring.

It's not unusual for a client to feel scared or frustrated. They may not be able to articulate what's going on with their health due to shyness, fear or denial. Truly listening to client concerns will build a meaningful bond and promote better understanding. Furthermore, active listening allows the caregiver to detect potential red flags earlier. To ensure that the client feels heard and respected, avoid interrupting and ask a lot of good questions.

2 Practice compassion.

Compassion is a cornerstone of building a meaningful relationship with a client. To be compassionate means that caregivers can recognize when their client is suffering and can be loving and kind to them throughout the entire caregiving process. This type of assistance can be provided in a variety of ways, including:

- Paying more attention
- Listening with intention
- Being affectionate
- Speaking with kindness
- Acknowledging their actions

While compassion is easier to practice than you think, your staff may require training on how to best implement it in their

Truly listening to client concerns will build a meaningful bond and promote better understanding.



daily routines. It will result in a positive and collaborative relationship between your homecare client and their caregiver.

3 Surprise & delight them.

Even though clients rely on a caregiver to meet their daily needs, their likes and dislikes should not be overlooked. Exceeding your client's expectations by organizing a fun activity that they can enjoy will provide them with precious memories. If homecare agencies train their caregivers to understand clients' preferences and tailor their days accordingly, they'll notice a positive impact on both staff and client morale.

This can help a patient feel less distressed and encourage positive behavioral changes, in addition to developing relationships in which a client feels more involved.

4 Be patient.

Patience is the bedrock of a successful caregiver-client relationship. When dealing

with a client, a caregiver must be patient. Caregivers won't be able to smile at clients, pay attention, or remain polite or courteous through difficult situations if they lack patience. Part of developing patience when working with seniors is recognizing that someone who has always been self-sufficient may find it difficult to accept their current situation and the fact that they need to receive care.

5 Create trust & security.

Building trust and making clients feel secure is vital for ensuring a long-term caregiver-client relationship. If your clients allow your caregivers to do their job without questioning their decisions, it means they believe in your staff and your agency. Both caregivers and clients must be considerate of one another and work together to build trust. How? Take the following steps:

- Develop a connection
- Don't be dictatorial

- Encourage clients to talk
- Empathize with clients
- Ask for their permission

6 Offer real-time transparency.

Using homecare management software helps connect clients to caregivers via stakeholder portals. Clients and their family members can use the software to keep track of the care they receive by accessing a shared schedule, caregiver visit information, billing history and more, making caregivers and the agency accountable. They can also give their feedback on services by leaving notes. The sooner caregivers respond to their clients' concerns, the more likely they are to earn their trust and loyalty.

Being a caregiver is hard, but building a foundation of compassion, trust, interest, respect and transparency using these steps will make your job easier and your relationships stronger. **HC**

New Tricks Can Pose a Problem for Old Dogs

Set expectations early to avoid training pitfalls

By Trevor Lighten



TREVOR LIGHTEN is the owner of The Lighten Group, a consulting firm dedicated to helping agencies profitably navigate the regulatory landscape of home health and hospice. He is the former administrator and owner of Lighten Home Health and Hospice. He holds a bachelor of science in marketing from Brigham Young University. Contact him at tlighten@thelightengroup.com or (801) 687-1746 or visit thelightengroup.com.

It is hard to teach an old dog new tricks—but not impossible. Three years ago, my family bought an adorable mini golden doodle and named him Max. (Yes, I know, we got the most common dog and gave him the most common name.) As Max grew from a puppy to a dog, he developed a habit of greeting anyone who comes to our home with anger and hostility, be it family, friend, foe or the Amazon driver. We are working with him to fix the problem, but the process would have been a lot easier if we had started training proper greeting etiquette while he was still a puppy.

Such is the case with employee and client onboarding. Whether starting with a new employee or with a new client, it is always easier to set expectations and gain alignment on goals at the very beginning.

Employee Onboarding

Start off on the right foot with employee training. The interview process is the optimal time to review your policies and make sure your potential new hire is willing to work within them. Take the time to emphasize what is important to your business, and share with them the company vision and how they fit into it—this is a way get them excited about working for you.

Then make sure that they understand and accept the ground rules. What is the policy around calling in sick or scheduling vacation? Is there clarity around when and where they will work? What about meetings they need to attend? Make sure they also understand the compliance measures they



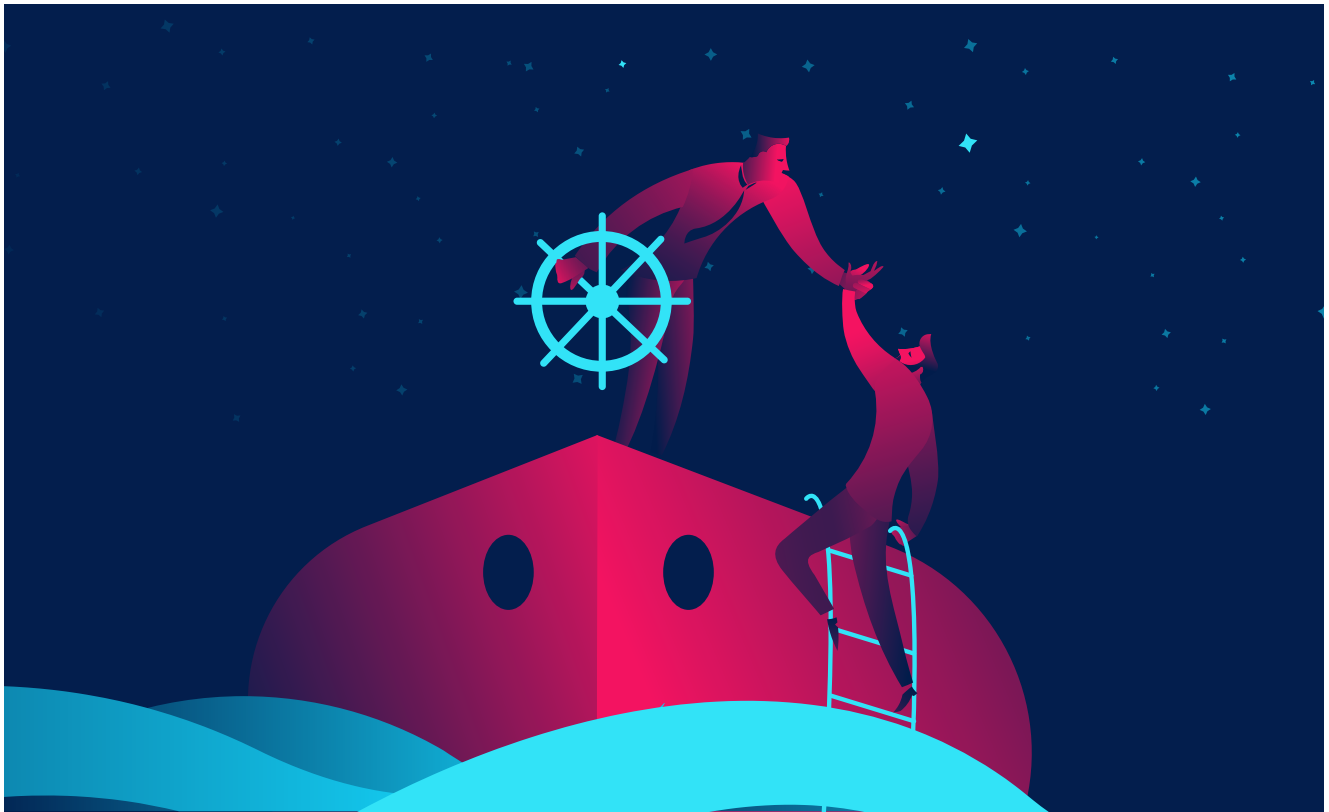
Max, the mischievous golden doodle

need to know and train for to ensure your business meets Medicare standards.

Yes, I know it is 2022 and employees have a lot of bargaining power. But if a potential new hire is not okay with your policies, it's better you air it out at the beginning and get on the same page. You would rather they not get hired in the first place than have misunderstandings that are hard to correct down the road. Don't sugar coat your expectations for the job.

Client Onboarding

Sometimes business owners think of



The desire for revenue brings the temptation to dance around expectations and tell the client what they want to hear ... but clients want straightforward answers.

onboarding as training new employees—which it certainly includes—but proper onboarding may be more important when it comes to bringing on new clients. As with employees, expectations must be clear. One potential and dangerous entrepreneurial blunder is an overemphasis on bringing in new revenue and an under emphasis on doing it correctly. The quest for new revenue creates a temptation to onboard new business carelessly.

When bringing on a new client, is there a clear expectation of payment terms? Does the client clearly understand when payments are due and what methods of

payment are accepted? Is there a late fee and what is it? What about rules on paying for overtime? What if their insurance doesn't cover the service as expected? Is there clear guidance on which services are covered and which are not? All of these and more need to be clearly understood and backed up in the client's contract.

The desire for revenue brings the temptation to dance around expectations and tell the client what they want to hear, treating them like a friend's new pet we don't want to scare away. But clients want straightforward answers, and if the client does not agree to your terms, then it

probably won't be a mutually beneficial business relationship.

Just like training that puppy, don't let the golden onboarding opportunity slip by. Set expectations and gain alignment, and you will have much better client and employee relationships in the long run. **HC**



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FINDING A SILVER LINING

How one sleep provider is thriving in difficult times

By Kristin Easterling

Respiratory and home medical equipment (HME) providers have had a rough couple of years during the COVID-19 pandemic. With supply chain challenges and product recalls, their challenges aren't going away any time soon. But in spite of this, some HME providers are experiencing growth.

Take Home Care Specialists (HCS), which is headquartered in Haverhill, Massachusetts, and has operations in Maine and New Hampshire. HCS is not only planning to hire in the second half of 2022, but has also purchased a new location in Haverhill, with plans to move in next month.

"It's a family business," said CEO Brian Desmarais. "We're trying to keep this thing going. We've been very fortunate over the years."

The company was founded in 1979 by Bill

Desmarais and Gary Rudis, who were working as hospital respiratory therapists at the time.

"They started moonlighting, setting up patients on oxygen tanks at home, basically in the back of their cars," said Desmarais, who is Bill's son. Around 1981, the first oxygen concentrators became available, along with

Medicare reimbursement, and Bill Desmarais and Gary Rudis left their jobs at the hospital to build Home Care Specialists. In 2017, the Desmarais family acquired Rudis's stake in the business.

The company gradually expanded into more types of HME, including beds and mobility products, and added a hospice line in the 1980s. In 1998, the team at HCS made its first acquisition, buying a company heavily focused on sleep apnea and CPAP supplies—now one of the organization's core segments.

Reimbursement Woes

Desmarais said he made the decision to stick with a full product line as competitive bidding shook up the HME industry. The company bid in every category it could—and won.

"We also lost a lot of competition over it," Desmarais said.

The disappearance of up to 40% of the competition for beds and bent metal items in the area meant HCS could offset the competitive bidding rate cut with sheer volume of patients. The clients they took on were "already on our streets, on our routes," Desmarais said, so the transition was relatively easy for all involved. Respiratory competition remains stiff, he added.

The Centers for Medicare & Medicaid Services (CMS) said it did not see expected cost savings in the most recent bidding round, and the program is effectively paused for the time being. Desmarais said the new challenge is for CMS to address rising inflation that is driving manufacturer and provider costs through the roof.

"I mean, we got a little bit of a bump this year," he said. "They threw a couple other bones at us, but all the feedback I'm getting is that Congress is not hearing from their constituents, even though they are aware of the rising costs."



Home Care Specialists CEO Brian Desmarais

Pandemic Hangover & Remote Work

And now, the company is continuing to deal with the after effects of a lingering pandemic.

“With very little guidance and a rapidly changing environment, we had to run a model with staff in facilities, in homes and in other places where everybody was suspected to have COVID with very little guidance or anything to work with,” said Desmarais. On March 16, 2020, he sent all office staff home to work remotely—and so far, he’s not calling them back.

“The remote workforce has been a win for us,” he said. “I couldn’t get anybody to come back if I wanted to.”

He added that before the pandemic, his employees were already logging into remote cloud systems such as Brightree—they were just doing it in the office. Today, new staff must train in the office to earn the benefit of working remote, but that’s an option for billing and most customer service jobs. He added that in-person training and meetings supplement remote work to maintain important human connections.

Letting his office staff work remotely has also meant that a wider variety of people are applying for open roles.

“We’re seeing a lot of people [apply] who have worked in other fields, and we believe this is partly due to our remote work philosophy,” said Desmarais.

Desmarais called the pandemic a boon for the company and for HME as a whole.

“What we got from the pandemic is validation that home respiratory and medical equipment services were essential because they assist health care facilities maintain patient capacity. It’s been validated by the patients that the preferred place of care is home, and they want to age in place now,” he said.

Hiring Still Isn’t Easy

HCS plans to add 10 full-time and five-part time jobs in the next three years, both remote and on location. The additional staff will largely consist of delivery technicians, as



Warehouse Manager Jay Cognata inspects some oxygen cylinders.

well as customer service and billing support to keep up with increased volume.

But the broader range of applicants isn’t necessarily making hiring easy. Desmarais said the company is competing against Amazon and FedEx for new employees—and Amazon can pay more. Amazon also announced in late February that fully vaccinated workers no longer had to wear masks in its warehouses and was not firing workers who chose not to be vaccinated.

Health care doesn’t have that luxury, Desmarais said, and some applicants back out when they realize this. The CMS vaccine mandate for providers who work with Medicare and Medicaid populations was still in effect at press time, despite challenges from states. A clean driving record and background check are also essential for health care workers making equipment deliveries, which can rule out some candidates.

Desmarais also sees a lot of similar paying jobs that have traditional 9-to-5, Monday to Friday schedules. Even with the new remote component, most HME employees will have on-call rotations and overtime, he said.

Navigating Shortages

Desmarais was hesitant to discuss the recent recall by Philips Respironics of some of its CPAP devices and ventilators, but he did say it is “a disaster for everybody.”

Desmarais called the sleep business an “iceberg” that slowly melts without enough new patients. There is a shortage of CPAP devices due to the recall and the dearth of semiconductor chips. ResMed and other manufacturers haven’t been able to backfill the void left by Philips.

One of the lasting impacts of the recall Desmarais is seeing is that there are patients who used a CPAP, but weren’t invested in their therapy or perhaps didn’t see the benefit they wanted. Now, those patients aren’t going back on therapy.

HCS has a robust resupply program for CPAP users, which Desmarais calls a “key to survival” in the sleep space, but has seen a significant attrition rate for patients with recalled devices. Patients would ask to be removed from resupply contact lists until new machines arrived, and then connected devices sent data to HCS showing that many weren’t even turning on their new machines.

“There was this whole population of borderline users,” he said. “That gave them a good excuse not to use their machine. And now the data we’re seeing shows that they’re not picking therapy back up.”

There’s also the challenge of payer management, Desmarais said. Many payers require a connected device to monitor patient compliance with therapy. Most of those, he said, are ResMed or Philips devices. Most providers are on an allocation model, receiving only a limited number of machines



The HCS leadership team, L-R: Brian Desmarais, Sam Caruso, Jamie Fitzgerald, Justin Cognata, Jay Cognata, Adlin Siri, Ashleigh Hebert, Ed Pellot and Andrew Kleiner

based on their pre-recall order history. And if a provider worked with referral sources that preferred Philips, they are having a real challenge getting ResMed or other machines to fill the void, Desmarais said.

In the midst of this, some physicians are creating a feeding frenzy by sending out multiple referrals for the same patient.

“I’d do the same as a physician,” Desmarais said. “But it’s actually creating more problems because it’s creating a bigger pile to sort through to figure out what your patient’s needs are.”

“Everybody’s just waiting to ride this thing out and see what happens,” he said. “The bottom line is that the industry needs more machines.”

Partnering With Hospice

In the 1980s, Bill Desmarais took a gamble on hospice. Reimbursement was high, said Brian Desmarais, but reimbursement rates for HME were based on long-term rental agreements; hospice patients only need equipment for a short time, which ultimately lowers the reimbursement.

“A lot of providers decided that wasn’t sustainable,” Desmarais said. But for his father and the company, the move proved to be lucrative.

Hospice providers directly contract with HME providers for the needed equipment,

which decreases the administrative burden on the company because the hospice does the legwork on reimbursement and claim filing. HME is included as part of the daily rate for hospice care.

“Whatever they order is what they want and that’s what they’re going to pay for, and there’s no questions asked about it,” said Desmarais. “They control their utilization; they control their spend and what and how much they want to provide.”

He added that reimbursement isn’t great right now, but as more people desire to age—and die—at home, HCS is seeing demand for wheelchairs, beds and patient lifts soar. The notes the company receives on its orders directly relate back to patients wanting to stay out of nursing homes, he added. And Desmarais is seeing more family members who can provide care for their loved ones at home due to remote work and increased access to telehealth services.

“We believe that’s the future. This whole people at home providing more care will continue to evolve,” he added.

To the Future

On a more pessimistic note, Desmarais sees consolidation increasing in the sleep business. And that could lead to manufacturers stepping in. Some have already launched direct online ordering for

patients, he said.

“I could see CPAP and the resupply business going away in my lifetime,” he said. “But we’ve been saying this for 40-something years, too.”

For now, HCS is growing. The new location features increased warehouse space and happens to be next door to the organization’s former building, which it was leasing. The company received a \$2.9 million loan for the purchase with assistance from the Mass Development loan program, which is committed to stimulating business, driving economic growth and helping communities thrive across Massachusetts.

Like many in the industry, Desmarais wonders how reimbursement will change in the new, tech-driven environment created by the pandemic.

“I think that the pendulum has swung too far down the low reimbursement road,” he said. “The pandemic has highlighted what the HME industry can do in a number of different aspects. The question is how do we fit into these new conversations and models, and how do the payers adapt to the realities of 2022?” **HC**

Kristin Easterling is managing editor of HomeCare magazine.



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REVITALIZING YOUR RESUPPLY & COMPLIANCE OFFERINGS

Strategies for engaging patients & becoming a better partner to your referral sources

By Ty Bello & Mark Boardman

How good is your CPAP patient compliance program and how effective is your resupply program? Those are interesting questions, but the answers are not earth shattering, right? However, considering all that home medical equipment (HME) providers have faced the past few years, coupled with an abundance of competitors selling CPAP supplies online, these questions are extremely important.

How do you move your CPAP compliance program from good to great and your resupply from fair to extraordinary? And here's one more question: How do you engage the referral and consumer communities at a higher level so your business stands out for service, supplies and compliance?

This article will provide a road map for coaching patients, increasing patient compliance, driving resupply revenue and engaging the referral community.

Patient Engagement

Let's consider how you can increase CPAP resupply revenue through an omni-channel patient engagement platform. An omni-channel platform provides multiple ways to connect with patients to maximize the number of patients that achieve compliance and reorder supplies. It is essential that you optimize your patient connection rates.

You can also increase patient engagement by implementing a hybrid approach toward connecting. The best CPAP compliance and

resupply programs see the greatest connection rates and returns, using a mix of live calls and texting for their patient outreach.

Implementing a coaching model into your omni-channel platform can also drive a higher rate of patient connection and engagement. Patients value having a coach who is clinically trained and can support them on their journey of managing their sleep apnea. Coaching, connecting and engaging with the patient on a consistent and regular basis, especially during the first 30 days after setup, will significantly increase your patient compliance rate and help achieve the highest returns and revenue per patient.

Remember Referrals

Patient engagement is also part of the recipe for increasing patient referrals. The missing ingredient is partnering with the referral source for increased patient care and outcomes.

Each patient you successfully engage provides valuable information that needs to be shared with the referral community. This information will separate your company from those who use CPAP device-provided data only to show the patient is using their CPAP, but do little to provide data and information that shows the impact of compliance with therapy.

There are three basic phases in the overall sales process and these will blend nicely with the patient engagement recipe. First, engage the referral community to build the relationship and earn



their trust. By offering patient compliance data, sales efforts will stand above the competition's box data approach. Moving beyond box data will show where you stand on the continuum of care and demonstrate increased patient education.

Second, the sales process moves into partnering with the referral community to achieve the outcomes that are ultimately entrusted to your care. Finally, as you continue to ensure positive outcomes, these efforts move you from a sales pitch to a trusted advisor.

The Patient as the Customer

How can you become more patient-centric, increase patient revenue and extend patient retention and compliance? Understand that your patient is your customer and, as in all businesses, the more you focus on and value them, the greater the returns that will be achieved.

Today, your patient has more options than ever when it comes to their service and care. Only one in five patients feels valued by their health care provider, and increasing numbers of patients are not staying with their HME dealer, choosing instead to get order CPAP supplies online.

HME providers who have successfully implemented patient-centric programs and are offering value-added plans for their patients are retaining 20% to 30% more of their customers than other HME organizations. Implementing a coaching and engagement platform will help your patients feel valued, which will increase your patient retention. The returns generated from a patient-centric program can be as high as a 300% increase in resupply revenue.

A Selling Proposition

An analysis of your existing CPAP compliance and resupply program will provide you the benchmark on how your program is performing relative to other providers. The best programs implement and utilize key performance indicators to measure and manage program success.

A unique selling proposition can be defined as the factors that differentiate your products and services from those offered by the competition—which can also be interpreted as those that meet and/or exceed the needs and wants of the referral source. Many of your competitors will consider having a different brand of CPAP as their selling proposition, and while this does

differentiate the offering, it is also a “me-too” approach to sales.

Consider the differentiators of education and compliance—therein lie the true unique selling proposition. Rather than simply selling products, share education to the referral community, become a resource, and report outcomes beyond device-supplied data. This will increase the value of interactions with the referral community. All of this is predicated on selecting the right CPAP compliance and resupply partner, having a targeted approach to the referral community, developing strong sales call interactions, executing a sales plan, and coaching your sales teams to the next level.

There is a way to differentiate your CPAP resupply and compliance offering to the referral community. Is it time for a change? Only you know that. **HC**

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Mark Boardman is the founder and CEO of Sleep Coaches, a Minneapolis based company. Prior to Sleep Coaches he owned and operated a respiratory focused home medical equipment company. Contact him at mark@sleepcoaches.com.

IMPACT OF RECALL CONTINUES

The latest in CPAP struggles

By Hannah Wolfson

Sometimes no news is good news. When it comes to the recall and replacement of Philips Respironics' devices, that may not be the case.

As the one-year mark since the first announcement in June 2021 that Philips Respironics was voluntarily recalling some of its PAP machines and ventilators nears, home medical equipment (HME) providers are still struggling to fulfill the needs of new and existing patients.

"I'd like to say there was a huge, big update," said Cara Bachenheimer, head of the government affairs practice at Brown & Fortunato, who said at one point there was hope the repair and replace program could be completed this summer. "To be honest, there's no great update. Philips is plodding though the process, it is a long process. ... This is going to be a long slog; the newest estimate is by year-end things will be resolved."

Communication Breakdown

Bachenheimer encouraged providers to check the Food and Drug Administration (FDA) website every few weeks for updates.

In March, the agency ordered the company to inform patients and others about the ongoing recall, saying "the company's notification efforts to date have been inadequate."

"The FDA has heard the frustration expressed by patients and durable medical equipment suppliers who are unaware of the recall and have received insufficient information on their next steps regarding the recall process," said Jeff Shuren, director of the FDA's Center for Devices and Radiological Health. "Taking this action ... enables the FDA to mandate that Philips Respironics improve its communication about the recall."

The order also directed the company to continue to warn patients about the risk of using

ozone cleaners on the recalled machines on their main webpage. And it urged Philips to give users who register monthly updates with expected replacement times.

"Since the initiation of the recall, the FDA has engaged with Philips on several fronts about the effectiveness of its communications with the public regarding the recall," the agency said.

Fill the Gap

Bachenheimer also said that if providers are selling devices that have temporary FDA approval due to the public health emergency (PHE), they should be in close communication with the manufacturer on their plans.

When the PHE ends—it has just been extended to July—manufacturers selling PAP devices with emergency authorization will have to determine whether to request full authorization. It's not entirely clear how that will happen. Bachenheimer said the FDA issued two draft guidance documents for manufacturers in late December.

"There's a lot of detail in these draft documents," she said. It appears equipment manufacturers must either come into compliance or have a "reasonable plan" to do so.

"My understanding from the few companies that I know is that their intent is to get full compliance before the deadline," she said. "But we're not even sure how many devices there are out there."

Providers have turned to those devices to satisfy customers who can't get CPAPs through Philips or its biggest competitor, ResMed; supply chain issues have limited it from stepping in to completely fill the gap.

ResMed CEO Mick Farrell said there was "almost unlimited demand associated with the competitor

recall” but that the “global supply chain environment remains very challenging.”

“We have established an allocation process with clear guiding principles that give priority to the production and delivery of devices to meet the needs of the highest acuity patients first,” Farrell said in ResMed’s second quarter earnings call. “In addition to component supply issues, the ongoing challenges of sea freight and air freight are impacting our ability to respond as rapidly as we would like to the demand for ResMed products.”

All that’s leaving HME providers—who are already struggling with increased costs, product surcharges and supply and shipping delays—to give bad news to patients either looking to replace their existing CPAP or starting new therapy.

“It’s a crisis out there,” said Tom Ryan, president and CEO of the American Association for Homecare. “It’s a concern.

There are tens of thousands of newly diagnosed CPAP patients who may not be getting the treatment they need.”

Legal Actions

Meanwhile, billboards have popped up across the country with messages like “Philips CPAP Injury? Call Now!” and more than 100 lawsuits have been filed.

The threats aren’t just from users. Philips was hit by a potential class action suit in March by Philadelphia-area home medical equipment provider Baird Respiratory Therapy Inc, which said it and others are owed refunds for revenue lost by being unable to resell the machines.

“Plaintiff and members of the class have been damaged because they purchased recalled products that they are unable to resell,” the complaint said. “Plaintiff and members of the class did not receive the benefit of the bargain and suffered damages

at the point of sale stemming from their overpayment for the recalled devices.”

Baird also alleged that Philips delayed its recall, according to the complaint.

“As a result of user reports, Philips was aware of the degradation of the PE-PUR sound abatement foam used in the recalled devices yet continued to manufacture and sell the recalled devices to plaintiff and other DME [durable medical equipment] suppliers with such awareness for a significant period of time,” the complaint said. “During this period, Philips unreasonably and unjustly profited.”

Baird said that even though Philips announced a repair and replace program for CPAP and BiPAP users, it has done nothing to compensate the medical device suppliers who sold them to patients. **HC**

Hannah Wolfson is editor of HomeCare magazine.



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Big Questions About the Future

Medtrade announces single show going forward

By Hannah Wolfson

“Where do you think we’ll be?”

That was the No. 1 question at Medtrade West in Phoenix last month after the show’s organizers announced that in 2023, Medtrade would consolidate to a single show at a still-to-be-determined location and time. The new show, they said, would be easy to get to for everyone and not in the long-time home base of Atlanta, where Medtrade East will occur for the last time this October.

The same question might have also applied to the home medical equipment industry as a whole, however. Participants,

exhibitors and show presenters present in Phoenix, Arizona, from April 4-6 all worked to read the tea leaves to make their own predictions about what 2023 will look like in terms of the competitive bidding program, COVID-19 relief, materials shortages, rising prices, election results and more.

Public Health Emergency Continues

The Department of Health and Human Services (HHS) officially expanded the public health emergency (PHE) on April 12, stretching the expiration of several health-related waivers into July. While that could be

the last round, Washington watchers predict that there may be two, and possibly three, more extensions of the PHE.

That’s because if it does renew in July—and HHS Secretary Xavier Becerra has promised to give providers and states a 60-day warning before it ends—it would then expire in October. And the Biden-Harris administration is less likely to want to finally end it shortly before mid-term elections happen in November.

“It’s likely the PHE will go beyond the mid-term election,” VGM Vice President for Government Affairs John Gallagher said.

NEW PRODUCTS CATCH EYES

One of the highlights of each Medtrade session is the New Product Pavilion Providers’ Choice Awards, which are sponsored by HomeCare and selected according to votes from attendees made on the show floor.

GOLD: Sometimes, simple is best. My Crutches is simply ordinary crutches brightened by fun patterns—and yet, it attracted interest at the show and took the top award.

Owner Howard Greenspan came up with the crutches after his teenaged daughter broke her leg and was disappointed she would be photographed at her eighth grade graduation in boring silver crutches. She decorated her crutches, inspiring her dad to develop a way to print colorful designs directly on standard crutches.

In 2021, Greenspan’s company debuted four patterns of what it calls “the first fashion crutches,” which retail for \$39.99.

“Technology spurs change in the medical industry, leaving a gap in consumer driven innovation,” Howard Greenspan said in a news release. “I believe that we’re poised to revolutionize the medical equipment sector with personality-driven crutches. It’s the perfect upsell and added-value service that brings smiles, clout, and at a bare



My Crutches creator Howard Greenspan with the gold award, with HomeCare Editor Hannah Wolfson (r) and Medtrade Show Director York Schwab (far r)

minimum, a conversation piece during the healing process. Who says our industry has to be boring? Let’s add some fun!”

The My Crutches line expects to add six new designs—including teal leopard, tie dye and doodle icons—this summer, as well as to expand sizing options. Visit mycrutches.com.

“So it would go to January—and then we’re looking at the end of the CARES Act.”

Competitive Bidding

Experts are also trying to read the tea leaves on plans by the Centers for Medicare & Medicaid Services (CMS) to launch a new round of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) competitive bidding program for contracts in 2024.

“CMS will not tell you anything officially,” said Cara Bachenheimer, head of the government affairs practice at the law firm Brown & Fortunato. “Unofficially, several months ago they indicated they’d be changing the program.”

But what that change means—and when it might happen—is unclear. Bachenheimer said that in the past, CMS has usually made an initial announcement about the program in the first week of March, which came and went. And if there’s not a proposed rule issued by July or August, it’s unlikely there will be one.

“I know it’s not a lot of crystal clarity but that’s sort of the way with a lot of these policy issues in D.C.,” she said.

Price Increases & Supply Chain Pain

Efforts in Washington right now are focused on gaining support for HR 6641, the DMEPOS Relief Act. It would set a 90-10 blended reimbursement rate—that is, about 90% on bid pricing and 10% on the 2015 fee schedule—for the 13 categories dropped from the competitive bidding program, which Tom Ryan, president and CEO of the American Association for Homecare, and others said is imperative given stagnant reimbursement levels and increasing costs and surcharges.

“Capitalism is such that the demand is greater than supply, you can do one thing, you can raise the prices—clearly we can’t do that,” Ryan said at the organization’s update session at the show. He said that shipping prices are up as much as 2,000%; polycarbonate materials used in HME are up 60%; and some providers have paid \$1,000

per month just to buy personal protective equipment for employees entering patients’ homes.

“We need help, and we’ve got to go to the Hill to get that,” he said.

Other priorities include:

- Extending relief for HME in sequestration;
- Allowing complex rehab technology (CRT) wheelchair users to upgrade to lighter materials, such as titanium and carbon fiber; and
- The Better Wound Care Bill, which looks at negative pressure therapy. [HC](#)



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Visit homecaremag.com/tags/medtrade-west-2022.

Hannah Wolfson is editor of HomeCare magazine.



Dignity Lifts President Tom Nardone with the silver award

SILVER: Dignity Lifts burst onto the scene with a bang when it won Silver at Medtrade East in 2022 for its DL1 Deluxe Toilet Lift. This time, the company landed Silver again for its WL1 Bidet Toilet Lift. Dignity Lifts President Tom Nardone said the product was created in response to potential buyers looking for a lift who didn’t want to give up bidet functionality they’ve become attached to—and which was blocked by a traditional toilet lift. The new lift with bidet includes a heated seat and a blow dryer for full comfort. Visit dignitylifts.com.



NelDerm owner and co-inventor Kevin Nelson, right, with the Heel P.O.D.

BRONZE: NelDerm, a company that makes medical devices in Cleveland, Ohio, took the final award for its Heel P.O.D., a memory foam offloading device designed to prevent the progression of or occurrence of pressure injuries. The multi-layered foam “U” is designed for extended wear and allows caregivers and patients to see that it is working. Owner Kevin Nelson said the goal was to come up with something simple and intuitive to serve the wound care market. Visit nelderm.com.

E-PRESCRIBING

It's Past Time for E-Prescribe

Why switching to a digital platform can help patients & providers

By Brandon Zaharoff & Diana Barnes-Brown

From online therapy to medication prescriptions, the shift to tech-enabled medicine has gained strong traction in numerous areas of health care. Though e-prescribing for home medical equipment (HME) has roughly doubled during the past year, it still lags behind other areas of online health care, despite the clear benefits for suppliers, clinicians, facilities, health plans—and, of course, patients.

Factors Affecting Adoption

Why is this? Many interconnected factors impact the adoption of e-prescribe for HME. First, the clinicians who could benefit most from HME e-prescribing are often the most overwhelmed and under-resourced. They may lack bandwidth or be hesitant to devote their limited time and energy to learning a new system, particularly a system they fear will be complicated or challenging.

The health care sector is also home to numerous tech players who promise to save providers time and money. Many health care workers have taken risks on new technology, only to find that end-user integration challenges or issues with reliability, compatibility and features of the tech itself make full adoption impossible. Understandably, there's no shortage of skepticism when a new technology makes similar promises.

Another factor impacting adoption for HME e-prescribing is that the medical equipment being prescribed includes simple disposables, complex and sensitive electronics, and everything in between, and traverses a huge range of diagnosis and treatment categories, with a seemingly endless list of ICD-10 codes, current procedural terminology (CPT) codes and

health plan requirements to match. This means complete order documentation on the clinician side and qualified orders eligible for fast reimbursement on the vendor side are both challenging to ensure. All these factors mean it is hard for HME e-prescribing platforms to get a seat, and rightly so.

The Benefits

What does health care gain from a move to e-prescribing for HME? Before the advent of online ordering, the chaos and complexity of conventional HME ordering was a known source of dread and frustration for clinicians, health care administrators and home health care providers—not to mention vendors awaiting payment and health plans fielding substantiated grievances from plan members. These are still major pain points

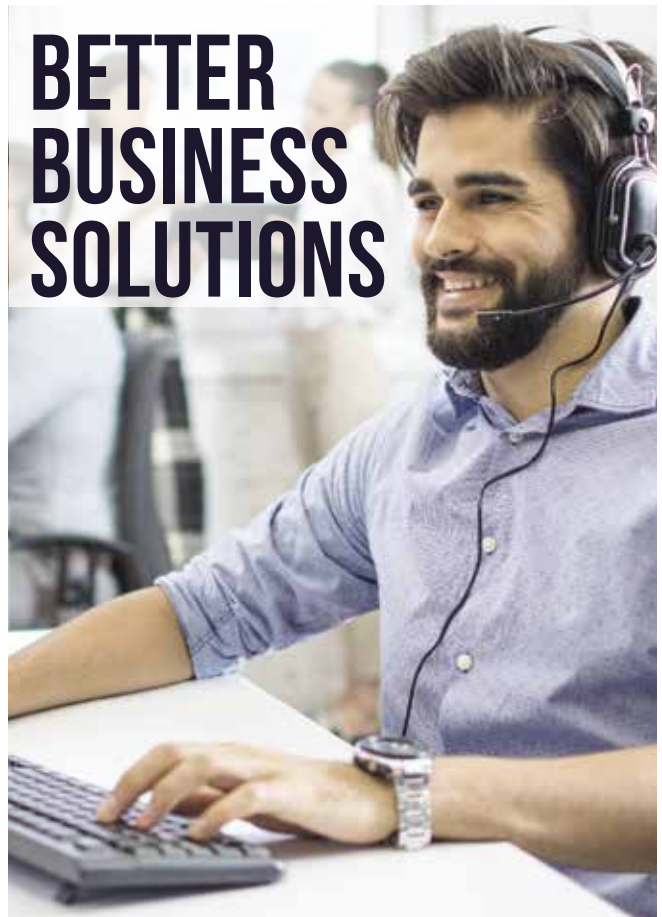
for the roughly 80% of orders completed by fax and phone—with many relying on inferior systems of sticky notes, handwritten cheat sheets and long lists of phone or fax numbers as workarounds.

Orders sent by fax are often rejected due to incomplete documentation or illegibility. If forms don't get lost or thrown away before making it to the next phase, there's often a round of phone calls between providers, suppliers and health plans to add missing documentation and CPT or ICD-10 codes and coordinate delivery. Each order can take hours, spread across days or even weeks.

This can cause pain on a deeply personal level. For example, Parachute Health was born when CEO David Gelbard's father suffered a dangerous fall at home because a walker that he needed was ordered, but never arrived.



BETTER BUSINESS SOLUTIONS



Data our company collected from large health systems and facilities across the country, as well as smaller datasets and individual case studies, show that HME e-prescribing on a full-service platform can slash order times from hours to under three minutes, decrease discharge delays and readmissions, and improve patient-reported satisfaction ratings. This translates to thousands in daily savings for health systems and plans and allows health care workers to be reassigned from administrative busywork to direct patient care.

Especially for care transitions and home health care, quick and reliable HME orders mean shorter lengths of stay, fewer demands on health care workers' time and lower costs for health plans. Patients also experience a soft landing as they return home, confident that the equipment they need to stay safe and have their best quality of life will be there when they arrive.

What to Look For

Data is one piece of the puzzle, but it's also important to be transparent, reliable and accountable at every opportunity. Here's what to look for in a good HME e-prescribing platform:

- Eligibility and benefits checks at the point of ordering, including complete, integrated coding options across ICD-10, CPT and other systems where relevant
- Bi-directional integration from the electronic health record to vendor enterprise resource planning system to connect and track orders end-to-end
- Complete order documentation features that go beyond just the prescription or written order before delivery to include face-to-face notes and checks for all required documentation and forms
- Multiple e-signature methods across devices and modalities—at a minimum, these should include mobile, email, in-electronic health record and on-screen

Technology leaders and health care trailblazers have an obligation to provide clear, actionable data and recommendations while facilitating transparency, accountability and empathy. In no area is this more apparent than HME.

A sector-wide transition to HME e-prescribing could usher in a new era of less burnout, improved cost efficiency and better patient outcomes. With such improvements well within reach, we should all collaborate to make them a reality. **HC**

Brandon Zaharoff is the senior vice president of strategy for Parachute Health. He facilitates digital transformation for channel partners across medical equipment and supplies as well as providers across the full range of clinical and homecare settings. Zaharoff's focus is helping accelerate DME e-prescribing to improve provider experiences and patient outcomes. Visit parachutehealth.com.

Diana Barnes-Brown is the manager of strategic communications for Parachute Health. Her focus is raising awareness about DME e-prescribing's ability to improve health care. Previous roles include public health data and advocacy writing at Columbia University's Mailman School of Public Health and a decade spent working with tech product performance data and designing technical/product user guides for solutions-oriented technologies. Visit parachutehealth.com.

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Show Them What You Can Do

How a company-wide certification program can help your business

By Matthew Gruskin

Earning accreditation continues to be a critical way for durable medical equipment (DME) suppliers to demonstrate commitment to meeting national standards for competence, professionalism and safety. However, as the competitive landscape continues to heat up for employers, it's important to consider implementing new professional development opportunities for staff, such as certification, to attract and maintain talent. Let's explore the benefits of DME accreditation and certification and why you should consider both for your business.

Why Earn Accreditation?

Accreditation is good for your business and your customers. Accreditation enables DME suppliers to demonstrate that their

Earning accreditation from a CMS-deemed accrediting organization (AO) ultimately ensures that your business is prepared to deliver DME supplies and drive positive health outcomes for patients.

Additionally, accreditation adds another layer of assurance for physicians, government agencies or representatives, health care associations and the public at large of your company's competence and professionalism and the safe practice your business maintains.

Why Implement a Company-Wide Certification Program?

Although many individuals opt to pursue certification on their own to bolster their résumés, some businesses are now

of an individual's credible and competent practice within their field. For the DME profession, the most pertinent certification is the certified durable medical equipment specialist (CDME). A CDME is qualified to handle basic repairs, troubleshooting and home inspections for DME products such as oxygen, transfer systems, enteral supplies, mobility chairs and more.

For individuals, this certification is a way to demonstrate their broad knowledge of the DME industry. When the "CDME" credential appears after a name, it assures both employers and patients that the person has the knowledge and technical skills required to do their job. An individual with a CDME certification on their résumé also makes it easy for employers to identify and select applicants who have a demonstrated commitment to the field.

For DME suppliers, having one or more CDMEs on staff helps meet compliance standards for accreditation—and it's a sound business decision. A CDME fills the need for competent technical and professional personnel. It can also be an excellent marketing tool to differentiate one business from another. Suppliers can promote that they have certified professionals who provide specialized assistance to patients and certificants have the comprehensive knowledge to fully explain the products that are delivered. CDMEs are trained to educate patients about how to use the equipment they receive.

The CDME exam was created with the goal of accessibility; a candidate may be either deeply experienced or new to the DME field, so the exam assesses entry-level competency and knowledge of the business. No preparatory class is required, although

An AO should be accessible and responsive to your questions and able to schedule your site survey in a timely fashion so as not to delay your ability to receive payments.

business is following the regulatory requirements issued by the Centers for Medicare & Medicaid Services (CMS). Earning accreditation is required before a facility can receive reimbursements from Medicare and other insurance carriers, including many third-party payers, so it also positively impacts your ability to earn revenue.

implementing certification programs for staff as an employee benefit and an investment in their team's success. This practice makes good business sense, as certification benefits both employees and employers.

A professional certification is issued by a credentialing body and is considered a mark

many feel more prepared for the exam by first completing prep work.

How Do You Pursue Accreditation & Company-Wide Certification?

Selecting a credentialing organization that offers options for accreditation and certification is an excellent way to create a seamless experience for your business and employees.

As you evaluate your options, be sure to select the one that is the best match for your organization's unique needs. For instance, a new business may be best served by an AO that will take the time to explain the details of the accreditation process in a way that makes sense to you. An AO should be accessible and responsive to your questions and able to schedule your site survey in a timely fashion so as not to delay your ability to receive payments. Meanwhile, established suppliers may consider switching to an AO

that supports their business throughout the entire accreditation cycle, provides regulatory updates and helps ensure ongoing compliance.

An accrediting organization can also design a process tailored to fit the needs of the business and employees, whether that's implementing a certification for multiple team members or hosting a CDME workshop in person or virtually to help your employees prepare for the exam.

To be eligible to take the CDME certification exam, an applicant must have a high school diploma or equivalent. An eligible candidate will have a verifiable minimum of 500 hours (approximately 13 weeks of full-time work) of documented experience at a DME facility. Flexible options are available for scheduling exams. For example, a supplier may prefer team members to schedule live, online remote-proctored exams, which allows them to test

their knowledge and skills in an environment most comfortable to them, such as their home or office.

Because the field is dynamic and evolving, ongoing learning is essential to keeping up with the latest technology and process improvements in the profession. CDME professionals demonstrate their commitment to career growth by earning continuing education credits, which are evaluated during five-year cycles. **HC**

Matt Gruskin, MBA, BOCO, BOCPD, CDME, is chief operating officer for the Board of Certification/Accreditation, or BOC, the first credentialing organization to offer the CDME certification. Gruskin is responsible for leading the direction, strategy, policies and day-to-day operations of BOC's accreditation and certification programs. He holds an MBA in health care from Florida International University, a graduate degree in prosthetics and orthotics from the University of Hartford, and post-graduate certification from the International School of Pedorthics. To learn more about BOC's CDME program, visit bocusa.org/cdma.

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HOME INFUSION



Connectivity Can Make Drug Delivery Work Better

One argument for hospital at home

By Andrei Yosef

A move to homecare has been on the horizon for many years, but COVID-19 acted as a catalyst, turning predictions into priorities. The pandemic rationalized the immediate need to focus on homecare by major industry players: pharmaceutical companies, drug-delivery companies, providers, payers and—for the first time—patients themselves began to demand at-home alternatives.

Patients were hesitant to go to the hospital both for fear of contracting COVID-19, and, since hospitals had limited noncritical services due to patient overload, the demand for in-home care options reached an all-time high. According to the National Association for Home Care & Hospice, the demand for homecare workers increased by 125% in February 2021.

Two years into the pandemic, we now know that we can provide quality care in the home, yet staffing shortages still pose a challenge. In order to ensure that patients can receive the care they need where they need and want it (e.g., at home), providers must adopt the right technologies that reduce reliance on homecare workers themselves, enabling care teams to effectively manage larger patient caseloads without compromising quality care and patient safety.

The Future of Hospital-Grade Technology in the Home

For providers to properly transition care to the home, it is imperative that hospital-grade technologies, which have been in

A key factor in the implementation of hospital-grade devices into the homecare environment is connectivity, which many device manufacturers have begun including in their product lines.

development for many years and conform to critical safety regulations, become more patient-centric for independent use in the home. The challenge lies not only in creating technology suited for home use, but in allowing that technology to be operated by the patient and/or caregiver.

To achieve this, the complexity of the user interface in such technologies should be reduced. This calls for medical devices to be made user friendly, including the addition of features such as touch screens, simplified use protocols, drug-specific devices and safety-embedded software, such as drug libraries and pre-set programming.

Applying the appropriate human factor, the usability of medical devices has become a crucial mandate from the Food & Drug Administration and other regulatory agencies, with the goal of helping reduce errors and enabling the use of devices by nonclinical personnel, such as family members or patients themselves.

Staying Connected

A key factor in the implementation of hospital-grade devices into the homecare environment is connectivity, which many device manufacturers have begun including in their product lines.

Connectivity of devices in the home is crucial for clinicians to safely track their patients' status in real time. Connectivity breeds transparency; device activity can be flagged in real time, and treatment status and patient adherence can be easily monitored anywhere.

All of this gives clinicians a better understanding of what is going on with their patients from a distance, enabling them to act to ensure proper care delivery and compliance. Real-time remote patient monitoring enabled by advanced connectivity capabilities—beyond what current smart devices can provide—will be instrumental in maintaining healthy



statuses for patients who have more complex conditions or multiple conditions.

Connectivity also enables easy two-way communication between patient and clinician. Imagine the stress on the patient or caregiver who is using a drug delivery device at home and isn't sure everything is going as planned. How powerful would it be if the user received feedback when the treatment was administered correctly?

Delving Into Data Trends

Until now, the data provided by most homecare devices was limited to simple activity logs. Hospital-grade devices, on the other hand, use the data to correlate between the drug, the prescription, the drug-delivery device and the patient to make sure the right drug is given in the proper dosage.

Patients' clinical data is not only beneficial for immediate care needs but can also be a springboard for future developments. Through monitoring patients' therapies, rich data can be obtained to uncover trends and lead to newfound insights, ultimately improving patient care.

Connectivity Closes the Patient-Provider-Payer Loop

The patient experience and the provider experience are linked—the provider's need to monitor, assist and ensure the patient receives the best possible care is entwined with the patient's need to be monitored and cared for by a health care professional while being assured that their treatment is progressing as prescribed.

Connected hospital-grade drug delivery devices answer the needs of providers and patients—and that can ultimately fulfill the needs of payers as well. Adding connectivity to hospital-grade devices optimized for homecare environments allows patient compliance to be tracked and treatments to be monitored to ensure that they are correctly administered.

After those steps are completed, payers can receive confirmation that the expense incurred for the treatment was justified because of the outcomes achieved. The data therefore can be—and is—used by the payers to close the loop between the prescription and the care delivered.

Homecare at the Forefront

Recent events have illustrated clearly how a single pathogen can overwhelm health care systems. Even before COVID-19, hospital-acquired infections were a major problem for care delivery. It is therefore imperative for the medical device industry to provide new technologies to enable patients to receive high-level care from the comfort of their own homes.

Only by elevating current homecare technologies with patient-centered connectivity and big data aggregation features can homecare providers support the current patient populations and be better prepared for the future, where homecare is due to take a more prominent place within health care delivery. **HC**

Andrei Yosef, Ph.D., is the general manager of pharmaceutical solutions at Eitan Medical, a developer of connected infusion therapy and wearable drug delivery solutions. Yosef holds a doctorate in biomedical engineering and a master's in mechanical engineering, both from the Technion – Israel Institute of Technology. Visit eitanmedical.com.

HOME INFUSION



Ensuring Patient Quality & Access to HIT

Why accreditation matters

By Sandra C. Canally

As a former oncology nurse, I can personally attest to the evolution of home infusion therapy (HIT) over the years.

Back in the mid-1970s, I was the National Cancer Institute's teaching liaison at Hahnemann University Hospital in my hometown of Philadelphia. A few years later, across town, I was nurse-in-charge at Thomas Jefferson University Hospital's outpatient cancer clinic.

During those early years of my nursing career, infusion therapy was still very much considered a hospital or outpatient clinic procedure. It wasn't until the 1980s, when hospitals were under pressure to reduce inpatient length of stays, that home infusion therapy became an option for patients and their families.

Fast forward to 1991. That's when the Occupational Safety and Health Administration (OSHA) published its definitive bloodborne pathogen safety standards that identified the significant health risks associated with work-related exposure to blood and other potentially infectious materials.

OSHA concluded at the time that nearly 6 million health care workers in the United States faced possible exposure to bloodborne diseases. Included in that number were thousands of nurses who were performing patient infusions without protections. One could safely say that OSHA's actions in the early '90s ultimately led to the development of accreditation quality standards for home infusion therapy that help protect patients and their caregivers.

A History of HIT Accreditation

It is somewhat ironic that the Medicare Modernization Act of 2003 mandated accreditation for nonclinical, lower risk businesses selling infusion pumps and supplies to Part B Medicare beneficiaries. As a result, for many years equipment providers have been covered by Medicare mandated accreditation, but services for home infusion administration have not.

HIT accreditation in recent years has mainly been required of hospital-based and national infusion operations. Accreditation was voluntary for local and regional home infusion operations, even though home infusion was—and continues to be—subject to more risk.

Until recently, Medicare did not provide a benefit for home infusion services. The drug itself and the equipment were all covered under Medicare's Part B durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) provisions. However, the actual infusion administration by a health care professional was not covered.

The 21st Century Cures Act of 2016 was meant to bring more patient centeredness to the development of new drugs, medical devices and services. It was intended to cover professional services and assessments, device and infusion administration education, monitoring, and coordination of care. The Centers for Medicare and Medicaid Services (CMS) HIT benefit took effect in 2019 as an interim program and became fully effective Jan. 1, 2021.

PATIENT ASSESSMENT

The HIT supplier performs a patient assessment that includes but may not be limited to:

- Physical status
- Psychosocial
- Nutritional
- Caregiver support
- Medications
- Activities of daily living
- Vital signs
- Past medical history diagnosis
- Home environment
- Proper site selection
- Equipment/device selection
- Patient/caregiver learning ability
- Need for community resources
- Potential safety risks
- Height and weight when applicable
- Accurate history of allergies/adverse reactions
- Other agencies/providers involved in patient's care

The Cures Act requires home infusion providers to be accredited by a CMS-approved accrediting organization (AO). Beyond being a CMS requirement, HIT accreditation is also the comprehensive measure of a home infusion company's performance. It enables the organization to strive for a higher level of quality that reduces risk and keeps patients and providers safe.

Better documentation and business practices demonstrate continuous improvement while giving the organization

an opportunity to evaluate the effectiveness of its operations and related services. HIT coverage not only removes certain barriers to care, but also allows providers to build around their business objectives and goals.

Independent HIT providers fall into several categories: home health agencies, community pharmacies, durable medical equipment providers, specialty home infusion therapy providers and physician practices.

You will need to attain HIT accreditation if your organization will be performing the infusion services.

3 Parts to Becoming a HIT Provider

There are at least three levels of home infusion services and coordination that the home infusion therapy provider should consider:

- Medical equipment supply
- Pharmacy services
- Drug administration and services

Although some HIT providers have the knowledge, expertise and accreditation to provide all three, others choose to contract out some of the services.

Standards for Accreditation

Most accreditation organizations have standards that support the product- or service-specific standards directly related to the CMS program offered. Here are a few providers can expect:

- **Administrative documentation**—Proper consents are in place and documented consistently, with patients knowing their rights and responsibilities as it relates to services provided.
- **Staff competency**—Policies are in place for hiring, orienting and training and the supplier has a mechanism for assessing the knowledge and skill level of infusion procedures, such as site selection and medication administration.
- **Quality improvement**—All accreditation programs typically include standards relating to patient satisfaction and dissatisfaction as well as an overall plan developed by key management

personnel, that evaluate operational areas in need of improvement.

- **Assessment of environment**—When care is given in the home, the environment and assessment of that environment as it relates to safety and hazards comes into play (see sidebar at left).
- **Pharmaceutical management & infection control practices**—The HIT supplier follows infection control techniques that relate to the type of patient served, equipment provided and staff risk for exposure, as well as protecting the patient and staff from the spread of infection, because the handling, clean up and disposal of hazardous pharmaceutical and chemical waste are all important to address when delivering care in the home.
- **Policies & procedures**—There are rules and processes in place to minimize drug errors and to actively identify potential and actual adverse drug events.
- **Patient/caregiver education**—Patient/caregiver education is key to the success of the treatment. Knowing about risks and potential side effect influence who and when to reach out for medical intervention (see sidebar at right).

The home infusion therapy supplier must be in compliance with all local, state and federal regulatory agencies and have the legal authority to operate.

HIT Accreditation

The Cures Act requires home infusion providers to be accredited by a CMS-approved accrediting organization. To become federally authorized, an accreditation organization's quality standards and validation process must meet and/or exceed CMS's requirements. There are currently six: Accreditation Commission for Health Care, Community Health Accreditation Partner, National Association of Boards of Pharmacy, The Compliance Team, The Joint Commission and Utilization Review Accreditation Commission.

HIT accreditation is also the comprehensive measure of a home infusion

ALL PATIENTS/ CAREGIVERS RECEIVING INFUSION THERAPY ARE AT A MINIMUM EDUCATED ON THE FOLLOWING:

- Care of the intravenous site and dressing changes
- Treatment duration and expectations of outcome
- Prevention of complications
- Medications or enteral/parenteral nutrients preparation
- Follow-up care
- Potential safety risks and adverse drug reactions

company's performance. It enables the organization to strive for a higher level of performance that reduces risk. Better documentation and business practices demonstrate continuous improvement, while giving the organization an opportunity to evaluate the effectiveness of its operations and related services.

Summary

The future of Medicare HIT is promising. As we review industry gains over the last year, such as the new administration allowable, elimination of homebound status to qualify for Part B HIT services, remote monitoring etc., there is still progress that needs to be accomplished and the industry will remain vigilant in advocating for adequate reimbursement, improved outcomes, and patient satisfaction. A wider drug selection, site of care, and medication management continue to be pressure points for our providers. **HC**

Sandra C. Canally, R.N., is the founder and CEO of The Compliance Team (TCT), a nationally recognized health care accreditation organization that is CMS deemed for HIT accreditation. TCT provides comprehensive accreditation and certification services to healthcare providers based in all fifty states, Puerto Rico and U.S. Virgin Islands. The Compliance Team's proprietary accreditation status is known as Exemplary Provider Accreditation. Visit thecomplianceteam.org.

HOME INFUSION



A World of Expanded Options

What the post-COVID future looks like for home infusion providers

By Hannah Wolfson

The pandemic brought a lot of change to the home infusion industry—and a trend toward value-based care promises more to come. Connie Sullivan, president and CEO of the National Home Infusion Association (NHIA), sat down with HomeCare during NHIA's annual conference in Nashville to talk about the most pressing issues for home infusion pharmacists and nurses and what the future might look like for at-home infusion services.

HOME CARE: I want to start off by talking a little about the amount of change that you're seeing, and where you think things are going generally in the industry in terms of home infusion.

SULLIVAN: You know, the pandemic highlighted the need for and the advantages of home-based care. I think that patients themselves have become more aware of their options and are reaching out and advocating for their own choices to receive care at home. That's a positive. I also think regulators are more aware of home infusion and how it works and the benefit of having that option—and home infusion providers will help fill some of the gaps.

And I think that the one thing I have heard more and more is that this is one of the ways to actually fulfill the new emphasis on equity. You know, the conversation has emerged about reaching patients in rural areas, reaching diverse communities,

reaching people who have financial difficulties or transportation issues or can't take off work—just generally, about improving access across the board. I think that is where the infusion industry is going to start helping more people, because it's so impactful for a patient who has been taking a day off work and driving hours to a specialty office to get an infusion to be able to do that at home. I think we have always filled that gap and now people are learning more about how to tap into home fusion and how to do a better job of it.

HOME CARE: What about challenges? What are home infusion providers' biggest pain points?

SULLIVAN: I think when it comes to challenges, one of the main things is staffing shortages, of course—I've heard this from many people. The last few months particularly been really hard.

HOME CARE: Is that mostly on the registered nurse (RN) side of things?

SULLIVAN: Not just RNs. Technicians, warehouse staff, administrative support, billing staff. I think this whole trend of moving to a remote work society has made it more difficult to hire people who need to come into the office to accomplish tasks that can't be done at home. Home infusion providers are trying to move as many

things to remote work as they can, but not everything can be done that way. Some people just have to be there.

HOME CARE: Are there concerted efforts to attract people to the field? I hate to say it, but it's probably not the sexiest thing out there in health care.

SULLIVAN: I think our industry has to get really proactive to recruit nurses and technicians. It's usually accidental in some of the ways you run into home infusion, whether you work for a hospital and they have a home infusion [operation], or maybe you're exposed in school. But I will say, one thing I've noticed is that there are a lot of young professionals here, and a lot of people here for the first time. And I am really encouraged by that. I think that's a great sign for our industry; it's great for NHIA and that has me more excited and optimistic. Providers are facing a lot of challenges right now, and it's good that we are a desirable pathway, especially with all the discussion about burnout that's been happening in health care generally and at the nurse level specifically. I mean, it's certainly not for everyone, but hopefully over the next couple of years we can weather that.

HOME CARE: Is the home infusion industry struggling with supply chain issues like everyone else? And what

kinds of products or equipment are causing problems?

SULLIVAN: It's tubing, it's IV solutions, it's electrolytes, it's nutrition. It's a lot of everything, and it evolves and it is this thing one month, and tomorrow it will be something else. And it is everywhere, but it's really exhausting and it's taking resources away from other things that providers would rather be doing.

HEMOCARE: Tell us a little bit about the data program NHIA has been developing?

SULLIVAN: I am so encouraged by our ability to gather standardized, high-quality data across the industry. Because we're small and we started early, we are going to be in a really great position. When value-based payment models start to include more things—and we are very much in favor of being part of that type of system—we think we have the data to contribute to show that the home infusion option brings a benefit, for it just gives physicians and the at-risk providers more tools to keep the cost down, to keep people at home, and to prevent adverse events. So I really think we're in a good place. You know, we have a lot going on and it's hard right now because we're still in the early phases of becoming automated. But we've been working with software vendors to get to the point to where the data can be transferred to NHIA automatically.

We are able to say definitively that home infusion patients have a great experience. The nurses are highly effective at training them. They're very satisfied with the services they're getting. They're not discharging because of adverse events or unplanned hospitalizations at any significant rate. We're able to say this with really large sample sizes, because we can combine the data from different companies and get to a sample size that's really meaningful. And we're publishing that data now in our journal, but we're also taking this data outside of the NHIA bubble. We've been presenting posters at other conferences; we have a poster



National Home Infusion Association President and CEO Connie Sullivan speaking at the conference, held in March in Nashville

coming up at the national comprehensive cancer network conference about outcomes and cancer patients.

HEMOCARE: What's up on your priorities list? Where would like to be in three years?

SULLIVAN: You know, in three years, I would like to see Medicare working toward a comprehensive home infusion benefit. You know, first and foremost, fix this Part B problem. It's not working, it's clearly not successfully reaching patients. Geographically, there are so many gaps in coverage. There are no providers in three or four states; there are many states with just one provider. ... We hope we can convince them that they need to recognize all the services that are provided by the pharmacy and to restructure to help build a model that can be scaled and expanded someday; whether that's more of a demonstration down the road or more legislation, we're not sure yet how we get there. We want to have a lot of different strategic options.

HEMOCARE: There's been a move to telehealth during the pandemic. Is that happening in home infusion, and will it stick around?

SULLIVAN: I don't think it can fully replace all nursing visits, but it's encouraging that

they're using more technology because that can expand the resources they have to patients. I don't think most providers, if they're doing it, have any way to get paid for it. That is something we might work on with commercial payers. And we are going to be kicking off an initiative to modernize our commercial billing costs ... they really haven't changed in any significant way since they were introduced in the early 2000s. There are a lot of new therapies that didn't exist 20 years ago, and there's really not an effective way to contract for the services.

HEMOCARE: Are there new therapies coming down the road as well?

SULLIVAN: There are more every year. Take monoclonal antibodies—that's not something most people had heard about until pretty recently, and now, with COVID-19, everyone has. The data from CMS says there have been well over a million treatments, and it's not a long period of time. I don't know of any specific timelines, but I'm encouraged by the investment in new antibiotics. Cancer care is also an area we pay close attention to, and I think a lot of oncologists are looking at the home as a potential option for some patients. **HC**

Hannah Wolfson is editor of HomeCare magazine.

MEDICARE ADVANTAGE

Prepare for Seismic Change

Strategies to help you get ahead with managed care

By Michael Puskarich

In the coming years—based on feedback from Medicare Payment Advisory Commission (MedPAC) and the rising costs of care—the Centers for Medicare & Medicaid Services will be increasing the number of Medicare beneficiaries that are part of a Medicare Advantage (MA) plan significantly. According to the current MedPAC Medicare Payment Policy Report, 46% of beneficiaries are enrolled in an MA plan, an increase of 10% over 2021.

For years, home health and hospice have tailored their businesses around traditional Medicare reimbursement, which has steadily decreased for years as reporting and regulatory requirements have risen. In fact, it is estimated that by 2040, 70% of Medicare payments will be reimbursed through MA plans. The Medicare Advantage learning curve has been difficult to manage for some homecare organizations, with many being discouraged by the lack of success. Engaging with managed care, and specifically with MA, requires much preparation and a strategic approach—more than just dipping your toes in the water.

Given the vast numbers of Medicare beneficiaries who will be automatically enrolled in these plans, it is mission critical to start preparing for this seismic change. The agencies that get involved now will have a distinct advantage over those who wait until the last minute. Embracing this future starts with being prepared for it. During times of increased chaos and change, the best way to navigate through the fog and lack of clarity is by using a strategic process.

The fear we all see looking into the unknown can ultimately turn into an opportunity for your organization to adapt, innovate and thrive.

Start Your Journey With Internal, Competitive & Market Analysis

Let's say your organization has an active telemonitoring program. Let's also assume you are actively reducing rehospitalizations and have developed good relationships with the referring congestive heart failure (CHF) physicians in your area. Where do you go from there?

Strategic processes start with an internal assessment. This allows you to know what your organization is good or not so good at. Reflect on your current programs. Can they be done better? Critically examine what you can do and begin exploring what needs to happen so you can meet challenges and evolve as an organization. Where does this program fit as you move forward? You can use these outcomes to support either referrals or payer relationships. Make no mistake—these questions for all of your programs will take the efforts of your entire organization to accomplish, not only the strategy but the evolution into a managed care environment that will reconstruct how you operate.

Next, look at the market you compete in. You need to ask those same critical

questions that you asked yourself about your competitors. Do your competitors have similar programs like telemonitoring, rehospitalization reduction and strong referral relationships for CHF? Let's assume they do. Let's also assume you are in the middle of the pack with your outcomes. One thing to remember is that while you are improving your program, your competitors are also improving theirs. Being meticulous is important. Look to your team to help you identify where you can improve. They are involved in this very deeply and they really do know what can stand to change. Use them.

Now look at what is happening within the entire managed care insurance market for the geographical areas you cover. Could one or more of these payers use the new and improved program you have developed? It could be a small payer wanting to increase its position or the current market leader wanting the best of breed. Look at how this aligns with the prevalence of disease in your coverage area. Program offerings in each of your markets may be different, as diseases and outcomes can vary from community to community.



From Findings to Action

The next step is where you can get creative, or you can use the tried-and-true steps you have taken during similar business transformation processes you have completed. Most of your time should be spent on what your findings reveal.

Say you evaluated your organization, the competition, and the payers and discovered that your telemonitoring program could be special. Be sure to not take on more than you can manage; one major program change at a time is the most many organizations can handle well. Focus your efforts to ensure you get the best outcomes, not only for your patients, but for your staff and leadership team.

The difficult questions allow the organization to evolve. We all say that change is a four-letter word. It is also a powerful word, one that many people are afraid of.

We have all experienced a former leader talking about change in a way that was disingenuous. They were not committed, and it seemed as if change was a buzzword on the business bingo card. Change must be strategic; change is necessary for

the organization to evolve to meet the challenges of the future.

Take the newly minted program and start working with a selected payer. This may take a bit of time, but it is important to network. Even if you cannot sell that program immediately, the effort here goes toward building a relationship. Similar to managing the change within your organization, try not to create too many relationships initially. What happens if the four payers say yes? You need to service what you sell, so please remember that. This new relationship is now at a point where you can begin the discussions on your contract and how you can help the patient outcomes of the populations the payer is managing. Leverage your ability to help the payer reduce the costs of care and increase the quality of care as well improving outcomes.

When looking at MA contracts, it is essential that you thoroughly understand your agency. You must evaluate where your volumes are. Is the business you are looking for from an MA relationship incremental? The incremental business, from a standpoint of what it costs to service the patients, is just the direct costs, which are the clinical

expenses, intake and billing, but not items like rent, administration or other support services. Even at lower rates, the margins can still be achieved, if those costs are lower than the rates MA pays you in your current contract. Another thing to understand is that you are not paid to provide care management, which could be a major reason why the rates are lower. You can leverage what you are doing to forge better relationships, which can ultimately provide better rates or rates that consider your value to the MA plan and its members.

The fear we all see looking into the unknown can ultimately turn into an opportunity for your organization to adapt, innovate and thrive. It helps you begin to evolve to meet the ways that these MA plans will deconstruct what providers do today. It is not as scary as it seems because you are prepared. **HC**

Michael Puskarich is a director of advisory consulting at McBee. He has more than three decades of health care experience, mainly for providers in home- and community-based care. He has considerable expertise in care innovation, organizational evolution, philanthropy, managed care contracting and negotiations and health industry reform. Visit mcbееassociates.com.

ELECTRONIC VISIT VERIFICATION

No More Paper Timesheets

Why EVV can help with staffing, payers & patient care

By Hannah Wolfson

It has long been argued that electronic visit verification (EVV) is necessary to stop fraud; now it's also necessary for states to unlock their full share of federal funding. Under the 21st Century Cures Act, states are required to use EVV for all Medicaid-funded home health services by Jan. 1, 2023; those who don't may not get their full federal match. To get a look at where things stand about six months out—and the benefits and pitfalls of EVV—HomeCare talked with Stephen Vaccaro, president of HHAExchange, a company that provides homecare management software, EVV and other technology for homecare providers and payers.

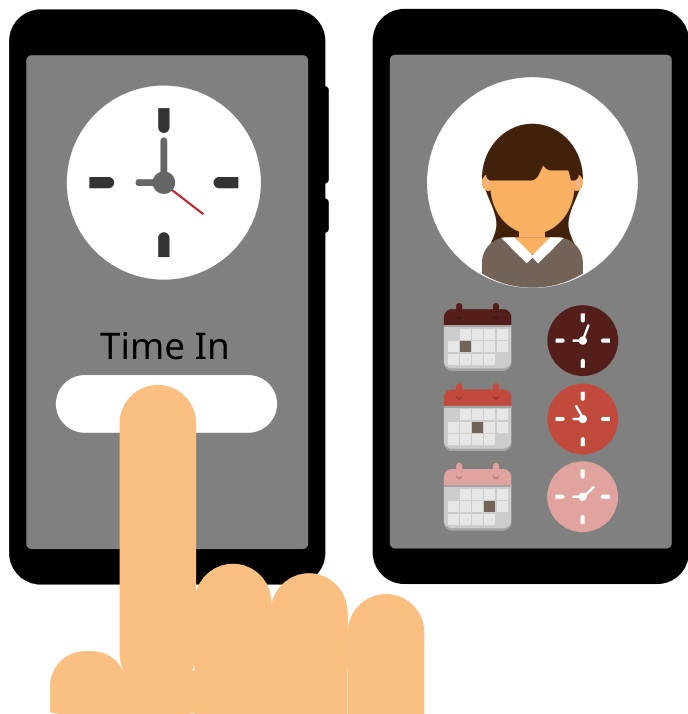
HOME CARE: It feels like we've not talked much about EVV in the last two years because of the pandemic. Has it been forgotten? Or is it something that's been enhanced in some ways by the public health emergency?

VACCARO: I think what we see out in the industry is that it's been enhanced with the pandemic because people were getting more accustomed to using technology. We're on a video call right now, right? I think that was one reality, and then people were not in offices. And in the personal care space, a lot of what happened before [the pandemic] was paper time sheets and because the caregivers wanted to get paid on time, they didn't want to put their time sheet in the mail and wait four days before it gets there and miss a paycheck. Before, we found a lot of them taking a bus or driving or walking to the office to manually drop off their

time sheet. Then a lot of those offices were closed during the pandemic, so it created a situation where that was not working. What we started to see with different caregivers during that time period is folks were becoming more open to adopting EVV, and EVV ... started to become a little bit more popular. We actually see some markets where 90% of visit confirmations come via EVV.

HOME CARE: Not delaying paychecks is a benefit I hadn't considered. What are some of the other advantages of moving to an EVV-based system?

VACCARO: Well, there's the initial benefit, which is a component of what the Cures act was intended to address, which is fraud, waste and abuse, right? There is a benefit to the entire ecosystem. Then we're seeing



“on-the-ground” benefits happening, such as caregivers not needing to do paper time sheets; they’re able to get their visit confirmations in real time as they’re happening. That increases the likelihood that they will be [paid] in that current pay period; there’s just no delay with their paper time sheet—with getting to the office or them not getting to the office, or a time sheet being lost, or perhaps not getting punched in correctly. All that goes away, all that noise.

EVV also allows what we see a lot of the providers offering now: different variations of quick pay, where basically, if a caregiver maybe worked on Monday and Tuesday, and for some reason they need to access the funds, they can. ... It’s a great recruiting tool and it also will help the personal care industry compete with fast food, service industries and other industries that offer benefits of that nature.

And then another benefit you’re seeing is that the agencies—and potentially the family members and the payers—are able to get real-time access to what’s occurring in the home. Did the person show up? Were they late for some reason? Did they have a missed visit? If there was a missed visit, do we need to get another person in there? ... You know, it’s not an option for someone not to show up today. So now (agencies) are able to intervene much more proactively than I’d say they were able to in the past. And they also have more visibility into the duties that were performed or if there are duties that are being refused.

A lot of our clients utilize our technology, specifically our mobile app technology, with their caregivers. And the caregivers really love this, that they are able to become part of the care team, which they were not really able to before; they’re in the home and they can enter observations when they

get there or during their shift. Observations could be, “Hey, I arrived and nobody had shoveled the walk, so there’s an ice situation outside that would be dangerous for a slip and fall. We need to send someone here to take care of that.” Or “I came into the house and it appears there’s a food insecurity situation, or the individual’s not feeling right or responding like normal today.” That allows the care team and the provider or the payer to intervene more real-time. While the caregiver’s there they could call and say, “Hey, what are you seeing?” and maybe even do a video chat to assess if they need to do something.

HEMOCARE: That seems to change the whole approach to care.

VACCARO: It really opens up a whole new dynamic around quality care and the caregiver becoming part of the care team.



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When you think about it, EVV really is becoming the infrastructure ... it's exciting. And I think it's revolutionizing the homecare industry.

... Now what you really have is a valued member of the care team—that's who the caregiver is.

HEMOCARE: How does that play into the shift toward value-based care?

VACCARO: I think they go hand in hand in many ways. The federal government and different state Medicaid programs are looking to be more about paying for value, as opposed to paying for time or paying for units. I think everyone conceptually agrees with that, but it's always been very difficult to—how do you measure that? We are starting to see a number of payers really ramping up their value-based programs. Everyone's still figuring out the model. We

have one payer—as an example—in Pennsylvania, who's doing something very innovative where they identify specific care gaps. Think of them as key measures that increase the likelihood of outcomes. An example like that could be, did the person get their flu shot? ... Or did they get their COVID vaccine, or other items of that nature; did they go for an annual physical? So they're doing an innovative program now with their provider network, capturing this information on their recipients and then in return, rewarding their providers if they're doing a good job with that.

We have another client, a large payer in the New York market who is doing a lot of work with us around what we refer to as our payer care insight solution, where, as

I mentioned before, caregivers are able to answer questions while in the home that go back to the care team at the payer. They can determine if they see any trends coming out of that data or if they need to intervene in any manner as a way to, to increase care. So we're seeing a number of different forms in different markets take shape, and it's exciting. I think that we really see that as the future of where reimbursement is heading in this industry.

HEMOCARE: Are you seeing any trends in how agencies are using their EVV data in terms of their own operations?

VACCARO: We're seeing agencies put in place different types of incentive programs. It's almost like if you go to a Starbucks and you check in, you get your coffee and you earn rewards, right? It's that type of thing. We are seeing agencies offering different types of reward programs or incentive programs for the caregivers to really encourage certain behaviors: making sure that they're arriving on time for a shift, making sure that they're doing all the duties while they're there, making sure that they're engaging in observations while in the home, different items of that nature. The satisfaction of the family might also weigh in—so all different metrics. That would be an example of ways that we see providers now starting to think differently.

And when you think about it, EVV really is becoming the infrastructure. That's how we think of it. It's kind of like the cable company came and they set up all their fiber optics to get into everybody's house. And originally it was so you could do cable. But now you watch Netflix. Now you buy on Amazon. Now you're playing video games against other people around the world. That's the infrastructure that you then can build—it's exciting. And I think it's revolutionizing the homecare industry and really allowing it to leverage technology in ways that were never available before. **HC**

Hannah Wolfson is editor of HomeCare magazine.

OXYGEN & RESPIRATORY

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 oxygen and respiratory products. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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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.

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 PottyCap

BLANOR PRODUCTS

The PottyCap is a hands-free, portable urinal aid for women to safely use when they cannot get to a bathroom or a commode chair. PottyCap is designed to give women urinal independence in all instances of daily living and can offer freedom, convenience and ease of use. The unique design allows women to urinate in a natural seated position while allowing fluid to flow into the detachable bottle collector. Visit pottycap.com.

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1

2 Aquatec Ergo Shower Commode Chairs

CLARKE HEALTH CARE PRODUCTS

The new Aquatec Ergo shower commode chair line has been designed with comfort, independence and dignity in mind. The seat plate design is based on the physical imprint left behind when seated. New seat overlays encourage a more upright and stable seated position, while a five-degree seat angle lifts the knees into a natural squat position. Accessories for safety, comfort and positioning are easy to fit. The Ergo line includes Ergo Dual VIP tilt and recline, Ergo VIP tilt-in-space, Ergo transit and ErgoSP self-propel models. Stainless steel frames and quality workmanship mean low maintenance for the caregiver. Visit clarkehealthcare.com.

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2

3 F&P Evora Full Face Mask

FISHER & PAYKEL HEALTHCARE

The F&P Evora Full is Fisher & Paykel Healthcare's new compact full-face mask for the delivery of CPAP therapy to treat obstructive sleep apnea. The F&P Evora Full sits under the nose for a clear line of sight. The mask features Dynamic Support Technology, where the floating seal is supported by stability wings. These technologies work together to allow freedom of movement while keeping the mask comfortably in place. Visit fphcare.com.

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3

4 Adaptive Leakproof Underwear

SLICK CHICKS

This leakproof underwear features a high-waisted and low-leg fit to provide the most coverage and comfort throughout the day. The side-fastening strip is designed for seated dressing and for those with hand dexterity challenges, while the liner helps to conquer stress and urge incontinence. This underwear has light-medium absorption, anti-microbial fabric that leaves skin feeling fresh and dry, and has no annoying tags. Visit slickchicksonline.com.

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4

SCOOTERS



1 Omni Suspension for Luggie Scooters

FREERIDER USA

Omni suspension supports the vertical movement of the Luggie scooter's front wheels and the horizontal motion of the scooter. It reduces vibration and increases stability, whether indoors or out. This advanced feature is available on the Luggie Elite Plus 3 and Luggie Super Plus 3.

Visit freeriderusa.com.

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2 GB120 Buzzaround CarryOn Scooter

GOLDEN TECHNOLOGIES

The Buzzaround CarryOn fold-flat scooter features an infinitely adjustable tiller, full front and rear lighting, and a 300-pound weight capacity. The heaviest piece is 47.5 pounds. The CarryOn offers long-range coverage up to 18 miles with a lithium ion battery pack. An optional airline-friendly battery is sold separately. It disassembles into two pieces and is extremely easy to load into a car or SUV. Designed to take up minimal space, it's 12 inches high when folded without the seat. Visit goldentech.com.

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3 Roadster 4

MERITS HEALTH PRODUCTS

The Roadster 4 is easy to disassemble into five pieces for transport and storage. The Roadster 4 has comfortable stadium seating that can be adjusted to a height of up to 18 inches above the deck. The adjustable tiller makes it easy to get on and off the scooter. This scooter features four wheels for added stability. Weight capacity is up to 300 pounds and the heaviest piece is 36 pounds. Visit meritsusa.com.

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4 Baja Wrangler 2 Scooter

PRIDE MOBILITY PRODUCTS

The new Baja Wrangler 2 Scooter, which will be available summer 2022, features industry-leading, updated suspension for a much smoother ride. A steering dampener isolates the wheels from the tiller, reducing vibrations in the hands and arms. Other highlights include best-in-class dual drive off-road capabilities, 11 mile-per-hour maximum speed, independent traction and torque, 14.5-inch front and rear tires, a 350-pound weight capacity, improved heavy-duty seat post, full LED lighting package, black vinyl memory foam high-back seat with sliders, standard cup holder and more. Visit pridemobility.com.

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HME BILLING & REVENUE CYCLE MANAGEMENT SOFTWARE

1 ACU-Insight

ACU-SERVE Corp.

The ACU-Insight software includes processes, information reporting, compliance checks and automation to start the billing process in a way that ensures correct submission and optimal payment. The included tools model payer requirements, identify discrepancies for immediate correction pre-submission, decrease write offs by 50% or better and reduce lagging payments significantly. By identifying the percentage of claims that are denied after the invoices have been worked, providers can train, correct issues and lower labor costs. ACU-Insight tracks the clean claim rate to help identify concerns and successes. Visit acuservecorp.com.

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2 COLLECTPLUS

ALLEGIANCE GROUP

Allegiance Group offers comprehensive and effective patient pay, patient billing and debt collection strategies for the health care industry. The COLLECTPlus system drives cash recovery and staff efficiency by providing billing and collection workflows customized to meet specific business needs. The automated workflow integrates with your existing billing software and offers a patient payment portal, domestic call center and dashboard. The portal allows patients to create payment plans and view payment history. The dashboard provides at-a-glance transparency to manage your critical reporting. Visit allegiance-group.com.

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3 ATLAS Technology

ATLAS ENTERPRISE SOFTWARE

Is your legacy medical billing software working to prepare a clean claim or does the billing department become a bottleneck where everything stops because of improper workflow processing? The solution is a fully integrated software that begins creating the clean claim at the time the referral is received, creating a seamless workflow that is specifically tailored to the payer requirements. By the time the order gets to the billing department, it has undergone continuous quality review to meet all the criteria needed to properly prepare a claim. Visit atlas-vue.com.

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4 Business Management Software

BRIGHTTREE

Brightree Business Management Software is a cloud-based solution that serves as the foundation to manage your business and provide a seamless patient experience from intake to collections. Thousands of providers rely on Brightree due to the high levels of data security, integrations that enable third-party data connections at every stage of the revenue cycle and scalability that can grow with you. Brightree simplifies the complexities of today's biggest challenges such as reimbursement, interoperability and compliance, all while providing a seamless, intuitive, digital experience for patient engagement in order to boost long-term, sustainable business performance and drive patient loyalty. Visit brightree.com.

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5



5 TIMS Patient Subscriptions

COMPUTERS UNLIMITED

Computers Unlimited presents its latest product innovation for home and durable medical equipment providers. TIMS Patient Subscriptions is an intuitive and simple-to-implement application that will allow providers to enroll their patients in a resupply subscription program during initial intake. This application is fully integrated with all the revenue cycle management features TIMS already offers. Visit timsoftware.com.

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6 DMEFreePlusWeb

PC SOLUTIONS SOFTWARE DEVELOPMENT INC

DMEFreePlusWeb software is an affordable alternative to expensive home medical equipment (HME) billing systems. This suite has many of the same features as large systems and is perfect for small- to medium-sized HME businesses. The system is a hybrid Windows/web-based system, with data files stored and backed up to Amazon Web Services. The software comes with claim billing, claim tracking, rental tracking/renewal, electronic remittance advice processing, report designer and more. The system can accommodate single or multi-user access. The clearinghouse can bill multiple types of payers.

Visit dmeffree.com.

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7 TeamDME! XL

TEAMDME!

TeamDME! XL combines all the tools you need to manage your front and back office. Offering customizable workflow templates, e-eligibility, e-purchasing, electronic drop shipping, electronic health record and mobile delivery apps so you can process all your work with just a few clicks. Make informed financial decisions based on accurate, real-time data because all backend office functions are included, giving you a 360-degree view of your company's financial health. Visit teamdme.com.

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8 Software Suite

UNIVERSAL SOFTWARE SOLUTIONS

Universal Software Solutions provides innovative solutions for health care providers in the post-acute care space. The company's HDMS product offers patient, inventory and revenue management that is ideal for HME, disposable supply, prosthetics and orthotics, and infusion/specialty pharmacy providers. The StowPoint product handles your content management needs, allowing word, image, audio and video files to all be stored in one place. The product provides the flexibility within its design to allow your company the ability to conform and adjust for any changes.

Visit universals.com.

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6



7



8



PATIENT LIFTS & TRANSFER DEVICES

1 Pool/Spa Lifts

AQUATIC ACCESS

For more than 35 years, Aquatic Access has designed and manufactured nonelectric lifts for in-ground and above-ground pools, tubs and spas. Powered only by water pressure from a hose to a faucet, standard lifts have a weight capacity of 300 pounds to 400 pounds, depending on the model. Some units are self-operable and some require an assistant to turn the seat. Headrests, footrests and seat belts are offered as accessories. Custom designs are available to meet your customers' needs. No batteries, charging, replacement batteries or complex maintenance schedules required. Visit aquaticaccess.com.

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2 Glideboard

BUCKINGHAM HEALTHCARE

The Buckingham Glideboard transfer board is lightweight, simple to use and has a gliding seat that limits the risk of injury to both the patient and carer. The design reduces the effort required to transfer from wheelchair to chair, car or bed by more than 30% for the patient and even more for the caregiver. The shape enables the board to be used in multiple directions and the gliding seat reduces both skin shear and friction. Visit buckinghamhealthcare.com.

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3 ORBIT Patient Transfer Lifts

EZ-ACCESS

The ORBIT Patient Transfer Lift is a safe, convenient device to assist in the lifting and transferring of individuals with limited mobility. This patient transfer lift features an articulating arm and single-post pivoting stanchion that both rotate 360-degrees and offer a reach of up to five feet in all directions, providing precise, all-around flexibility, even in tight spaces. The ORBIT's nonobtrusive design allows the unit to be placed in small bedrooms and bathrooms and it can be used with any bed. Patients can be effortlessly positioned wherever needed thanks to the range of motion the ORBIT offers. Visit ezaccess.com.

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4 AP-Series Portable Ceiling Lift

HANDICARE

The AP-Series Portable Ceiling Lift features breakthrough safety and lifting technology. Equipped with heavy-duty smart batteries that provide up to 175% more lift cycles than Handicare's previous generation of portable lifts with less power consumption. The antimicrobial strap with reinforced edges and wear indicator marks helps in reducing infection and increasing durability. ActiveSense Tilt Detection stops the AP-Series and provides audible alerts when the lift is tilted at unsafe lifting angles. The SafeGuard Hook increases patient safety, helping eliminate sling loop migration during patient transfers. Visit handicareusa.com.

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6



5

5 Birdie Evo XPLUS

INVACARE

The new Invacare Birdie Evo XPLUS patient lift boasts an innovative feature set and enhanced functionality for improved comfort and security during transfers. What sets Birdie apart from other floor lifts are its unique features. Slow R—a piece of hardware that is built into the boom—helps reduce rocking movement, resulting in a more stable and comfortable experience for the user and improved lift control for the caregiver. The space-saving design can be set up, folded and unfolded without the need for tools and is easy to maneuver and transport. Visit pro.invacare.com.

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6 Patient Aid Padded U-Sling With Head Support

PATIENT AID

Patient Aid's Padded U-Sling with Head Support is designed for transferring a patient from the bed to a chair, wheelchair or toilet using a manual or electric lift. It can be applied or removed easily while the patient is seated or in a reclined position. The sling is easier to slip on and off a patient than an ordinary full-body patient sling. It is constructed of high quality, fully padded fabric that forms a soft yet supportive surface. It provides full neck and head support and can be used with any two-, four- or six-point patient lift spreader bars. The four reinforced hookup points work with any manual or electric floor-style patient lifts. Visit patientaid.com.

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7

7 Protekt All-In-One Universal Electric Patient Lift

PROACTIVE MEDICAL PRODUCTS

The Protekt All-In-One universal electric patient lift is foldable and portable and can be used for all types of transfers between car and chair, bed and chair, and from the floor to chair or bed. The unique spreader bar design provides dynamic precise controlled positioning with minimal motion and effort. The compact, lightweight design is easy to maneuver and ideal for home use. The Protekt All-In-One easily folds up for convenient car transport or travel. Visit proactivemedical.com.

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PC Solutions Software Development Inc.	<input type="checkbox"/> 213	43
Pride Mobility Products	<input type="checkbox"/> 207	41
Proactive Medical Products	<input type="checkbox"/> 222	45
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- 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab
Specialist, Other Licensed Medical Professionals
- 19 Sales/Marketing Rep, Mgr, Dir
- 20 Other (Please Specify) _____

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

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

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

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

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PROVIDER PROFILE

The Birth of a Salesman

How a funeral director's move to HME led to 80 years of service

By Kristin Easterling

Making a move from funeral director to durable medical equipment (DME) dealer doesn't seem intuitive. But in 1942, when Martin J. Nunn couldn't find a rental wheelchair for his funeral home, he did just that. His company, Nunn's Home Medical Equipment, based in Rome, New York, is celebrating its 80th anniversary this year, with the third generation of family at the helm.

A lot has changed since the company opened its doors, including the shuttering of 45% of New York's DME companies due to competitive bidding, two acquisitions for Nunn's and the opening of a second location in Syracuse, New York, said Erin Weiman, Nunn's granddaughter and the current CEO.

COVID-19 & Supply Chain

When the pandemic struck, Nunn's didn't close its doors, Weiman said. Instead, the company switched to virtual CPAP setups, using video chat to demonstrate fitting a mask. The virtual setup has been so successful that the company is continuing offer these appointments, she added.

"We understood the importance of our role in the community and put every effort in to continuing PAP setups, selling vital



Shawn Weiman, president, and Erin Weiman, CEO

The goal to exceed patients' expectations will always remain the same.

DME products through curbside pickup and shipping, and having a constant supply of personal protective equipment product available," Weiman said.

One element of retail that was important pre-pandemic was the idea of "try before you buy" for lift chairs and mobility devices. When customers couldn't enter the store, Nunn's took to the parking lot.

"Customers were able to meet a care coordinator outside in the parking lot, where a lift chair was already setup," Weiman explained. "While remaining socially distant, the customer was able to sit in the chair, try the various lift mechanisms and ask the care coordinator questions."

But the pandemic broke the DME supply chain. Factories are short-staffed and lacking materials to meet production needs. And some products are simply stuck in transit. The Philips CPAP and ventilator recall has also made obtaining new PAP devices difficult as other industry players struggle to keep up.

"We have had patients who are ready for their setup appointments but have had to wait several weeks before we can schedule that so that we have their device available," said Shawn Weiman, Nunn's president.

Despite this, Shawn Weiman added that the company's large warehouse space means they have been able to ride out a lot of the difficulties in other categories.

"Through running reports on purchasing trends, Nunn's has been ordering ahead of

time to have the product available when the customers need it," he said.

To the Future

The growth of technology is playing a part in the entire DME space, and Nunn's is no exception. The company is looking to add patient self-scheduling for PAP appointments while working to ensure safe electronic sharing of patient information with referral sources.

"Many people now have wearable devices that share with them information on blood pressure, [oxygen saturation] and sleep pattern information," Shawn Weiman said. "It is our responsibility to integrate this into our care plans and give customers a more holistic system to work within."

As they look to the next decade and beyond, Erin Weiman hopes to continue offering the best care possible. She envisions the company remaining a brick-and-mortar operation with extended shipping options to offer patients choices.

"This is directly in line with our mission statement to improve the health of those we serve with a commitment to excellence in all that we do," she said. "The way we connect with patients and the way we deliver their supplies may change, but the goal to exceed patients' expectations will always remain the same." **HC**

Kristin Easterling is managing editor of HomeCare magazine.



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