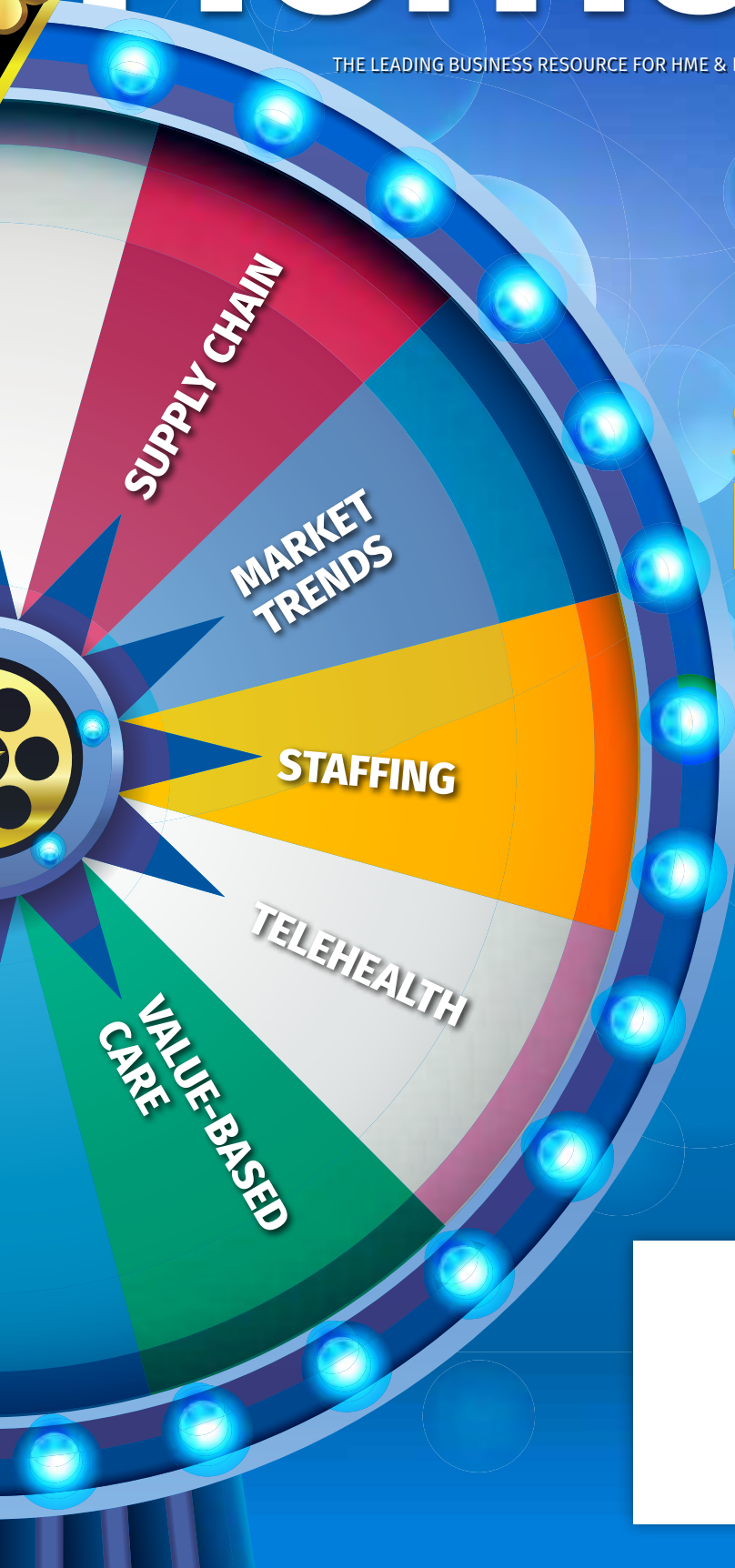


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STATE OF THE INDUSTRY

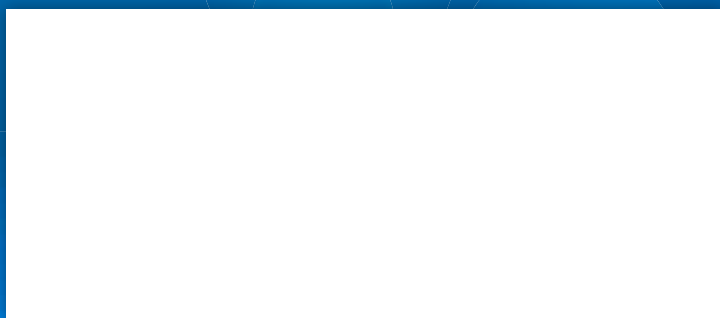
A look at what's to come in 2022

HME

Cybersecurity threats that matter

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4 marketing resolutions to make





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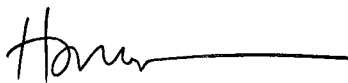
Dear HomeCare Readers,

Here at HomeCare, we share office space (and ideas) with other brands covering a diverse range of industries: oil and gas, construction, engineering and more. Every single one of them wrote this month about supply chain and staffing issues looming large in 2022 in their niche markets. Even knowing we are not alone, the drama of vital life-saving equipment being stuck on container ships and the scary statistics about how many caregivers must be hired in homecare in the coming years seem overwhelming. There's more detail about the state of our industry starting on page 18.

We're not all gloom and doom this month, though! There's a lot of good coming in 2022, including from us here at HomeCare. Do you make resolutions? I've made a few for our brand I'd like to share in the name of accountability:

1. Meet more of you either in the field, by phone or virtually and hear your perspective in person. Hopefully hitting the road more this year (COVID-19 willing) will help with that.
2. Share more provider stories in the year to come. For this one, I need your help finding interesting folks in the field to write about.
3. Be more active on Twitter, where you can find me @HomeCareEditor and talk with me directly there. You can also send me an email at hwolfson@cahabamedia.com.

Happy New Year and thank you for reading,



Hannah Wolfson

BE HEARD

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

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

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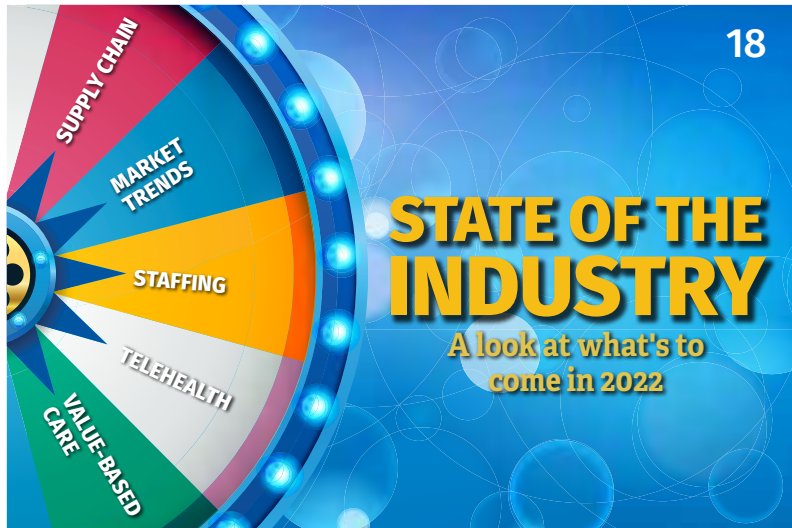
*2011 Study of 560 CPAP Users



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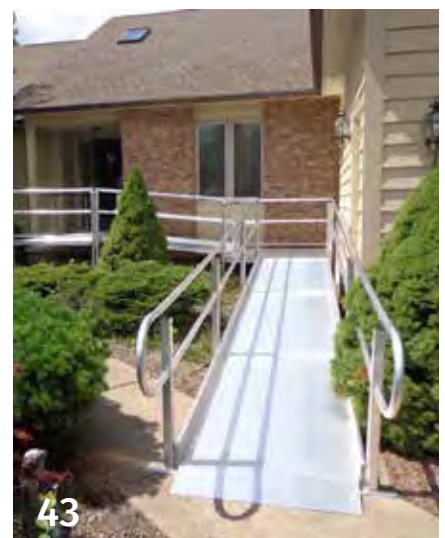


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Check 107 on index.

UpLift Wins Big on Global Stage

UpLift, the developer of a self-transfer system for wheelchair users, announced the company took home second place in a worldwide startup competition. The contest, Startup Network's Unicorn Cup, is a global pitch competition for startups that have the potential to become "unicorns"—privately held companies valued at over \$1 billion. UpLift competed against 500 companies from 125 countries.

In July 2021, the company announced it had over-subscribed its pre-orders for the UpLift device, which is designed to independently move people with limited mobility who weigh up to 600 pounds from bed or gurney to wheelchair and back with no physical force required from a nurse or caregiver. UpLift addresses a total available

market of \$19 billion, which includes the homecare market, hospitals, nursing homes and assisted living facilities.

myuplift.com

Drive DeVilbiss Integrates BILT App

Drive DeVilbiss Healthcare is partnering with BILT Incorporated, creator of the BILT app, to make it easier for users to assemble products at home with the help of 3D, step-by-step instructions.

The free app allows the assembler to access instructions by searching the database or scanning a QR code with their smartphone or tablet. The app provides a 3D walkthrough with audible step explanation, image rotation and zoom, and instant replay. Additional information such as warnings, cautions, tools required, a list of parts and warranty info can also be accessed in the app.

drivemedical.com

NymbL Technology Enters Fall Prevention Space

NymbL Science seeks to improve balance with its evidence-based approach that combines cognitive challenges with simple body movements (known as dual-tasking) to impact the cognitive part of balance, also known as reflexive balance. The exercises can be done easily at home using a smart device. By combining physical and cognitive activities, NymbL has been scientifically proven to reduce fall-related injury by more than 35% in older adults.

The University of Michigan recently conducted the National Poll on Healthy Aging, asking 2,074 adults in the United States between the ages of 50 and 80 about their musculoskeletal health. More than a third of those surveyed online reported a decline in their physical activity between March of 2020 and January of 2021, and 46% of those older than 65 indicated they have an increased fear of falling.

The National Institute on Aging reports that more than one in three people age 65 years or older falls each year.

"We know this is a program that works," said Nathan Estrada, clinical vice president

for NymbL Science. "It's vital that we continue to offer scientifically validated fall risk reduction to the more than 92% of older adults who want or need it provided in the home. Because we know that good balance is the cornerstone of healthy mobility, we must continue to empower older adults with the ability to safely and confidently age in place."

nymbllscience.com

Resvent iBreeze CPAPs Now Available in U.S.

Advanced Medical Resources is now distributing the Resvent iBreeze line of CPAPs in the United States. Resvent received emergency use authorization from the Food and Drug Administration (FDA) and is seeking 510K clearance. The three units Advanced Medical Resources is offering include model 20A Auto CPAP, model 25STA Auto BiPAP ST and model 30STA Auto BiPAP SV.

The iBreeze line of CPAPs has been serving patients in other parts of the world since 2017, but this is the company's first entry into the U.S. Resvent units are expected to help with supply shortages of available CPAP units. Although the CPAPs are not approved for Wi-Fi at this time, they do include SD cards and feature a compliance platform called ResAssist.

The iBreeze CPAPs feature intelligent pressure release, ramp and an auto shut off of the heated humidifier should the water chamber run dry. The two-year warranty also assures companies of the quality of the devices.

resventusa.com

SYNERGY HomeCare Partners With Ageless Innovation

SYNERGY HomeCare has announced a partnership with Ageless Innovation to offer Joy for All Companion Pets to combat social isolation and cognitive decline among older adults. SYNERGY HomeCare used the backdrop of November's National Alzheimer's Disease Awareness Month to launch a pilot with franchisees involving the use of companion animatronic cats and dogs

UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities. Here is what is coming up soon. Did we miss an event? Send info to keasterling@cahabamedia.com.

JAN 26–29 ATIA Conference
Orlando, FL & Virtual
atia.org

FEB 5–7 FOCUS
Clearwater Beach, FL
essentiallywomen.com

FEB 23–24 Texas Association for Home Care & Hospice Winter Conference
Dallas, TX
tahc.org

MAR 5–9 NHCPO Hospice & Palliative Care Leadership Conference
National Harbor, MD
nhcpo.org

MARCH 12 - 16
NHIA
2022 CONFERENCE

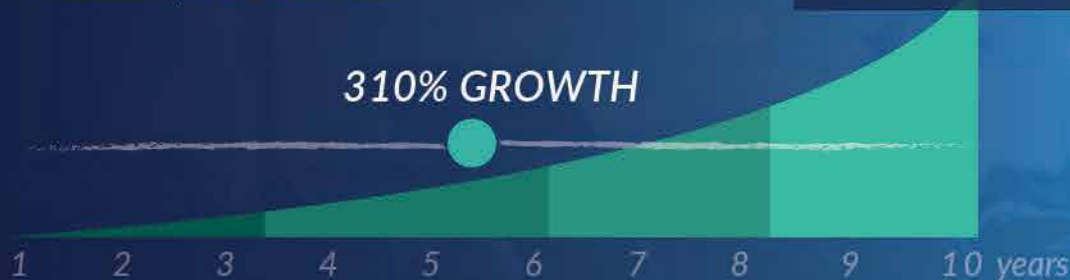
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in home infusion.

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The National Home Infusion Association (NHIA) is the leading organization providing education, information & advocacy to maximize the potential of this critical industry.

MERGERS & ACQUISITIONS

Nov. 2, 2021 AlayaCare Acquires Delta Health Technologies

Nov. 4, 2021 Centene Sells Majority Stake in U.S. Medical Management

Nov. 5, 2021 NSM Acquires Comfort N Mobility

Nov. 5, 2021 2HouseWorks Acquires Connected Home Care

Nov. 9, 2021 Integracare Inc. Acquires Eldercare Home Health

Dec. 1, 2021 Aveanna Acquires Accredited Home Care

for individuals experiencing social isolation, memory loss or cognitive decline.

Developed with extensive input from older adults, Joy for All Companion Pets look, sound and feel like real pets—without the responsibilities of pet ownership. Multiple clinical studies have shown that Joy for All Companion Pets enhance the well-being, sense of purpose and quality of life of individuals living with dementia. They have also helped alleviate agitation, social isolation, depression and expressions of sadness among older adults.

The partnership with Ageless Innovation is a component of SYNERGY HomeCare's memory care program that supports clients living with Alzheimer's or related dementias. synergyhomecare.com, joyforall.com

CHEST & AAHomecare Release Oxygen Toolkit

The American College of Chest Physicians (CHEST) and the American Association for Homecare (AAHomecare) are releasing an Oxygen Toolkit supporting both individuals who require supplemental oxygen and clinicians who prescribe supplemental oxygen to their patients.

Featured on the Oxygen Therapy pages of the CHEST Foundation website, the toolkit includes four components:

1. Complete Oxygen Therapy Guide

An all-encompassing guide that provides the basic information about oxygen therapy, including benefits, the different systems and a guide to paying for oxygen therapy.

2. Getting Started

This concise guide covers what to do before, during and after delivery of the equipment, focusing on the relationship between patient and durable medical equipment supplier.

3. Trip Planning Guide: Traveling With Oxygen Therapy

This document provides everything someone traveling with supplemental oxygen would need to know for traveling by car, bus, train, cruise ship and plane.

4. Does Your Patient Need Oxygen Therapy?

Written for clinicians, this document covers determining whether a patient needs oxygen therapy, how to order systems and how to educate a patient.

"We recognize that there are knowledge gaps of our own membership—writing a prescription that meets reimbursement

criteria—and are committed to eliminating all the barriers patients face," said CHEST Foundation President Ian Nathanson.

foundation.chestnet.org, aahomecare.org

Applied Announces New FDA Drug Reporting Service

Applied Home Healthcare Equipment, a resource for oxygen filling, technical and regulatory support for home medical equipment providers, has announced the launch of its new drug reporting service.

This new service provides drug manufacturers peace of mind knowing they are meeting the Food and Drug Administration's (FDA) new requirement to report the amount of medical oxygen filled and released to patients annually. The reported data will improve FDA's visibility into the drug supply chain and will help the agency identify, prevent and mitigate drug shortages.

Reports for calendar year 2020 should be submitted no later than Feb. 15, 2022, and reports for calendar year 2021 should be submitted no later than May 16, 2022.

The new drug reporting service will expand on the FDA registration and drug listing service currently offered by Applied's FDA registration department. The new drug reporting service is offered for 2020 and 2021 or for both years for a discounted price.

applied-inc.com

INDUSTRY MOVES

Nov. 9, 2021
IntellaTriage Names
Ashely Calloway
Director of Clinical
Operations



Nov. 15, 2021
InnovAge Appoints
Patrick Blair
President



Nov. 18, 2021
Amy Bassano Joins
Health Management
Associates



Nov. 19, 2021
Evan Burks
Promoted to CEO
at AB Staffing
Solutions



Nov. 30, 2021
Paul Yurko Named
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Technologies



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AAHOMECARE
American Association for Homecare

The Year in Review

Legislation & regulation that made 2021

By Kristin Easterling



AMERICAN JOBS PLAN PRESIDENTIAL RESOLUTION

SUMMARY

President Joe Biden's initial infrastructure plan included \$400 billion for home- and community-based (HCBS) care.

STATUS

Aspects of the plan were included in the Infrastructure Investment and Jobs Act, but HCBS was not.

BUILD BACK BETTER HR 5376

SUMMARY

Pared back from the American Jobs Plan, this infrastructure package includes \$1.3 billion in expansions for HCBS. It also includes a framework for Medicare hearing, dental and vision coverage.

STATUS

The plan has passed the House, but faces an uphill battle in the Senate.



HIPAA SAFE HARBOR ACT HR 7898

SUMMARY

This act amends Subtitle D of the HITECH Act to require the Department of Health and Human Services to consider whether organizations have "recognized cybersecurity practices" in place, and to be lenient with fines and enforcement actions if the practice has met all basic technical safeguard requirements.

STATUS

Former President Donald Trump signed into law on Jan. 5, 2021. Public Law No. 116-321



BETTER CARE BETTER JOBS ACT HR 4131/S 2210

SUMMARY

This act addresses HCBS funding to allow programs to recruit and retain direct care workers. It includes \$100 million for grants to states to develop HCBS programs.

STATUS

The bill was expected to pass as part of the budget reconciliation package, but did not. Many of the provisions are included in Build Back Better.



WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE & SOCIAL SERVICE WORKERS ACT HR 1195

SUMMARY

This act requires all health care providers to create and implement a worker safety plan under the supervision of the Occupational Health and Safety Administration (OSHA).

STATUS

Passed the House on April 16, 2021, with overwhelming bipartisan support. Currently in the Senate Finance committee.

Find in-depth looks at each piece of legislation at homecaremag.com/legislation-regulation.

As 2021 began, a new administration stepped in with big visions for the future. With the home health and home medical equipment industries reeling from the COVID-19 pandemic, the announcement of \$400 billion in planned federal investment into home- and community-based services was welcome. But that proposal faced an uphill battle. Take a look at it and other legislation that shaped 2021 below. Congress reconvenes on Jan. 10, 2022, and any bills currently in committee will face another shot.



**CHOOSE HOME CARE ACT
S 2562/HR 5514**

SUMMARY

This act would enable eligible Medicare patients to receive extended care services as an add-on to the existing Medicare home health benefit for 30 days after hospital discharge.

STATUS

The bill is currently in the Senate Finance committee. The House companion bill was introduced in October and referred to the Ways and Means Committee.



**PACE PLUS ACT
S 1162**

SUMMARY

This act increases the number of programs for all-inclusive care for the elderly (PACE) through 30 grants to states up to \$100,000 each. The act would also expand the number of seniors eligible for the program.

STATUS

This bill is currently in the Senate Finance committee.



**CONNECT FOR
HEALTH ACT
S 1512/HR 2903**

SUMMARY

Originally introduced in 2016, the 2021 version includes provisions to remove restrictions—including geographic ones—on telehealth services.

STATUS

A House companion bill was introduced and referred to the Ways and Means committee. The Senate Bill is in the Finance committee.



**WISH ACT
HR 4289**

SUMMARY

The WISH Act establishes a federal long-term care insurance trust fund that would pay for catastrophic long-term care for those who need it. It would also allow private insurance companies to offer affordable coverage plans for the initial years of disability.

STATUS

This act has been referred to the Subcommittee on Social Security.



**IMPROVING SENIORS'
TIMELY ACCESS TO
CARE ACT
HR 3173/S 3018**

SUMMARY

Automates the prior authorization (PA) process in Medicare Advantage plans through electronic submission of PA requests with real-time determinations by the plans. The legislation encourages integration of the electronic PA submission into electronic medical record systems.

STATUS

This bill is in the House subcommittee on Health and the Senate Finance committee.

All bill statuses correct as of press time.

Unfinished Business

5 big issues to watch in 2022

By Jeffrey S. Baird



JEFFREY S. BAIRD, Esq., is chairman of the Health Care Group at Brown & Fortunato, a law firm with a national health care practice based in Texas. He is also a member of HomeCare's Editorial Advisory Board. He represents pharmacies, infusion companies, HME companies, manufacturers and other health care providers throughout the United States. Baird is Board Certified in Health Law by the Texas Board of Legal Specialization and can be reached at (806) 345-6320 or jbaird@bf-law.com.

Well, the last two years have been strange. COVID-19 has been a game changer. In a silver lining, the home medical equipment (HME) industry came through with shining colors during the pandemic. The industry was asked to take care of patients in their homes and keep the patients out of hospitals—and HME providers and manufacturers responded admirably.

From a public health standpoint, the country will continue to face uncertainty. HME suppliers will be on the front line in facing these uncertainties. Let's discuss some hot button legal issues facing HME suppliers in the next 12 months.

1 Vaccines

In early November 2021, the Centers for Medicare & Medicaid Services (CMS) issued an interim final rule (IFR) that mandates that employees of specified health care providers be vaccinated. HME providers were not specifically included in the rule. As of press time, two federal courts have enjoined CMS from enforcing the rule, and the agency announced a pause in enforcement actions.

Also in early November, the Occupational Safety and Health Administration (OSHA) issued an emergency temporary standard (ETS) stating that employers with 100 employees or more must either mandate vaccinations or require COVID-19 testing. This mandate did apply to large HME providers. The Fifth Circuit Court of Appeals enjoined the enforcement of the ETS. In response, OSHA announced that it will not enforce the ETS pending future court decisions.

Notwithstanding the CMS IFR and the OSHA ETS, private sector employers have

the legal right to require employees to be vaccinated, subject to two exceptions: the employee has a medical condition that might cause the vaccine to result in medical problems for the employee and/or the employee has a bona fide religious objection to taking the vaccine.

2 Managed Care

Today, about 39% of Medicare beneficiaries are covered by Medicare Advantage Plans (MAPs) and about 70% of Medicaid patients are covered by Medicaid Managed Care Plans (MMCPs). MAPs and MMCPs are causing many challenges for HME suppliers, including the prevalence of closed panels in managed care.

HME suppliers are trying to determine what their rights are when dealing with MAPs and MMCPs that implement policies that are unfair to suppliers. The challenge is that federal law governing MAPs does not focus on the rights of providers and suppliers; rather, the focus is on enrollees. There is an interesting dynamic when it comes to MMCPs. They are governed by both federal law and state law. It appears that state regulators say, "That's not our responsibility, that is Medicare's responsibility," while federal regulators say, "that's not our responsibility, that is the state Medicaid program's responsibility."

Federal statutes and regulations governing MAPs and MMCPs are quite extensive. However, only a small portion of the regulations address the relationship between the plans and providers/suppliers. Generally, the regulations that pertain to providers and suppliers are aimed at protecting enrollees' access to care and

ensuring that the plans have a baseline coverage of medical care and an adequate provider network.

Recognizing the challenge facing HME suppliers, the American Association for Homecare has formed the Payer Relations Council, which focuses exclusively on the challenges MAPs and MMCPs are causing HME suppliers.

3 Telehealth

Before COVID-19 hit, HME suppliers were limited as to how much they could rely on physician orders resulting from telehealth encounters for HME. Pre-pandemic, in order for CMS to pay for HME resulting from a telehealth physician order, three things had to happen. The Medicare beneficiary had to reside in a rural area, the beneficiary had to drive to an “originating site” (e.g., a critical access hospital) to have the telehealth encounter with the physician, and the telehealth encounter had to be both audio and visual.

These requirements have been relaxed during the public health emergency (PHE). Now, the Medicare beneficiary can reside in any area in the United States and the beneficiary can have the telehealth encounter from home. In most instances, the telehealth encounter must continue to be both visual and audio.

The question is whether this relaxation of telehealth restrictions will last when the PHE is over. While there is no clear answer to this question, many industry stakeholders believe that the relaxation of restrictions will remain permanent.

4 Value-Added Services vs. Prohibited Inducement

A way for an HME supplier to set itself apart from its competitors is to offer value-added services to patients that the supplier's competitors do not offer. This is legally acceptable.

However, it is important that in offering value-added services, the HME supplier not cross the line into offering prohibited inducements.



Recently, the industry has witnessed a loosening up of restrictions by CMS and the Office of Inspector General (OIG). CMS and the OIG recognize the importance of offering value-added services that are designed to make health care more accessible to individuals who normally face obstacles to care. In 2017 and 2019, the OIG published Advisory Opinions that discussed the difference between a legally acceptable value-added service and a prohibited inducement. For example, the OIG stated that it is acceptable for a hospital to provide free child care services for a parent who wishes to drop off a child for a couple of hours while the parent takes another child to an appointment with a physician. On the other hand, the OIG stated that it would not be acceptable for the hospital to reward a parent with movie tickets after the parent took a child to an appointment with a physician.

In November 2020, CMS published

amendments to exceptions to the federal physician self-referral statute (the Stark Law), and the OIG published amendments to the safe harbors to the federal anti-kickback statute. In line with the 2017 and 2019 Advisory Opinions, the amendments are designed to allow health care providers more flexibility in offering value-added services.

5 The “60 Day” Rule

The Affordable Care Act sets out the “60 Day” rule. This rule states that when a provider or supplier determines (or should have determined) that it was paid for claims by a federal health care plan when it shouldn't have, then they are obligated to take six months or less to investigate the issue and they must voluntarily report the matter to CMS and repay the claims within 60 days after the six months. If the provider or supplier fails to take these steps, the claims can become false claims under the federal False Claims Act, resulting in potentially large penalties. **HC**

IN-HOME CARE: SOCIAL DETERMINANTS OF HEALTH

Medicare Advantage Can Help Fight Food Insecurity

Make sure your clients know their options

By Phil Wilkins



PHIL WILKINS is senior vice president of social determinants of health at Modivcare. His commitment to addressing the social determinants of health started at home, where he saw numerous family members struggle with poor health that led to diabetes and amputations, which led to insecurities in transportation, housing, finances and food—and, ultimately, a requirement for supportive personal care to meet the demands of everyday life. Wilkins is a graduate of Miami University and has successfully completed Cornell University's Diversity Management Program. Visit modivcare.com

Medicare Advantage (MA) enrollment for 2022 recently concluded, and the focus on social determinants of health (SDOH) has never been more intense. MA plans are incorporating new services to address SDOH factors that can put patients at higher risk of poor outcomes. That includes programs that address food insecurity.

Meal and nutrition benefits are increasingly common offerings in MA programs, as evidenced by a recent comparison of 2022 plans. According to Avalere, 68% of 2022 plans include meal benefits, up from 55% in 2021. Meanwhile, 30% of plans offer nutrition benefits, compared to 17% in 2021. Also, 40% of MA plans offer the meal benefit at no additional cost to the member.

However, to ensure that members take advantage of these meal and nutrition benefits—and to improve health outcomes—industry leaders must increase awareness about these programs and improve participation among eligible adults.

Food Insecurity & the Pandemic

Food insecurity is not a new issue, but the pandemic has magnified the problem for all age groups, races and genders. In the *Journal of Hunger & Environment*, researchers explained that, “before COVID-19, wide disparities in food insecurity were stark with rates elevated above the national average for poor households, households with children, single-parent households, people living alone, and Black- and Hispanic-headed households.”

As the pandemic hit, many companies laid off or furloughed staff and supply chains collapsed, creating shortages on everything from paper goods to food.

“The overnight shutdown of restaurants, schools, worksites and many other institutions due to COVID-19 increased demand for food at home and created food supply disruptions in grocery stores and the charitable feeding system,” according to the *American Journal of Clinical Nutrition*. The authors of the same report noted that the pandemic exacerbated existing disparities in food insecurity and chronic disease—issues that they predict will persist even after the pandemic ends.

Individuals who are food insecure often face additional challenges due to other SDOH, such as where they live, their employment status, their age and their race. These challenges can create situations where people must choose between paying for food and for other basic needs, including medication and rent. According to the Root Cause Coalition, 37% of individuals who express worry about not having enough to eat report not having enough money to buy food, and 30% say they have used their money to purchase other necessities.

The pandemic worsened an already fragile community-based food-security system for many and created unexpected difficulties, including:

- New or ongoing economic disparity
- Chronic and acute health conditions
- Faltering health caused by a poor diet
- New household stressors

Food insecurity disproportionately impacts some racial and ethnic groups. For example, a study of two low-income predominantly Black neighborhoods in Pittsburgh revealed that food insecurity grew nearly 80% from March to May 2020. Researchers note that during the first few weeks of COVID-19, certain racial or ethnic groups experienced food insecurity at a rate that “far outpaced the increase in the general U.S. population,” magnifying preexisting disparities in food security that impact a wide variety of health outcomes.

Improving Access & Increasing Knowledge of Options

Individuals living with food insecurity often aren't aware of their options for obtaining access to healthy, affordable food, leaving 24% of Americans to worry about having enough to eat. In particular, older adults living in food deserts may opt for inexpensive and less healthy food options because they don't know how to access more affordable, healthy choices.

Hunger and food insecurity is a huge problem for our country's most vulnerable members—and an issue that 76% of Americans say should be a top priority for policymakers. For older Americans, MA programs that consider SDOH offer a means to address the challenges, though many seniors are not aware of available benefits. Thus, an important first step to addressing food insecurity challenges among older Americans is to improve access to existing subsidies that are underused or, in some cases, not utilized at all.

For example, even though more MA programs now include meal benefits, an estimated 5 million older adults don't take advantage of food benefits for which they are eligible. The Food Research & Action Center shows food benefit participation among older adults is approximately 24% nationwide; in New York, a state with a relatively high participation rate, 70% of eligible older adults take advantage of food aid; in California, a mere 19% of eligible adults receive aid.

In addition to increasing the awareness of food benefit programs and what is available to them, education can help older adults understand how these initiatives can benefit their short- and long-term health.

One study of 60,000 low-income older adults in Maryland found that participants who took advantage of the food benefit were 23% less likely to enter a nursing home and 4% less likely to be hospitalized than those who didn't participate. Eligible seniors who do not participate in such programs may be at increased risk of hunger and thus hunger-related health problems such as diabetes, hypertension and depression, the Food Research & Action Center finds.

By working to educate eligible seniors about the meal and nutrition benefits in their MA plans, the industry has the opportunity to significantly improve health outcomes for millions who suffer from food insecurity. **HC**

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ROAD MAP: BUSINESS STRATEGY

Know Your Worth

Why a value assessment merits the investment

By Craig A. Solid



CRAIG A. SOLID, Ph.D., is a health care consultant with more than 20 years of experience. He is owner and principal of Solid Research Group, LLC, where he helps health care professionals and organizations measure and demonstrate the value of their research, quality improvement activities or services.

The need to accurately and comprehensively assess the value of the care you provide has never been greater, yet determining value isn't an easy process and becomes an afterthought for many organizations. Truly assessing value has proven to be worth it for the organizations who pursue it.

As more people receive care at home, that value can't be a simple measure of clinical practice quality or care-delivery efficiency. Understanding how to define, quantify and communicate value is crucial for companies looking to demonstrate what their product, device, process or service is worth.

Most of the organizations I work with have never invested in a value assessment before, so they're a little unsure of what's involved or what type of deliverable to expect. In 90% of these cases, the deliverable ends up being a version of one of three types of assessments:

- A value brief
- A white paper
- A full economic analysis

Before we cover the details of what a value assessment includes, let's cover some basics about what makes a value assessment credible and compelling:

1. Value should be clearly defined. It's also important to understand that value can differ depending on perspective (patients, providers, payers, etc.), situation, audience, goal and the data available.
2. Value assessments should be rooted in data and/or published research studies, providing the credibility of the assumptions or estimates used to calculate value.
3. Monetary benefits should be measurable, monetizable and attributable to what is being assessed.
 - a. Measurable benefits are those where valid and reliable data are available.
 - b. Monetizable benefits are those that can be clearly translated into financial terms. For example, if attempting to reduce falls in older adults, it may not be possible to monetize the benefit associated with avoiding any type of fall. Instead, it may only be possible to monetize the avoidance of an injurious fall.
 - c. Attributable benefits are those that are a clear result of the product, device, process, service or intervention being assessed. There are many threats to attribution, including other factors or

Understanding how to define, quantify and communicate value is crucial for companies looking to demonstrate what their device, process or service is worth.



concurrent interventions, inherent bias in patients or facilities being studied because of the use of convenience samples or other real-world limitations.

Regardless of which type of value assessment is being performed, each analysis should incorporate these key components to maximize effectiveness and be as informative as possible for the intended audience.

So, what are the three types of value assessments mentioned earlier? Here's a brief description of each.

A Value Brief

A value brief is typically a two- to three-page document that includes a high-level summary with key statistics, a brief narrative and usually one or two tables or graphs to highlight key points. The value brief is meant to be outward facing—meaning that it is intended for payers, providers, patients, investors or other stakeholders. An outsider would immediately recognize it as marketing material; it would almost always undergo design and style reviews by the organization's marketing or communications department. The message and format will be driven by who the intended audience is. The objective is to quickly relay to the reader the value of the proposed solution on a high level and in a way that is easily understood.

A White Paper

The term white paper is wonderfully ambiguous. It may reflect a rigorous academic research paper, but it is also used to refer to more informal communications about a topic or idea. For a value assessment, it typically represents a more thorough examination and summary of the available literature on the clinical topic, gaps in care and available solutions. It will be a longer narrative and incorporate tables and graphs in a way that is often seen in academic, peer-reviewed papers. A white paper is appropriate in situations when an organization wants to provide its audience with a more in-depth description of the potential opportunity and the impact of its solution, and to support it with a more extensive summary of the clinical and/or economic evidence. The result may be posted on a firm's website or sent to individuals for whom the increased academic rigor would appeal—usually clinicians, payers, investors, funding agencies or acquiring organizations.

A Full Economic Analysis

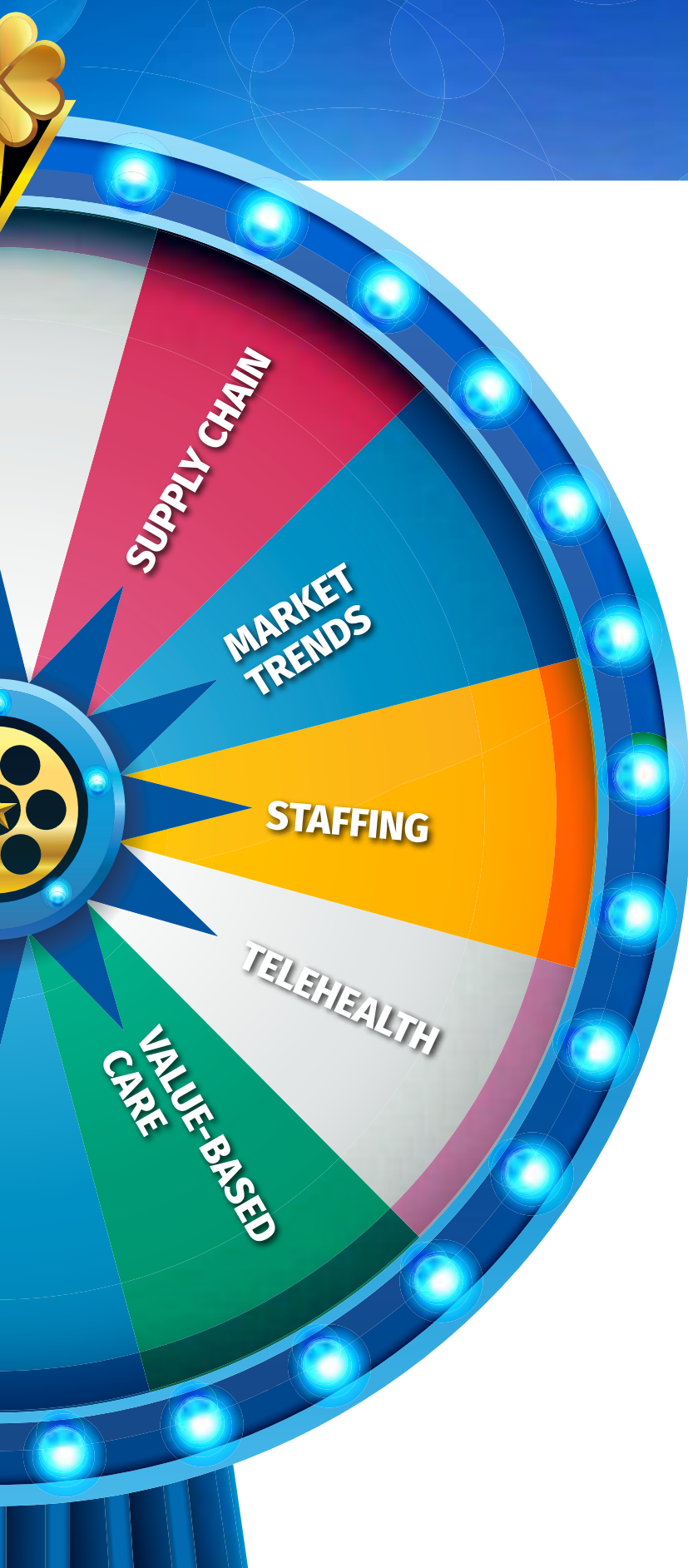
As the most extensive and in-depth of the three options, a full economic analysis typically incorporates much of what is provided in a white paper and likely includes an even more exhaustive examination of the relevant literature to identify relevant numerical values that may be useful in

calculations of metrics related to cost-effectiveness or return on investment. These may include values related to incidence or prevalence, rates of events, costs of care, potential reductions in adverse events or utilization associated with a particular solution, for example.

With these values, one then proceeds to calculate the estimated or realized economic impact of the device, product or service, as a way to demonstrate the business case. This process can be lengthy and should involve examinations of variability through sensitivity analyses or other methods. This type of deliverable is often used to support talks regarding potential contracts with payers or providers or those involving investors or acquiring organizations.

Determining which type of value assessment is right for your business will depend on several factors, including the intended audience, desired result/impact, timing, budget as well as other factors unique to your situation and solution. Luckily, these are general categories and the negotiated deliverable(s) can be tailored to meet your specific needs.

As you consider the value you wish to communicate about your solution and the audience whose attention you'd like to attract, understanding these common types of assessments can help you think in more detail about the data and processes you need. **HC**



State of the Industry

2022 brings transformation & hurdles for homecare

By Hannah Wolfson

As the public health emergency drags on and a new COVID-19 variant takes hold, it's hard to try to predict what might happen in the year that's just begun. After all, who could have guessed a year ago we'd be facing a scramble for manufacturing resources, months-long shipping delays, vaccine mandates, the threat of inflation—and also looking at a possible \$150-billion boost for home- and community-based services?

In some ways, looking ahead to the next 11 months is a bit like stepping up to the roulette table. Depending on how the ball falls (and how Congress and federal administrators act), 2022 could be a banner year for homecare, which has been boosted in the public eye by the role it continues to play in the health care continuum during the pandemic and by the public's new awareness of the value of aging—and healing—in place. On the other hand, continued staffing and supply chain issues could stymie the industry's opportunities for growth if they continue unchecked.

Let's spin that wheel and see what's coming.

A Weak Link in the (Supply & Shipping) Chain

We've all seen images of ships backed up in the harbor outside Los Angeles and stacks of containers in Asia. Between the shipping and transport crisis and shortages of raw materials like aluminum and computer chips, supply chain woes loom large for every industry.

The news coverage tends to center on car shortages and delayed holiday gifts, but durable medical equipment (DME) manufacturers are also struggling.

"Do we need another cellphone? Do we need another electric car? Do we need another cloud-connected refrigerator?" ResMed CEO Michael Farrell said in a video the company posted on YouTube in December. "Or do we need a device that gives somebody the gift of breath, stops suffocation, keeps them out of the hospital and

saves money for broken health care systems worldwide?”

Farrell told media that ResMed is producing less than 75% of what its customers need. (Some of that demand, of course, has been created by another DME woe, the recall of some Philips Respironics CPAPs and ventilators, which has caused an unexpected surge in demand for those devices.)

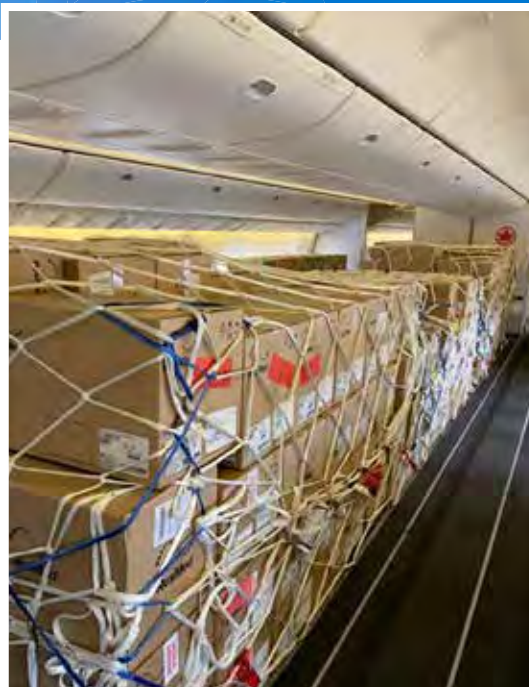
Economists are predicting that supply chain issues will continue well into 2022, with both limited product availability and increases in prices. Industry advocates have pushed for medical equipment and other life-saving devices to take priority—and insisted that Medicare should do a better job keeping up with real-life prices.

“Due to the global supply chain strain, providers are waiting months to

receive parts to repair things like power wheelchairs. Prices for some parts have shot up 30% since early 2020 due to limited supply,” American Association for Homecare President and CEO Tom Ryan wrote in a widely distributed op-ed. “Over the same time frame, the cost of steel for wheelchairs and hospital beds has jumped over 60%, while the cost of polycarbonate plastics, used for oxygen tubing, nebulizers, canisters, oxygen and PAP masks, has increased by 100%.”

In other industries, makers and sellers can simply increase prices and pass it on to users. Not so with reimbursed items, or when dealing with payers who model Medicare pricing.

“Congress and the administration must take action to ensure homecare



Resmed's CEO shared this image on LinkedIn, saying the company has been shipping product on chartered commercial flights to get around transportation slowdowns.

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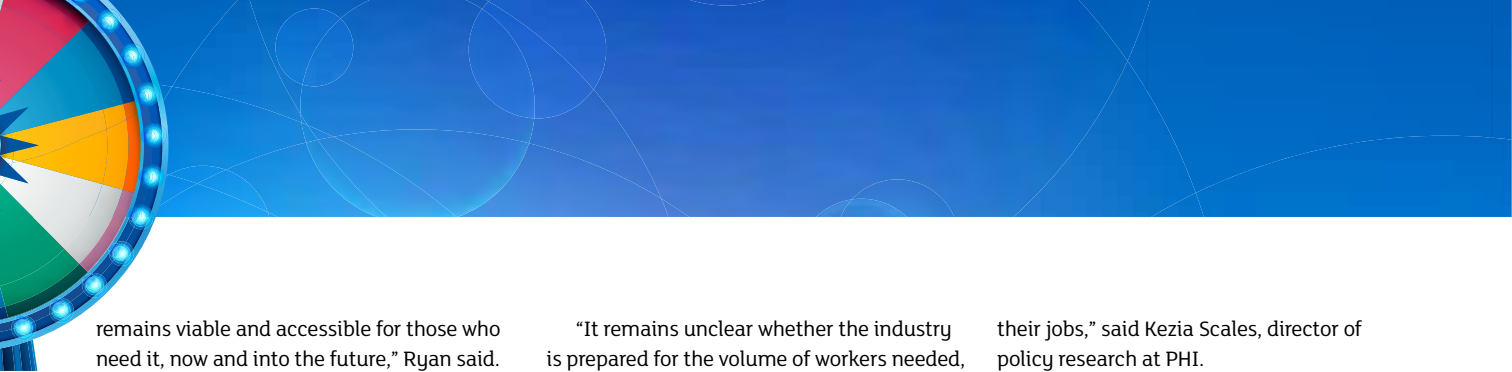
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remains viable and accessible for those who need it, now and into the future,” Ryan said.

Even without chip and material delays and increased costs, getting equipment shipped has proven problematic. According to the Health Industry Distributors Association (HIDA), it is taking an average of 38 additional days to transport medical products within the United States—meaning a wheelchair or personal protective equipment arriving at an American port on Christmas Eve wouldn’t be delivered until February or later.

“We as a country cannot allow cargo that is essential to treat patients and protect health care workers to wait in line during a public health emergency,” said HIDA President and CEO Matthew J. Rowan.

To fight the problem, HIDA has called for the creation of a “fast pass” system to speed up the movement of medical supplies and add space on containers and sea freight.

“Continued delays will have negative consequences for patient care and public health,” HIDA reported.

Help Really Really Really Wanted

Staffing problems also dominated the headlines in 2021 and aren’t expected to lessen in 2022.

“It remains unclear whether the industry is prepared for the volume of workers needed, both during and beyond the pandemic,” read a report produced by the Office of the Assistant Secretary for Planning and Evaluation at the Department of Health and Human Services. The report was titled “COVID-19 Intensifies Home Care Workforce Challenges,” which pretty much sums up the situation.

In just one example, the nonprofit in-home care provider BAYADA reported it denied service to an unprecedented number of new referrals due to staffing problems, including 64% in its largest coverage area.

And in a recent study from OnShift, 96% of 2,050 respondents in the senior care industry said they were facing a staffing shortage and two-thirds expected their challenges to remain the same or get worse in the next three years. In addition, 83% said employee engagement and retention was a “high priority” for them in the coming year.

Staffing pressures are expected to last for the long haul. According to PHI, the long-term care industry needs to fill 7.4 million job openings from 2019 to 2029.

“It’s difficult to imagine how the long-term care sector will meet demand for direct care workers without dramatically improving

their jobs,” said Kezia Scales, director of policy research at PHI.

The Biden Administration gave homecare operators reason to get excited with its Build Back Better proposal to spend \$150 billion toward reducing waitlists for on expanding home- and community-based health services and increasing wages for in-home caregivers. But at press time, that plan had stalled in the House.

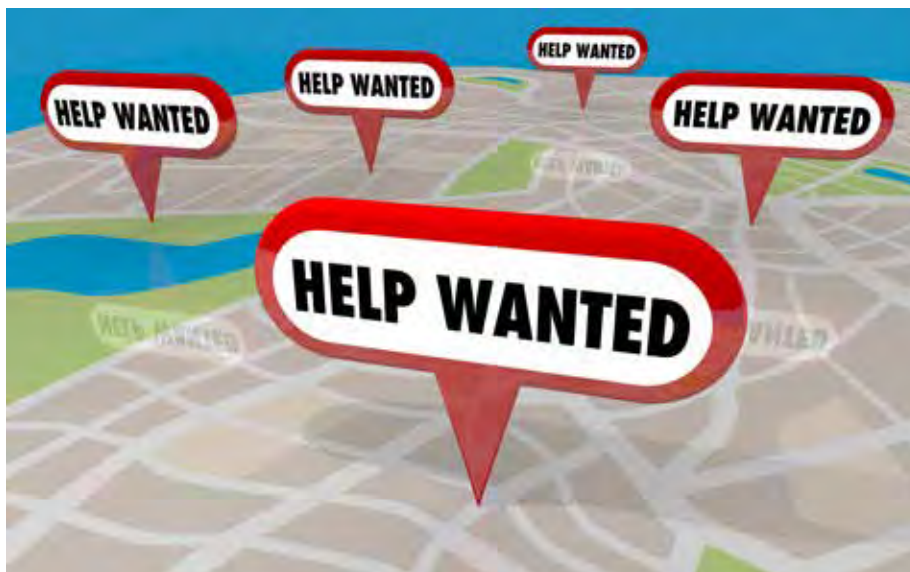
“While we hope the pressures will reduce somewhat in 2022 as more people enter back into the labor force, we know staffing will continue to be the No. 1 issue for the homecare industry in 2022 and beyond,” said Jake Brown, CEO of Always Best Care.

Buy Buy Baby Boomers

Despite concerns about staffing and supply chains—and some worry that interest rates will increase more than once in 2022—mergers and acquisitions (M&A) are expected to continue unabated.

Health care M&A activity was robust in 2021—maybe even record-setting—with a more than 25% increase in transactions, according to the law firm Epstein Becker and Green.

Homecare has been part of that rush, said Bradley Smith, managing director and



According to PHI, the long-term care industry needs to fill 7.4 million job openings from 2019 to 2029.

partner at VERTESS, an advisory firm specializing in health care. Smith said activity was seen as likely to slow at the end of 2021, in part because some mergers were thought to be driven by worries about an increase in capital gains taxes starting Jan. 1, but that didn't happen.

At VERTESS, they're seeing more new clients than ever before at the end of the fourth quarter, which usually isn't a big time for new business.

"This year has been our best year ever, and I talked to other M&A advisors/firms and they're saying the same," Smith said.

Two main factors driving current M&A activity are expected to persist into 2022: liquidity in the market (estimated as around \$2.5 trillion), and a continued retirement of baby boomers, who own most of the companies in the U.S. When investors are willing to pay eight to 10 times of a company's annual earnings, it can make it easier for someone approaching retirement age to decide to sell, Smith said.

"I don't see it slowing down anytime soon with that much money out there," Smith said. "People are realizing, 'hey, there are more things to life than work;' people are seeing that and saying let's sell, let's go on a new adventure."

Telehealth, Competitive Bidding, Vaccines & More

Smith said that part of the appeal for investors buying homecare companies are new opportunities in technology. Indeed, the COVID-19 era has brought an intensification of technology use out of sheer necessity and the loosening of federal and state restrictions—and as a way to patch staffing problems. One thing to watch for in 2022, according to the National Association for Home Care & Hospice, is whether telehealth waivers are extended beyond the public health emergency.

One thing we're unlikely to see coming out of Washington in 2022 is a new competitive bidding program, at least not on any grand scale. Round 2021 of the DME Prosthetics, Orthotics and Supplies (DMEPOS) Competitive Bidding Program was suspended for all product categories except off-the-shelf back and knee braces—and few believe the few program will be back online in 2022 or even 2023.

And, thanks to regulatory moves in 2021, there may be opportunities for growth in complex rehab technology and home infusion in 2022, plus the possibility of expansion efforts for palliative care. And at press time, providers are watching the courts ping-pong the health care worker vaccine mandate back and forth.

Whatever may be coming down the pike, home health, hospice and HME operators have shown that they can be ready. **HC**

Hannah Wolfson is editor of HomeCare magazine.



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If You Build It, They Will Come

Big investments fuel record growth in home accessibility market

By Jim Greateorex

In Iowa—where VGM Live at Home is based—there are two sayings from the iconic movie “Field of Dreams” that are reiterated often. They are, “If you build it, they will come;” and “Is this heaven? No, it’s Iowa.” I can’t help but think of these two phrases as I report on the current state of the home accessibility market.

Clients Are Starting to Come

For many years, the home accessibility contractor market has been asking whether clients will respond if a service platform is built that allows people to age in place successfully. In the last two years or so, the health care industry as a whole has seen a spike in support for telemedicine, hospital-at-home programs and other services that help people remain in their homes over the years; in-home care is also growing at a rapid rate. New technologies for senior home automation and easy connectivity to family are growing markets. But until recently, little attention was paid to the home living environment. It seems home access professionals are now being welcomed to the party as others in the care continuum are realizing that their concepts don’t work if the home setting isn’t appropriate.

Big Boxes Bust In

It all started when big box stores decided to make plays in the home accessibility market. Home Depot was the first to publicly announce that they had an agreement in place to work with National Seating & Mobility (NSM). Then Lowe’s publicly announced their program—called Lowe’s Livable Home—with agreements with Lifeway Mobility and Harmar. Together,

New businesses are being established with above average success rates and sustainability—but the market is far from saturated.

Home Depot and Lowe’s have 4,000 stores in the U.S. with high traffic. As they roll out their programs, there is and will continue to be increased consumer awareness of the aging-in-place market. Lowe’s also recently announced they had an agreement with AARP to help provide tips for successfully aging in place. In the 24 hours after the announcement, there were almost 100,000 impressions or downloads of that message.

New startup companies are bringing technology solutions to market that connect clinical, consumer and service providers. These companies are well funded and are working to provide conduits that will bring awareness to all parties about the services available that enhance the choice to stay home. Most of these startups realize they need a reliable, vetted professional home accessibility contractor referral resource as part of any successful program. With the whole home access industry still in the maturing mode, there are many entrepreneurial opportunities available and many hats will be thrown in the ring. Not everyone will be successful, but for those who are, there is a fantastic opportunity to make the final years of life much better than it is in too many cases today.

Even though established home access contractors had ups and downs in 2020 (like

many other businesses), the vast majority still experienced modest growth. In 2021, once people got vaccinated, the demand for services had a noticeable uptick and almost everyone VGM Live at Home works with is in line to experience double digit growth. New businesses are being established with above average success rates and sustainability—but the market is far from saturated. There is still a need for professional companies to meet the increasing demand for home accessibility contractors. The industry is in a build more phase because more people are realizing the need and clients are coming in quickly.

Legislative Push

The government is also starting to take notice. The great news is there are six different pieces of proposed legislation that mention home safety upgrades. The not-so-great news is that all of the bills focus mostly on other services and have no clear path to benefit taxpayers. The Homes Renewed Coalition had some success in 2021 lobbying for a bill that would provide tax breaks for homeowners who make specific approved home safety upgrades. The approach has been to put together a bill that would allow homeowners to use retirement funds tax free on home accessibility upgrades.

Like all bills, there has been a wait as the Congressional Budget Office looks to score the bill to get an estimate of how much it would cost. The good news is that a competing bill with a projected higher cost came back from scoring with a lower estimate than expected. It's within probability that the Homes Renewed effort could come in with a cost very close to neutral, which would make it a non-partisan issue; therefore, it could be added to any bill package without requiring up or down votes. If this happens, consumer awareness will get a dramatic boost.

Is This Heaven?

While the home access industry is clearly on an upward trend, it's not heaven yet—there are challenges aplenty! Despite the nice growth the industry is experiencing, it is also bumping up against the supply chain challenges affecting other industries.

Freight delays, damage and price increases are also prevalent. Contractors are seeing crazy volatility in building material prices and struggling to find and keep quality employees, which causes delays in getting projects completed. Somehow through all that, the industry is still seeing record growth for many.

Professionalizing the Industry

The home access industry is still maturing. Providers and contractors need to concentrate on defining the field so prospective clients know what the experts do and that they exist. There's also a need to bring meaningful professionalism that will elevate dedicated workers. There are several certification programs in the marketplace, but currently there is no legal requirement for a contractor to earn and retain a certification to complete an accessibility modification to a home. Industry leaders

hope to change that soon. Because they serve the senior market and people with mobility limitations, providers have no chance of being taken seriously unless their motives are pure and the needs of clients are handled with the highest ethics and service.

The home accessibility business gets to participate in preserving the home—and it's not just about the house. Home is where all the great memories are made and loved ones either live or visit frequently. Home access modification is meaningful work, and it means a lot to the people served. Entrepreneurs who enter the business and understand the customer that comes with the work have a great opportunity for growth in a fun industry. **HC**

Jim Greatorex is vice president of VGM Live at Home, based in Waterloo, Iowa, and is a member of HomeCare's Editorial Advisory Board. Contact him at jim.greatorex@vgm.com or vgmliveathome.com.

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Value-Based Care Can Do More

New model should address SDOH at home

By Cynthia Miller & Maureen Hennessy

In late 2021, the Centers for Medicare & Medicaid Services (CMS) announced that it would be expanding the Home Health Value-Based Purchasing Model (HHVBP) nationwide. The HHVBP is a five-year project from the Center for Medicare & Medicaid Innovation designed to improve the quality and cost effectiveness of home health.

As the population ages, the demand for home health continues to grow. In addition, trends related to end-stage renal disease, the COVID-19 pandemic, innovative partnerships and health equity have emphasized the need, safety and cost savings associated with care in the home. Expanding the HHVBP will offer an important new level of sustainability for the Medicare program and for preserving health and function in seniors.

What is the HHVBP Model?

CMS initiated the HHVBP model in January 2016. All Medicare-qualified home health agencies (HHAs) in Arizona, Florida, Iowa, Massachusetts, Maryland, Nebraska, North Carolina, Tennessee and Washington were required to participate. The goal was to incentivize quality and efficiency through performance-based payments, to assess new quality metrics and to increase the reporting of HHA quality.

Quality was measured using four HHVBP measures that made up the Total Performance Score and measured unplanned hospitalizations, emergency department use (without hospitalization), patient function and patient ability to stay at home. The fourth annual report produced in May 2021 showed that the model lowered Medicare spending by \$604.8 million, secondary to reduced inpatient and skilled nursing facility

admissions. Evaluators postulate that skilled nursing and therapy visits were increased after hospital discharge, leading to reduced admissions to higher acuity care settings. In addition, there were slight improvements in quality, and access remained stable. Of concern is that the model identified disparities in improvements in self-care and mobility amongst Medicaid patients compared to non-Medicaid patients.

Based on these findings, CMS decided to expand the HHVBP model and released a final rule on Nov. 2, 2021. All 50 states, the District of Columbia and territories will be required to participate and will receive a positive or negative payment adjustment based on performance relative to peers. The first performance year will be 2022, with the first payment adjustment in 2024.

Included in this proposal is expansion of health equity considerations in the new model, given persistent health disparities, especially those highlighted during the COVID-19 pandemic. Implementing this expansion may reduce costs and improve quality in homecare, which is important as the industry continues to experience a steady growth pattern.

Homecare Industry Growth & Spend

The home health industry continues to grow, with a 90% increase in spending since 2002 and steady job growth that's now twice the level it was in 2003, according to a 2020 study by Avalere Health. Of note, the number of individual HHAs has declined, which does not align with the job growth or spend. However, this was found particularly in Florida because of a CMS moratorium on new Medicare HHAs in the state.

The 2020 Alliance for Home Health Quality and Innovation report shows that, as in earlier years, home health recipients tend to be older, lower income and facing more chronic medical conditions than the average Medicare beneficiary; the majority are over age 85 and have five or more chronic conditions. The top three reasons for home health admission have been steady. Septicemia is now the top reason, followed by hip or knee replacement and heart failure. Interestingly, the number of recipients with serious mental illness has grown significantly as compared to the average Medicare recipient, reasons for which are unclear. These growth trends, particularly in spend, may have motivated CMS's development of the HHVBP pilot, and are now magnified given the pandemic and other health care developments.

Multiple Trends Have Converged

Several changes in health care and policy have come together to fuel continued growth of home health. The COVID-19 pandemic and the shift toward value and away from fee-for-service will continue to drive seniors and others towards home health. Chris Johnson, CEO of Landmark Health, noted that home health has traditionally been reserved for wound care, rehabilitation and insulin education for people with diabetes; however, as hospitals were overrun and primary care doctors moved to telehealth, a need arose for acute care at home. During COVID-19, CMS allowed for acute care in the home as part of the public health emergency, allowing conditions like mild exacerbations of chronic obstructive pulmonary disease (COPD) or congestive heart failure (CHF), dehydration

and urinary tract infections to be managed at home rather than in the emergency room.

Additionally, in 2019, the Trump administration announced a program to transform chronic kidney disease care, shifting dialysis from centers to the home, which is historically believed to offer improved outcomes at lower cost, although this has been recently disputed in an article for ISPOR's Value in Health journal. Insurance providers are also looking to provide more care at home. UnitedHealthcare includes HouseCalls, a one-time home visit to assess social needs, preventative needs and general well-being. Aetna covers telehealth for all of its Medicare Advantage plans for primary, urgent, specialty and behavioral health care.

Advancing Racial Equity

Upon taking office, President Joe Biden signed an executive order to achieve health equity called "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government." Home health is in the unique position to meet that order by addressing social determinants of health (SDOH). A 2021 PRECISIONvalue survey of health payers, systems and pharmacy benefit managers found that 90% of respondents thought addressing SDOH was moderately to very important for reducing admissions and readmissions, emergency department visits and 30-day mortality rates after hospitalization. Another 2021 PRECISIONvalue survey showed SDOH was the top challenge for care managers.

Home health nurses assess the home regularly for multiple disease modifying factors. For a patient with CHF, they may identify food insecurity (i.e., insufficient affordable and nutritious food), that leads to a predominance of high salt and processed foods, or, in the case of a patient with diabetes, a lack of fruits and vegetables. For the patient with COPD, home health nurses may identify environmental hazards such as secondhand smoke. They can also evaluate social support networks, home safety and medication utilization by noting other members of the household, shower chairs

and stability bars, and the presence of pill bottles. All these factors aren't necessarily visible to the primary care doctor or the emergency room physician, yet they play a role in disease management and addressing them can prevent exacerbations. The home health nurse plays a vital role in addressing SDOH to manage chronic disease more effectively and cost efficiently.

Four Concerns About the HHVBP

CMS must address several challenges of the HHVBP model that prevent the neediest agencies from achieving goals and exacerbate financial disparities and health inequities for certain communities.

1. Data from the HHVBP model found disparities between Medicaid and non-Medicaid participants. Poor housing, social stressors, nutrition and health literacy may impair ability to improve in certain metrics, such as mobility and self-care.
2. Not all users of home health care improve, and this may be missed in current metrics. Some may only stabilize, which may still be a favorable outcome, since in certain disease states the patient is expected to steadily decline.
3. The Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) survey questions and responses rely somewhat on a person's ability to receive and process information, caregiver support, and level of health literacy, and could adversely impact survey scores when proxy respondents are used. Therefore, some HHAs serving vulnerable populations may be at a disadvantage.
4. Agencies may consolidate because of the data reporting requirements, which may reduce competition and concentrate disparities.

Strategies to Improve Health Equity

Because the populations served by home health agencies tend to be older, lower income and vulnerable, the HHVBP model needs to be evaluated in terms of health equity. Here are some ways that HHAs and

the HHVBP model can address these issues:

- Publicize innovative models that include a screen for social determinants of health within the initial patient assessment
- Partner with stakeholders like payers and pharmaceutical companies to create a tool kit that addresses gaps uncovered in the health screen.
- Partner with agencies to survey homecare nurses about patient needs for housing and food security, home and neighborhood safety, and transportation in their community. Those needs may then be addressed by appropriate community resources

Conclusion

Multiple trends have driven the delivery of health care to the home, including cost, infectious disease, convenience and an aging population. The HHVBP model supports this trend by incentivizing quality and time at home. However, the pandemic has put a spotlight on the growing health inequities in our nation, and the HHVBP model has not been developed to address these issues.

To prevent even larger societal divisions, CMS needs to implement solutions to refine the HHVBP model to focus on inequities using the support of other health care stakeholders, including communities, payers and pharmaceutical entities. Focused screening on social determinants of health, tool kits to utilize the results of those screenings—including effective processes for identifying and connecting patients with relevant resources—will help prevent the exacerbation of current health inequities. **HC**

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REMOTE PATIENT MONITORING

Sleep Is the New Vital Sign

Advances in remote patient monitoring point the way to better rest

By Terry Duesterhoeft

During the past 18 months, there has been an explosion in the use of remote care modalities, and many things once relegated to the health care vernacular—such as telehealth, remote patient monitoring and virtual care—are now household terms.

Along with the rise in popularity of remote care platforms, there has been a deeper understanding of the benefits of measuring the data points that make up traditional remote patient monitoring platforms, such as blood pressure, weight and heart rate.

Those in the remote patient monitoring (RPM) space have also seen something percolating on the horizon for a while now—the idea of sleep as a clinical marker.

Why? Well, really, it's a trifecta of factors:

- Consumer demand has accelerated broader awareness for sleep data;
- The technology for monitoring sleep has gotten better; and
- Poor sleep is now widely recognized as a primary indicator for developing or exacerbating chronic conditions.

Consumer Demand

Sleep has been having a moment in the health tech market for some time now. Wearables manufacturers—from fitness trackers to smartwatches to rings—discovered years ago that they could provide consumers with sleep data based on their heart rates and body movement during resting hours.

For consumers, seeing patterns of light and deep sleep, and even points of waking in the night that they might only vaguely recall, was a true technological breakthrough—and immensely exciting. Or at least it was at first.

As sleep weaves its way into more formalized remote patient monitoring platforms, there will be a marrying of sleep data points with more traditional data points.

According to New York Times technology journalist Brian X. Chen, “[the] excitement ended there. Ultimately, the technology did not help me sleep more. It didn’t reveal anything that I didn’t already know, which is that I average about five and a half hours of slumber a night. And the data did not help me answer what I should do about my particular sleep problems. In fact, I’ve felt grumpier since I started these tests.”

Chen also realized he isn’t alone: a study from Rush University Medical College and Northwestern University’s Feinberg School of Medicine found patients complained about sleep data collected by apps and devices from Nike, Apple, Fitbit and others. Their research cautioned that sleep-tracking tech could provide inaccurate data and even worsen insomnia when people became obsessed with getting a perfect night’s rest.

But it’s likely that the “grumpiness” with the data points is tied to another aspect related to consumer-driven health and wellness devices: The data points don’t tie back to actionable insights to help make people healthier or show an actual impact on other health markers, such as blood pressure or weight.

And that is what the industry could start to see in the very near future: As sleep

weaves its way into more formalized remote patient monitoring platforms, there will be a marrying of sleep data points with more traditional data points. This will allow health care providers to have a much more robust picture of patient health in order to make recommendations for improved patient outcomes.

Technology Advancement in Sleep Monitoring

Sleep monitoring isn’t new—in fact, sensors have been used to study sleep for decades. The gift that longevity has given the industry is the development of a gold standard by which to measure all other sleep monitoring devices against—polysomnography (PSG) paired with clinical evaluation, both of which are typically accomplished in a laboratory or other professional setting.

But because a lab setting is neither a practical nor inexpensive way for consumers and their health care providers to discover more about their sleep patterns, there has also been a steady influx of investment into the sleep monitoring technology space.

In fact, according to some reports, parts of the sleep health industry have grown at more than a 15% compound annual growth rate for the past several years—with no



signs of slowing down. This has resulted in a bevy of smaller, less obstructive and more portable devices, including:

- Bed sensors
- Smartwatches and fitness trackers
- Mobile phone sensing
- Wi-Fi and radio-signal approaches

While those new technologies hold immense promise for consumers and their health care providers to be able to extract valuable insights from sleep patterns, what they lack is the key ingredient needed to be used in a health care setting: a demonstrated alignment against the validated PSG gold standard.

Unless a device has been satisfactorily tested against polysomnography, no physician in the world would risk making a patient assessment based on the data. I expect more manufacturers will start making the move to clinically test their devices against PSG and market them based on adherence to that standard.

Sleep as a Clinical Marker

With demand and technology firmly moving

into place, the final piece of the puzzle can be more fully explored, and that is the demonstrated link between sleep and an array of chronic health conditions.

According to the recently released position statement from the American Academy of Sleep Medicine, “Current data supports the importance of healthy sleep for cognitive and mood function, as well as cardiovascular, cerebrovascular and metabolic health. Chronic insufficient sleep was found to be associated with increased morbidity and mortality, while extending nightly sleep duration in these patients was associated with health benefits.”

If sleep is a primary component in caring for people with chronic conditions, then monitoring the quality of a patient’s sleep is the first step toward being able to give health care providers the information they need to make better decisions when it comes to care plans.

But providers and patients can’t do that without also creating the ability to analyze the data on the back end. No physician wants to receive individual sleep graphs for 278 patients every day.

What physicians do want is a single dashboard that provides them with a clear picture of how every one of their patients is doing. Maybe that’s a sleep score that’s combined with early morning weight and then measured against parameters set by the physician for their patient set, much like what we see with traditional remote patient monitoring dashboards.

With the demand for sleep monitoring coming from consumers, and the technology advancements that can be validated against gold standards such as PSG, providers simply need to connect all the dots to be able to take sleep and use it to give them the same type of insight they get from other clinical markers.

The world of RPM is about to get bigger—with data sets that include a lot of Zs.

Terry Duesterhoeft is chief product innovation officer for EarlySense. He is an experienced leader, proven innovator and health care domain expert. He is passionate about using technology to improve the precision, affordability and accessibility of health care and has done so at companies such as GE Healthcare, Honeywell HomMed and A&D. His expertise lies in digital health, telehealth, medical devices, artificial intelligence and imaging.

Bracing Against the Breach

What HME leaders need to know about cybersecurity

By Jeff Woodham

When it comes to cybersecurity in the home medical equipment (HME) space, the top three things providers need to understand are the risks to their organizations and patients, their technical threats and vulnerabilities, and how to improve their cybersecurity posture. Let's take a deep dive into all three.

Cyber Risks for HME Providers

First, let's explore the ways that cybercriminals can cause harm to HME providers and their patients. Unfortunately, there's no shortage of reasons why HME providers should take their organization's cybersecurity very seriously. Here are a few of the top motivators.

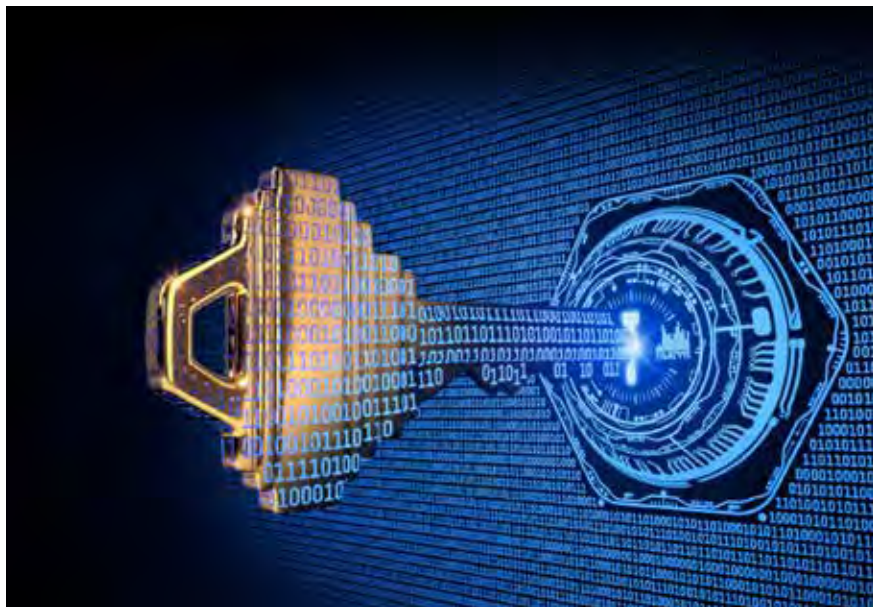
Cost

Health care's cyber risk landscape is treacherous. Many people don't realize how valuable health care data is to cybercriminals.

Patient information can be sold on the dark web at a higher cost than information from any other industry. This is because health care data can be used for long periods of time to create new identities, secure medical products for resale and even establish new credit.

Additionally, the costs of breach notification expenses, ransomware payments, and infrastructure repairs or rebuilds can be financially disastrous for those companies affected.

With health care experiencing more ransomware attacks than any other industry and the high cost of data breaches, HME providers simply cannot afford to overlook the importance of having adequate cybersecurity precautions in place.



Information

It's not all about the dollars. The data protected by proper risk management measures is just as important. The four major Health Insurance Portability and Accountability Act (HIPAA) rules are a clear indication of the importance of data protection:

- HIPAA Privacy Rule: Standards for the usage and disclosure of protected health information (PHI) for covered entities
- HIPAA Security Rule: Standards for ensuring the security and integrity of PHI and its electronic counterpart, ePHI; this applies to both covered entities and business associates
- Omnibus Rule: HIPAA compliance enforcement for business associates; standards for business associate

agreements (BAAs), which are mandatory for organizations that share PHI

- HIPAA Breach Notification Rule: Policies covered entities and business associates must follow in the event of a data breach

The more airtight an organization's cybersecurity measures are, the more easily it can comply with the major HIPAA rules, further protecting the company, its patients and their partners.

Safety

The new identities that can result from compromised PHI can create confusion around treatment history, medication records, etc.—all of which could create delays in treatment or even improper treatment for patients. Inaccurate treatment

and medication history can put patients' safety at risk. If medical products are stolen and resold as well, the risks extend beyond direct patients into the general public.

HME providers also need to take extra precautions to protect employee data such as social security numbers and payroll information. Providers also need to protect organizational data, including bank accounts and credit card numbers. If an HME provider experiences a breach and employee or organizational data becomes public or is used by cybercriminals, the organization could suffer the impacts of fraud, identify theft, cybertheft and public image damage.

Resolutions for Common Threats

Several areas within an organization's technology landscape need to be protected to ensure proper risk management. Similarly, several basic steps can be taken to greatly increase protection against cybercriminals, particularly when it comes to these common threats and vulnerabilities. Here are some of the most common entrance points for cybercriminals and tactics for addressing them:

■ Threat: Internet Connection & Outdated Systems

All inbound and outbound digital information has the potential to be compromised in the absence of protective edge connection devices like firewalls. Even with these protections in place, if cybercriminals can gain administrative access, the connection can still be penetrated. It's important to have business- or enterprise-level protection at the edge of the internet connection.

Additionally, outdated operating systems (OS), anti-virus and malware tools, and applications like Microsoft Outlook and Office mean known points of exploitation haven't been patched. Keeping servers and workstations patched and up to date is a best practice for organizational protection.

■ Resolution: Managed IT Services

To help secure an organization's internet connection, either internal or outsourced

managed information technology (IT) services are critical. Devices like firewalls, switches, routers and wireless access points should all be properly configured and secured; anti-virus and malware programs should be implemented to maximize coverage; server log analytics should be captured, reviewed and acted on; and OS patches for servers, desktops and mobile devices should be kept up to date.

It's also best practice to employ a 3-2-1 backup policy in the event data is breached. That means making sure in every case there are three copies of data (one in production and two backups), two different backup types (disk, USB, tape, etc.) and one copy offsite for disaster recovery.

■ Threat: Credentials

Without complex password policies, multi-factor authentication and/or control over third-party and vendor access, an organization's environment is vulnerable to easy incursion by bad actors.

■ Resolution: Multi-Factor Authentication

The bottom line is that a username and password are not sufficient for safeguarding access to an HME provider's environment. Multi-factor authentication is a simple way to add multiple layers of protection and typically involves one of three types of information: something you have (mobile device), something you know (the answer to a question) and/or something you are (a fingerprint).

■ Threat: End Users & Working From Home

Eighty-one percent of health care cybersecurity incidents can be attributed to employees whose devices are not controlled by the organization, whose web traffic isn't filtered, who fall for phishing scams that lead to ransomware or who demonstrate other negligent digital behavior—often unknowingly.

Furthermore, when employees work remotely, the organization runs the risk of losing control over cybersecurity efforts due

to the use of personal devices with improper tools or with only insufficient consumer-grade protection.

■ Resolution: Awareness & Training, Phishing Simulation, Policies & Procedures

At a minimum, employee onboarding must include cybersecurity education that should be refreshed annually. The effectiveness of this training should be assessed and adjusted regularly to ensure employees understand the risks and are doing their part to help the organization mitigate them.

Additionally, HME providers should regularly pressure test end user digital behavior via phishing simulation campaigns. These simulations can be further reinforced with extra awareness training for users who fail the test.

The ability to report on the failure rate, remediate the behavior and report on whether the failure rate decreases over time is a great way to measure the effectiveness of the training.

Finally, a sanction policy can enforce disciplinary actions when employees fail to comply with those policies.

Adequate protection against these common vulnerabilities goes a long way toward enhancing an organization's cybersecurity posture. Cybersecurity and cyber risk management are a continuous process—they are not one-time, one-off projects.

The statistics show that most organizations have experienced or will experience some sort of cyberattack. It's important for HME providers to understand the risks these attacks pose to their organizations and patients, the associated technical threats and vulnerabilities and how to improve their overall cybersecurity posture. **HC**

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3 Ways Technology Can Diversify the Care Circle for Seniors

Improving the ways post-pandemic care will be delivered to seniors & vulnerable populations

By Rosemary Kennedy

During the COVID-19 pandemic, seniors and vulnerable populations became more dependent than ever on their care circles, which included people from grandchildren to neighbors, professional helpers and health care providers—and home medical equipment (HME) providers. Care circles played a crucial role in assisting with errands and nursing care, and offered essential human connections that seniors were no longer receiving from the outside world.

The pandemic has also drastically impacted the homecare industry and pushed many older adults to receive care at home rather than at long-term care facilities or nursing homes. An analysis of federal data by the Wall Street Journal found that nursing home occupancy rates in the United States have dropped 15% since the end of 2019. Meanwhile, an AP-NORC Center study published in May 2021 found that 88% of Americans prefer to receive care at home as they age, while only 2% said they want to receive care in a nursing home.

While patients are less inclined to receive care at a nursing home, seniors and vulnerable populations have also become increasingly reliant on easy-to-use technologies to interact effortlessly with their care circles. According to Peter Rinderud, a senior researcher of statistics at Ericsson, more seniors turned to the internet and electronic devices due to isolation and feelings of loneliness during the pandemic. This came after seniors had already closed the “smartphone usage gap between them

and younger generations,” he said, citing Ericsson research.

Every day, most seniors browse the internet, use instant messaging and social media, watch videos and communicate via video calls. These trends are important to note for the homecare industry because internet skills will be critical for seniors moving forward as “more health appointments, services and products are migrating online,” Rinderud points out.

According to a 2018 study in *The Journals of Gerontology*, seniors have four social network types: restricted, child-based, friend-oriented and diverse. Friend-oriented networks are more common in Western and Northern European countries. Technology has been a critical asset for the many seniors who are part of restricted networks in which they have fewer sources of support and little interaction with network members.

Researchers say, “those with restricted networks tend to have the poorest well-being,” due to “few sources of support and little interaction with network members,” while those with diverse networks fare the best. However, technology that connects to the outside world can be used by family members and providers to improve the overall experience for patients in restricted networks.

Beyond Telehealth: Technologies That Support Safe Aging In Place

As the country adapts to COVID-19, homecare operators and clinical staff should

recognize that older adults and vulnerable patient populations prefer to continue to receive most of their health care and other services at home.

Approximately 85% of older adults have at least one chronic condition and 60% have two or more conditions that make them more vulnerable to serious illness. Expect to see a pattern of continuing wariness about in-person visits with clinicians and others for the foreseeable future—and thus a greater reliance on technology.

Going forward, care providers must offer older adults and vulnerable populations multiple channels to connect with their care circles for health care services, medical emergencies, ongoing monitoring or even just to chat with a loved one. The introduction of new care models and technology advancements over the last few years have opened more options that help people age safely at home, and HME providers can help provide the hardware and support for these services and increase their bottom lines in the process.

Specifically, researchers expect to see an acceleration of the following three technologies as seniors increasingly choose to spend more time at home in a post-COVID-19 world.

1 PERS

During the pandemic, personal emergency response systems (PERS) became even more essential for home-bound seniors and vulnerable populations,

offering immediate medical help and fostering human connections. Rather than being dependent on a cellphone, users can press a button via a device worn around their neck and receive assistance for any reason.

PERS systems connect to an operator at a call center within seconds. The technology allows the operator to send the appropriate responder based on a person's needs, including emergency services, caregivers, family members or neighbors. As seniors continue to spend more time at home, a human voice can offer a sense of security and safety that doesn't happen with voicemail or text.

2 RPM & Hospital-at-Home Models

Older adults with chronic conditions such as diabetes and high blood pressure, as well as those with acute illnesses, are more likely to receive care at home moving forward due to the physical difficulty of going to a doctor's office or hospital, coupled with the lingering fear of COVID-19. Remote patient monitoring (RPM) and hospital-at-home models will play a critical role in providing their ongoing care.

Over the last few years, RPM technology has become more advanced and simpler to use. For example, patients can easily measure their blood sugar and blood pressure at home using wireless devices that transmit information to a dashboard to be read by a medical professional who is watching and responding. The hospital-at-home model uses similar technologies to offer acute patient care.

3 Prepackaged Apps

Mobile apps that bring together care circles in an effort to help seniors, vulnerable populations and other individuals who may be prone to social isolation become more engaged are growing in popularity.

These apps come pre-loaded with an individual's care circle, allowing one-click texting and calling to family and friends, caregivers, shopping and other activities. For instance, a person will be able to access news and events happening in the world around them to reduce social isolation.



Technology Redefining Homecare

The new ecosystem of providing health care and safety in the home is here to stay and will continue to evolve as more consumers demand it. Seniors, including baby boomers, will significantly influence the growth trajectories of both RPM and hospital-at-home, especially since the pace of people turning 65 each day isn't expected to slow until at least 2060.

The broader health care system will also benefit as technology increasingly allows care to move more effortlessly into the home. For example, once patients leave the clinical setting, clinicians often lose visibility into a person's health and safety. PERS and RPM technologies can fill these gaps by generating key patient data on falls, calls into a call center, respiratory device usage, chronic conditions and additional information that can lead to actionable insights as well as proactive intervention.

One critical example of these technologies in action took place during the peak of the pandemic, when RPM systems were able to identify COVID-19-related symptoms early on, allowing interventions to occur before a person's condition deteriorated and they were admitted to the emergency room or the ICU. At the same time, providing care teams with actionable

patient data frees them up to spend time on those who need it most while reducing hospital admissions and readmissions.

With access to more real-time patient information, homecare clinical teams can coordinate or change a plan of care based on these insights. This is a goal that the industry as a whole should be working toward.

In the future, the role of technology in improving the health of patients as they age will continue to grow, allowing more people to live at home longer.

New health care technologies, namely PERS, RPM and prepackaged apps, are taking the pressure off the health care delivery model's need to provide costly, labor-intensive care in hospitals and doctor's offices. Instead, early interventions using new technologies are reducing costs and helping individuals live at home safely and with dignity, all while supporting holistic, value-based care. **HC**

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4 Resolutions for Elevating Your Homecare Agency in 2022

Prove your worth across the care continuum

By Michelle Cone

In two short (but very long) years, the homecare industry has changed forever.

Traditionally, homecare was built on delivering high-quality services wherever clients call home. Almost without exception, these services were downstream within the care continuum, and were thus limited in scope. Then came COVID-19.

Suddenly, the pandemic's at-home-first approach forced health care providers to collaborate with homecare agencies throughout the patient journey. Homecare agencies demonstrated remarkable value in helping clients get the right level of care at the right time. COVID-19 highlighted the common goals in health care, whether that was reducing fall risks, preventing readmissions or saving Medicare dollars. The wider health care industry took notice, and more providers across the continuum came to recognize homecare's impact.

Now, at the start of 2022, homecare agencies face a fork in the road. Those who innovate and differentiate, building brand programs, partnerships and new initiatives, will thrive. The others, who continue to focus solely on companionship and basic self-care support, will lose out.

Will your agency thrive or struggle to survive in 2022 and beyond? In large part, it depends on the investment that you or a franchiser put into new programs and partnerships throughout the continuum of care. If you're unsure of where you are,

benchmark yourself against these four resolutions for 2022 and beyond.

1 Offer purposeful brand programs.

What is a brand program? It's a carefully designed, targeted offering that elevates what you see in the industry and brings in components of skilled partner roles, such as risk assessment tools. Brand programs help you capture upstream opportunities, deliver better outcomes and prove your worth to partners across the continuum.

Preventative care is an area where homecare's potential value is huge. For example, falls are a top driver of hospitalizations in the senior population, and spiral into other consequences including social and physical decline. A fall prevention program that is designed to include risk identification and assessment tools, home safety assessments and lifestyle modification recommendations belongs at the top of any future brand program list.

The industry also has a big role to play in addressing social isolation—a public health crisis exacerbated by the pandemic, which is costly not just in dollars but in lives lost. A program designed around enjoyable activities for clients to rediscover or try for the first time is a remarkable differentiator for families and partners alike.

Consider palliative care and hospice care support, where homecare agencies have a unique opportunity to make a difference.

Multiple chronic conditions account for two-thirds of the nation's health care costs; in-home support promises significant cost savings. The industry is seeing payer sources recognizing palliative care as a benefit, with states putting palliative benefits forward at a federal level to recognize palliative care as a service line.


Finally, transitional care is an area where a purposeful program equips your agency to play a pivotal role. A transitional care program should be designed to minimize the risk of hospital and rehab readmissions when clients return home.

What other trends and issues do you see beyond your clients' core needs? Think outside the box to incorporate revenue and client acquisition opportunities—and pay attention to health care trends at a government level, such as Medicare Advantage covering palliative care.

2 Invest in your team.

You might have the best brand programs out there, but you can't deliver them without your caregivers on board. As you roll out your brand programs, make sure that your caregivers know they're the front line of delivery. Without them, it's all just noise.

You need to empower your caregivers to be your clients' biggest advocates and cheerleaders. Let them know the long-term approach you're taking—including how your programs will contribute to their



Think outside the box to incorporate revenue and client acquisition opportunities.

effectiveness and job security. Don't shy away from having this conversation with caregivers; doing that exacerbates the recruitment and retention problems that you know only too well.

Only by taking care of your care managers, administrative staff, and caregivers—the backbone of your agency—can you do what's right by your clients. Treating staff as a commodity won't fly next year, if it ever did.

In short, you can't succeed without the right people in the right seat on the bus.

3 Invest in your referral partners.

Always look upstream to the issues that your referral sources and skilled partners recognize and how you might tackle them in the home. How can you translate the goals of your partners—the physical therapists, nursing staff and social workers—to the in-home space?

Sometimes homecare agencies are limited in what they can do, but you can still work to understand the challenges. It requires open communication and taking a position of partnership.

In 2022, successful agencies will move beyond simply selling the activities of daily living to focus more on the needs of referral partners and the issues they're looking to solve. They'll also educate partners on the value they bring, the common goals they share and how they can work as an extension of their team.

4 Capture data to drive partnerships.

Analytics allow referral partners to make confident strategic partnership decisions, and partners look to agencies to provide the data they need. As an industry, providers should continually capture data to prove value. Readmission rates, fall rates—capture and track them all.

Whatever operating software you use, aim to optimize it without taking any shortcuts. After all, it can only run the reports that demonstrate your proof of value if you enter the correct information into it. Let your care managers and team know that in capturing the data, they're building opportunities for partnerships down the road.

Develop a thirst for data capture and think of it the way your skilled partners do. It saves time and money in the long term. Why are clients using you? What brand programs do they like? Why are you getting referrals? Data provides the direction you'll need next year and beyond—without it, you're blindfolded in the middle of a freeway.

Looking Forward to 2022

As a homecare provider, 2022 is your year of opportunity. Health care systems are recognizing your value. You're uniquely positioned to support better outcomes for clients in the comfort and familiarity of home. Here's to more clients, to more growth and to having a greater impact on your community. **HC**

Michelle Cone is senior vice president of training and brand programs with HomeWell Care Services, franchised by HomeWell Franchising Inc., a nonmedical in-home care franchiser. A licensed home health administrator, she has more than two decades of extensive health care experience in the post-acute care space. Visit homewellcares.com.

ACCREDITATION

How COVID-19 Reinforced the Important Role of Home Health Care

As growth continues, certification remains critical

By Susan Mills

Hospitals got much of the attention during the COVID-19 pandemic, but as inpatient beds became scarce and people sought other options for care, home health agencies rose to the challenge, underscoring the benefits in-home care brings and highlighting the important role this industry segment will play in the future.

Home health care typically falls into a rehabilitative or maintenance role in the continuum of care after a patient leaves the hospital or an inpatient rehab facility. However, it's now commonplace for nurses and caretakers to treat patients with higher acuity needs in the home with skilled treatments and services, such as home infusion therapy, physical therapy and hospital-at-home programs, allowing people to heal in the comfort of a familiar environment. The pandemic has been a catalyst for home health agencies to further adapt their service offerings with new technologies and enhanced infection prevention measures to keep patients safe at home.

Agency innovation also has enhanced the numerous benefits that home health care provides, including more personal and flexible care, treatment in the comfort and convenience of one's home, and the option to choose an accredited provider that offers quality services that meet or exceed federal standards for health care quality.

A large, stylized green graphic of the number 70 followed by a percentage sign, indicating a significant statistic.

of Americans turning 65 are expected to need extended services and support at some point; 20% will need care for more than five years.

Growth in Homecare Services

The demand for quality homecare services is expected to grow substantially over the next decade. According to [longtermcare.gov](https://www.longtermcare.gov), almost 70% of Americans turning 65 are expected to need extended services and support at some point, and about 20% will need care for more than five years. A report using data from 1995 to 2014 showed that nearly half of Americans turning 65 will require some form of paid long-term care to keep them in their homes and communities.

While home health primarily serves an elderly population through referrals from hospitals or physicians, there has been a recent and marked shift to a younger population of people in their 40s and 50s using these services. As more surgical procedures are performed in outpatient settings, home health provides the follow-up care that would previously have been part of a hospital stay. And again, the pandemic has played a role in creating a patient population

that benefitted from in-home treatment for COVID-19 or post-COVID-19 symptoms.

A survey of Massachusetts home health and homecare agency managers conducted in June 2020 to assess the impact of COVID-19 on agencies, clients and aides showed that nearly 60% had provided services to clients with COVID-19—and that was early in the pandemic.

Knowing the Patient Best

Home health clinicians are positioned to know patients well—their connections with clients are deeper than an average provider-patient relationship. These direct care workers must earn trust and manage family dynamics by expertly combining clinical skills and flexibility with humility and critical thinking. As a result, they are armed with the latest and most important information about their patients and are typically the first to know of any changes in a person's condition.

Whether during recovery from a surgery, an injury or a long illness, home health aides, therapists and nurses become advocates for their patients by flagging concerns and observing for change at a time of health vulnerability.

Home health clinicians also are often relied on to make the transition to hospice, palliative programs or skilled nursing care an easier and more efficient process. Therefore, they are often considered the most important resource for physicians and other frontline professionals on a patient's health care team.

A Safer Place to Heal

In addition to providing skilled clinical services, home health agencies can provide support to handle a variety of tasks, including assisting with medications, meal preparation, cleaning and bathing, dressing, exercise and other daily activities—all of which play a crucial role for the long-term care and well-being of the patient.

In-home health services allow adults who need daily assistance to access it where they are most comfortable, allowing them to maintain an independent quality of life. They also remove people from the acute care setting, where they have a greater risk of infection from COVID-19 or other illnesses, or where capacity limits may exist. According to a 2020 Kaufman Hall survey, 54% of consumers cited fear of contracting COVID-19 as a primary reason to delay care, with 43% citing a fear of going to the hospital as the reason.

But it's not only patients who want to heal at home. A recent article in *Forbes* references a recent William Blair survey in which 81% of physicians responsible for discharge planning now prefer to refer their patients to a home health agency versus a skilled nursing or rehab facility, a statistic up dramatically from before the pandemic.

The home setting allows the family to be more proactively involved in the plan of care. It also offers patients more control and input into the care provided. Patients have the option of changing a nurse or aide—a choice not typically available in a facility setting.



Home health care agencies follow strict policies and guidelines for the services provided in the home setting. While some procedures were typically only conducted in a hospital or rehab center, nurses and caretakers are now trained to handle new and modern equipment that can be brought into the home.

Certified Care

All home health agencies must be certified through the Centers for Medicare & Medicaid Services (CMS) and their state. A survey for Medicare certification must come from a CMS-approved accreditation organization (AO) or the state agency. Most often, an AO is the timelier option and some states also accept an accreditation survey in lieu of a state licensure survey. In other cases, some home health agencies choose accreditation because they want to achieve higher standards of care and appreciate the independent third-party validation of their quality.

Agencies also can add certain distinctions for specialty services. For example, the industry has seen a dramatic increase in telehealth platform use in response to COVID-19. The Accreditation Commission for Health Care (ACHC) recognizes the value telehealth offers to improving patient care delivery and lowering

costs and offers a Distinction in Telehealth designation for care providers who use connected health platforms for home health as well as ambulatory care, behavioral health, hospice, private duty nursing and renal dialysis.

Conclusion

The pandemic has served as an innovation catalyst for the burgeoning homecare industry and has spotlighted its importance in the health care continuum. Home health care will likely only continue to grow as millions of aging Americans require long-term care and as younger individuals realize the many benefits of healing at home.

Home health agencies are continuously developing new and creative ways to provide care at home that previously only took place in skilled nursing facilities or hospitals. Accreditation will assure those services provided meet important quality standards. **HC**

Susan Mills is senior program director for the Accreditation Commission For Health Care (ACHC), overseeing ACHC's ambulatory care, assisted living, behavioral health, home health, home infusion therapy, hospice, palliative care, private duty and renal dialysis programs. ACHC is a nonprofit health care accrediting organization with more 30 years of experience promoting safe, quality patient care. To reach Mills, email smills@achc.org. Visit achc.org.

OUTSOURCING

Call Me Maybe

5 problems an answering service can easily fix for your agency

By Sam Carpenter

Your staff can't be with every patient at the same time. But clients don't want to deal with voicemail or automated systems. For managers of homecare agencies, answering the phone can be a problem.

One solution is to hire a professional answering service. Start by asking what your patients and their families want; a few examples are below.

- **Personal attention:** When your clients and their family are stressed, no matter the time of day, they want to speak to a real person.
- **Understanding:** Your clients want to talk to someone who grasps the emotions they are experiencing. You'll need an answering service that has extensive experience working with medical situations and is sensitive to patient care needs.
- **Quick, accurate response:** It's important for your clients to know their information has been accurately noted and acted upon. Your answering service representatives must be an extension of you and your office.
- **Reliability:** Your clients want to feel their concerns are being addressed every time they call. Whether your staff is helping patients, handling new inquiries or meeting with family, calls cannot be missed. And emergency calls must be delivered immediately.

Now that you have identified what your patients and families expect, let's turn to how an elite quality answering service can help agencies achieve these results.

1 After-Hours Call Coverage

An answering service provides front office backup when staff is limited. This includes screening for emergency calls and quickly connecting them with staff. Competent and compassionate telephone service representatives (TSRs) become invaluable assets to your operation. For instance, when a caller has a late-night emergency, the answering service can dispatch the message to your on-call nurse or connect the caller directly, guaranteeing that clients are never left helpless and that your staff is fully informed of the immediate need.

2 A Solution for Staff Shortages

Staffing shortages cause morale to plummet while quality of care declines. In lieu of hiring additional staff, turn to an answering service that can accept calls 24 hours a day. It offers flexibility because an answering service can take incoming calls as often—or as little—as you need.

3 Daytime Overflow Assistance

An answering service can also assist with daytime overflow calls. The instant flexibility of an answering service is crucial to ensuring calls are handled properly and

that your staff remains informed in real time while your quality of care remains superior.

4 Handle Non-Urgent & Urgent Calls

Experienced TSRs can quickly differentiate between urgent and non-urgent calls, immediately transferring the caller to your on-call staff. Emergency message-relay protocols are executed according to your guidelines. Non-urgent messages are dispatched using delayed-delivery methods. No more fielding non-urgent calls at 1 a.m.

5 Additional Tasks & Services

A high-quality answering services can skillfully handle inconvenient yet necessary duties that might otherwise impinge upon your staff's primary focus. A good answering service can take caregiver call-outs and quickly inform your administrative staff. Also, the TSR can pass along requests for specialty appointments, contact account managers in the field about new inquiries, answer the public's questions and filter unwanted calls from telemarketers.

Answering services that specialize in the home health care industry employ agents who are trained and certified in Health Insurance Portability and Accountability Act (HIPAA) compliance measures, protecting patient health and confidentiality.

It really is a simple thing: a homecare business is a 24/7 operation that has to be available to take and process incoming calls—and those calls must always be handled by people who are courteous, professional and confident. **HC**

Sam Carpenter is the owner and president of Centratel Answering Service, which processes after-hours calls for home health care and hospice operations throughout the United States. Contact him at samc@workthesystem.com or visit centratel.com. For a complimentary hardcover copy of his book, "Work the System: The Simple Mechanics of Making More and Working Less," email your mailing address to work@centratel.com, and reference "HomeCare." Postage paid within the U.S., one book per person. Limited to first 100 requests. Offer ends March 1, 2022.

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 Reacher Grasper Cane

HANDY CANE

The Reacher Grasper Cane is a walking aid that looks and functions like an ordinary cane but has a built-in grasper that can be deployed to aid in grabbing or picking up objects. The grasper has been ergonomically designed around the human hand—nimble and sensitive enough to pick up a piece of paper or a dime lying flat on the floor, but strong and rugged enough to pick up a full wine bottle. When not in use, the grasper is completely stowed away to provide a sleek, stylish and elegant cane that provides support and stability while on the go. Visit reachergraspercane.com.

Check 201 on index.

2 Titan 4000 & 2000 Hydroxyl/Vaporized Ionized Hydro-Peroxide Generators

SHIPP CLEANING SYSTEMS

The Titan Hydroxyl/Vaporized Ionized Hydro-Peroxide Generators each produce two reactive oxygen species (ROS), hydroxide and hydrogen peroxide. Hydroxide is thousands of times stronger than chlorine but safe to use around people and animals. It can deactivate airborne bacteria and viruses. The Titan 4000 and Titan 2000, when used in conjunction with the Hydroxyl Maximizer, will produce safe but effective levels of ROS to maintain low airborne and surface microbe counts in 4,000 square feet and 2,000 square feet respectively. Visit shippcleaningsystems.com.

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3 SOLO-RI Scale

DETECTO

DETECTO's new SOLO-RI portable low-profile clinical scale is ideal for home health care weighing and has a 7.25-foot cable to the remote display, allowing for flexible patient use. The display may be wall-mounted or set on a countertop (mounting bracket included). An optional carrying case is available. The SOLO-RI features 550-pound weight capacity, body mass index, six AA batteries (included), USB port, audible beep confirmation and OneWeigh units locking in to pounds or kilograms, and can be used in a wide range of medical weighing applications. The mother/baby mode factors the weight of infants and toddlers held by an adult. The compact size, light weight and battery operation allow it to be moved quickly wherever needed. Visit detecto.com.

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4 ZIPPIE Sphynx

SUNRISE MEDICAL

Sunrise Medical expands the ZIPPIE pediatric mobility line with the ZIPPIE Sphynx. For busy families that are always on the go, this compact, portable wheelchair has static tilt and recline to accommodate various client needs. The Sphynx's patent-pending one-step fold is easy and intuitive, quickly transforming into an ultra-compact package that will fit within a compact car trunk. Weighing only 28 pounds, the Sphynx can be easily lifted. Available tilt angles of 10, 20 or 30 degrees, and the back support can be quickly adjusted from 85 degrees to 100 degrees recline to assist with feeding, digestion, respiratory function and visual orientation. Visit sunrisemedical.com.

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PORTABLE OXYGEN CONCENTRATORS



1 XPLO2R

BELLUSCURA

The X-PLO2R is a sleek and ergonomically designed portable oxygen concentrator (POC) that delivers more oxygen per pound than other units in its class. It weighs only 3.25 pounds and lets patients travel with ease while offering multiple oxygen flow settings. The device runs quietly while in use. Best of all, it's user-friendly with an easily replaceable oxygen cartridge and direct-charge battery with a long-lasting life of up to five hours that allows charging on or off the device. Visit xploroxigen.com.

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2 NEXT

OXYGO

OxyGo NEXT is the next generation of portable oxygen. OxyGo NEXT has six flow settings, up to 13 hours of battery life, is Bluetooth enabled and weighs only 4.7 pounds. Features user-replaceable batteries and sieve beds and an easy-to-read LCD display with simple controls. Visit oxygo.life.

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3 iG02

DRIVE DEVLBISS HEALTHCARE

Featuring SmartDose Auto-Adjusting Oxygen Delivery Technology, the iG02 POC has one of the most sensitive converter triggers currently on the POC market. It weighs less than five pounds and has a protective over-mold to help prevent damage. Battery access and LCD screen controls are on top of the iG02, providing easy access while still in the carrying case. Visit drivemedical.com.

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4 One G5

INOGEN

The Inogen One G5 is the newest member of the company's POC portfolio. With six flow settings—three more than the One G4—the One G5 is a versatile POC for patients with higher oxygen requirements. It meets stringent Federal Aviation Administration (FAA) requirements for travel and is covered by a three-year warranty. With pulse-dose based Intelligent Delivery Technology, the One G5 is powered to provide medical grade oxygen delivery all day, every day. Visit inogen.com.

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5

5 FreeStyle Comfort

CAIRE

The FreeStyle Comfort POC is a five-pound, five-setting pulse flow therapeutic device that comes equipped with proprietary smart oxygen delivery features to ensure that your patients get the oxygen they need when they need it. Designed with comfort in mind, it has an ergonomic curved shell, LCD display screen, glow-in-the-dark keypad and a variety of battery pack options. Ideal for your oxygen fleet, this state-of-the-art device offers an industry-leading comprehensive warranty and can wirelessly connect to CAIRE's telehealth app, myCAIRE, which allows you to troubleshoot alarms remotely and view key device data. Visit careinc.com.

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6



6 SimplyGo Mini

PHILIPS

The SimplyGo Mini POC is designed to help you grow your business by giving you the ability to offer sleek, lightweight, attractive features and true reliability that patients demand. With five pulse dose settings and an easy-to-read screen, the SimplyGo Mini system with standard battery includes: SimplyGo Mini POC, a comfortable carrying case appealing to today's active patients, a standard rechargeable lithium-ion battery, DC and AC power cords, accessory bag and user manual. The SimplyGo Mini also confirms to FAA requirements for POC carriage and in-flight use. Visit usa.philips.com.

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7

7 P2 Portable Oxygen Concentrator

RHYTHM HEALTHCARE

With up to five hours of battery life and weighing only 4.37 pounds, the P2 is everything your POC consumer is looking for and more. Five flow settings deliver oxygen at rates of up to 40 breaths per minute, meaning your customers will have the oxygen they need when they need it most. Visit lifestylemobilityaids.com.

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INCONTINENCE MANAGEMENT

1 Dextra Closed System

CURE MEDICAL, LLC

Proprietary features make the Cure Dextra Closed System easy to use, even for individuals with limited dexterity. Tip advancing technology with gripper arrow enables the pre-lubricated, straight-tip catheter to advance from the collection bag into the body without contact. The support band enables controlled use. The Cure Dextra features polished eyelets for increased comfort. Made without DEHP/DINP, BPA or latex. Visit curemedical.com.

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2 Vinyl Mattress Covers

MES

MES carries a variety of sizes of vinyl mattress covers for both standard and bariatric mattresses. These covers help keep the mattress protected. They come individually packaged and are priced to sell. Visit mymesinc.com.

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3 Tranquility Essential Underwear-Heavy

PRINCIPLE BUSINESS ENTERPRISES

Tranquility Essential Underwear-Heavy are available in youth medium to adult 2XL and bariatric sizes. The underwear are part of the simplified Tranquility Essential lineup designed to provide new options for Medicaid recipients. The underwear offers reliable protection for heavy incontinence, with breathable sides, Kufguards, a cloth-like backsheet, stretchable waistband and other features to promote leakage control, odor reduction and skin health protection. Like all Tranquility products, they are designed to help manage the most challenging incontinence care needs with higher-performing absorbent protection—providing the comfort, confidence and freedom to live well. Visit tranquilityproducts.com.

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4 Seni Super Quatro Overnight Briefs

TZMO USA, INC.

Seni Super Quatro Premium Quality briefs offer reliable protection for both active people and those with limited mobility. They are ideal for those with severe incontinence and for overnight protection. Seni Super Quatro Briefs are breathable, allowing moisture to evaporate to promote a skin-friendly microclimate. The double absorbent core provides high absorbency and the feeling of dryness. Elastic elements at the waist, front and back together with double elastic combi-tapes ensure a better adjustment of the briefs to the body while the double wetness indicator helps inform when changing is necessary. Visit seni-usa.com.

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RAMPS

1



1 Residential Modular Ramps

ACCESS4U

These residential modular ramps feature a slip-resistant walking surface, easy assembly and a 50 pounds-per-square-foot live load capacity. Ramps come in lengths from one foot to eight feet and widths from 36 inches to 48 inches. When properly installed, ramps are compliant with the American with Disabilities Act, International Building Code and American National Standards Institute A,117 requirements. Visit rampsaccess4u.com.

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2



2 ACOM Ramp System

ALUMIRAMP

The ACOM Ramp System is an incredibly durable ramp system that has been developed to meet more stringent international and local building codes. The system is fully customizable and can be configured to meet other specialized demands as required. The simple, modular design insures easy setup and the ability to reconfigure and relocate the system. Visit alumiramp.com.

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3



3 Powder-Coated Aluminum Ramps

AMERICAN ACCESS

Powder coating a modular ramp transforms the look to a finish that your customers will embrace when making the choice to install a modular aluminum wheelchair ramp. All American Access ramps come with the option of picket rails to create a thing of beauty for your customers. Options include powder coating just the handrails for a more esthetically pleasing appearance compared to bare aluminum. Visit aaramps.com.

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4



4 GATEWAY 3G Solid Surface Portable Ramp

EZ-ACCESS

The GATEWAY 3G Solid Surface Portable Ramp is an all-aluminum home access ramp that features a slip-resistant surface and is available with or without handrails. A cross between a portable folding ramp and modular ramp system, the GATEWAY 3G has a level of versatility that is perfect for any residential use. Lengths range from three feet to 10 feet with a 1,000-pound weight capacity. Visit ezaccess.com.

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5



5 Modular Access Ramps

RAMPIT USA

Rampit USA modular access ramps are built with high-strength aluminum components for maximum safety and durability. The lightweight, maintenance-free ramps will never rust or corrode and can be infinitely customized, moved or reconfigured for an endless variety of residential or commercial applications. All aluminum ramps feature a self-adjusting transition plate, extruded anti-slip tread, raised wheel guards and continuous handrails, providing a smooth transition on or off the ramp, and safe, continuous travel from start to finish. Visit rampitusa.com.

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BILLING/RCM SOFTWARE/EHR/EMR

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 covering billing software providers for home medical equipment and in-home care providers. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

HOME MEDICAL EQUIPMENT PROVIDERS

SOFTWARE

ACU-Serve Corp.
Cuyahoga Falls, OH
(800) 887-8965
acuservcorp.com

Alliance Group
Overland Park, KS
(913) 338-4790 ext. 202
alliance-group.com

Argosy Group
Topeka, KS
(785) 250-8128
argosygroup.org

ATLAS Enterprise Software
Las Vegas, NV
(855) 221-4860
atlas-vue.com

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(661) 750-8012
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(866) 363-9679
DMEWorks.com

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nikohealth.com

Noble House
Deerfield Beach, FL
(800) 749-6700
nobledirect.com

PC Solutions Software
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allegientbilling.com

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ancorconsulting.com



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(833) 916-1554
brightree.com

DavLong Business Solutions
Savannah, GA
(800) 413-7764
davlong.com

Domos HME
Consulting and Billing
Redmond, WA
(877) 425-2455
hmebillers.com

HME Billing & Consulting
Santa Teresa, NM
(702) 800-3689
hmebillingandconsulting.com

Lieber Consulting
Sherman Oaks, CA
(818) 789-0670
lieberconsulting.com

Prochant
Charlotte, NC
(888) 349-9015
prochant.com

Rndsoft
Katy, TX
(877) 868-8013
rndsofttech.com

WellSky
Lenexa, KS
(888) 633-4927
wellsky.com

Wonder Worth Solutions, LLC
Wilmington, DE
(302) 613-1356
wonderws.com

IN-HOME CARE PROVIDERS

SOFTWARE, HOME HEALTH & HOSPICE MEDICAL

Ability
Minneapolis, MN
(888) 558-0569
abilitynetwork.com

AlayaCare
Toronto, ON
(647) 477-4174
alayaicare.com

Alora Healthcare Systems
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(800) 954-8250
alorahealth.com

Axxess
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(214) 575-7711
axxess.com

Carecenta
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(646) 774-2000
carecenta.com

CareVoyant
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(888) 463-6797
carevoyant.com

Complia Health
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(866) 802-7704
compliahealth.com

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

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

Homecare Homebase
Dallas, TX
(877) 853-1492
hchb.com

KanTime Healthcare Software
San Jose, CA
(408) 615-8880
kantime.com

MatrixCare
Bloomington, MN
(800) 869-1322
matrixcare.com

Net Health/Casamba
Agoura Hills, CA
(800) 648-2596
casamba.net

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

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

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

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

SMARTcare
Eau Claire, WI
(800) 450-9104
smartcaresoftware.com

Thornberry Ltd
Lancaster, PA
(717) 283-0980
ndocsoftware.com

WellSky
Lenexa, KS
(888) 633-4927
wellsky.com

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AlayaCare
Toronto, ON
(647) 477-4174
alayaicare.com

Alora Healthcare Systems
Atlanta, GA
(800) 954-8250
alorahealth.com

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

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

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

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

CareVoyant
Schaumburg, IL
(888) 463-6797
carevoyant.com

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

Generations Homecare
System
Mount Pleasant, MI
(989) 546-4512
homecaresoftware.com

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

HHAeXchange
Long Island City, NY
(855) 400-4429
hhaexchange.com

MatrixCare
Bloomington, MN
(800) 869-1322
matrixcare.com

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

Savii, Inc.
Tampa, FL
(866) 792-7509
saviicare.com

SMARTcare
Eau Claire, WI
(800) 450-9104
smartcaresoftware.com

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(903) 549-2115
codescorrect.com

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ntst.com

OHEN Consulting
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OperaCare
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(916) 343-1164
operacare.com

Precision Medical Billing
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precisionmedicalbilling.com

SimiTree
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wellsky.com

Wonder Worth Solutions, LLC
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HomeCare

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PRODUCTS

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			Shipp Cleaning Systems	<input type="checkbox"/> 202	39
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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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HEALTH EQUITY

A Community Focus on Brain Health

A partnership working toward fairness in Alzheimer's education & diagnosis

By Kristin Easterling

A new partnership is hoping to change the conversation around brain health in Black and other marginalized communities in the greater Atlanta, Georgia, area—and hopefully beyond.

More than 5 million people in the United States live with Alzheimer's disease or another form of dementia. Data points to Blacks having a higher risk of disease, according to a March 2020 report from alzimpact.org; Black people are also less likely to have a diagnosis or more likely to be diagnosed later in their disease progression.

UsAgainstAlzheimer's, an Alzheimer's advocacy and research group, recently teamed up with Black Health Matters, Emory University and others to promote its brain health checkup tool, BrainGuide, in the Atlanta area. BrainGuide is a 10-minute questionnaire that points people to resources for dementia diagnosis and care;

questions for both caregivers and patients are included.

So far, more than 150,000 people have filled out the questionnaire, with about 78% taking it for themselves and 22% taking it for a loved one. But only 9% of users identify as Black, said Brooks Kenny, vice president of consumer engagement and partnerships at UsAgainstAlzheimer's.

"We are really focused on brain health equity and wanting to ensure that Black and Latino communities have access to resources, information, education and tools," said Kenny. "We began [this partnership] in Atlanta given the high rates of Alzheimer's in the Black population there."

Black Health Matters focuses mainly on chronic illness education for the Black community, said Leslie Fontenot, managing director for the organization. The organization also seeks to remove stigmas

around mental health issues and chronic diseases, including Alzheimer's.

"It's something that's not talked about. It's something that needs to be at the forefront. And we felt it was important to bring this forth with our partners," she said.

To that end, the partnership has not only placed billboards, bus signage and radio ads in the Atlanta area, but has also worked with Black churches and religious leaders to generate conversations around brain health.

"It's very difficult to pull these programs together without having partners and also a true, authentic voice in the community," said Fontenot.

Kenny noted that 60% of cases of Alzheimer's go unrecognized across all ethnicities, but early diagnosis can lead to better treatment and management of the disease.

"Most people would say, 'Why would I want to know? Because if I get diagnosed, there's no treatment,'" Kenny said. "[I believe] we actually are going to start to see more innovation and more treatments available for Alzheimer's disease. But if you get diagnosed late, those treatments won't be effective; you won't be eligible for them."

The Food and Drug Administration (FDA) approved Aduhelm (Aducanumab) in mid-2021 for the treatment of early-stage Alzheimer's, but the drug does face some pushback due to its expense and because it has not yet been conclusively shown to slow the progression of the disease. Other drugs for early-stage Alzheimer's are on the FDA's radar for approval.

UsAgainstAlzheimer's has its sights set on expanding the Georgia-based partnership on a national scale. Kenny said the next target is likely the Latino community around Houston, Texas, with a focus on similar health equity and education goals. The organization is still building community support in Houston, but Kenny hopes to see a program launch there in 2022. **HC**

Kristin Easterling is managing editor of HomeCare magazine.



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