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Platform Series

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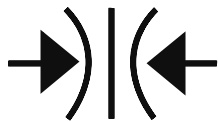
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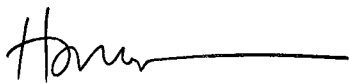
Dear HomeCare Readers,

What keeps you up at night? When you're running a business, there are an infinite number of things to cause worry. But most of them do have a solution, and this month in our cover series on risk, we tackle three of the biggest sources of anxiety.

First off, fraud; we've been hearing about ever-expanding investigations around the country by the Department of Justice, and growing criminal cases, too. You'll hear from two former prosecutors who have worked on some of the biggest investigations with tips for protecting yourself. Then there's drug diversion, a huge issue for home health and hospice agencies, and we've got some ideas on how you can not just cover your company but also help slow the opioid epidemic. Finally, the inevitable taxes; you can't avoid them, but we can give you some legal guidance on whether or not you should be paying sales taxes depending on your products and where you are located.

Do you remember that last month I mentioned New Year's resolutions? How are yours going? We're checking off one of ours this month by bringing you a great provider profile of Katie Stevens, the CEO of Reliable Medical Supply. There are also tips inside on care management, managing mergers and acquisitions, having better virtual visits, preventing falls, and much, much more. I hope you enjoy.

Thanks for reading!



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BE HEARD

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

Send your comments and feedback to Managing Editor Kristin Easterling at
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The Quadruple Aim: the Importance of the Clinician Experience



FREE
Wed., March 16
2 p.m. Eastern

**HomeCare
webinar**

How technology & hybrid care models can help improve the clinician experience and address staff shortages

With the move to value-based care, health care organizations have added another target to the Triple Aim of Health Care: the care provider experience. The Quadruple Aim focuses on improving patient outcomes, improving the clinician experience and lowering care costs—and now, on enhancing the clinician experience as well.

In this webinar you'll learn more about the Quadruple Aim and about tools and technology that can help your organization achieve it, improve the clinician experience and, ultimately, address staffing issues.

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SPEAKERS



Kristy Fisher, RN, BSN
Director of Nursing
CareXM



Laurie Nelson, RN, BSN
Clinical Solutions Specialist
CareXM



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Check 109 on index.

Empath Hospice to Expand

Empath Health announced that its affiliate organization Empath Hospice has been granted initial approval to deliver hospice care services in Florida's Hardee, Highlands and Polk counties.

Empath Hospice is built on the foundation of Suncoast Hospice and Tidewell Hospice, which have been providing care in Tampa Bay and Southwest Florida for a combined 85 years.

The merger between Empath Health and Stratum Health System, Tidewell's parent company, early in 2021 created one of the largest nonprofit hospice and home health companies in the United States.

Empath Hospice brings several services to residents, including an Empath Mobile

10%

COVID-19 caused 10% of deaths in the U.S. in 2020, making it the third leading cause of death that year, according to the Centers for Disease Control.

Access to Care unit for outreach activities in rural and low-income areas and a partnership with Heartland Rural Health Network to help community health workers reach patients with chronic, advanced or terminal illness. Empath Hospice has committed to other community partnerships that will offer low-cost internet and telehealth options and aid with transportation to underserved areas.

The company provides care to more than 18,000 patients and their families each day. They offer specialized services for veterans, pediatric patients and heart failure patients, and work to expand access for Hispanic, African-American and Jewish communities. empathhealth.org

Jim Walsh Retires From VGM

Jim Walsh, general counsel for the VGM Group, retired Dec. 31, 2021. Walsh will remain involved with VGM as an advisor to the senior leadership team and chairman of the board of directors.

Walsh was the first investor in VGM when his friend Van G. Miller founded it in 1986. A prominent Waterloo attorney, he joined the VGM staff full time in 1996, when he became general counsel and a member of the senior leadership team. He assumed the chairmanship of the board of directors after Miller's death in 2015.

"Jim Walsh was integral to most everything that happened at VGM, especially in the first 30 years of the company's existence," said VGM Group CEO Mike Mallaro. "Serving as the steadying influence and strong No. 2 behind a maverick and visionary

entrepreneur is an incredibly important role, and one that is often overlooked and underappreciated. VGM would not be the organization that it is today without Jim Walsh's leadership and brilliance."

vgm.com

Compassus Names New CEO

Compassus, a national provider of home-based care services, announced that its board of directors has appointed David Grams as CEO. He succeeds Jim Deal, who will continue as the company's chairman of the board.

Grams recently served as the company's president, leading strategic direction, growth, innovation, clinical and financial performance. Before joining Compassus in 2020, he was a senior vice president at DaVita Healthcare Partners. He held several positions of increasing responsibility during his decade-long tenure there, including leading payer contracting, business development and regional operations. Before his time with DaVita, Grams' efforts were focused on investing across a wide range of segments within health care.

"We continue to invest in the best clinical workforce, industry-leading technologies and processes, and innovative clinical models that drive quality outcomes for patients, families, as well as our system and payer partners," Grams said. "As value-based care changes the landscape of health care, we look forward to further leveraging our expertise in delivering a full continuum of standard to complex and advanced illness care in the home."

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.

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

MAR 14–18 HIMSS 22
Orlando, FL & Virtual
himss.org

MAR 16–17 ATHOMES Spring Meeting
Nashville, TN
athomes.org

Compassus has more than 6,000 caregivers in nearly 200 locations across 30 states, providing quality care and managing patients' advanced illnesses in partnership with more than 100 hospitals, health systems and long-term care partners. The company served more than 129,000 patients in 2021.

compassus.com

Option Care Joins CommonWell Health Alliance

WellSky, a health and community care technology company, and Option Care Health Inc., a provider of home and alternate site infusion services, announced they will launch CommonWell Health Alliance services in the second quarter of 2022, enabling better care coordination for the more than 250,000 unique patients Option Care Health serves annually. Option Care Health will be one of the first WellSky clients to go live with the CommonWell network and its bridge to the Carequality framework.

CommonWell is a not-for-profit trade association dedicated to creating universal access to health data via a person-centered nationwide network. Option Care Health will join CommonWell through WellSky's interoperability fabric, WellSky I/O, which is accessible within WellSky's electronic health record (EHR) system.

CommonWell has a growing network with over 26,000 provider sites and more than 144 million individuals enrolled.

wellsky.com, optioncarehealth.com

CBIC Website Updated

The Centers for Medicare & Medicaid Services (CMS) and the Competitive Bidding Implementation Contractor (CBIC) recently announced a redesign of the CBIC homepage. It improved aesthetics, simplified visual content emphasizing the current durable medical equipment (DME) Competitive Bidding Program (CBP) phase, gave one-click easy access to each phase and created a new display of upcoming events. It's also more mobile-friendly, allowing providers to better view web pages on their smartphones.

The update includes newly posted Contract Supplier FAQs that answer general questions

about the DME CBP and Connexion FAQs to assist in locating and completing forms in Connexion, the program's secure portal.

Several DME suppliers participated in reviewing the redesign.

dmecompetitivebid.com

Owens & Minor to Acquire Apria

Owens & Minor, Inc. announced it will acquire Apria, Inc. for \$37.50 in cash per share of common stock, representing an equity value of approximately \$1.45 billion. The transaction is subject to customary conditions and is expected to close during the first half of 2022.

In connection with the proposed transaction, Apria will file with the Securities and Exchange Commission and give Apria's stockholders a proxy statement and other relevant documents.

owens-minor.com, apria.com

Hearst Acquires CellTrak

Hearst, the parent company of Homecare Homebase, announced it has agreed to acquire CellTrak, a provider of care documentation software solutions in the personal care market. Terms were not disclosed, and the transaction is expected to close in the first quarter of 2022. CellTrak will become a wholly owned subsidiary of Homecare Homebase, with CellTrak CEO Dan Wacker continuing as general manager of the company.

Founded in 2006, CellTrak serves some of the largest providers of personal care services in support of their field staff workflow needs. CellTrak solutions help increase staff

productivity, improve compliance, reduce costs and improve caregiver communication.

CellTrak and Homecare Homebase share common customer relationships, and in early 2021 announced plans to create the first integrated enterprise solution for all types of home-based care.

hchb.com

Clear Arch Health Acquires Life Care Solutions

Clear Arch Health, a division of MobileHelp and a provider of remote patient monitoring (RPM) and mobile personal emergency response system solutions, has acquired Life Care Solutions (LCS), a division of Resideo.

Life Care Solutions was founded in 1999 as HornMed, LLC. Honeywell acquired the company in 2004 and changed its name to Honeywell Life Care Solutions in 2015. Three years later, as part of a larger spinoff from Resideo, LCS was rebranded as Resideo Life Care Solutions. Today, LCS develops and delivers digital health technologies for health care systems, payors, employers, home health agencies, and individuals to improve the quality and cost efficiency of care.

"Together, with a clear focus on delivering RPM tools that provide meaningful and sustainable results, we can expand our offerings to care delivery systems and establish a larger presence in the market," said Clear Arch Health President John Bojanowski. "We will be well positioned to establish an immediate brand and market leadership position in a highly fragmented industry."

cleararchhealth.com



In January, the Department of Health and Human Services extended the public health emergency for the eighth time, adding another 90 days.

Quality Biomedical Expands

Quality Biomedical, a national provider of respiratory equipment management solutions, has moved into a 30,000 square-foot facility in Pinellas Park, Florida, tripling the size of its previous service facility in Largo, Florida.

“Our business in Florida continues to grow at an increasing rate,” said Jim Worrell, chief commercial officer for Quality Biomedical. “We outgrew our previous facility in Largo, Florida. We have added several new [original equipment manufacturer (OEM)] partners, including 3B Medical, Dynarex Medical and Rhythm Healthcare, all which require more space and staff to support their equipment and our mutual customers. Additionally, the demand from our providers to support their COVID patients has been an element in our rapid growth.”

Established in 2004, Quality Biomedical has eight service centers across the country. Each service center specializes in the repair of respiratory equipment, including ventilators, oxygen concentrators, portable oxygen concentrators, apnea monitors and other respiratory equipment.

qualitybiomedical.com

MyCNAJobs Has New Parent Company

MissionCare Collective, the new parent company of myCNAJobs, announced an expansion of its portfolio to address the need for improved training, engagement and retention of health care workers.

“Our care culture is broken and the time for change is now,” said Brandi Kurtyka, CEO of MissionCare Collective and its growing suite of brands.

Too few people are entering the health care profession, there are limited career paths upwards, employees are disengaged and burned out, companies are plagued with high turnover and wage pressure concerns, and people that need care don’t always receive reliable care when and where needed, leading to poor health care outcomes.

Two new innovations are now available and will continue to be built out to address industry challenges.

CoachUp Care is a platform that brings together training, employee engagement, recognition and retention tools under one roof. The platform is backed by best practices, data and testing to measure knowledge competence, employee engagement and turnover. For now, the platform is only available via invitation, to select networks, and to myCNAJobs members. Soon, it will be available to the broader market.

In addition, MissionCare will serve as a bridge to bring workforce, providers and trainers together to solve systemic labor issues within states.

missioncare.com

Black Returns to Sunrise Medical

Sunrise Medical, a provider of advanced assistive mobility solutions, announced the appointment of Jim Black as RGK’s Business Development Manager for North America.

Black has more than 30 years of sales, product management and marketing experience in complex rehab technology specifically focused on made-to-measure manual mobility. A three-time Paralympic athlete, Black understands the benefits of a made-to-measure product and the impact it has on anyone that uses a chair as their primary means of mobility. He will be responsible for managing the sales of RGK wheelchairs in the North American territory for Sunrise Medical. He will be highly involved with the strategic and tactical development of specific product programs and oversee the ordering of every RGK wheelchair.

Black previously served as the director of business development/director of sales for NuMotion. Prior to joining NuMotion Black was Permobil’s manual product and marketing director and before that the director of sales Western regional for TiLite Manual Wheelchairs. In these positions, he was instrumental in providing input on the development and launch of all the company’s new manual products.

Before joining TiLite, Black was manual and sport product manager for Invacare/Top End in charge of design, product planning, research and development and was responsible for the worldwide development

of all manual and sports chair products. Prior to his position at Invacare, Black worked at Sunrise Medical for 16 years in a variety of roles from sales to marketing and ultimately as global sports product manager.

sunrisemedical.com

McCann Retires From CHAP

Barbara McCann, the Community Health Accreditation Partnership’s (CHAP) chief quality officer, retired effective Dec. 31, 2021.

McCann served as a member of the CHAP board and its chair, then assumed the role of president and CEO from July 2017 to 2020 before being appointed chief quality officer. As the chief quality officer, McCann completed the revision of all CHAP manuals and implemented customer and expert panels to strengthen the patient-centered, partner-focused philosophy of CHAP.

As the public health emergency emerged in April 2020, McCann initiated COVID-19 calls and webinars, leading a team of educators who have been a voice of CHAP for 21 months, interpreting guidelines from the Centers for Disease Control and Prevention, and related operational issues for community-based providers.

McCann’s 45-year career in health care has included infusion services with Baxter/Caremark, home maintenance organization quality measures with National Blue Cross/Blue Shield, and 19 years as the chief clinical officer and chief industry officer at Interim HealthCare. Throughout this time, she has worked on the Center for Medicare & Medicaid Services Technical Expert Panels and co-chaired the National Quality Forum panel on chronic illness and has been honored by several organizations for her contributions to the quality of hospice care.

chapinc.org



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Reimbursing Family Caregivers

Credit for Caring Act of 2021, HR 3321/S 1670

By Kristin Easterling

Family caregivers are a crucial and often overlooked component when it comes to providing care in the home. The work they do helps keep their loved ones out of the hospital and other institutional settings.

But family caregivers often forego the opportunity to fully participate in the workforce, resulting in decreased income, retirement savings and career opportunities. Family caregivers also frequently spend their own money to ensure that their loved ones receive care.

All of this adds up to approximately \$470 billion in unpaid care each year, according to data from the National Association for Home Care & Hospice.

The Credit for Caring act would help offset these expenses by providing a tax credit of 30% of qualified expenses over \$2,000 and up to \$5,000. Qualified expenses include respite care, home modifications and hiring homecare aides and other caregiving professionals to provide care and services, as well as needed home medical equipment.

Companion bills were introduced in the House and Senate in May 2021. The House bill currently has 66 cosponsors, and the Senate version has 20 cosponsors. It is currently in committee.

WHAT HAPPENS NEXT? »

The MFP program is only funded through the end of March. Congress must pass a long-term solution for this issue or states will have to find funding in their own budgets for the program.

ELIGIBILITY REQUIREMENTS

The text of the bill defines an “eligible caregiver” as someone who incurs qualified expenses while caring for a loved one and who has an earned income in excess of \$7,500 for the taxable year.

Parents of young children with long-term care needs are also eligible for the tax credit after taking other tax benefits and credits into account, including the child tax credit.

Individuals earning more than \$75,000 per year or couples filing jointly and earning more than \$150,000 per year are eligible for the tax credit but may see a reduction of \$100 for each \$1,000 over these thresholds.

DID YOU KNOW?

Each year, family caregivers spend an average of **\$7,242 of their own money to pay for expenses related to caregiving.**

Source: AARP

LEARN MORE» Track this bill at [congress.gov](https://www.congress.gov), and express your support at [nahc.org/advocacy-policy](https://www.nahc.org/advocacy-policy).

HME: WASHINGTON UPDATE

A Little Is Not Good Enough

Recent CMS increases for HME aren't sustainable; legislation is the best route to securing realistic Medicare reimbursement rates

By Tom Ryan



TOM RYAN is president and CEO of the American Association for Homecare. Follow him at @TomRyanHME on Twitter and visit aahomecare.org.

The late-December release of the long-awaited durable medical equipment (DME) final rule marks another missed opportunity for the Centers for Medicare & Medicaid Services (CMS) to take meaningful action on out-of-date Medicare reimbursement rates for home medical equipment (HME).

First, the good news: The rule continues the 50/50 blended rates for rural areas (as well as for noncontiguous regions such as Alaska, Hawaii and Puerto Rico) beyond the end of the COVID-19 public health emergency (PHE). However, CMS maintains that these rural rates may be excessive, and the agency asserts that it “will likely be revisiting this issue and the fee schedule adjustment methodologies for all items in all areas again in the future.”

Beyond that, the provisions on reimbursement once again fall short of what the HME community needs to effectively support patients, caregivers and clinicians in the current marketplace.

For other non-rural/non-competitive bid area (CBA) suppliers, the 75/25 blended rates granted as part of industry relief in the Cures Act will not extend past the end of the PHE. For former CBAs, the current base fee schedule remains in place.

In addition to the reimbursement provisions, CMS decided to hold off on finalizing the changes to the Healthcare Common Procedure Coding System (HCPCS) process. The American Association for Homecare (AAHomecare) was particularly concerned with the proposal to limit the number of times a manufacturer can submit a coding application. Another

positive development in the final rule is that the agency is not moving forward with the proposed fee schedule amounts for continuous glucose monitors and related supplies and accessories.

Disconnect Between Rates & Realities

In a fact sheet released along with the new rule, CMS points out rate increases ranging from 5% to 5.4% for 2022 for HME based on Consumer Price Index data; other health care segments—along with social security recipients and other federal benefit recipients—are receiving similar boosts. That's certainly welcome news for HME suppliers (and for retirees), but it doesn't bridge the current disconnect between Medicare reimbursement and the market realities suppliers are facing.

That 5% figure falls short in offsetting soaring delivery costs when gasoline prices are currently 46% higher than the average of the 10 preceding years. A 5% boost won't cover annual personal protective equipment costs, which range between \$12,000 and \$15,000 per location on average, according to a recent VGM survey. With supply chain strains, shipping surcharges and manufacturer price increases adding 15% to 40% to overall costs in some instances, more than a 5% increase is needed to keep suppliers' balance sheets out of the red.

CMS has not moved forward with the last two scheduled bidding rounds, first pausing the program for two years to review and improve the bidding methodology based on concerns about the program expressed by clinicians, economists, patient groups

We've won before on the Hill, and we can do it again.

and a significant cohort of U.S. senators and representatives. Following that pause, the agency decided not to implement the results of the most recent bidding round in late 2020, noting that “payment amounts did not achieve expected savings” for most of the major product categories involved.

Consumer price index-based increases—whether this year’s 5% increase or the miniscule 0.6% increase in 2020—won’t bridge the growing disconnect between reimbursements and the business environment cost structure that HME suppliers are operating under since suppliers first provided bids in 2015.

A Hill-Forward Strategy

Without a bidding round ahead, legislative action is the only path forward for sustainable, market-based Medicare reimbursement rates.

It’s a challenging path, to be sure. Thousands of associations, trade groups, corporate interests and other causes are constantly competing for attention and budget dollars on Capitol Hill. However, the HME community, through years of sustained advocacy efforts, has established credibility throughout the House and Senate.

These efforts have paid off with several significant wins for the industry over the years, including improvements to bidding program methodology, keeping complex rehab wheelchairs and accessories out of the bidding program, 50/50 blended rates for rural providers and eliminating budget neutrality requirements that depressed Medicare reimbursements for oxygen products. Industry advocacy also helped ensure that HME has been incorporated in COVID-19 relief measures, including securing the 75/25 blended rate for non-rural/non-bidding areas for the duration of the PHE.



We’ve won before on the Hill, and we can do it again. AAHomecare is currently working with members of Congress and staff in both houses to introduce legislation to bring HME Medicare reimbursement rates to more sustainable levels. Once that legislation is finally introduced, we’ll need every HME stakeholder—suppliers, manufacturers, distributors—to make the case for rates that reflect the realities of the market.

Building on the strong relationships that HME advocates have built with individuals on con the Senate Finance Committee and on committees that deal with federal health care issues, such as House Energy and Commerce and Ways and Means, will be critical to the effort. Forty members from those two House committees were among the 95 representatives who joined an October 2021 sign-on letter asking CMS to align rates with market realities—and we’ll need those

legislators, and their committee peers, on board as cosponsors if we’re going to finally achieve our goal.

All-in for Market-Based Reimbursement Rates

Every segment of the HME community should be proud of the exceptional care providers have delivered under extraordinary circumstances during the ongoing COVID-19 pandemic. The time is right to make sure Congress is fully aware of the value of effective home-based care and the growing disconnect between reimbursement rates and the real cost structure that this industry is operating under. CMS has missed another opportunity to deliver sustainable, market-based rates for HME. We need to go all-in on reimbursement legislation on Capitol Hill in 2022, and we need you on board. **HC**

IN-HOME CARE: MANAGING VENTILATOR PATIENTS

Helping Families Breathe Easy

4 keys to successfully supporting pediatric ventilator users

By Kristin Michener



KRISTIN MICHENER is the pediatric director of nursing at Interim HealthCare of Pittsburgh. Visit interimhealthcare.com.

One of the most complicated patient medical needs that home health agencies encounter is the use of a ventilator to maintain breathing. These patients must have a highly skilled nursing team with current knowledge of and experience with the latest medical technology. They must also be able to work with patients and family members experiencing the challenges associated with ventilator use. Fortunately, most homecare agencies have the expertise and knowledge to make this process as seamless as possible for patients and their families.

Surprisingly, many of the ventilator-dependent patients cared for at home are children. Children on ventilators present unique challenges, including the need to create an environment that nurtures normal growth, development and socialization. In-home caregivers play a critical role in facilitating this. It's not unusual for a homecare nurse to accompany a child requiring a ventilator to school and other activities to ensure the child's safety.

Throughout the pandemic, to help prevent admission into heavily impacted hospital intensive care settings, homecare agencies have made it possible for ventilator patients to maintain their respiratory health by receiving breathing treatments and chest physiotherapy in the home.

When approaching the management of ventilator patients in the home setting, there are four main areas to consider.

1 Preparing the Household

Before a ventilator patient can be transitioned from the hospital to in-home care, a fair amount of preparation must take place. The first step is a safety assessment to ensure the home is ready for the patient's specialized care. This includes conducting an electrical evaluation to ensure power is available to operate medical devices, as well as ordering and setting up the necessary durable medical equipment. This includes, among other things, a bedside ventilator and a travel ventilator that must stay charged in case of emergencies. Due to the complex nature of ventilation, particularly for new patients, arranging for adequate nursing to safely support this at home is critical.

Family members must also be prepared for this new endeavor, which can be overwhelming due to the steep learning curve. Along with acclimating to new equipment and processes within the household, having a professional in the home for much of the day can be a major adjustment. Home health care nurses should be proficient at navigating this shift and should work with families to set clear boundaries and expectations to ensure everyone is comfortable. The support of the family is critical for patient success, and clinicians are there every step of the way to assist in making the care process run as smoothly as possible.

2 Setting Caregivers Up for Success

In-home care agencies also play

a big role in preparing their nurses for this important and often intimidating responsibility. Unlike an acute care situation, in-home ventilators are typically used for chronic cases that persist over a long period of time. Because of this, many patients require around-the-clock care from trained individuals, as well as family participation to maintain a normal home environment.

To prepare for this role, registered nurses and licensed practical nurses should receive detailed clinical education from a homecare agency, practicing the process of ventilator care in a simulated home setting to ensure competent care delivery. Furthermore, having new nurses shadow seasoned ventilator nurses during their day-to-day duties provides great hands-on experience, and setting a standard for minimum training hours creates a baseline of real-world understanding for all caregivers.

Reminding at-home caregivers of the many processes in place and offering ongoing educational support can go a long way toward reassuring them that, while they are independent from a facility, they're never alone. From on-call nursing supervisors to an agency's director of care, ensure there is always someone they can speak to with questions or concerns.

3 Facilitating Coordination With the Care Team

Homecare is only one part of a larger interdisciplinary team. However, these nurses often act as the master facilitator among all of the entities associated with the plan of care due to their unique position at the patient's bedside. Many other medical professionals are involved at one point or another, including pulmonologists; ear, nose and throat doctors; respiratory therapists; and the patient's primary care provider or pediatrician. Homecare nurses will often be called upon to interface with these clinicians and provide updates on care, and will also be in contact in the event of an emergency or to discuss changes that may require additional plan-of-care interventions.



4 Recognizing & Mitigating Potential Challenges

Ventilators are complex pieces of equipment, and setup and ongoing maintenance can pose challenges for in-home care teams. Along with continual updates to device settings and care with the help of pulmonologists and other specialists, in-home caregivers may be called upon to provide recurring education to families throughout a patient's care journey. For those eligible to be weaned off ventilator use, family members may want to take control of or hasten that intricate and gradual process, which must be overseen by an expert.

Additionally, as with any medical care, outside emergencies can happen and care teams must be prepared to continue providing support no matter the

circumstance. Events such as power outages can be common, so ensuring the secondary portable ventilator is ready and charged at all times is critical. Homecare nurses can also speak to families about purchasing a generator at home as a backup method for power.

For many ventilator patients and their families, a happy and fulfilling life is achievable with the help of homecare agencies. Especially for pediatric patients, the ability to be surrounded by family and participate in everyday activities like school is essential for development and for being able to thrive long-term. Although at-home ventilation can seem overwhelming to both patients and new caregivers alike, the benefits of this service are evident in the enhanced quality of life for patients who need this level of care. **HC**

ROAD MAP: OUTSOURCING

Easier Said Than Done

Offshoring at a cheap hourly rate may be a false promise

By John Stalnakar



JOHN STALNAKER is vice president of sales for ACU-Serve Corp., whose core business is outsourced billing coupled with technology. He works with providers to analyze their current workflow and help streamline the insurance billing and collections process. Stalnakar has 20-plus years experience focused on consulting and technology with an emphasis on business intelligence and data mining. Visit acuservecorp.com.

I'm constantly being asked about the \$7 per hour full-time employee emails providers receive and why we at ACU-Serve don't offer this type of staffing model.

The answer is simple: We don't think it's an effective long-term strategy. I'm not saying that it is wrong, it is just not the way we engage. Even though we have done project work and various other engagements with hourly rates, we feel that as a true strategic partner, we must manage the resources with advanced sets of tools and provide the same granular detail to our customers that has made us one of the largest outsourcing companies in the home medical equipment (HME) space.

I have been working with offshore partners for most of my career and the one thing I know for sure is that with the right training and direction, you can provide superior services at a cost-effective rate. However, most providers don't have the tools, processes or management teams available to make sure the full-time employees sitting in their own office are getting the work done efficiently and effectively—and managing offshore resources is even more complicated, and the headaches and frustration associated can be even greater.

The real issue is quantifying what you get for your \$7 per hour and identifying the total cost to manage these resources, including additional management fees, passthrough costs, etc. If your offshore resources are not well trained and routinely task things back to your staff, cause write-offs or force additional human interaction with claims, the true cost can be far greater than expected—and certainly nowhere near the \$7 per hour promised.

What we have done instead is develop ways to monitor and manage every interaction our team has with an invoice. This gives us the ability to not only quickly identify issues but also to quantify whether it truly is an issue, and then to come up with the root cause. Once we know the cause, we can establish actionable items to fix the problem moving forward. This is not a one-time fix; rather, this type of data analysis needs to be a consistent process that can be tracked and trended over time.

At one point, ACU-Serve introduced a "per touch" model, and we faced the same issues. Under this system, we would only charge the client when one of our employees had to interact with the claim. Not only did this work out to basically

The real issue is quantifying what you get for your \$7 per hour and indentifying the total cost to manage these resources.



the same monthly fee as our traditional percentage of collections, it added work for both our staff and the provider's team. We found that when companies charge a "per touch" fee, it ends up being a management nightmare. In-house staff spends additional time validating the touches, and then the outsourced staff spends additional time explaining why they were necessary. The entire exercise interrupted normal business continuity, and in the end we realized it was not the avenue to improve collections and lower overall costs. After all, where is the motivation for improving your cash collections and lowering your cost of collections if your vendor benefits from adding more staff or making more touches?

We have found that by defining the exact functions being performed by our offshore team, we reduce errors and eliminate multiple interactions with claims. We also use the same technology (hardware and software) for all employees no matter where they are located. This standardization allows us to manage more consistently. If part of your team works one way and the rest works

differently, it is impossible to get consistent results and a streamlined approach to your revenue cycle.

It is clear that offshoring with lower cost employees is a crucial part of lowering the overall cost of managing the revenue cycle, from intake through cash collections. The challenge that providers are faced with in order to accomplish this alone is to ask themselves the following:

- Do I have the leadership available to devote enough time to train and manage these resources?
- Do we have the procedures that these resources will be performing completely documented, including all of the exceptions that occur within the HME collection world, with payer guidelines for each HCPCS code?
- What software tools do we have in place for the management team to monitor the effectiveness of this offshore team? Are you currently using these tools to manage your existing team?
- Do I have established expectations of the quantities expected for each job function?

Is my current staff performing at this level consistently?

- Can we measure the effectiveness of the work that is performed? Can we track the accuracy of intake and their efficiency by team member or collector efficiency by team member?
- Can we track how many times a sales order or invoice is worked and by whom?
- Can we manage the number of tasks (uncompleted work) that come back from the offshore team and require staff to complete?
- What software tools will I use to track changes in procedures and communication across my organization, including the offshore team?

If, as a provider, you are comfortable with the answers to these questions, then you should pursue the \$7-per-hour model. Otherwise, you will risk increasing your overall cost of collections and disrupting your business. **HC**

Learning From Others' Mistakes

Former prosecutors share 3 big takeaways from high-profile fraud cases

By Jim May & Tom Clarkson

Beginning with “Operation Brace Yourself,” the United States Department of Justice (DOJ) launched widespread and headline-grabbing prosecutions of individuals and companies across the home medical equipment (HME) industry. Over the past three years, DOJ investigators have set their sights on medical professionals, chief executive officers, compliance officers and other supporting players. Paired with additional coordinated takedowns in operations “Double Helix” and “Rubber Stamp,” the DOJ has prosecuted multiple defendants collectively responsible for billions of dollars in fraud and counting. These prosecutions have sent some people to federal prison for a dozen years.

While the eye-popping numbers and flashy quotes from high-ranking DOJ officials may lead the news, individuals who are active in HME can and should dig deeper into the trends and common themes of these DOJ operations to draw out some key lessons. These lessons can help identify potential practice missteps before they become major problems.

LESSON 1: Focus on the process.

By styling their investigations as health care fraud enforcement actions, the DOJ prosecutors focused most frequently not just on the fraudulent submission of claims but also on how patients and orders arrive at HME companies. The federal Anti-

Kickback Statute prohibits the payment of anything of value to induce the referral of business reimbursable by federal health care programs. Simply put, the statute prohibits any buying and selling of the ability to bill Medicaid and Medicare.

There are some red flags that prosecutors see as indicating a potential kickback problem. First, if there is an agreement to purchase a “completed” package (often a doctor’s order with patient information) for a certain price, this may be viewed as a problematic transaction. Second, reverse engineering or “backing into” an invoice is often cited as an attempt to conceal an improper payment relationship. An invoice that reads \$7,500 for marketing, for

By understanding and applying these lessons, you can distinguish yourself from bad actors and avoid unwarranted costs and consequences.

example, when the terms of the transaction are actually 75 braces for \$100 each, may be viewed with skepticism by law enforcement agents. Finally, if a medical professional receives payment contingent upon writing an order or prescription, investigators will perceive it as a possible kickback.

LESSON 2: Know your adversary.

There are U.S. attorney’s offices across the United States with largely decentralized leadership. In addition to these prosecutors deployed locally, the DOJ has created increasingly specialized Health Care Fraud Strike Force teams across the country. The Strike Force attorneys are highly knowledgeable, and, unlike the local U.S. attorneys, their sole enforcement focus is health care fraud criminal prosecutions.

These special federal prosecutors report directly to leadership in Washington, D.C., and follow directives from centralized leadership on when and how to criminally charge a potential defendant. They are

known for their aggressiveness, and any individual or company who finds themselves across the table from one of these strike force prosecutors should be very wary. Unlike their counterparts in U.S. attorneys’ offices, who may have a colleague who is handling civil False Claims Act cases down



MAJOR CRACKDOWNS ON HME FRAUD

Recent fraud enforcement actions in the durable medical equipment (DME) space have resulted in some staggering numbers—the three operations outlined below had Medicare losses in the billions. Many of these prosecutions revolved around kickback violations and failure to ensure the medical necessity of orthotic braces. These investigations were conducted by the Medicare Health Care Fraud Strike Force, with coordination from local law enforcement and the Federal Bureau of Investigation.

OPERATION BRACE YOURSELF

- **Core issue:** A scheme involving illegal kickbacks and bribes by DME companies in exchange for the referral of Medicare beneficiaries for back, shoulder, wrist and knee braces that were not medically necessary.
- **Losses to Medicare:** \$1.7 billion
- **Timeline:** March-April 2019
- **Scope of Action:**
 - » 17 federal districts
 - » 130 DME providers
 - » 5 telemedicine companies
 - » 3 licensed medical professionals
 - » 25 total individual defendants

OPERATION DOUBLE HELIX

- **Core issue:** A scheme involving illegal kickbacks and bribes by genetic testing laboratories in exchange for the referral of Medicare beneficiaries. Some were also prescribing controlled substances without verifying need.
- **Losses to Medicare:** \$2.1 billion
- **Timeline:** August-September 2019
- **Scope of Action:**
 - » 7 federal districts
 - » 105 defendants on opioid-related charges
 - » 178 medical professionals

OPERATION DOUBLE STAMP

- **Core issue:** Telemedicine fraud involving companies in Georgia and South Carolina providing illegitimate prescriptions. This investigation was a continuation of Operations Brace Yourself and Double Helix
- **Losses to Medicare:** \$1.4 billion
- **Timeline:** September-October 2020
- **Scope of Action:**
 - » 40 providers in Georgia and South Carolina
 - » 250 additional providers lost Medicare billing privileges

the hall, the only question that Strike Force prosecutors seek to answer is whether to commence a criminal prosecution.

LESSON 3:

There is no better friend & no worse enemy than legal opinions.

The maze of compliance within federal health care programs is fraught with peril. By regularly engaging legal counsel to evaluate business relationships and activities, HME companies can demonstrate that they are being good corporate citizens and also show genuine concern for identifying or rectifying any missteps before they get out of hand. If an individual finds themselves facing a government investigation, the fact that they chose to implement a compliance plan through the advice of an attorney can provide a defense to an allegation of fraud.

To take advantage of the advice of counsel defense, however, an individual or company must meet a series of requirements. First, a party must have affirmatively sought out advice for the specific issue on which the government is focusing. For example, if an HME owner sought an opinion regarding a relationship with a marketer five years ago and the DOJ is investigating a different relationship with a different party on different terms, then the advice-of-counsel defense will not likely be effective. Second, a party seeking to invoke the defense must have fully disclosed all material facts to an attorney expert. A party who discloses facts but leaves out key information seriously jeopardizes the ability to raise the advice of counsel defense. Finally, a party seeking to use the defense must follow the advice given. If a provider receives advice and—no matter how



well reasoned—decides to do something differently, the advice becomes at best irrelevant and at worst evidence against the provider.

A critical and often overlooked concern about invoking the defense of good-faith reliance on the advice of an attorney is the risk that the very same advice can be used against the provider. To take advantage of

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this defense, a party must waive otherwise protected attorney-client communications. The DOJ will then carefully analyze the framework mentioned above—only with a view toward determining whether a party strayed off course at any point.

Indeed, there is no better evidence that someone knew the law and simply chose not to follow it than their failure to follow the advice of their own attorney. If a person either intentionally withheld facts from their attorney or did not follow advice they received, the door swings open for the DOJ to use the advice of counsel not as a shield, but as a sword against the client.

When entering any arrangement that may later be subject to scrutiny, an individual should consider how an attorney can help them structure relationships and operations in a way that illustrates a genuine commitment to compliance. Those who try

their best and make a mistake have little to fear. The same cannot be said for those who half-heartedly try to check the box by copying an opinion they had sent to them by a friend, who rely on the wisdom of the internet or take other half measures.

What Next?

The DOJ's actions over the past three years have provided some clear signs of the government's views on potentially problematic business operations and relationships. HME providers should learn from these recent enforcement actions how not to be part of the next DOJ takedown. By understanding and applying these lessons, you can distinguish yourself from bad actors and avoid unwarranted costs and consequences.

While hundreds of defendants large and small have been ensnared in these

operations, the only sure thing is that the DOJ is not done.

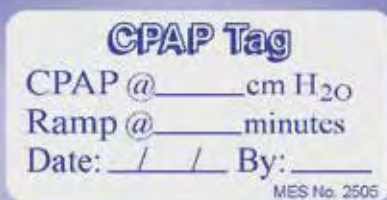
Despite it being more than a year since the start of the Biden administration, many local DOJ offices still await presidentially appointed U.S. attorneys due to delays in Washington. As these appointees gain confirmation, increased white collar prosecution will almost certainly be a high priority for the DOJ. Just as in every year since 2019, there is another wave of prosecutions forming. The time to start preparing is now. **HC**

Jim May is a South Carolina-based former federal prosecutor. Tom Clarkson is a Georgia-based former federal prosecutor. May and Clarkson led Department of Justice units in investigations that resulted in dozens of convictions in the government takedowns dubbed Operation Brace Yourself, Operation Double Helix and Operation Rubber Stamp.

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Facing a Different—& Deadly—Epidemic

Steps hospice organizations should take to tackle the opioid crisis

By Jason Sundby

More than 90% of hospice and palliative care patients are prescribed a controlled medication to help manage their pain. While these drugs are essential for managing symptoms, they can be deadly if they end up in the wrong hands.

Opioid misuse and overdoses impact all demographic groups, and the opioid crisis is claiming more lives than ever. According to the Centers for Disease Control and Prevention (CDC), there were a record-breaking 100,306 overdose deaths between April 2020 and April 2021, the vast majority due to some form of opioids.

The ability to access drugs is a common denominator linking many instances of opioid misuse, and home health care—especially hospice—is replete with

ensure medications become inert and nonretrievable, and to educate patients and their families about opioid use and safety.

Preventing Drug Diversion

Drug diversion is not only risky for patients and those who misuse the medication, it costs the health care industry billions of dollars annually.

In a 2020 survey of U.S. hospices published in the *Journal of the American Medical Association*, 31% reported at least one case of confirmed drug diversion in the previous three months. The study also found that 39% of diversions involved primary family caregivers, 38% involved other family members and 34% involved patients themselves.

- Screening new hires and volunteers for possible substance misuse
- Clinical screening of patients, family caregivers and other residents of the home for a history of addiction or risks of substance misuse
- Using a drug lockbox or self-dispensing device
- Medication disposal after death or after a change in patient medication regimen

Drug Disposal

Hospice staff should have a drug disposal procedure in place to use after patients pass away that follows federal and state laws and ensures medications are fully destroyed. Unfortunately, in nearly one-third (32.4%) of home deaths involving hospice, workers leave behind unused opioids, according to a 2021 survey in the *Journal of Pain and Symptom Management*. This creates a very high risk that a patient's loved ones may misuse leftover medications or dispose of them improperly.

Best practice recommends that hospice employees dispose of medications on-site versus transporting them to another location due to the risks of possible drug diversion. But hospice leadership should make sure to educate employees on the best on-site disposal methods. In one survey, 14% of hospices reported that they always or most of the time threw opioids away in the trash; 8% flushed them down the toilet, which can contaminate water supplies and landfills.

A better alternative is an easy-to-use, at-home drug deactivation and disposal

Home hospice providers are in a strong position to help prevent the dangerous misuse of opioids and other drugs.

prescription medications that often remain in the home after a patient's death.

Home hospice providers are in a strong position to help prevent the dangerous misuse of opioids and other drugs by following best practices to decrease opportunities for drug diversion, to promote proper drug deactivation and disposal to

Hospices must have best practices in place to decrease opportunities for drug diversion. A few best practices recommended by the Hospice Foundation of America and University of Maryland Baltimore include:

- Ongoing medication monitoring—such as pill counts—to keep careful track of how and when drugs are being used



product that neutralizes medications and renders them inert and nonretrievable for all practical purposes. One such system uses activated carbon, tap water and a plant-based pouch to safely neutralize dangerous medications in three simple steps.

“Our patients’ families and friends often do not know what to do with the medications of a loved one after they die. We’re in a unique position to inform them of the importance of safe medication disposal and provide them the tools to do so,” said Sue Boris, chief of clinical operations at Capital Caring Health, a regional network that provides hospice and palliative care in Maryland, Virginia and Washington, D.C. Since 2018, Capital Caring Health has distributed drug deactivation systems to patients and their families so they can dispose of medications at end of life.

The 2018 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act allows employees of qualified hospice programs to dispose of unused controlled substances by collecting and destroying the drugs in patients’ homes.

The law allows physicians, physician assistants and nurses working in hospice to dispose of medications if they are acting within the scope of their employment and have “completed training regarding disposal

of controlled substances in a secure and responsible manner.”

Hospices should also familiarize themselves with state-level regulations on disposal, which can vary widely. If you are unsure what your state allows, check with relevant state agencies, such as health and environmental departments or the Drug Enforcement Administration office.

Family Education

Hospice providers should also make sure to teach family members about opioid safety and what to do with leftover controlled substances, particularly if state laws prevent their employees from disposing of medications. It’s best to begin education upon the patient’s admission into hospice care, or as soon as possible, and to discuss topics such as:

- How to properly administer opioids and appropriate dosages for their loved one
- The risks and side effects of opioids
- How to securely store medications
- Medication deactivation and disposal options

According to a 2020 report from the U.S. Government Accountability Office, some hospices even have patients and/or their caregivers sign written agreements that acknowledge they understand how to use

controlled substances correctly and pledge that they will not give them to others.

Prevention Is Key

Pain medication, such as opioids, have an important role in end-of-life care and will continue to offer much-needed relief to patients into the future. With increased awareness and education, hospice providers can help patients manage pain while also playing an important role in prevention by ensuring medications aren’t adding to a public health crisis.

“More than 75% of our patients receive their hospice care in their home or a home-like setting, making in-home medication disposal a critical factor in preventing drug diversion,” said Jason Kimbrel, vice president of hospice services at Optum and MyNHPCO pharmacist community leader. “It is our responsibility as health care providers to keep our community safe, and we should be doing everything we can to prevent the misuse of our patients’ medications.” **HC**

Jason Sundby is the chairman and CEO of Verde Environmental Technologies Inc., maker of the Deterra Drug Deactivation and Disposal System. The company is committed to developing proven solutions to reduce drug abuse, misuse and negative environmental impact. He has over 30 years of experience in operations, risk management, administration and IT leadership. Visit deterrasystem.com.



You Can't Avoid Death & Taxes

But you can dodge the legal pitfalls around sales tax for DME

By Jeffrey S. Baird & Steven D. Moore

Of the many challenges facing durable medical equipment (DME) suppliers, one of the most misunderstood pertains to the obligation to collect sales tax. When a supplier sells products only to residents of the state they are located in, the question the supplier must answer is whether such sales generate a sales tax obligation. The same question arises when the DME supplier sells products across state lines—but they must also ask whether they need a physical connection to other states before those states can require them to collect sales tax.

Sales tax issues are determined on a state-by-state basis. Product A may require sales taxes in state A, but not in state B. A DME supplier may be inclined to not take sales tax issues seriously, resulting in the supplier failing to collect the correct sales tax when the law mandates it. Such an approach is ill-advised, because it can create a scenario in which a state agency brings a collection action against the supplier for the missing sales taxes—and potentially penalties and interest.

With the prevalence of the internet, it is becoming increasingly common for DME suppliers to sell products to customers who live in other states. These providers must address whether they have the obligation to collect sales tax in those states. Until 2018, many suppliers relied on two United States Supreme Court cases—*National Bellas Hess, Inc. v. Department of Revenue* and *Quill Corp. v. North Dakota*—for the proposition that unless the supplier has a physical nexus within a state (e.g., a location in the state, inventory stored in the state or employees in the state), the supplier has no obligation to collect sales tax.

Wayfair

In 2018, in *South Dakota v. Wayfair, Inc.*, the United States Supreme Court overruled *Bellas Hess* and *Quill* and decided that a South Dakota statute allowing the state to impose the obligation to collect sales tax on an out-of-state seller was valid, even if the seller has no physical presence in South Dakota. The Supreme Court stated, in part:

Because the physical presence rule of Quill is unsound and incorrect, Quill ... and ... Bellas Hess are overruled.

[T]he Court held in Bellas Hess that a 'seller whose only connection with customers in the State is by common carrier or ... mail' lacked the requisite minimum contacts with the State ... and that unless the retailer maintained a physical presence in the State, the State lacked the power to require that retailer to collect a local tax.

The physical presence rule has long been criticized as giving out-of-state sellers an advantage. Each year, it becomes further removed from economic reality and results in significant revenue losses to the States.

When the day-to-day functions of marketing and distribution in the modern economy are considered, it becomes evident that Quill's physical presence rule is artificial ... in its entirety. Modern e-commerce does not align analytically with a test that relies on the sort of physical presence defined in Quill.

The internet revolution has made Quill's original error all the more egregious and harmful. The Quill Court did not have before it the present realities of the interstate marketplace, where the internet's prevalence and power have changed the dynamics of a national economy.

Nexus After Wayfair

The minimum nexus—that is, the level of contact or activity that has to occur within a state for sales tax purposes—is either 200 transactions or \$100,000 of annual sales revenue from sales of items subject to sales tax. While \$100,000 or 200 transactions is the minimum nexus standard, some larger states have adopted larger nexus tests.

Examples of Taxability

Below are several common categories of DME and how various states tax these items. Review your state's sales tax laws for more specific information.

California

- **Breast Pumps**—Breast pumps are taxable even if sold by a licensed pharmacist with a prescription from a doctor.
- **Adult Diapers**—Sales tax applies to the sale of incontinence supplies even if they are sold on a prescription basis.
- **CPAP Machines & Supplies**—The sale of a CPAP under the direction of a physician is exempt from sales tax. On the other hand, devices that only assist the patient in breathing and do not directly deliver air or oxygen are subject to sales tax.

Florida

- **Breast Pumps**—The authors have not found any Florida authorities expressly addressing breast pumps or supplies. Notwithstanding the lack of express authority, a review of applicable regulations suggest that breast pumps are subject to sales taxes.
- **Adult Diapers**—Personal hygiene products, including diapers, briefs and



With the prevalence of the internet, it is becoming increasingly common for DME suppliers to sell products to customers who live in other states. These providers must address whether they have the obligation to collect sales tax in those states.

protective underwear, are subject to sales tax unless dispensed according to a doctor's prescription.

- **CPAP Machines & Supplies**—There don't appear to be any Florida authorities expressly addressing CPAP machines or supplies. However, if a CPAP is intended to be used for medical purposes to treat illness and is dispensed to a patient pursuant to a doctor's prescription, the CPAP may be exempt from Florida's sales tax.

Illinois

- **Breast Pumps**—Breast pumps are subject to Illinois sales tax and are not eligible for its 1% use tax rate.
- **Adult Diapers**—Diapers for incontinent adults qualify for the 1% use tax rate.
- **CPAP Machine & Supplies**—The authors haven't found definitive rulings on CPAP devices in the state of Illinois. The closest the state will come to a ruling reads: "The items listed [including CPAP machines], may qualify for the low rate of tax [1%] if they are part of a system used in breathing by patients who have breathing disabilities." The state does provide guidance for sales to Medicaid

and Medicare patients: "Under the traditional Medicare and Medicaid plan, sales made directly to Medicare and Medicaid beneficiaries [and reimbursed directly by Medicare and Medicaid to the DME supplier] are exempt from tax as sales to a government body so long as the exemption is properly documented through provision of an active exemption identification number."

New York

- **Breast Pumps**—Breast pumps are generally exempt unless purchased for use in performing medical or similar services for compensation.
- **Adult Diapers**—To the extent a nursing home buys clothing and footwear for patients (including adult diapers), such items are exempt from state sales taxes if the receipt is less than \$110 per article of clothing or pair of shoes. This exemption does not apply to local sales and use tax unless the county or city in which the sale occurs elected this exemption.
- **CPAP Machine & Supplies**—CPAP machines and supplies appear to be taxable in New York.

Texas

- **Breast Pumps**—Breast pumps are taxable unless the purchaser has a prescription from a doctor.
- **Adult Diapers**—Adult diapers are taxable unless the purchaser has a prescription from a doctor.
- **CPAP Machine & Supplies**—CPAPs and BiPAPs qualify for an exemption as a therapeutic device when sold to an individual with a doctor's prescription. Sales to doctors, for-profit hospitals, nursing homes and hospices are generally not exempt because they are not sales to individual patients, although that may not apply if the institution purchases the item for resale to its patient and provides the DME vendor with a fully completed resale certificate. **HC**

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Decoding Patient Centricity

Simple ways to involve clients in every part of the care journey

By Nupura Kolwalkar

At its core, the concept of “patient centricity” means putting the patient at the center of their own care journey. That may seem straightforward—patient care should obviously revolve around the patient. But in a health care system that has been notoriously far behind the technological advancements of the country around it, patients have often felt like an afterthought, in the dark on how much their care costs, and unable to access and share their own health records or even to get in touch with their providers.

This has been the status quo for decades, but in today’s digital era, patient expectations are rapidly rising to consumer-like levels. Today, patients want their health care experience to be convenient, fast, transparent and affordable. It’s what they’ve come to expect in most other areas of their lives, and yet it’s a far cry from the general approach to health care.

However, that’s all changing. Not only are these shifting expectations putting more pressure on providers, they’ve also resulted in a flurry of new entrants into the market that have proven track records for meeting consumer expectations. Online retailers like Amazon are increasingly entering the post-acute game, creating a new subset of health care e-commerce. And well-known organizations such as CVS and Walmart are expanding into the post-acute care market with their own in-store care clinics that promise increased access to care, patient engagement and lower costs.

When you look at these organizations, customer centricity is at their core. The industry has reached a point where home medical equipment (HME), home infusion and other home-based care providers need



to adopt patient-centric models in order to succeed in the long term.

It sounds like a lot of work, but there are simple ways to incorporate patient centricity into every step of the care journey and the workflow you already follow.

Incorporating Patient Centricity at Each Level of the Care Journey

Starting with the first interaction, patients expect to receive a confirmation when their provider has received their referral and understand how best to communicate with that provider moving forward. This offers transparency and helps the patient feel in control of the interaction.

During intake, patients prefer to complete necessary forms and provide their information in a convenient modality. They also want transparency in the form of confirmation that their insurance has been approved, insight into what they may owe in the future and progress updates along

the way. They also want an easy payment experience, like the option to keep a card on file or enroll in autopay.

For providers with clinical-driven workflows, there are added complexities to ensure the ideal patient experience. At a base level, patients want to receive appointment reminders and to easily reschedule if necessary. They may also prefer to meet virtually, and increasingly want to know their who their clinician is before the appointment.

When it comes to delivery and logistics, patients are really looking for that Amazon level of service. They want to know when their provider is out of a product or their item is backordered, and they want the ability to chat with someone if their order doesn't arrive as expected. When things are running smoothly, patients want to know when to expect their shipment, when their driver is close by, who to contact if there's an issue and possibly even who their driver is.

At the billing stage, patients want flexibility, convenience and transparency. They want the option to enroll in autopay and the ability to change their insurance provider when necessary. They also want to receive proactive monthly updates so they can easily view their invoices; they expect to get reminders for an expiring credit card before it creates a disruption in their care and they'd like an easy way to contact the office for billing questions.

At the reimbursement stage, if this is applicable, patients want to know why their insurance sent a denial, as well as receive notice and a reminder that the denied amount will be charged to their card. They also want to conveniently work with their provider to resolve financial reconciliation.

Lastly, in regards to resupply, patients prefer to be notified when they're eligible for supplies and want the ability to order from their phone or computer and to receive notifications when their order ships.

At each level, these desires boil down to two core things: improved communication and access.

Digitizing the patient journey is the only way to effectively offer these personalized services to both empower and engage patients without adding or burdening existing staff.

The Far-Reaching Benefits of Patient-Centric Care

The good news is patient centricity doesn't just benefit patients. Digitizing the patient journey can significantly improve the provider experience as well.

For example, digitizing referrals makes it easier for prescribers to send new orders and eliminates paper chasing. Digitizing the intake process makes it easier to train new staff, qualify patients and understand the status of each order in intake. Digitizing billing reduces days sales outstanding and helps providers be proactive in collecting their patient portions. And a digital, patient-centric resupply solution maximizes resupply orders while minimizing involvement in the resupply process. On the whole, empowering and engaging patients with digital, patient-centric interactions drives greater financial transparency, predictability and convenience, while improving therapy adherence and reducing manual burdens.

With consumer-centric business flowing into the post-acute care market, it's vital for providers to meet the rising expectations of their patients. Whether an organization is driven by equipment sales and rentals, resupply, clinical-driven therapies or a combination, there are impactful strategies to incorporate patient centricity at every level. **HC**

Nupura Kolwalkar is chief product officer at Brightree, where she focuses on putting product vision and patient experience front and center. Kolwalkar has held executive leadership positions at Mana Health, MSD, McKesson, NextGen and CIOX and has a proven track record of developing technologies that lead to positive health outcomes. Visit brightree.com.



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PROVIDER PROFILE



The real reward is a career that sincerely feels like a calling, a team that feels like family and work that hasn't felt like a 'job' in years.

A Fresh Approach to Leadership

HME Woman of the Year Katie Stevens on the strength of small businesses

By Kristin Easterling

Katie Stevens, CEO of Reliable Medical Supply, was recently named the 2021 Home Medical Equipment (HME) Woman of the Year.

The award, sponsored by VGM & Associates, is in its sixth year. It recognizes a woman who has made significant contributions throughout her career to her company, community and the home medical equipment (HME) industry. A ceremony took place virtually on Dec. 16, 2021.

There were a total of 64 nominees this year across a broad spectrum of providers, manufacturers and other professionals in the HME, rehab, respiratory and mastectomy industries. A committee chose four finalists, including Stevens, using criteria that included implementing new business processes, advocating on behalf of the industry, improving the lives of patients and impacting their community through volunteerism.

"Katie has displayed exemplary service and has helped raise the bar in standards across the industry," said Mike Mallaro, CEO of VGM Group Inc., VGM & Associates' parent company. "I am excited to watch Katie lead this business into the future."

HomeCare recently sat down with Stevens' to get her thoughts on her career, the HME industry and the award.

Vital Stats



Title: CEO

Company specialties: CRT, clinical respiratory, HME and supplies

Industry beginning: 2006, customer service representative, National Seating and Mobility

Of note: Under her leadership, Reliable Medical was named one of the top workplaces in Minneapolis

HOME CARE: How did you first get involved with the home medical equipment industry? What drew you to the field?

STEVENS: I began my career in HME in 2006 as a customer service rep working for a national complex rehab technology (CRT) provider. It was meant to be a temporary position as I was finishing up a master's dissertation and was making plans for the next steps in my career. I'd been working in marketing and communications in another industry and was looking for a career that had a more meaningful impact on the community.

As I explored potential avenues, I developed a passion for our clients and the impact that HME had on their lives. It was complete serendipity, but it became clear the calling I was seeking was already in front of me. I was fortunate to have supportive leaders around me at the time who were willing to offer a career path. I took on advancing leadership roles and responsibilities over time as that company's needs evolved, working in administrative leadership, account management, business development and operations. In 2020, I made the decision to work with a smaller organization and was given an opportunity to lead Reliable Medical, which has been the absolute highlight of my career.

HOME CARE: How do you feel about being named HME Woman of the Year?

STEVENS: I'm not particularly desirous of attention, but if I'm going to receive recognition, I'm proud that it is for working hard in an industry that I love. There are so many incredible people contributing to the HME space. Each of the women nominated—and so many who were not—are every bit as deserving of the honor. To have been nominated by my team and selected by my mentors and peers is appreciated, but there's still so much to be done and I don't want to linger too long on the flattery. The real reward is a career that sincerely feels like a calling, a team that feels like family and work that hasn't felt like a "job" in years.

HOME CARE: Any advice for young women interested in the HME industry?

STEVENS: Women make up the majority of the health care workforce and are the primary health care decision-makers in the home. It is only natural that female leaders be attracted to homecare and HME. By the nature of what we do, this is an industry in critical need of empathetic and supportive leaders of any gender, but I believe that those traits are very accessible to female leaders. I often give the advice that young people who have an interest in leadership, especially women, should lean into their natural qualities and instincts rather than look to following archetypes. This is a changing industry and a changing workforce, and the perspectives of a diverse group of leaders is increasingly important.

HOME CARE: What do you think is the biggest hurdle for HME providers in the coming year? Why? How do providers meet that challenge?

STEVENS: Despite the mounting operational and market challenges catalyzed by the pandemic, our greatest opportunity remains with improving the funding model. Educating legislators, policymakers, medical directors, utilization managers and the like on health outcomes, the service element of HME and a more sustainable funding model is imperative. Pandemic challenges have forced conversation and change that has made organizations more efficient, more flexible and less change resistant. We're better for what we've been through. I remain optimistic that we can use this opportunity as an industry to collectively influence policy and reimbursement for the better as well.

HOME CARE: What does the future of HME look like to you?

STEVENS: We've all seen the statistics on an aging population and emerging health care delivery models, which I believe will continue to push the HME industry to provide best-in-class solutions. As a result of COVID-19 and the shifts to less acute

care settings, I believe that HME providers will have to win customers and market share on service and product availability as opposed to sheer size. Both customers and funding sources will continue to expect HME providers to be true partners in care, committed to improving overall health outcomes and reducing unnecessary cost in the system.

In the past, consolidation in the HME industry was driven by a bigger-is-better approach, with several high-profile examples challenging that narrative. At Reliable, we believe that growing intentionally will allow us to prioritize our customers, meet our payers' expectations, and provide a healthy and rewarding working environment. Over the past two years it has been refreshing to meet other like-minded leaders who are committed to the HME industry and all of the individuals who continue to serve it. I believe that these leaders will continue to build amazing solutions for HME customers while continuing to attract passionate talent to their organizations—which ultimately will allow our industry to adapt to the market's needs. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

5 Ways Technology Can Improve Homecare Staffing

Tips to keep caregivers connected

By Derek Jones

With the COVID-19 pandemic, in-home caregivers secured their place as essential employees. Skilled homecare and home health were the best way for people to avoid hospitalization. Homecare isn't just for aging patients anymore.

However, with the increase of in-home patient care needs, homecare practice managers struggled to manage their employees efficiently. Fortunately, there is technology available today to automate, streamline and structure the employee management process.

Here are five areas that technology can help with and a few solutions that in-home care practices can use for efficient employee management and for bringing together caregiving teams.

1 A Mobile-First Workforce

Staying updated in real time and having access to the latest information is crucial for any employee, especially caregivers who often work on the go.

For instance, one way to ensure that staff members get the information they need on their devices is to invest in a health care cloud integration software that all your caregivers will use. However, don't forget that you need a suitable solution that will ensure that both your caregivers' and their patients' data is kept safe.

Avoid using communication tools such as Zoom, FaceTime or WhatsApp. These are low-cost technological solutions, but they aren't HIPAA compliant, thus compromising your patients' sensitive data.

Additionally, implementing cloud software organization-wide will keep everyone in the loop by maintaining one centralized depository and storage place for data and documentation. With designated access, every authorized staff member will be able to access the information they need on their devices at any time.

2 Proper & Timely Shift Scheduling

An area of your daily practice workflow where you could use technology's help is scheduling your shifts to ensure proper coverage and coordination. Manual paper scheduling takes up a lot of time and inevitably results in human errors. Instead, try using a suitable tool or software to simplify your scheduling process. A health care scheduling software can manage your caregivers' working hours properly, avoid overlaps and ensure last-minute coverage.

With a scheduling tool, you can automate the entire scheduling process and make it transparent to all your employees, regardless of their location. As a bonus, these software solutions can help maintain staff engagement by giving them a sense of control over their shifts. Your caregivers will be able to swap shifts, accept or reject available shifts, and even submit paid time off requests through these types of tools.

3 Optimize Onboarding & Training

The initial onboarding of new homecare staff is vital for the employee's success in the long run and the practice as a whole. According to a Gallup study, only 12% of



employees are happy with the way their organization tackles onboarding new staff. This shows there's a lot of space for improvement in the process.

Luckily, you can leverage technology implemented in many recruitment software solutions and onboarding apps to improve your employee morale and sense of belonging from day one.

Another great option is to investigate things like gamification and interactive virtual experiences to increase your onboarding success. That way, you'll engage your new staff from the start, and instead of dreading their new job, they will look forward to it.

Technology can also help you design a well-rounded training program that will effectively prepare your caregivers for different scenarios they might face. Proper staff training improves retention rates and prevents burnouts, which are really common in these helper professions.

4 Streamline Payroll Processing

Another significant management struggle is consistently calculating and processing payroll for all caregivers, especially those who work in shifts and get paid by the hour. Payroll software can help you track the team's working hours, capture time sheets, overtime and attendance, resulting in simplified and automated payroll calculations.

With a payroll tool, you ensure that your caregivers get compensated correctly and transparently. They'll be able to review their working hours and time sheets and have the added security of proper compensation for their work.

In addition, payroll software can help your practice stay compliant with your local tax laws and correctly calculate benefits for each caregiver.



All things considered, payroll software solutions are beneficial not just to your practice but also to your staff. They'll be able to choose their preferred payment method, review their time worked, see their payment history, and—most importantly—get paid on time.

5 Boost Employee Engagement

Employee engagement and employee appreciation are crucial for reducing turnover and increasing retention rates, especially when it comes to hard-to-fill positions such as caregivers and homecare aids. Aside from a candidate shortage in these profiles, it's also much more expensive to recruit, onboard and train a new employee than to keep an existing one.

If you consider the deficit of caregivers and the costs needed to find, recruit and train a new employee, it becomes clear why employee engagement is such an important aspect of health care staffing. This is something you can improve with different technological solutions.

For example, you can boost engagement through different collaborative tools or gamification efforts based on healthy competitions, rewards, badges, leaderboards and similar activities. Additionally, pay attention to the work hours your caregivers put in, since burnouts aren't uncommon

in this profession. Taking care of your employees' physical and mental health is critical for retention.

To Wrap Up

From recruiting and onboarding to shift scheduling, payroll compliance and staff engagement, the technology available today can help you optimize and automate every aspect of your health care practice. By implementing technological solutions, you'll notice a much more efficient employee management structure.

The most crucial element that these five solutions have in common is improving and streamlining the communication with your caregivers. With the help of these innovations, manual and laborious tasks will be reduced, you'll be able to enjoy increased profitability, and, most of all, you'll see an increased level of in-home patient care.

All in all, technology is here to help you manage your entire team of caregivers more easily and place your focus on things that really matter. **HC**

Derek Jones spearheads key initiatives at Deputy, a global workforce management platform for employee scheduling, timesheets and communication. With a focus on health care, Jones helps business owners and workforce leaders simplify employment law compliance, keep labor costs in line and build award-winning workplaces. Visit deputy.com.

FALL PREVENTION

Re-Train Your Brain

Dual tasking for better balance & fewer falls

By Kristin Easterling

We have all heard the staggering statistics about falls for older adults, but they bear repeating. According to the Centers for Disease Control and Prevention (CDC), one in four people over the age of 65 will have a fall this year—and fewer than half will tell their doctor about it if an injury doesn't occur. Medicare spends approximately \$29 billion on fall-related injuries each year. And older adults who fall once are more likely to fall again.

All this means preventing falls is a huge concern for the homecare industry. After all, if the home is unsafe, seniors often have to go to facility-based care, forgoing a lot of independence.

And while providers can help clear obstacles and provide walking and balance aids such as canes and rollators, there is another approach: working with seniors to improve their balance.

Nymbl Science, an app-based program that gamifies balance and fall prevention, takes that approach. Its leadership says the company's goal is to prevent 1 million falls.

"The United States is going the wrong direction," said Nathan Estrada, clinical vice president of Nymbl Science. "A 75-year-old is twice as likely to die from a fall today as they were 10 or 15 years ago." Meanwhile, he added, experts simply tell older adults they are at high risk, then offer them solutions that are difficult to adopt, such as bulky medical equipment, expensive home remodels or proactive in-person therapy.

A New Direction

Nymbl began in 2016, targeting seniors in the Boulder, Colorado area, a population with a high level of senior education and technological engagement. Co-founder Dr.

J.P. Farcy, an orthopedic spine surgeon, had observed that roughly 80% of his failed spinal surgery patients had poor balance before surgery. He also noted that many of these patients had worked on strength training, but still struggled in their recovery.

In his research, Farcy found that simple strength training and functional exercise takes balance from a reflexive action to one controlled by the voluntary nervous system. Essentially, this means seniors must think about how and when to balance, rather than automatically catching and righting themselves in a stumble.

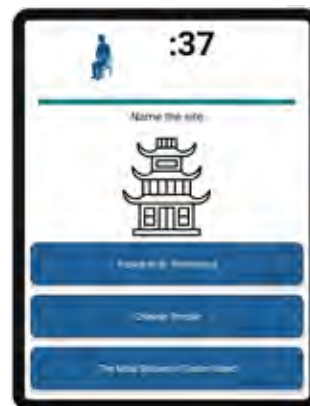
The Nymbl app works like this: Users are assigned simple functional movements, such as side lunges, coupled with entertaining cognitive challenges. This is known as dual tasking, and the combination helps retrain the reflexive nature of balance. Senior adults can then better recognize they are starting to fall and formulate a recovery plan, preventing injuries.


"Dual-task balance training has been the clinical gold standard in physical therapy and occupational therapy for decades," said Estrada. "But it took doctors a little while to get on board."

Estrada said that in clinical trials plotting results for dual tasking compared to functional exercise alone for balance, dual tasking shows greater improvement in every category except short-term memory.

Preventing Falls

Nymbl's approach seems to work. In senior living studies, half of the participants moved out of the "high risk" category after three weeks of regular use. Postural sway area, the most used measure of balance, was reduced by 67% for participants. Perhaps





The Nymbbl program has the potential to save insurance providers up to \$30,000 per prevented fall.

most importantly, there was a 35% decrease in calls to emergency services for falls and fall-related injuries.

And these results can be achieved in only 10 minutes a day for 21 days. In contrast, another popular program in the field, Otago, takes around 50 hours to complete. Estrada said the need to devote that kind of time to other programs makes them less appealing to users.

“You have this problem to where we’ve created these international programs that are brilliant and they work—if you could get anyone to do them,” he said.

Nymbbl partners with organizations that serve older adults and can sponsor the availability of the app for that population. At this time, Nymbbl is available by prescription only to older adults through certain Medicare Advantage plans and government organizations. The company also has a partnerships with New Zealand’s Ministry of Health to provide the program free of charge in that country.

According to the company, the program has the potential to save insurance providers up to \$30,000 per prevented fall. Estrada said it’s a no-brainer for insurers to get on board.

“Why would the older adult pay for that? Why shouldn’t their insurance pay for that?” he said.

Managing Fear & Messaging

It’s easier to maintain good balance through training at age 50 than it is to regain balance at 90, Estrada said. Right now, many insurance companies don’t want to pay for prevention, although that attitude is changing, as evidenced by Nymbbl’s recent partnerships. Some payers do reimburse for a balance screen in a physician’s or therapist’s office, but Estrada said those screens can cause more problems.

“We basically steal people’s resiliency by making them fearful—increasing the injury rate—which is why [I believe] the rate’s gone up. Every time we screen someone for falls, we’re impairing their motivation,” he said.

Estrada likened fall screening to walking an older adult up to a pit of quicksand, and when they fail the fall screen, making them step forward into the pit. But if they pass, they get to walk away.

“We’re giving false hope when they pass and false fear when they fail. Neither one of those help,” he said.

Provider Involvement

While it’s important for providers to identify balance issues in their clients, working to increase balance without inducing fear is vital to healthier aging and greater independence.

Home health agencies managing fall patients can recommend Nymbbl as part of a recovery or therapy routine. Working with referral partners to make them aware of the program can also help keep clients safely at home. If homecare clients can benefit from Nymbbl, they should be encouraged to advocate to have the program covered.

Most older adults want to age at home and maintain their independence. Preventing falls and related injuries is the first step to ensuring these goals.

“Older adults don’t need someone to motivate them,” said Estrada. “They want better balance. They just need to know where to go.” **HC**

Kristin Easterling is managing editor of HomeCare magazine.

Smile, You're on Camera!

7 tips for successful virtual patient visits

By Kurt Merkelz

The value of telehealth remains one of the most significant lessons from the pandemic.

Nothing can replace the comforting presence of a clinician, but telehealth has proven its value as a means to increase access and supplement in-person care for patients. Instead of replacing face-to-face care, virtual services let health care providers offer additional resources and support that improve patients'—especially homebound ones—quality of life between in-person visits.

Before the COVID-19 pandemic, few clinicians engaged regularly with virtual care platforms. For many, the pandemic has provided a crash course in translating high-quality care and a sympathetic bedside manner to a digital environment.

Based on the firsthand experiences of home health clinicians, here are a few tips for successful virtual patient visits that can help maximize these interactions for clinicians, patients and families.

1 Prepare for the visit.

Providers should prepare for telehealth visits as they would for in-person appointments, and keep in mind that virtual visits require the same sensitivity as face-to-face encounters.

By now, most providers are well-versed in the technical aspects of telehealth and understand the foundational aspects of preparation: dressing professionally, freeing themselves of distractions and looking into the camera as much as possible to simulate eye contact. Patients, on the other hand, may be new to telehealth technology if they haven't experienced it before and not know what to expect or do.

When possible, spend a few minutes during in-person visits to ensure patients can sign on and use the telehealth system for future virtual encounters. Incorporate this as a standard step when onboarding patients so their time, and yours, focuses on their health, not technical issues.

2 Watch for patient cues ...

As you listen to patients' concerns and questions, pay attention to signs of physical and emotional changes and ask about them. The limited view of your computer screen can make this more challenging, so make a point of looking and listening closely and asking probing questions.

- Do patients appear to be in pain when they move or adjust their position?
- Do they seem distracted? Are their responses hesitant, indicating anxiety?
- Are they finding it difficult to answer questions, signifying cognitive decline?
- Are there obvious signs of abnormal fatigue that could be caused by sleep deprivation?
- Is it apparent they have been crying and may feel depressed?
- Perhaps there is a new abrasion or bruise that could have been sustained in a fall. Ask them about it.

It's easy to take virtual responses at face value, but train yourself to probe further. These are all important clues worth investigating.

3 ... And be mindful of your own.

No one enjoys feeling like they aren't being heard, especially when they're dealing with an illness or recovering from

surgery. Part of eliciting meaningful patient interactions is projecting sincere interest and concern. Be aware of how you come across to the patient.

- Are you looking at the patient's face when they are speaking, or are you looking at their chart on another screen?
- Are you typing or actively listening?
- What do your facial expressions say?

Of course, checking notes and documenting visits is necessary, but patients may not know that's what you're doing. If you must look away or type during the visit, be sure to tell them beforehand. Also consider taking notes on the screen where your camera is located so your eyes are directed to the same place throughout the visit.

4 Don't overlook the environment.

One thing some clinicians feel they miss during telehealth visits is the ability to observe the home environment. Let me be clear: Telehealth should not replace home visits, but can serve as an additional tool to supplement services between in-person visits. And virtual clinical sessions can still uncover important environmental limitations or deficiencies that could lead to clinical complications.

By having discussions with patients and family members and carefully observing what's visible in patients' homes, clinicians can uncover critical needs. For example, clinicians can discern if patients can move about their home unimpeded (for those who are mobile), if they are taking prescribed medications, if they are able to address hygiene needs, and so on.



5 Use in-person time wisely by maximizing virtual visits.

Consider what can be accomplished virtually to maximize in-person interactions. For example, providers may offer in-person training on dressing changes during an initial home visit. Record and share videos of the same procedure so caregivers can access them on demand at any time. By empowering patients and family members with information, you may be able to reduce emergency calls and enhance outcomes.

Spending time in patients' homes is critical to understanding how their living arrangements may impact their care or quality of life. Maximize in-person time to uncover barriers and connect patients with community-based services during virtual visits to address any unmet needs.

6 Connect with community-based services.

Transportation, access to food and the ability to meet financial obligations become more difficult when patients experience health issues.

Unfortunately, social determinants of health may be exacerbated when patients are homebound and unable to seek out

community-based services that can help with these issues.

There are tools available to help identify needs, including several proven checklists that can be completed in advance of or during telehealth visits. The Centers for Medicare & Medicaid Services has developed the Accountable Health Communities Health-Related Social Needs Screening Tool, which addresses living situation, access to food, transportation, financial strain, mental health and more. Based on responses, social workers can connect patients to needed resources in their communities.

7 Increase participation by inviting family caregivers.

Appointments are often limited to the patient and a family caregiver and controlled by availability, distance or pandemic restrictions. Investigate whether your telehealth software can accommodate additional participants so more loved ones and family caregivers can be included in care planning meetings.

As the provider, you may find the broader participation helpful in uncovering health or safety concerns and also in reinforcing your care plan.

8 Check in by phone.

Although telehealth and video capabilities have received the most attention, an old-fashioned phone call is still an effective and efficient way to check on patients between visits. There is no need to schedule video calls or confirm technology capabilities. Phone calls allow providers to address specific items and inquire about a patient's needs. These informal conversations also emphasize providers' availability and show they have a genuine interest in their patients' lives.

The discussion about reframing telehealth in home-based settings continues, but the benefits are evident. When used to supplement in-person visits, virtual visits provide vital access to care and support. While in-person care can't be replaced, telehealth done well has the potential to enrich home-based services and the experiences of all our patients. **HC**

Kurt Merkelz, M.D., is senior vice president and chief medical officer of Compassus, where he leads the company's quality and clinical initiatives, ensuring the delivery of quality patient outcomes and increased access to end-of-life care. He is triple-board certified in hospice and palliative care medicine, family practice and geriatrics. Visit compassus.com.

MERGERS & ACQUISITIONS

Know Before You Go

Understanding your transaction details is key to making a deal

By Richard Cheng

Health care mergers and acquisitions (M&A) grew more than 50% in 2021 compared to 2020. A significant portion of these M&A activities derived from consolidation and private equity roll-ups and more is anticipated in 2022, especially if market forces compel health care providers to sell, coupled with payment adjustments from the Centers for Medicare & Medicaid Services (CMS). Home health agencies (HHAs) are no exception to the growing health care M&A market, as more prospective suitors seek attractive deals in home health care due to the increasing emphasis on health care services outside of inpatient settings and anticipated increased CMS payments for home health services in 2022.

Before You Buy or Sell

Before buyers and sellers rush into a transaction, there are multiple preliminary issues HHAs should be prepared to discuss and consider, including:

- What is the objective for the transaction?
- Who is buying and who is selling (parties)?
- What is being purchased or acquired?
- What is the price and payment schedule (deal points)?
- What is the transaction's structure?

While the objective may sound elementary, each party should ask themselves why they are engaging in the transaction. Is the buyer's goal to grow the business for a period of time (e.g., three to five years) and then sell it to a third party,



or is the buyer acquiring the HHA to operate it long term? Depending on the reason, the strategies and mindset may differ based on the objective for the transaction.

Depending on the circumstances, defining the parties involved in a transaction and what is being acquired can be challenging. Further, it is critical to have a meeting of the minds regarding the deal points. Throughout the negotiation process, the parties should focus on the material terms of the proposed transaction, such as purchase price, payment schedule, assumed liabilities, excluded assets (if it is an asset purchase structure), post-closing

relationships (e.g., assumed employees), restrictive covenants and proposed closing date. Lastly, the parties should agree on the transaction structure because this will set the stage for a series of events that will happen throughout the due diligence process until closing (e.g., extent of due diligence, liability risk assessment, regulatory filings, etc.).

Structure Considerations

Most home health agency purchases typically involve one of three different structures—asset purchase, stock or membership interest purchase, or merger.

Defining the parties involved in a transaction and what is being acquired can be challenging. It is critical to have a meeting of the minds regarding the deal points.

In an asset purchase, the buyer acquires certain assets, assumes certain liabilities associated with the acquired assets and excludes other liabilities. The primary benefit for the buyer in an asset purchase is to avoid assuming certain of the seller's liabilities, and the buyer is allowed to pick and choose which assets are being purchased. The seller keeps all remaining assets and the entity, including any remaining liabilities not assumed through the buyer's acquisition of the purchased assets. Some primary drawbacks to an asset purchase structure include substantial time needed for agreement consents, regulatory filings such as change of ownership with CMS and the state licensing agency, assignment of contracts and leases and other supply chain issues. Further, the parties will need to anticipate notification filing requirements. Both the seller and buyer should have a strong understanding of how the filings need to be made and the requisite time frames for such filings.

Under a stock or membership purchase structure, the buyer acquires the equity of the selling or target company from the owner or owners. Using a stock or membership interest, buyers benefit because fewer consents, approvals and assignments need to be obtained from third-party payers, regulators and contract parties because the target remains intact with only changes to its shareholders or members.

In addition, unlike a change of ownership filed with an asset purchase and compelling the parties to manage payment and tie-in notice issues, the stock or membership interest purchase will only require a change of information, which results in needing fewer onerous regulatory approvals or post-closing adjustments. Sellers likely prefer this structure because no assets or liabilities

exist after the closing, unless specifically excluded pursuant to the stock or membership interest purchase agreement. This structure typically poses more risk for the buyer since the buyer is substituting the seller, and thereby is exposed to all potential liabilities accumulated by the seller. To address these concerns, the buyer can hold back portions of the purchase price, create broad indemnification agreements, demand specific representation and warranties and be thorough with the due diligence process.

A merger involves one entity merging into another. The process is predicated on the desires of the parties and state law. The merging company will terminate, but its liabilities and rights are assumed by the surviving company. Similar to a stock or membership purchase structure, one disadvantage of a merger is that the surviving company will inherit the merging company's liabilities. One way to address this concern is to create a wholly owned subsidiary company that merges with the selling entity. This results in the acquirer being the sole remaining equity holder in the subsidiary.

Common Documents

- **Confidentiality agreement**—Here, the parties will need to define the confidential information, carve out exclusions, identify prohibited use, define breaching events, outline the return of confidential information, address no-shop/standstill issues, etc.
- **Letter of intent**—Although generally nonbinding, this sets forth the material terms of the proposed transaction and demonstrates the terms that were memorialized by the parties. It should identify the basic structure of the transaction.

- **Definitive agreement: asset, stock or membership interest or merger**—This is the primary document that facilitates the transaction containing key items such as purchase price, covenants, indemnifications, representations and warranties, closing deliverables, etc.
- **Bill of sale**—This serves as proof of title to nontitled assets.
- **Assignment and assumption agreements**—These set forth the agreements that are to be transferred.
- **Disclosures schedule**—This is usually produced by the seller.
- **License agreements**
- **Escrow**
- **Resolutions**

As is the case for many regulated industries, HHA transactions are unique and require a specific set of skills. It is critical for HHAs engaged in a transaction to see the process in four key steps:

- initial discussions and preliminary diligence
- due diligence
- negotiations
- implementation

These steps will circle back to the most important aspect of the process—the goals of each party. Identify these goals as an initial step and the process will have a greater chance for success. **HC**

Richard Cheng is a health care attorney focused on corporate transactions, regulatory and compliance matters. He represents a variety of health care providers (e.g., nursing facilities, home health agencies, hospices, assisted living facilities), investors and private equity groups in health care purchases/sales, operations and before administrative agencies. He is certified in health care compliance and worked as an occupational therapist before becoming an attorney.

Don't Let Patient Data Drag You Down

Why it's time to revisit your connectivity strategy

By Navin Gupta

Transitions between acute and home-based care are often prolonged and overly complicated due to inefficient communication methods between providers, caregivers and referral sources. The back-and-forth that transpires in an attempt to get necessary documentation and patient data can cause frustration for providers and lead to less timely and inefficient care for patients. Without access to a connected network, homecare providers are unable to see up-to-date progress on patient care, may lack important medication or payment knowledge, and might be unable to provide initial service in a timeline that's acceptable to the referral source or patient due to missing information.

In the ever-growing home-based care market, capturing and managing data in a connected electronic health record (EHR) system is one of the best ways to ensure seamless patient transitions. As the market evolves, referral partners are maintaining high expectations for the homecare organizations they build relationships with. Yet recent research shows a wide gap between what referring providers want and what post-acute care providers are able to deliver when it comes to interoperability. As a result, 74% of referring providers surveyed in 2021 said they're likely to change post-acute partners to those they believe can more effectively process electronic referrals. By managing data in one connected EHR system, the home health industry can begin to bridge this gap.

The Value of Connected Electronic Health Records

Implementing an EHR is a wise first step for any homecare organization, but it's important to ensure that a system can seamlessly receive patient information originating outside of an individual organization or network. This allows health care providers to access health information from any care setting without needing to alter their processes or track down referral sources. When a system can provide record location, patient record matching and documentation exchange, the entire care team gains secure and near-instant access to critical patient information. This data could lead to important conversations with patients, reimbursement changes or education opportunities. It also reduces the risk of medication errors and adverse drug events that can result from manual entry errors or from outdated or incomplete medication lists.

EHRs allow home health professionals to receive referrals, share information and message directly with providers so that all caregivers, including family, have timely and accurate information on the patient. An EHR can help home health staff prepare for patient visits, especially if they have had hospital or physician encounters between homecare appointments. With a connected EHR, home health staff have all of the patient's information at their fingertips in order to provide the best possible care without needing to wait for information or

follow-up. This also decreases the amount of hospital encounters a patient is likely to have and allows them to be seen in their own home, driving down the cost of care and increasing patient satisfaction and comfort.

The benefits aren't just important for patients, either. Interoperable EHRs have a positive impact on staff due to greater efficiency, convenience and less time needed for documentation. Aides and clinicians can click through their patient's care plan and code charts much more accurately, which mitigates audit and other risks related to coding quality. Additionally, the ability to integrate charting into patient visits in real time can dramatically improve the patient experience, clinician efficiency and the overall bottom line.

Interoperability can significantly enhance organizations' ability to achieve their goals by improving relationships with hospitals and referral providers as well. In rare cases, some referral providers may be hesitant to change their own paper-based workflows, but explaining how electronic referrals can be shared with physicians—without the referral partner having to respond to additional inquiries for things like medication lists, office visits and insurance information—may help them better understand the benefits.

The future of high-quality patient-focused care requires a nationwide standard for sharing health information that is accurate, secure and reliable. Interoperability through EHRs is an



important step in this journey. When patient data is shared and fed into other applications like clinical support or patient monitoring, more robust data can lead to new and better clinical insights, more efficiency across the care continuum, and better and more seamless patient care.

Interoperability Brings Positive Change in Home Health

The home health market is experiencing many disruptions that are driving broad changes across the industry. The Patient-Driven Groupings Model (PDGM), for example, is pushing payment reform that impacts how home health agencies respond to referral sources and approach interoperability. Organizations like the Centers for Medicare & Medicaid Services and the Office for the National Coordinator for Health Information Technology are creating rules for positive change in the way referral sources use EHR systems, allowing post-acute care teams to connect and liberate data for better patient care.

These events and others are leading to powerful change and the need for

interoperability within the home health industry. With connected EHRs, home-based care organizations have also seen improved productivity, benefits from real-time reporting and more confidence in home health staff. The ability to access everything from previous assessments to lab notes to communications with family members is essential in providing high-quality personalized care for patients.

The choice of EHR and the extent of interoperability maturity will also play a large role in providers emerging as preferred providers in their referral networks. Interoperability drives increased referrals, better clinician satisfaction, better patient outcomes and better economics. Mature interoperability is emerging as a non-negotiable in a rapidly changing risk-based ecosystem and will shape the winners in the new normal.

With all this in mind, now is the time to consider revisiting your organization's connectivity strategy. If your business is looking to enhance connectivity, start by evaluating your existing interoperability capabilities and speaking to vendors about

their ability to connect to the broader care ecosystem. Be sure to estimate the financial implications of your interoperability strategies as well and initiate conversations with your referral partners. Successful interoperability has the potential to significantly differentiate your organization from competitors.

Interoperability has proven time and time again just how valuable it is for seamless transitions between acute and post-acute care, yet many times home health providers have difficulty accessing or sharing important patient data. Any lack of data or incomplete data can negatively impact patient outcomes and quality of care. With interoperability, all members of the care continuum can participate in a patient's case, leading to better clinical decisions and safe and seamless patient care. **HC**

Navin Gupta is senior vice president of MatrixCare's home and hospice division. With over 20 years of experience in health care, security and telecommunication, Gupta has scaled and grown numerous software solutions. Before joining MatrixCare, he held technical and management positions with Philips Healthcare, United Technologies and Siemens. Visit matrixcare.com.

NONMEDICAL CARE

Covering All the Angles

5 ways to position your homecare company for future growth

By Rich Paul

Homecare, while still a young and evolving industry, has generally been on the periphery of the health care ecosystem. Perhaps as an attempt to differentiate the service from home health care, homecare often receives the disclaimer designation as a “nonmedical” home service.

While it’s true that this type of homecare is nonmedical in nature, there can be no doubt about the impact this kind of homecare has on the health, well-being and safety of patients. This impact has sparked the attention of the larger health care community as a valuable and critical

link in the patient care continuum, and at the same time brought new challenges and expectations for the homecare industry.

The Care Continuum

Nonmedical in-home care represents a critical but historically sidelined player in the health care continuum. COVID-19 has certainly put a spotlight on the benefits of care at home, resulting in an increase in both routine and acute medical care providers flocking to the home as part of the new care environment. The home not only represents a less costly care environment, but also the

least restrictive one promoting improved health outcomes. The challenge with more care at home is that many in-home care providers are in the home for brief procedural interventions and depart quickly. Homecare can offer longer stays with clients in their homes and thus serves as an ideal partner to home health and other medical providers to continue to address the health and safety of their patients.

Whether it is assisting a patient with hospital-to-home support that addresses personal needs such as bathing, dressing and mobility, or attending to various



The home not only represents a less costly care environment but also the least restrictive one promoting improved health outcomes.

activities of daily living, homecare can ensure that the home remains a viable and safe place for recovery. Homecare can offer that link for transportation support to follow up on medical appointments, help prepare healthy and nutritious meals, provide medication reminders and promote patient safety through fall prevention. Having a caregiver who can address fall hazards and help with mobility around the home can not only prevent accidents but also help reduce hospital readmissions and emergency department visits. Remember, more than 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture, according to data from the Centers of Disease Control and Prevention.

The other issue that is far too often swept under the carpet is that the recovery process can be lonely. A recent study published in the Journal of the American Medical Association found that increased social isolation after an intensive care unit stay can increase the risk of disability and double the risk of death in older adults. Homecare can provide the companionship necessary to promote recovery and increase a patient's sense of belonging.

5 Critical Steps to Position Homecare for the Future

The health care ecosystem will continue to evolve rapidly and there are steps that homecare providers can and should take now to position themselves for future success.

1 Diversify payer sources.

The demand for homecare is great, so why focus solely on private pay clients? As health plans and other third-party payers

embrace the benefits of homecare, there are likely to be shifts in reimbursement for the service. By joining third-party networks now, you will not only better understand the contracting and credentialing process but also gain insights into negotiating rates, billing practices and modifications you may need to make to your office infrastructure for future success.

2 Market the benefit of homecare to health care providers.

Many hospitals and health plans are still learning about the benefits of homecare. Your marketing efforts should highlight the benefits of homecare to their patients' recovery. What are their pain points that you can solve for?

3 Ensure HIPAA compliance.

There still remains some debate about whether or not nonmedical in-home care providers must be compliant with the Health Insurance Portability and Accountability Act (HIPAA). Regardless of that debate, health care providers and health plans will expect it. In order to join most payer networks, particularly those involving Medicare Advantage, demonstrating HIPAA compliance will be mandatory and it represents best practices.


4 Focus on outcomes.

It is no longer enough to say that your services make a difference in the lives of those you serve—it is increasingly expected that you can demonstrate it. Third-party payers are interested in how you improve outcomes for those you care for, such as if you are able to reduce incidents of falls and prevent hospital readmissions. Data

collection of these and other outcomes has become a necessity.

5 Embrace coordination of care.

Because homecare providers spend more time with patients, they have greater insight into the whole health picture. Whether it's tracking and reporting sleep patterns, appetite changes, adverse effects from medication or other developing health concerns, in-home caregivers can be an integral part of the continuum of care because of the amount of quality time spent with the patient.

The health care industry is moving into a state in which homecare will no longer be considered supplemental—nor will it be reserved just for those who can afford it. Homecare providers should actively position themselves not only as a vital component of ensuring the health and safety of those they care for, but at the center of the care plan. The industry is aligned with the growing demand for aging in place that will define Homecare 2.0. 



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Rich Paul is the chief partnership officer for SYNERGY HomeCare, a nonmedical in-home care provider serving 39 states. Visit synergyhomecare.com.

SCOOTERS & POWER CHAIRS

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 scooter and power chair manufacturers. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

SCOOTERS & POWER CHAIRS

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myamigo.com

Drive DeVilbiss Healthcare
Port Washington, NY
(877) 224-0946
drivemedical.com

EWheels
Phoenix, AZ
(888) 305-0881
ewheelsdealers.com

FreeRider USA
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freeriderusa.com

Golden Technologies
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(800) 624-6374
goldentech.com

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

PaceSaver/Leisure-Lift
Kansas City, KS
(800) 255-0285
pacesaver.com

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

Shoprider
Carson, CA
(800) 743-0772
shoprider.com

Solax Mobility
San Jose, CA
(800) 983-1306
solaxmobility.com

Stars N Stripes Scooters
Beverly Hills, CA
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snsscoters.com

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21st Century Scientific
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(800) 448-3680
wheelchairs.com

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Port Washington, NY
(877) 224-0946
drivemedical.com

EZ Lite Cruiser
Chatsworth, CA
(888) 544-6054
ezlitecruiser.com

FreeRider USA
Rancho Cucamonga, CA
(909) 466-7996
freeriderusa.com

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goldentech.com

Innovation In Motion
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mobility-usa.com

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Elyria, OH
(800) 333-6900
invacare.com

Merits Health Products
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(800) 963-7487
meritsusa.com

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Kansas City, KS
(800) 255-0285
pacesaver.com

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(800) 736-0925
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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.

2



3



4



1

1 GrabNHold Soap

ADVANCED SOAP OF LINCROFT

The unique design of GrabNHold Soap improves the ability of people with poor grip and finger motility to perform basic bathing activities by limiting dropping and soap slippage, which may lead to falls, dizziness or balance issues when picking it up. Visit advancedsoap.com.

Check 200 on index.

2 Gabrialla MS-96

ITA-MED

The Gabrialla MS-96 maternity support belt is the winner of multiple national awards and has been featured on the covers of multiple maternity and baby magazines in the United States. The pregnancy belly band is safe to wear postpartum up to a month after natural delivery or cesarean section to help ease back, pelvic and abdomen discomfort. Visit gabrialla.us.

Check 201 on index.

3 Scrubs

LIVINGUARD, INC.

Livinguard scrubs continuously self-disinfect throughout the day, killing 99.99% of bacteria in only 10 minutes, setting a new standard of hygienic performance for health care workers. The technology is approved by the Environmental Protection Agency, and the fabric is tested for skin sensitivities and is machine washable. Visit livinguard.com.

Check 202 on index.

4 Caregiver Safety Training

TLAC NOW

Personal Safety Strategies for Home Health Care Professionals is a self-guided online course covering the potential dangers of home and facility visits. Participants will be able to identify personal safety areas of risk and vulnerability during a home visit. This course is also available in a live webinar format to accommodate homecare agencies that prefer a group learning environment. The goal of the course is to equip providers with effective tools that promote personal safety in the homecare workspace. Visit tlacnow.com.

Check 203 on index.

ORTHOPEDIC SOFTGOODS

1



1 Transformer2 Back Brace

ADVANCED ORTHOPAEDICS

The Transformer2 back brace is an updated model with double pull strap design. The double pull strap easily controls the level of patient support. Rigid panels provide superior posterior and anterior support. The patient-friendly design ensures greater compliance. The brace produces intracavitary pressure to reduce load on intervertebral discs. Made with a breathable mesh, the product is easy for patients to put on and take off. Visit advanced-orthopaedics.com.

Check 204 on index.

2 1343 Universal Wrist Brace With Thumb Abduction

ALEX ORTHOPEDIC

The Universal Wrist Brace with Thumb Abduction features black woven elastic with a contour design and adjustable sizing. The 1.5-inch aluminum stay is pre-shaped to fit the palm, and thumb abduction prevents flexion and extension. Visit alexorthopedic.com.

Check 205 on index.

2



3 Polar Ice+ Hot/Cold Glove

BROWNMED

Brownmed's newest product, the Polar Ice+ Hot/Cold Glove is a patent-pending glove with a flexible gel lining that offers hot or cold therapeutic relief from acute injury, arthritis, fibromyalgia, myofascial pain, soft tissue soreness, stiff joints and more. This glove is safe for the microwave and freezer and allows for easy rotation between icing and heating injuries. Provides therapeutic relief on palm or dorsal side of hand.

Visit brownmed.com.

Check 206 on index.

3





4 Back Bandit Ultima

DOCTOR IN THE HOUSE

The Back Bandit Ultima from Doctor in the House is a unique thoracic lumbar sacral orthosis (TLSO) back brace developed by an orthopedic surgeon. It allows rigid four-panel support, offering protected motion for the entire back with its customizable, heat moldable panels and easy adjustment to aid in healing. The Back Bandit Ultima, with its dynamic step-down design, requires a medical professional to fit the brace to the patient for optimal comfort and healing. Visit docinthehouse.com.

Check 207 on index.

5 PRO Ankle Brace

VERTALOC

The VertaLoc PRO Ankle Brace provides maximum support to an injured ankle and foot. The PRO brace has an extension that runs from the ankle to near the top of the calf, which helps with instability and injury. The brace controls the position and motion of the ankle by immobilizing the ankle and lower leg for patients with arthritis and fractures. The complete closure system ensures a patient's ankle is secure and provides a comfortable fit. Visit vertaloc.com.

Check 208 on index.



6 OrthoFrost Pneumatic Knee Wrap With ROM Hinge KKP-510

COMPRESSION THERAPY SYSTEMS

The OrthoFrost Pneumatic Knee Wrap is ideal for post-surgical use or after acute injury to help decrease pain and reduce edema and swelling. The brace is designed to combine the benefits of compression, cold therapy and superior flexion or extension control when needed. Visit compressiontherapysystems.com.

Check 209 on index.

CPAP MACHINES & ACCESSORIES

1 Z2 Auto CPAP

BREAS

The ultra-small, lightweight, auto-adjusting Z2 Auto CPAP is perfect for travel. The Z2 Auto CPAP does not require a special mask or tube. Any mask can be used as long as it does not have a proprietary connection. The Z2 Auto CPAP is data capable and records all information on events and compliance. The free Nitelog 2.0 mobile app for iOS or Android syncs with the Z2 Auto CPAP via Bluetooth for reviewing sleep data. Visit breas.us.

Check 210 on index.



2



2 CPAP Comfort Cover

CPAP COMFORT COVER LLC

CPAP masks are meant to be comfortable, but air leaks, skin irritation and red pressure marks can make it difficult to sleep comfortably and comply with therapy. The CPAP Comfort Cover mask liner is a hypoallergenic, absorbent cotton-blend fabric to reduce skin irritation. The design helps reduce air leaks by filling gaps between the mask cushion and the skin. Machine washable and retail packaged with two covers to a pack. Visit cpapcomfortcover.com.

Check 211 on index.



3 F&P Vitera

FISHER & PAYKEL HEALTHCARE

Introducing F&P Vitera, Fisher & Paykel Healthcare's latest full face mask, which features unique technologies designed to provide patients with comfort throughout the night. This mask includes a gentle seal designed to adapt to patients as they move. The Vitera headgear incorporates VentiCool technology, custom-made breathable fabric designed to help patients keep cool and comfortable as they sleep. Visit fphcare.com.

Check 212 on index.



4 AirSense 11 AutoSat

RESMED

In addition to ResMed's proprietary therapy algorithms and remote and self-monitoring capabilities, the AirSense 11 CPAP's new features include: Personal Therapy Assistant's interactive step-by-step tutorials via the myAir app for patients to set up their device and acclimate to therapy pressure; Care Check-In's tailored guidance through key milestones in the treatment journey, available in the myAir app and on the device screen; a sleek design, touch screen and intuitive menu that mimic a smartphone; and the ability to make over-the-air upgrades directly to a user's device. Visit resmed.com.

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4



ADJUSTABLE BEDS

1



1 Hi-Low Adjustable Bed

ASSURED COMFORT

Assured Comfort hi-low adjustable beds promote wellness and provide comfort for those watching TV, reading or recovering. The hi-low feature allows the bed surface to be raised for therapist convenience or for easier transfers in and out of bed. Choose from three models in twin, full, queen and split-king sizes, and three premium mattresses. Beds feature quiet remote-control operation. Assured Comfort hi-low foundations can typically retrofit an existing bed frame, or choose from an extensive line of headboards and footboards. Visit assuredcomfortbed.com.

Check 214 on index.

2



2 Delta Pro Homecare Bed System

DRIVE DEVILBISS HEALTHCARE

The Delta Pro Homecare Bed System features a universal bed frame that's compatible with interchangeable, color-coded components to create six unique bed configurations. The frame is durable, easy to clean and provides no-sag mattress support. The components, including bed-end and motor options, assemble and disassemble easily to create a manual, semi-electric, full-electric or low bed depending on user needs. The ultra-lightweight standard or low bed end options attach to the frame without tooling and come in the same modern finish. Visit drivemedical.com.

Check 215 on index.

3



3 SelectCare

MED-MIZER

Designed and engineered for better care and comfort, the new SelectCare bed offers home-like design in a variety of colors, with the clinical and safety features customers demand. With a 600-pound weight capacity, built in tool-less expandable width (up to 42 inches) and multiple options (scale, nightlight, battery backup, etc.) provide a versatile bed to meet clinical needs with stylish design. Visit med-mizer.com.

Check 216 on index.

4



4 Kalmia Perfect Height Bed

PARKS HEALTH PRODUCTS

Meet the Kalmia Perfect Height Bed System. This bed features hi-low technology that allows patients and caregivers to raise and lower it a full 10 inches to make getting in and out easy. It has all the adjustable features customers need: head and foot elevation, zero gravity to reduce muscle pain and sleep apnea relief and massage—all in an easy-to-use remote. Available in multiple sizes, the Perfect Height bed looks just like any premium bed on the market. Visit parkshealthproducts.com.

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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)

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- ☐ 03 Independent Pharmacy/Chain Drugstore
- ☐ 15 Hospital with Home Health Agency
- ☐ 05 Home Health Agency/Nursing (Medical)
- ☐ 16 Hospice Agency
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- ☐ 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)

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SENIOR SAFETY

Beyond Driving With Dignity

Supporting families when it's time to take away the keys

By Kristin Easterling

In July 2003, 86-year-old George Weller drove through a crowded Santa Monica, California, farmers market, killing 10 and injuring 70. Weller stated he had confused the gas and brake when he tried to stop the car. The crash led to questions around when seniors should have to give up the keys—a question many families confront.

But giving up driving is a prospect many seniors don't want to face. Many see the transition as a loss of independence and freedom. For family members, discussions of driving and safety can be difficult to navigate; no one wants to tell their parent that they are a hazard on the road.

Eleven years ago, retired Ohio State Trooper Matt Gurwell decided to change the conversation. He founded Beyond Driving with Dignity, a program designed to facilitate conversations among family members, professionals and the seniors they care for. Senior Care Authority, a senior care consulting firm, purchased the company and program in 2021. Gurwell now acts the program director.

"I saw there was a void in the system on older drivers with diminished driving skills," Gurwell said. "So, as a way to give back to my community, I developed this self-assessment program ... for seniors whose driving skills are suspect."

Gurwell built a website for the program, and calls came pouring in from across the country asking for help. But travel wasn't always an option, so he started training others on the program, creating a group of experts around the country. Several Senior Care Authority franchise owners took notice of the program and got the certification, leading to the acquisition last year.

"I had maxed out on what I was able to do to grow this business," Gurwell said, adding that now Senior Care Authority is taking the program to the next level, making it more accessible to more families throughout the United States.

About That Name

Gurwell likes to describe the time seniors stop driving as "retiring from driving" or a "graceful transition to the passenger seat."

"We try not to use aggressive terms," Gurwell said. "Retiring from driving is something to be proud of, just like retiring from your career ... We have to be very empathetic."

That desire for empathy in conversation helped inspire the name "Beyond Driving with Dignity." Seniors reach a point beyond driving, but there needs to be dignity, pride and independence associated with the process, Gurwell said.

"No one should be under house arrest just because they made the right and difficult decision to give up driving," he added.

Homecare's Role

Often, when professional caregivers get involved, seniors are at the point where they need to retire from driving. Personal care aides often help with errands and doctors' visits. But if the client is fiercely independent and doesn't want to give up driving, Beyond



Driving with Dignity offers training to help caregivers have that conversation with the client and their family.

"We talk about the importance of basing those conversations on facts and not opinion, speculation or emotion," Gurwell said. "Just because someone is 83, that's not sufficient reason. Is there truly a problem with their driving or is this just your opinion and fear?"

While Senior Care Authority is not partnering with any home health agencies at the moment, the company offers community classes, often free of charge, and caregivers or agency owners are welcome to attend. Caregivers can also reach out to their local Senior Care Authority office to have a certified professional conduct an assessment in the client's home. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

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