

HomeCare®

MARCH 2021

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Technology on a Roll

- » *The latest in mobility trends*
- » *Tips for getting reimbursed*
- » *Rehab technology training goes virtual*

HME:
Keeping
up with
respiratory
equipment

IHC:
How death
doulas make
your job
easier



Should you
vaccinate your
employees?

Split Decisions?

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Check 106 on index.

Dear HomeCare Readers,

I'll confess, our mobility-focused issues have become some of my absolute favorites. One reason is that we get to meet and learn about industry players and members of the disability community who are making a real difference in people's lives. In this case, it's Lauren "Lolo" Spencer, who's featured on our cover. She's one of the models for LUCI's new campaign, but she's also an influencer and activist in her own right, with 37,000 Instagram followers and more than 14,000 subscribers on her YouTube channel, "Sitting Pretty." You can read a lot more about the latest trends in mobility equipment in our cover series.



The rest of this issue has a cutting-edge feel to it as well, from Montessori approaches to dementia care to the concept of a death doula—that one was new to me!—to ideas for automating some of your most time-consuming tasks, like servicing equipment and scheduling staff in the field. Maybe we're feeling a sense of renewal and spring in the air (although as I'm writing this, Alabama is experiencing a rare snow day) and learning about all things new. But just in case you think we're out of the woods, we've also got some tips on the legal arguments around requiring employees to get the COVID-19 vaccine and on managing stress in these difficult days. Hopefully those days will soon be fewer and farther apart.

Thank you for reading,

Hannah Wolfson

BE HEARD

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

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

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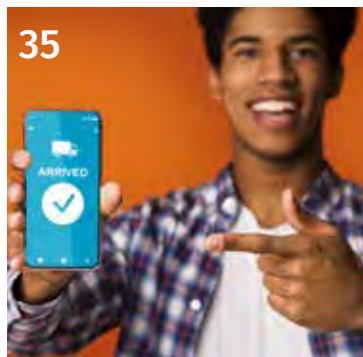
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ON THE COVER



Lauren "Lolo" Spencer samples the LUCI smart wheelchair technology. Spencer is a disability influencer who has been featured on CNN and was recently in InStyle's "50 Women Making the World a Better Place in 2021." You can learn more about her at her website, sittingprettylo.com.

Photo credit: Brad Swonetz

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VirtualHealth Partners With Sandata Technologies

VirtualHealth, the provider of HELIOS, a software-as-a-service care management platform, and Sandata Technologies, a provider of homecare technology solutions, announced a new partnership to enhance the care experience for Medicaid and Medicare populations.

Together, VirtualHealth and Sandata offer payers a comprehensive solution to ensure that care managers and homecare providers are working in tandem—inside and outside of the home—to optimize

outcomes. The HELIOS platform gives health care staff clinical and nonclinical health data from across the care continuum, which enables the timely identification, selection and authorization of needed services.

The partnership will create a seamless, bidirectional flow of data between HELIOS and Sandata's point-of-care solution for homecare providers, ensuring that providers have information at their fingertips for providing services and also sending back valuable social determinants of health data about each patient—offering unique insights that are only available by visiting the patient in their home.

Sandata, which serves 50 Medicaid managed care organizations and more than 15,000 providers across the country, helps payers automate the remote acquisition of service data by capturing time, attendance and visit information entered by the homecare worker at the point of care. Care workers can use Sandata's tools to document real-time information about the patient's home environment and indicators of physical and mental health. Through VirtualHealth's telehealth capabilities, HELIOS Visit, members can also connect with their care managers via secure videoconference and chat.

virtualhealth.com, sandata.com

HomeWell Franchising Announces Leadership Reorganization

HomeWell Franchising Inc., a franchiser of nonmedical in-home care, recently announced the appointment of Crystal Franz as chief executive officer. Franz joined the company in July 2018 as vice president of brand strategy, marketing and communications; she has served as chief strategy officer since 2019.

Equipped with more than 15 years of franchising experience, Franz has held leadership roles at WoodSpring Hotels and Comfort Inn and Comfort Suites under franchiser Choice Hotels International. She will continue to lead the executive leadership team to accelerate the company's growth and continue to establish its brand in the homecare industry.

Other changes include:

- Brandon Clifford will now serve as senior vice president of development and franchise services. Clifford joined HomeWell in May 2019.
- Michelle Cone will serve as senior vice president of training and brand programs.
- Mishelle Payne will serve as vice president of marketing.
- Casey McCleskey will continue to serve as HomeWell's chief financial officer.
- Matt Balducci has been hired as senior director of franchise services. In the newly created role, Balducci will be responsible for developing relationships with HomeWell's franchisees, creating a franchise advisory process and overseeing the franchise services team to aid overall franchisee success and satisfaction.

HomeWell is focused on strategic expansion across the U.S. through franchisee-owned development. With many territories available, the company expects to have more than 100 HomeWell Care Services franchises by 2023.

homewellfranchising.com

ACHC Named Preferred Accrediting Organization for the Oceti Sakowin Nation

The Accreditation Commission for Health Care (ACHC), a nonprofit accreditation organization with deeming authority from the Centers for Medicare & Medicaid Services, has been selected as the preferred accrediting organization of the Oceti Sakowin Sioux Nation of Governments, the Dahcotah-Nakota-Lakota and the Sioux Territory Country-1851-1868 Treaty Community. ACHC will work with tribal-authorized health care providers to enhance the delivery and quality of health care to the Oceti Sakowin's seven subnations.

ACHC recently accredited Assisteo North Hospice, LLC, in Cottonwood, Arizona, a hospice facility dedicated to care of the indigenous population.

The resolution, signed by Oceti Sakowin elders, further designates and acknowledges the efforts of Dr. Vahan Setyan, who, as a

UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities, both in-person and virtual. Here is what is coming up in the next few weeks. Did we miss an event? Send info to keasterling@cahabamedia.com.

MAR 20–24 NHCPH Hospice & Palliative Care Leadership & Advocacy Conference
Virtual
nhcpo.org

APR 19 National Home Infusion Association Annual Conference
Virtual
nhia.org

APR 27–29 MAMES Spring Excellence in HME Midwest Conference
Des Moines, Iowa
mames.com

MAY 26–27 AAHomecare Washington Legislative Conference 2021
Washington, D.C.
aahomecare.org

treaty council authorized agent on health care and economic development, has helped address a variety of acute care, hospice, ambulatory and clinical laboratory needs of the Oceti Sakowin Nation.

“Our collective goal is to grow and improve health care for all individuals, whether they reside on sovereign lands or not,” Setyan said. “ACHC is known for its commitment to education and customer service, both of which are vitally important to the provider organizations that serve the diverse health care needs of our tribal communities.”

achc.org

Optipillows Marks Distribution Deal in Canada

Optipillows EPAP Mask has announced a new collaborative partnership with McArthur Medical Sales Inc. to allow for the immediate distribution of the Optipillows EPAP Mask within Canada.

Optipillows provides expiratory positive air pressure (EPAP) using a proprietary valve, nasal pillows and headgear to alleviate snoring and provide a restful and quiet night's sleep. EPAP provides a solution for those who don't qualify under CPAP guidelines or who cannot tolerate CPAP therapy. Optipillows claims to be the only EPAP device on the market that allows users to adjust the amount of pressure to fit their specific needs.

“Currently the market in Canada does not provide a low-cost, non-prescription, anti-snoring device,” said Don Sidell, McArthur's respiratory home health care manager.

“Optipillows fills this void and provides our business partners with a unique product that creates additional retail sales opportunities.”

optipillows.com

Ferdinand in as Parks Health Products VP

Hickory Springs Manufacturing Company (HSM) has appointed Justin Ferdinand vice president and general manager of its Parks Healthcare Products business. Operating under the HSM Diversified Products and Services, LLC division, Ferdinand will lead the charge to drive additional growth of the

company's health care product portfolio; the company expanded in 2020 into producing personal protective equipment (PPE).

Ferdinand comes to HSM with 25 years of experience in leadership roles at several manufacturing companies serving the health care industry, including Velcro USA Inc., Hill-Rom Holdings, Fastenation and Hoowaki, LLC.

“HSM has strong capabilities in manufacturing nonwovens, furniture and bedding components, and my specialized background will be an asset as we look to grow our health care-related product line,” Ferdinand said.

Named after the company's founder, Parks Underdown, Parks Healthcare Products operates out of a 50,000-square-foot facility in Claremont, North Carolina, where the business produces face masks, Level 1 and Level 2 gowns, therapeutic mattresses and adjustable beds.

HSM is a privately held company based in Hickory, North Carolina, with more than 25 manufacturing plants in 13 states. In addition to its core furniture and bedding markets, HSM also serves a growing range of customers in the transportation, packaging, health care, apparel and other industries.

hsm solutions.com

Suncoast Hospice Given Highest Veteran Designation

Suncoast Hospice, a member of Empath Health, has been awarded the We Honor Veterans 5-Star Partner designation. This is the highest level an organization can receive from We Honor Veterans, a program of the National Hospice and Palliative Care Organization in partnership with the Department of Veterans Affairs.

The We Honor Veterans program's goal is to help hospices with training and resources to best provide care and honor veterans at the end of their lives.

Obtaining this designation is a year-long process and requires organizations to fully integrate veteran-specific content into staff and volunteer training, to provide specific staff training centered around Vietnam veterans, to host at least five community

MERGERS & ACQUISITIONS

Jan. 19, 2021

Cooper Star Home Medical Supplies Acquires Valley Medical Supplies

Jan. 20, 2021

National Seating & Mobility Acquires Scooters N More

Jan. 22, 2021

Home Care Pulse Acquires Home Care Institute

Feb. 2, 2021

EarlySense Sells to Hill-Rom

Feb. 4, 2021

Mosaic Acquires Living Innovations

Feb. 4, 2021

Protech Home Medical Acquires Mayhugh's Medical Equipment

Feb. 4, 2021

AeroCare & AdaptHealth Complete \$1B Merger

events and to create tools and specific procedures to serve veterans as they are admitted to hospice. Suncoast Hospice staff are now also available to mentor other hospices and community partners about serving veterans.


The Empath Honors veterans program was first created to serve veteran hospice patients and families but has evolved into a broader effort as part of the agency's diversity, equity and inclusion strategic initiative. Veterans are honored and served throughout Empath Health's member programs including Suncoast PACE, Empath Home Health, EPIC (which provides HIV services and support) and Empath Palliative Care.

empathhealth.org

PHILIPS

RESPIRONICS

DreamWear

A close-up photograph of an elderly patient with grey hair sleeping peacefully in a hospital bed. They are wearing a white Philips DreamWear CPAP mask over their nose and mouth. The patient is wearing a blue hospital gown. The background is softly blurred, showing a white pillow and a wooden bedside table.

**Give your patient
comfort, fit, and
exceptional seal**

Check 102 on index.

Introducing Philips Respironics DreamWear silicone pillows cushion

The Philips Respironics DreamWear system of masks, which has allowed your patients to sleep in any position^{1,2,3} – stomach, side or back – now has a new silicone pillows cushion that delivers an exceptional level of comfort, fit and seal.

Introducing the DreamWear silicone pillows cushion that was developed using thousands of 3D facial scan data points, allowing it to conform to various nose shapes and sizes. And, DreamWear silicone pillows is lighter and users find the cushion softer than ResMed AirFit P30i.⁴



- ☒ **95% of patients would recommend** DreamWear silicone pillows mask to friends, family and other consumers suffering from obstructive sleep apnea (OSA)³
- ☒ Patients find DreamWear silicone pillows mask **more comfortable than DreamWear gel pillows³**
- ☒ Patients say DreamWear silicone pillows mask **has a more secure fit and seal** than their prescribed mask^{3,5}

See the Philips Respironic DreamWear silicone pillows mask in action. Hover your smartphone camera over this QR code.



innovation  you

Note: Switching from a nasal cushion or silicone pillows cushion to a full face cushion requires different headgear and instructions. Consumers must consult their provider before making adjustments.

1. DreamWear Under the Nose Nasal: Data analysis at 30 days of use of 2015 Philips sponsored patient preference trial (n=98). Prescribed masks include ResMed Swift FX, ResMed Mirage FX, Philips Wisp, and ResMed P10. Data analysis at 10 days of use of 2019 Philips sponsored patient preference trial (n=81). Prescribed masks include ResMed AirFit N10, N20, Mirage Fx, Philips Wisp, Pico, ComfortGel Blue, F&P Eson & Eson **2.** DreamWear Full Face: Data analysis of Aug 2017 Patient Preference trial where (n=85) and prescribed masks include ResMed Airfit F10 and F20, Respironics Amara View and F&P Simplus. **3.** Analysis after 30 day of use during Jul/ Aug 2020. Pillows preference trial with (n=127). Prescribed masks include ResMed AirFit P10, P30i, Swift Fx, F&P Brevida, Philips DreamWear Gel Pillows, Nuance / Pro. **4.** Data from Philips conducted comparable assembly weight test for DreamWear Gel Pillows, DreamWear Silicone Pillows & ResMed AirFit P30i mask. Cushion softness & mask weight tested individually. **5.** Fit & Seal tested individually.

The Fight for \$15 an Hour Continues

How a new federal minimum wage could affect home health

By Kristin Easterling



The current federal minimum wage of \$7.25 an hour has not been raised since 2009. In the midst of the COVID-19 pandemic, many making minimum wage have lost their jobs, furthering the wealth gap in the United States.

In late January, the Biden administration hit the gas on the “Fight for \$15,” including a \$15 federal minimum wage in a \$1.9 trillion COVID-19 relief package. As the package went before the Senate, however, the minimum wage provisions fell out. The package also included \$1,400 stimulus checks and \$130 billion for schools.

STATUS »

The Raise the Wage Act (S 53) was introduced to the Senate on Jan. 26, 2021. It was referred to the Senate Health, Education, Labor and Pensions Committee. Cosponsors include Sen. Patty Murray and Reps. Bobby Scott, Pramila Jayapal and Stephanie Murphy.

Meanwhile, Sen. Bernie Sanders has introduced a bill specific to the minimum wage, The Raise the Wage Act of 2021, which would raise the minimum wage to \$15 over five years.

Hitting the Brakes

Home health advocacy groups are urging caution on the increase, citing current Medicaid reimbursement rates. The U.S. Bureau of Labor Statistics (BLS) reports that the median pay for a homecare worker is \$12.15 per hour as of 2019.

Homecare workers are often women and people of color, with immigrants making up nearly one-third of the workforce. Overall, nearly half of the homecare workforce lives in a low-income household, with 43% of workers relying on public health care coverage such as Medicaid.

It's not that the home health community doesn't support raising the minimum wage; stagnant wages have kept companies from competing for top talent for years. But current state Medicaid reimbursement rates, which many agencies rely on, won't make up for federal increased wages—unless states are compelled to up their reimbursement.

“The impact we feel will be felt hardest in areas where the cost of living is much lower—like North Carolina, Arizona, Florida—where we offer aides wages that are

competitive within the market,” David Totaro, chief government affairs officer at BAYADA Home Health Care, said in an interview with HomeCare. “There, any increase toward \$15 will drive up costs for those clients. So BAYADA is very supportive of pushing wages up for our caregivers, but I do worry about the impact in lower-cost-of-living areas.”

The Partnership for Medicaid Home-Based Care (PMHC), which Totaro chairs, recently published a letter to Congressional leaders on the issue. “PMHC strongly supports policy reform that recognizes and protects this dedicated workforce,” the letter reads. “At present, however, inadequate Medicaid rates prevent these professionals from receiving compensation commensurate with the value they produce for our nation with the majority earning just above current state minimum wage levels.”

“The homecare workforce deserves compensation that reflects the tremendous human, clinical and fiscal value of the care they provide every day,” Totaro added. “When compared to other health care workers, aides’ visits are more frequent, longer in duration, and their one-on-one roles can be more physically and emotionally tolling. It is important that Medicaid rates—and in turn caregivers’ wages—are commensurate with the importance of the services delivered.”

LEARN MORE» Visit congress.gov to track this bill or homecaremag.com to read more from David Totaro.

The logo features the word "HAMILTON" in a bold, blue, sans-serif font. To the right of the text is a stylized graphic of a telephone handset with a coiled cord, rendered in blue and white. Below the main text, the word "CAPTEL" is written in a smaller, white, sans-serif font inside an orange speech bubble shape.**HAMILTON****CAPTEL®**The background image shows an elderly woman with short, curly grey hair wearing a light blue surgical mask and a grey cardigan over a light blue button-down shirt. She is looking towards a healthcare professional whose back is to the camera. The professional is wearing a blue lab coat and a blue surgical mask. In the foreground, a black Hamilton CapTel 2400i phone is shown. The phone's screen displays a text-based conversation. The phone has a standard numeric keypad and a handset with a coiled cord.

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Check 105 on index.

*Independent third-party professional certification required.

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HME: SUPPLY CHAIN MANAGEMENT



By Scott Owen

Feast & Famine

The pandemic's impact on the health care supply chain & where to go from here

Backorders. Allocation. Delays. Lack of stock. Personal protective equipment (PPE). These are a few of the terms that came to the forefront in 2020 and have carried over into this year.

As we begin to close out the first quarter of 2021, I reflect on the supply channels for the homecare and medical supply industry—and question whether there has been improvement. As we began our first quarter in 2020, we were not prepared for the shortages or needs of the health care industry. The COVID-19 pandemic brought challenges and adversity to the home medical equipment (HME) industry.

We saw automakers and other siloed businesses pivot by stepping up to help supply critical needs for masks, ventilators and gloves. Many of the manufacturer partners in this space said they experienced clogs in the supply chain due to these efforts; however, other opportunities evolved accordingly.

Several standard supply chains have not recovered and may never reach a full sense of normalcy again. When I speak with VGM members, I hear they are focused on finding, securing and ordering products on a routine basis. That's especially true when it comes to items that are much needed during this timeframe, including PPE, oxygen concentrators and ventilators.

Challenges in Allocation

I expressed concern with certain channel partners at the onset of the pandemic, specifically noting the homecare space was left at the end of the line when it came to allocations. Nearly three weeks into the pandemic and with hospital systems overrun, in health care began to

realize how vital HME providers could be in offering solutions for the pandemic. The goal of keeping individuals safe at home and out of institutions that were over-burdened and under-staffed became intense—and was recognized as a crucial part of the continuum of care.

The numbers are alarming and do not seem to be improving. In a recent industry survey, 39% of respondents reported delays of six to 10 weeks for routine orders. Most of the problems relate to PPE and respiratory devices, but are no longer exclusive to these areas. This not only puts a strain on the level of care that providers can offer, but also increases costs associated with shortages. The federal government intervened in some situations only to find similar challenges. They also encountered price inflation related to pandemic-related items that is still being addressed 10 months later.

VGM assisted HME providers with timely updates for product needs and availability. Soon after most organizations became remote, VGM offered a “swap sheet” on the website giving any interested medical supply company the ability to network and exchange product availability. While this helped fill some immediate gaps in the

supply chain, it was determined early on that this was only an interim solution.

Large Orders, Short Stock

As projected, many health care institutions purchased larger orders than normal and maintained excessive inventory in fear of future shortages. This action congested the supply chain and created shortages in some instances.

Many concerns remain about supply chain levels and securing certain products. When we arrive at stable conditions again, the market will most likely be flooded with oxygen concentrators, ventilators and other respiratory devices. Many providers are placing large orders only to be informed by manufacturers of possible 10- to 12-week delays. This is a challenge for providers trying to making decisions about whether to reduce business or even to no longer serve certain areas. Providers have also said they are creating additional warehouse space for any excessive inventory they are able to stock. This will also be an expense that has to be allocated for in 2021.

The pandemic has allowed new opportunities for many medical equipment companies that we did not forecast or plan for. Some reverted to renting equipment and others to investing in refurbished devices. This is a new offering for many, but has been very helpful and takes the pressure for newly manufactured products off the supply chain. Medical device repair companies have also entered the space to prevent the accumulation of discarded, unused or non-functioning devices in need of repair. While

39%

of respondents reported delays of six to 10 weeks with routine orders.

this forces providers to take an inventory count and adjust their levels, it has also created opportunities to rely on resources that may be “in house.” These trends will continue and are viable options for offering needed solutions.

Looking ahead and building on past success, networking channels with trade groups such as VGM, the American Association for Homecare, the Health Industries Distributors Association and state associations have helped providers stay out in front of certain supply chain issues. It is also important to stay in touch with local health departments and state Medicaid offices. There is power in communication and many VGM members have expressed satisfaction with these contacts.

As hospitals discharge patients recovering from COVID-19, the

recommended oxygen therapy at home is not always a viable option due to inventory shortages. Many VGM members are investing in collecting data for certain markets, products and referral sources. This enables them to forecast for future needs and product selection and gives them the ability to determine which managed care or individual contracts they can fulfill. Also, focusing on different disease states and offerings has allowed many HME providers to diversify their business models.

When the pandemic is under control, there will be a surplus of products and providers may be able to realize additional space where they have stockpiled inventory. The homecare industry will rebound; however, providers may never experience the same inventory control or mechanisms that they had before COVID-19. Providers

who are strategic in the par levels, inventory constraints and channels they can control will remain viable.

In 2020, the terms “unprecedented” and “pivot” became a part of our daily conversations. In the future, we will hopefully eliminate these terms as well as inventory constraints, delays or backorders and allocation for the health care segment. Persistence in staying abreast of changes and availability with supply chain partners—and with resources within our industry—will achieve the outcomes we all hope to call “normal” once again. **HC**

Scott Owen is senior vice president of contracting for VGM Group & Associates, which represents more than 3,500 home medical equipment providers and is based in Waterloo, Iowa. Owen is responsible for contracting, business analytics and negotiations on behalf of the membership and has a 29-year career in the industry.



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IN-HOME CARE: TELEHEALTH



By Lee Horner

Getting Ready for 'What's Next'

A dive into digital options for home health

Early in 2020, the focus on the Patient Driven Groupings Model was quickly usurped by the focus on the pandemic, and home health agencies honed in on their goals to protect patients, family caregivers and staff and to manage personal protective equipment (PPE) resources. As a result, the shift to health care at home accelerated, along with the related usage of telehealth, virtual care and remote patient monitoring technologies.

Bringing Higher-level Care Into the Home

Interest in the hospital-at-home and skilled-nursing-at-home (SNF-at-home) models intensified during the COVID-19 pandemic. Public policy experts and patients have expressed an increased preference for health-at-home models that:

- ease the burden facing care facilities by freeing up beds during viral surges,
- conserve PPE,
- keep infected people out of hospitals unless they need a higher level of care,
- address patients' and caregivers' fear of infection and transmission, and
- reflect seniors' interest in healing and aging at home.

"If hospital-at-home were a drug, everyone would buy it," said Dr. David Levine, who heads the Brigham and Women's Hospital program in Boston, Massachusetts.

Coming Next for Health-at-home Models

Virtual care is critical to making the hospital-at-home and SNF-at-home models happen,

as technology allows patients to have more meaningful interactions with clinicians. A high-touch and high-tech approach leverages clinicians practicing at the very top of their licenses (certified nursing assistants, nurses, home health aides) with innovative clinician and patient technology use.

A telehealth and virtual care platform can help home health agencies (HHAs) and post-acute care organizations deploy the health-at-home models with HIPAA-compliant video, secure messaging, text and email for clinician-to-clinician and clinician-to-patient communications. Here are some of the advantages:

- Virtual visits bring care safely to the home; multiple participants can be included in the call, including a specialist, the referring physician, an interpreter, a remote family caregiver, etc.
- A series of condition-specific messages can be scheduled and launched in order to provide patients with timely information and guidance regarding their condition, medications, exercise and nutrition.
- Remote patient monitoring helps patients easily share their vital signs so agencies and referral partners can better manage and monitor patients.
- Assessments can be sent to patients on a regular basis between virtual visits.
- Dashboards provide agencies with real-time insight into the patient's condition and triggered alerts enable clinicians to conduct real-time interventions.

Communicating the Importance of Critical Vaccines

Health care professionals play a key role in

educating patients and family caregivers about the importance of vaccination. Amid the pandemic, HHAs understand that it is critical to communicate accurate and timely information about COVID-19 vaccines and related health guidance to their censuses and their employees. As National Foundation for Infectious Diseases President-Elect Dr. Patricia N. Whitley-Williams recently posted on the agency's blog:

"Keeping up with recommended vaccines can be challenging for parents and health care professionals alike. But we should not be so distracted by COVID-19 that we neglect our general health. Immunization should be routine—otherwise, we may soon see outbreaks of vaccine-preventable diseases in the United States and around the world. Combined with another wave of COVID-19, the impact could be devastating for both individual families and the health care system at large."

Rolling out the COVID-19 Vaccines

With telehealth and virtual care, providers can ensure that their patients remain up to date on recommended vaccines. Agencies can use virtual care platforms to quickly push messaging, reminders and vaccination tips about the novel coronavirus to their patients. Whether these are weekly or one-time messages, agencies are able to easily broadcast valuable education and timely updates about COVID-19 to their census.

HHAs can use a messaging tool to provide timely patient education about the importance of vaccines for one's health. The automated functionality helps post-acute care organizations provide immunization reminders, refer patients to vaccine providers and follow-up with patients to ensure vaccination.

In addition:

- Initial messaging can highlight the need for a certain vaccination and the recommended timing.
- Follow-up check-ins (whether conducted via video, messaging or assessments), can determine whether a patient has declined an opportunity to get vaccinated.

- Additional messages can be programmed and sent out to remind the patient about how, when, where and why one should obtain a specific vaccination.
- Messaging can be translated into the patient's primary or preferred language, driving deeper understanding.

Engaging communications about critical vaccinations and health guidance will help patients address potentially avoidable health issues complications.

Advocating for Reimbursement

Since the onset of the COVID-19 pandemic, home health agencies have been pushing for reimbursement for telehealth. The bipartisan Home Health Emergency Access to Telehealth (HEAT) Act (S 4854/HR 8677) would provide Medicare reimbursement for audio and video telehealth services furnished by HHAs during the current and any future public health emergencies.

"The COVID-19 emergency has further underscored the critical importance of home health services and highlighted how these agencies are able to use telehealth to provide skilled care to their patients," Sen. Susan Collins, chairman of the Aging Committee, said in a statement. "This bipartisan bill would ensure that seniors ... retain access to remote home health services during the COVID-19 emergency and future public health emergencies."

"The COVID-19 pandemic has challenged home health providers' ability to provide care to patients in their homes. Home health providers have been able to overcome these challenges by utilizing telehealth to deliver some services to Medicare beneficiaries," said Sen. Ben Cardin, a member of the Senate Finance Health Care Subcommittee. "This legislation allows home health services to be provided via telehealth during a public health emergency in order to ensure patients receive needed care."

What's Next for Reimbursement

The HEAT Act would:

- Give HHAs the ability to receive



reimbursement for providing telehealth visits with appropriate protections for patients and families;

- Put agencies on par with other health care providers in regards to flexibility during the ongoing and future public health emergencies; and
- Validate the important role HHAs play in serving patients, seniors and families while supporting community and institutional referral partners.

Agencies, patients and family caregivers are asked to send an email to encourage their legislators to support the HEAT Act.

Looking Forward in 2021

Gallup pointed out that health care leaders have responded to the pandemic "heroically," as many have had to quickly embrace new learning and embark on the digital and technological transformation that many health care organizations were trying to actualize before the crisis. As health care moves from "point-of-care" to "point-of-connection," agencies will need to reimagine what care delivery looks like and address questions such as:

1. What do patients and families now demand? How has consumer use of technology changed during the pandemic? How have consumer concerns, needs and wants for home health changed in the past year?
2. What are new and emerging technologies that will enhance patient engagement and data collection?
3. What will an agency's clinicians (either its current employees or its future hires) need and want from their employer of choice? How has the pandemic affected their career interests and overall well-being?
4. What is the new world order for post-acute care? How can an agency remain competitive and reposition itself with referral partners?
5. What is the appropriate balance between in-person and virtual care? **HC**

Lee Horner is the CEO of Synzi. He is responsible for corporate strategy and development at Synzi, with an emphasis on revenue growth, product direction and customer satisfaction. Horner is focused on using technology to advance the timing and quality of care delivery. His career includes over 25 years of enterprise operating experience, with a proven track record in creating and operating successful organizations that develop new technologies designed to transform the health care information technology industry.

ROAD MAP: STRESS MANAGEMENT



By Anne-Lise Gere

When the Going Gets Tough

6 steps to take to alleviate your employees' stress & your own

The past year has been stressful for everyone. For me, it was difficult in ways that I hope very few people will ever experience. Our family lost our 16-year-old son to a very rare cancer. The pandemic combined with the serious life-threatening disease of a child brought intense grief to our family's life, overlaid on top of a public health emergency.

Many people have experienced uniquely stressful times, even though not everyone has dealt with the loss of a loved one. I remember talking with one of my clients early on in the pandemic about how the public health emergency made us all acutely aware that we never know what the future holds. Vacation plans, holidays, graduation, work events and so much more were canceled in 2020. That brings an unprecedented level of stress into people's lives—and into organizations.

And of course, in homecare, that pressure has been compounded by questions about staff and client safety. In an industry where burnout was already high and staff retention low, there is a whole new level of stress. Employees wonder: "Am I going to get sick?" "Am I going to bring the disease to my family?" "Am I going to bring the virus to my elderly clients?"

Here are some tips to help you manage employee stress.

1 Take care of yourself first.

On an airplane, the emergency message always says to put your own oxygen mask on before assisting others. The same is true for workplace stress. It's important to be

In an industry where burnout was already high and staff retention low, there is a whole new level of stress.

aware of your own feelings and to be aware of what we can do to feel better.

Even before the pandemic hit, I always found it useful to take note of that sinking feeling that accompanies stress or sadness. It's important to take a step back and reflect on what is causing the feeling. Awareness is the first step in dealing with any problem. Doing some conscious breathing or going for a walk are some simple ways to handle rising stress.

Several years ago, I attended a seminar at a human resources conference titled "Happiness Matters." It was one of the best presentations I've ever seen. I learned how to create little lifts you can give yourself when you need a happiness boost. Maybe that's having something on hand like music that makes you feel good. For me, it's Pharrell Williams' song "Happy" and some videos of Olympic swimmers lip-synching to "Call Me Maybe." Having these go-to videos to watch or songs to listen to can change your mood.

2 See how that translates into your workspace.

The environment you work in is very important. Fluorescent lighting, for example,

can be awful for the eyes and for the soul. Something as important as shifting to warm lighting can really increase comfort and reduce stress. When I worked in an office, I brought in lamps and turned off the glaring overhead lights and everyone came to congregate in my office! That cozy feel creates a subconscious feeling of ease and relaxation.

Of course, with the pandemic we're also rethinking how to lay out shared workspaces. Are cubicles and an open plan really the best idea? What filtration systems do you have? Some changes may be prohibitively expensive, but it's worth at least asking the questions, especially if they translate to employee safety and comfort.

3 Clarify expectations.

For employees working remotely, make sure they know when they're expected to be working.

People working at home during the pandemic tend to work more hours than they did in the office. If management sends emails at 9 p.m. or 5 a.m., employees see that and it sets a tone. Having conversations about expectations is really important,



as is making sure you've modeled those expectations yourself.

Some of my clients do a mental health day, which might just be announcing on a Friday afternoon: "Hey, everyone's worked hard and we've just accomplished something significant. Take a break, go for a hike, walk your dog, call your family." If that's already a part of your company culture, it might have gotten lost with people working remotely and experiencing Zoom fatigue. If it's not existing, now is a good time to add it in.

4 Provide physical breaks.

Beyond an official mental health day, make sure your employees know they can take the time to step away from work when necessary.

Maybe it's just sending a note to your team on a nice day to say "Hey, I hope you're using your lunch hour to take a walk around the block or sit on your front porch." Giving people the license to unplug and get 45 minutes in the fresh air is good for everybody. And if people are working at home, it helps to remind them to get up and move even if just between calls.

In fact, doing so can also increase productivity. It has been proven that unstructured time is where we do our most creative work. That doesn't mean just artistically creative—it's when we have insights, solve problems and come up with new ideas. Taking time away is really not a waste of time, it's just a different way for the brain to function.

5 Communicate—but not too much.

In the early days of the pandemic, a lot was made of the need to share with employees, whether that was the basics of understanding the disease, or company policies, or how to wear personal protective equipment properly. But communication for the sake of making noise is a big turnoff for employees, especially in times of stress.

The other thing you can do is just pick up the phone every so often and not talk about PPE or scheduling; have a personalized check-in. Those individual touch points make a difference. Employees are very appreciative and it will set your organization apart as one that truly cares for its employees. If your company is large, you can take your employee roster and divide it

up—maybe each manager makes 10 calls to employees for the week. Try to call when it's convenient for the employee receiving it. You can just text or email them to ask when it's a good time to call.

6 Express gratitude.

I have a client, a homecare agency in Colorado, that filmed personalized video messages for their caregivers. The message was very simple and unique to each caregiver. For example: "We really appreciate that you took on this new client, we know it was hard, thank you." The caregivers were just floored that the owner or others in the office took the time to send a special message to them, even if it was just a one-minute phone video. They really were touched. Think about what you can do to let your staff know that they're doing important work in this scary time and that they are valued for it. **HC**

Anne-Lise Gere, SPHR, is an award-winning human resources professional working with homecare agencies across the country. She has expertise in caregiver recruitment and retention, upscaling office staff and providing HR support to agencies of all sizes. For more information, visit www.gereconsulting.com or email annelise@gereconsulting.com

Progress & Promise

From machine learning to solar sensors, wheelchair technology is racing forward into the future

By Claire Sykes

What active wheelchair rider hasn't accidentally slammed into a sofa or slipped off a street curb, often ending up with injuries? Or almost did? And what about back pain and pressure sores?

Safety, access and comfort haven't been the traditional hallmarks of wheelchairs, scooters and other mobility devices. But that is changing, thanks to the fast-moving technological advancements made in recent years. The latest, cutting-edge breakthroughs also can turn any wheelchair into a smart one—with attachable artificial intelligence, machine learning and big-data analysis, and cloud-based connectivity.

Listed as one of TIME Magazine's 100 Best Inventions of 2020, LUCI's high-tech sensors keep a lookout for obstacles, drop-offs and sudden slopes. The world's first patent-pending blind-spot sensors from Braze Mobility use lights, sounds and vibrations to warn wheelchair users of an obstacle's location within a 180-degree span.

Solar Mobility promises to end skin ulcers with the Liberator, the first wheelchair with solar technology for an air-ride suspension that absorbs jarring and friction, plus an air-cooled seat to prevent heat build-up. Sunrise Medical also promises better pressure management—its Switch-It Remote Seating

mobile phone app tracks and improves the duration of tilt, recline and leg elevation.

For those who can stand while rolling, Sunrise Medical's QUICKIE Q700-UP F SEDEO ERGO wheelchair offers that ride at up to an 85-degree angle. And whoever thought a wheelchair could go up and down stairs? Right now, the Scewo Bro is the only one that does; it also keeps its balance on uneven terrain, even for users without upper-body stability.

Certainly, there's no sitting still for the wheelchair and powered mobile device industry. HomeCare checked in with three key players to see what's new. Barry Dean,



LUCI users; the company was founded by a man whose daughter needed a chair as a child.



LUCI attached to a Permobil power wheelchair

CEO of LUCI (see p. 48 for more); Renae Storie, vice president of Pride Mobility; and Jay Brislin, vice president of Quantum Rehab, a division of the latter, talk about their newest rollouts and what the future holds for those in the driver's seat.

HEMOCARE: What are you best known for?

BARRY DEAN, LUCI: We're a game-changer for power wheelchair riders, bringing innovative smart technology to a space that badly needed it. Our product is a hardware/software platform that attaches to power wheelchairs to provide security, stability and connectivity through cloud and sensor-fusion technologies.

RENAE STORIE, PRIDE MOBILITY: Based on consumer need, we innovated the acclaimed Jazzy Power Chair in 1996, offering industry-leading maneuverability with its patented mid-wheel-drive technology. It was immediately recognized as among the most stylish and natural-feeling power wheelchairs ever designed.

JAY BRISLIN, QUANTUM REHAB: Our constant goal is to be the friendliest and easiest company to do business with in the complex rehabilitation technology community. We strive to always listen to feedback from consumers, providers and clinicians, which has allowed us to launch several industry-leading and consumer-driven products.

HEMOCARE: What are your latest innovations for mobility products?

DEAN: We launched our initial LUCI product in June 2020. It offers collision avoidance, empowering riders to smoothly increase and decrease the chair's speed. LUCI also recognizes steps and drop-offs, smoothly bringing the wheelchair to a stop. And it



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We see the growing number of features and capabilities in our phones and vehicles, and we need to ensure that complex wheelchairs follow the same path.

Quantum's Edge 3 Stretto has the narrowest power base in America and is designed for kids, teens and petite adults.

monitors the slope riders are on and provides an audible alert if the ground or ramp risks tipping the person. If the chair does tip over, LUCI sounds an alarm for help, directed to predetermined loved ones, conveying what happened and where. LUCI can also alert them to a dangerously low battery, along with the rider's location, and other hazardous events. The MyLUCI portal [on the app] allows riders to view their data and, if they choose, share it with loved ones and clinicians and teams.

STORIE: We have several new, exciting products coming out this year. I can't talk details yet, but you can expect innovation within new Jazzy Power Chair models, another VivaLift! Power Recliner model and an additional Go-Go Travel Mobility scooter. The scooter's Zero Turn iTurn Technology provides up to a 30% better turning radius and its dual motors have substantially greater power and traction than a typical, similarly sized four-wheel scooter. And

the Jazzy Air 2's power elevating seat lets clients complete daily-living activities they otherwise may not be able to do independently, such as cooking or reaching for medication from the cabinet and much more.

BRISLIN: Most recently, we launched the Edge 3 Stretto, Quantum Backup Camera, and Bluetooth programming via an iPhone for Quantum units with Q-Logic 3 Advanced Drive Control System electronics. The camera, with its 170-degree wide angle view, lets clients see what's behind them, as well as their surrounding environment, all the time.

HEMOCARE: What's on the horizon for your company as we settle into 2021? What should we look for?

DEAN: As we expand and grow, we may expand our focus to include mobility scooters or even golf carts and other forms of mobility. But right now we're singularly focused on putting LUCI on as many power wheelchairs as possible.



Pride's Zero Turn 10 Scooter can travel rugged terrain and be used indoors.

BRISLIN: We're excited about several upcoming launches in the second quarter of 2021. These include the 4Front 2 and 4Front 2 HD front-wheel-drive power chairs and the highly anticipated TRU-Balance4 Power Positioning Systems with anterior tilt and memory seating capabilities. Continued electronic enhancements, increasing Bluetooth capabilities, home modifications and environmental compatibility from the wheelchair are all areas we are highly focused on for future developments.

HEMOCARE: How do you see wheelchair and mobility device technology advancing in general?

DEAN: We're excited about the possibilities around collecting and leveraging user data in a better, smarter way, and also around insurance reimbursement for technology in powered mobility. We're looking forward to getting to a place where the phrase "in the home" isn't used to restrict access to technology and the things that are needed by a person for their independence. People in power chairs have school and jobs and other places they need to go, and currently, the physical risks in those places aren't being taken into account.

BRISLIN: We see the growing number of features and capabilities in our phones and vehicles, and we need to ensure that complex wheelchairs follow that same path for technological advancements, as the industry continues to grow and expand. It's imperative.

HEMOCARE: What are you most excited about?

DEAN: We hope the introduction of LUCI to the market can be a catalyst for the innovation and collaboration needed to bring mobility into the 21st century. Ultimately, we hope the experience and information LUCI provides will lead to real improvements in riders' health and quality of life. We believe the future is bright and very exciting for innovative powered mobility.

One thing that really excites us about LUCI is the potential for this type of technology to open the world of powered mobility to users who may not have been candidates before. Since day one, we've been working alongside a wonderful team of outside clinicians, led by the great Jean Minkel, and they're also optimistic about LUCI's potential to change the way clinical decision-makers think about who belongs in a power chair. And that's tremendously exciting. **HC**

Claire Sykes is a freelance writer based in Portland, Oregon. Since 1990, her articles on health, philanthropy, business, community and the arts have appeared in dozens of national magazines in the United States and Canada. She also writes for businesses and organizations and edits nonfiction books.



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A New Seat at the Table

Assistive technology professionals have a chance at a degree

By Kristin Easterling

Alberto Nieto didn't expect to get into assistive technology when he was majoring in engineering management. But he found a love for it when he was interning at a rehabilitation institute in San Antonio, Texas.

"It was a really nice job, but it was more on the administrative side of it," Nieto said. "I saw a friend of mine there with a couple of wheelchairs. So I asked him, 'What are you doing here?'"

Nieto's friend shared his experience providing assistive technologies for adults and children, and told him about the Master of Rehabilitation Technology program offered by the University of Pittsburgh. The hybrid accelerated program allows students to continue working and to get needed field experience while earning their degree.

Nieto is set to graduate in August; through a partnership with National Seating & Mobility, he has been able to gain real-world experience.

What's Involved

The Pitt program began as a traditional two-year, research-based diploma in the early 1990s. In 2020, the department added the hybrid one-year option so students could choose what best fit their lifestyle and professional goals. The next round of classes will start this fall.

"As a university, we're trying to be more strategic on how we sustain our institution so that we're still around in 10 years," said Mark Schmeler, associate professor and vice chair of education and training in the Rehabilitation Science and Technology department. "We also want to confer meaningful degrees with meaningful employment opportunities."

Schmeler added that while assistive technology professionals (ATPs) need to be able to interpret research, they don't necessarily need to be researchers to perform their duties. The blended approach also gives students more time to pursue a career or other interests. Lab sessions are condensed into a two- or three-day weekend.

Currently, ATPs need to have at least 1,000 hours of related work experience over the course of six years to sit for the ATP certification course offered by the Rehabilitation Engineering and Assistive Technology Society of North America, or RESNA. That 1,000 hours increases to 2,000 if the candidate's bachelors degree is in an unrelated field. Students in the Pitt program complete a 240-hour internship during their summer term and are eligible to sit the exam upon graduation.

"This really aligns it with the other health professions," Schmeler said. "You graduate, you take your board exam and you get your certification."

As Nieto navigates his second semester, he said his favorite part is getting to work with real people.

"A lot of things that I see normally at work, I have seen in class as well," he said. "So that has helped me out to find a really good balance."

Diversity Matters

The current industry average age for an ATP is 53, and most are white and male. As Schmeler took over the program, he saw the industry approaching a cliff if younger people didn't come on board. The program needed to appeal to millennials and Generation Z, and to more women and people of color. He has made that

his mission, even going into the local community to tell high school kids about the health care opportunities available beyond nursing or medical school.

But real change will only come, Schmeler said, if the industry and academia are able to recruit displaced manufacturing and other workers who want to do more.

"It's finding good students and giving them phenomenal opportunities," he said. "The steel mill closed. It's not coming back. It aligns with the university's mission of diversity and inclusion and social justice. The fact that 95% of ATPs are white middle-aged males is a problem."

Female enrollment in advanced degree programs has exceeded that of males since 1988, according to the National Center for Education Statistics. In 2017, women made up 57% of all masters degree and Ph.D. programs. However, most women—like their male counterparts—pursued business management degrees; education, social work or counseling and nursing followed closely behind. Meanwhile, the second highest advanced degree for men was in the engineering field, according to a 2018 study by gograd.org.

While reaching women is important, Schmeler said, there's also a need for ATPs who speak languages other than English. Very few ATPs speak Spanish, the second most common language in the United States. Pitt's 2020 class had 10 students, including six women. Nieto is a native Spanish speaker—the only one in the group.

In his current position, Nieto often gets asked to translate.

"I enjoy it," he said. "Clients can express themselves better with me."

Schmeler said that he had to pitch the program to university leadership, and as he was explaining the need for ATPs and better certification in the industry, “it’s almost like their jaws dropped.” The dean of the school of dentistry realized an ATP could help keep his 90-year-old mother safe at home—and cut down on emergency trips for him to see her when she fell.

He added that when talking with his own patients about bringing an ATP into a discussion about mobility or other needs, many ask what degree the ATP has or what school they attended.

As the profession moves to being recognized as a certified health profession, he said, there’s an opportunity to gain respect from health systems.

“No one knows who we are or what we do; but they also do see the negative side of it,” he said. “People still bring up the Scooter Store regarding waste, fraud and abuse. So we’re trying to build the profession and the demand is going to be pretty high.”

Meeting a Need

Seniors want to stay home. Baby boomers, especially—who have watched their parents suffer in institutional care—do not want to move into facilities.

“What’s the best way to keep a customer happy in their home? It’s called assistive technology,” said Schmeler. “Whether it’s seating and mobility, home adaptations, smart objects automation, telehealth or all of the above. And there’s no reason why that can’t work.” But, he added, people don’t know about it.

Schmeler envisions a time when ATPs have expanded their expertise beyond complex rehab technology. These would be contracted by health plans to help keep people in their homes. Building trust and professionalizing the industry will help reach that goal.

For the Future

Pitt’s program can currently train 20 to 25 students online, with the capacity expected to double in the coming years. Schmeler said there are currently some 600 vacancies across the industry for certified ATPs.

“There’s no way one university can meet that [demand],” he said; he would love to see other universities embrace the same model and create their own programs.

Schmeler had some advice for ATPs working today, as well.

“You’re the professors of the new generation and you don’t have to feel intimidated by this,” he said. “These students are not going to take your job away from you.”

And of course, business owners shouldn’t shy away from a job candidate with a master’s degree, he added. The starting salary averages \$60,000—the same as a newly minted physical or occupational therapist. **HC**

Kristin Easterling is managing editor of HomeCare magazine.



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- **Christian Carloni**
President, Trust Care

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Footing the Bill for Wheelchairs

How HME providers can handle virtual reimbursement, Medicare Advantage plans & more

By Hannah Wolfson

Keeping up with reimbursement, documentation and changing payer needs is tough enough when there isn't a pandemic going on. With COVID-19 and new rules about virtual contact, there's even more to know. HomeCare spoke with Dan Fedor, director of reimbursement and education for U.S. Rehab, about the latest in mobility-related billing.

HEMOCARE: What's new out there in terms of billing and reimbursement for mobility equipment?

FEDOR: There's a lot, of course. There is always a lot going on, but especially with the pandemic. Because of the COVID-19 public health emergency, a lot has changed in terms of waivers. With regard to mobility waivers, which took effect last spring, the Centers for Medicare & Medicaid Services (CMS) is allowing in-person encounters to be virtual. Normally you'd need a face-to-face (FTF) with a practitioner, a therapist evaluation, the assistive technology professional (ATP) assessment for complex rehab and the home assessment would be in person. In some cases you just can't do a virtual visit based on the person and the situation, but many providers are utilizing that waiver because patients and locations don't want contact and they want to keep the patient protected. ... It's sad that a pandemic caused this realization by CMS that some things can be virtual, that you don't have to be in person all the time. ... It makes everybody more efficient, especially for the patient in a wheelchair for whom it's difficult to travel. It's just a win-win



The pandemic opened CMS's eyes to ... how valuable homecare is compared to putting someone in the hospital.

all around. I hate to use that term—but all around it's helpful for the patient, the practitioner and the provider.

HEMOCARE: Do you think the virtual option will stick around after the

pandemic ends? When will we know for sure?

FEDOR: The rumbling within CMS and the industry is that this will likely remain, and we really don't know when that

announcement will happen. It depends when the public health emergency ends and then if they say “we are extending this.” For the licensed/certified medical professional (LCMP) evaluation, we’re not sure—that may or may not continue to be virtual. The ATP evaluation will probably not and the home assessment may not for complex rehab technology and maybe also for standard power and manual chairs.

Either way, the pandemic opened CMS’s eyes to a couple of things. First, virtual is an option; of course, people will abuse it like they do anything and you have to have safeguards in place. And second, how valuable homecare is compared to putting someone in the hospital or in a nursing home. I think that’s a huge thing for the patients and the providers and the industry as a whole.

HOME CARE: Are there things that providers should be doing to document virtual visits in terms of keeping themselves covered?

DAN FEDOR: One of the things I see lacking with virtual is the details. I think some people think that because the in-person isn’t required, all that doesn’t need to be there. But it does. For example, if they’re documenting that someone needs power mobility, they have to rule out the less costly alternatives, and they have to have a reason. You can’t just say “weakness” and “it’s virtual so we don’t have a manual muscle test”—you still have to do it. The question is, how can we do a manual muscle test online, how do we do a virtual range of motion? That’s the future, but virtually, it’s more challenging—it’s not something people are trained to do. ... The FTF with the ordering practitioner is easier because they don’t provide objective measurements.

HOME CARE: Switching gears, let’s talk a little bit about Medicare Advantage (MA) plans when it comes to mobility reimbursement. This is something you’ve spoken quite plainly about. There are some issues, right?

DAN FEDOR: It’s very frustrating. I’ve been in this industry since 1993; I started with Medicare; I worked for six years as a contractor and then I went to Pride. My goal in doing this work is being able to help people get their products and navigate their insurance hurdles. That’s given me the satisfaction of doing the job. Now I sit in my home office and I have the weather channel or whatever playing in the background and I’m just bombarded with celebrities—with Joe Namath and everyone—talking about how great their Advantage plan is.

At the same time, I’m getting emails from members and from suppliers saying this Advantage plan is denying my claim inappropriately. There are all these challenges, and as you know it’s not just one, there are so many. I really feel for suppliers, when their goal is to provide patients with mobility products and they have to deal with all of this.

For example, I just talked to somebody yesterday about an Advantage plan; there’s an ALS patient with a Group 3 complex rehab chair, and they want to pay it as a rental. And the representative there says, “Because when I look in the Medicare fee schedule, it only has (the RR modifier) for rental.” ... But Medicare allows for purchase. They know that they’re putting the provider in the middle because the patient needs it and the provider needs to service patients and the provider if the provider needs to go back and say to the patient “I can’t rent this,” the provider looks like the bad guy.

HOME CARE: What can providers do when this happens?

DAN FEDOR: In this case, I copied the page out of the Medicare supplier manual—from the DMEPOS fee schedule chapter, where it specifically states what is allowed under complex rehab and gives the codes K0835-K0864—I copied it and sent it to the provider so they can show them that it is an RR modifier but there is a purchase option. Then, option two is to let the patient know you can’t do it. I would tell the patient, “Your insurance will not pay for this as a purchase;

you can talk to your insurance or you can switch back to Medicare fee-for-service.” That’s the only thing that really gets the attention of these private advantage plans, because then they’ll lose customers.

HOME CARE: Are there new trends or shifts we should be looking for on the horizon?

DAN FEDOR: One thing to note is that there’s been a submission to CMS for a national coverage determination for the power elevating seat and the power standing features; those are in a noncovered category. Medicare calls them a convenience item, and that’s why they don’t pay. NCART and others, including clinicians, have been talking about why this is not a convenience, about the medical necessity, and they were submitted back in September for CMS to consider as covered items. That would be huge if it goes through. It opens a huge door and a benefit for patients.

HOME CARE: Anything else providers need to be aware of?

DAN FEDOR: It never hurts to throw out a reminder that prior authorization doesn’t review all the accessories. It reviews the base code and the accessories that the base code is contingent on, but none of the others. So if, say, they have K0861, a Group 3 multiple power chair with tilt and recline on it, they review that the patient is eligible for the base code, and they also verify the patient is eligible for the associated accessories. But a complex rehab claim has multiple lines, maybe 13 or 14 lines of accessories—and those go through, too. What I’m worried about is post-pay audits. A lot of providers are not getting electronics documented but they’re getting paid. They need to make sure that everything they submit meets the coverage criteria, and that they hang onto the documentation in case of a post-pay audit. **HC**

Hannah Wolfson is editor of HomeCare magazine.

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Manage Your Respiratory Equipment More Efficiently

9 ways to save money & staff time while keeping your inventory healthy & ready for use

By Jim Worrell

Respiratory equipment is one of the most lucrative areas in the home medical equipment (HME) industry. Although reimbursement rates have been reduced, there is still plenty of margin to be made.

Proper management of this equipment is often one of the most overlooked and underserved areas of the HME business, potentially leaking tens of thousands of dollars per year.

This article will address ways to stop those leaks, improve efficiency and add more dollars to your bottom line. The key word here is “efficiency.” Identify the number of people involved in the workflow of equipment management and set a goal to reduce the number of touches, key-strokes and equipment moves in the process. Then you can either shrink your workforce or re-deploy those resources to revenue-generating activities.

Here are 9 steps you can take to better position yourself along the way:

1 Know your assets.

I’m constantly surprised at how many HME companies do not know the status of their fleet of respiratory equipment. They often can’t answer simple questions such as: How many concentrators/vents/portable oxygen concentrators do you have? Where are they? When were they last serviced? What are the preventative maintenance due dates? Many companies rely on spreadsheets to keep track of this information, which is great if the proper



data is tracked and updated. Other digital tools are available, but, like everything else, they must be constantly updated. Be digital, track the right data, keep it updated, make someone responsible for the task and use this data to make better business decisions.

2 Stay on top of preventative maintenance.

Like changing the oil in your car or rotating your tires, proper preventative maintenance will extend the life of your respiratory

assets. Regular preventative maintenance is required for ventilators and is often checked by regulatory authorities. Oxygen concentrators (both stationary and portable), humidifiers, apnea monitors, cough assist machines, etc. all also benefit from regular maintenance. Keep careful track of both operational hours and calendar dates and give your equipment the proper care it deserves. In turn, it will give you months or years of additional service and profits.

3 Reduce shipping costs & damage.

HME companies spend hundreds of thousands of dollars a year on shipping-related damaged equipment. Dealers often receive ventilators and other equipment packed in shoe boxes or other inappropriate containers. Often there is insufficient bubble wrap or packing materials protecting this valuable equipment. Establish standard operating procedures for proper equipment packing. Make sure your warehouse staff is properly trained in packing techniques and has the right boxes, tape and packing materials to protect your assets.

Whenever possible, work closely with your equipment service provider to establish regular schedules to pick up and deliver your respiratory equipment. It's better to give equipment to your service partner than to UPS or FedEx. Review how you transport equipment between your various locations and work with your service provider to pick

Proper management of this equipment is often one of the most overlooked and underserved areas of the HME business, potentially leaking tens of thousands of dollars per year.

up and deliver to these locations to avoid unnecessary shipments.

4 Minimize turnaround time.

Every day a unit is not with a patient is lost revenue. Keep track of the turnaround time (TAT) with your vendors and insist on accurate data to monitor this. Again, a digital platform is really the only way to efficiently track TAT, so do it religiously. One way to do this is to maintain a small stock of patient-ready equipment with your

service provider. As soon as you generate a return merchandise authorization to send equipment in for service, your service provider delivers a patient-ready replacement unit.

Do you have hoarders? Excess inventory is often found hidden in branch locations. Depending on the number of locations in your business, if each branch has just two or three units, the numbers build up fast. Offer amnesty to all branches to turn in hoarded equipment, and give a few of these units to



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your service provider. They can then deploy them directly to the branch that has an immediate need for a new setup.

5 Estimate approvals.

This is another area for immediate improvement in the business process. Most companies make the “repair or retire” decision when the repair price is about 50% of the replacement cost. Work closely with your equipment service provider and

establish “not to exceed thresholds” for each category of equipment. If the repair cost is $<X$, repair it. If the cost is $>X$, scrap it. This speeds turnaround time and controls the costs. Another approach is to work with a digital platform. For example, in the one we use at Quality Biomedical, estimates are generated by the technician and then emailed and posted to the online portal, where they can be reviewed and approved or declined in a matter of seconds. Appoint

someone in either purchasing or asset management to do these approvals.

6 Maintain digital service records.

If your service records are located in a file cabinet, you need to join the 21st century and make them immediately accessible to anyone who needs them. These service records should be available by clicking on a serial number and should include up-to-date information on the total cost of asset maintenance and the parts used. Either work with an equipment service provider offering this online service or scan your paper service records into a digital platform. This alone may save you thousands in better decision-making.

7 Reduce the number of vendors you work with.

Let’s face it, the more vendors you have to manage, the more time and effort is

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required. Consider shipping mistakes, invoice errors, tracking numbers, purchase order tracking and warranty management—and you've got enough work for two or three full-time employees. More companies are simplifying their business by finding one vendor to handle the bulk (if not all) of their respiratory equipment.

Equipment is often sent back to the original equipment manufacturer (OEM) for service. This is often the most expensive and time-consuming way to get your respiratory equipment serviced. Ask the OEM for a list of their service partners in your area, and identify one that meets most, if not all, of your needs. Then use them and stop working with the others.

8 Collaborate with your equipment service provider.

As a respiratory equipment service company, we can attest to the savings

achieved by our clients who work closely with us. Proper preventative maintenance schedules, pick-up schedules, efficient logistics, faster turnaround programs and easier estimate approvals are all parts of the business process improvements that can be implemented when two companies work closely together. It's all about efficiency—and collaboration generates efficiencies.

9 Ensure interoperability.

Finally, when you have all your information on one digital platform, managed by one person, things run smoother and the data is more accurate. Look for service providers that have integrated with your enterprise resource planning platforms, or at least have a digital platform for equipment service management. Once your designated staff member gets comfortable with maintaining the data, your equipment management

program will generate significant savings in many ways.

In summary, respiratory equipment management has many moving parts. Companies often fail to recognize how many employees are involved in managing these moving parts and the high cost of the process. So review your process from end to end, looking for ways to reduce the number of touches, keystrokes and involved staff. Take one area at a time—reduction in vendors, for example—and then begin to improve the process throughout your company.

The result? Faster growth, easier scalability and better margins. Isn't that what business is all about? **HC**

Jim Worrell is the chief commercial officer for Quality Biomedical, specializing in respiratory equipment management programs. He can be reached at jworrell@qualitybiomedical.com



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COVID-19 Vaccinations for Employees: Should They Be Required or Suggested?

A look at the legal justifications

By Jeffrey S. Baird & Cara C. Bachenheimer

COVID-19 is a game changer. We have lost more than 475,000 Americans and that number continues to grow. Our daily lives have been disrupted in large and small ways. Pre-pandemic, our society had been moving toward an increased dependency on technology. The pandemic has pushed this movement into hyperdrive.

The reliance on telehealth is just one example. Pre-pandemic, there was a steady movement toward telehealth in the private sector; commercial insurers took the lead in encouraging the utilization of telehealth, while Medicare lagged behind. When COVID-19 hit, health care went into triage mode. Government regulators and commercial insurers relaxed telehealth restrictions and essentially said to health care providers (physicians, hospitals, durable medical equipment suppliers, etc.): “Take care of your patients and try to keep them out of the hospital. But don’t game the system. After all of this is over, we will determine if you played fairly.” It is likely that after the pandemic, many of the relaxed policies regarding telehealth will become permanent.

Over the last 12 months, the durable medical equipment (DME) industry has had to pivot away from face-to-face encounters with patients and towards virtual encounters. This has taken different forms:

- instructing patients how to set up and use equipment via videoconference;



- monitoring patients through equipment that has the ability to transmit information to the supplier; and
- troubleshooting via audio/video capabilities.

Post-pandemic, DME suppliers will likely have more face-to-face contact with patients; however, reliance on virtual communications will continue to be an important part of suppliers’ business model. A silver lining for the DME industry during the pandemic is that government regulators, commercial insurers, physicians and the

general public are coming to appreciate the critical role that DME suppliers play in treating patients and keeping them out of the hospital.

The Vaccine Question

While COVID-19 has been all-consuming, there is finally light at the end of the tunnel. The Pfizer and Moderna vaccines are now being administered and additional vaccines will likely come onto the market. During the pandemic, DME suppliers have allowed a number of their employees to work remotely. However, as administration of

the vaccine increases, suppliers are asking remote employees to return to workplaces. In so doing, the following question arises: Should an employer require employees to take the vaccine as a condition of employment or should the employer only suggest or encourage employees to take the vaccine? To date, there are no laws that directly address this issue.

The concept of mandatory vaccination in employment is not novel. Many health care workers are required to receive certain vaccinations as a condition of employment. The Equal Employment Opportunity Commission (EEOC) and the Occupational Safety and Health Administration (OSHA) have historically interpreted mandatory flu vaccination as permissible—with conditions. Specifically, the EEOC has stated that an employer must provide reasonable accommodations to employees who refuse to take a vaccine due to legitimate religious beliefs and/or a disability that may cause the vaccine to be harmful.

OSHA has stated that mandatory vaccinations are allowed, except for employees who refuse a vaccine because of a reasonable belief that it will negatively affect their underlying medical condition. If the employer requires employees to be vaccinated, but an employee declines to be vaccinated on the basis of religious belief or underlying medical condition, and if the employee requests an accommodation, then the employer should document the employee's request and the accommodation offered.

So, as of today, employers may mandate vaccinations, subject to EEOC and OSHA restrictions regarding religious belief and concern about an underlying medical condition. There is a wrinkle as it pertains to employees who belong to a union: Before mandating a vaccination, the employer needs to review any collective bargaining agreement to determine if it includes prohibitions of or restrictions on mandatory vaccines

Even though—subject to the EEOC/OSHA restrictions—an employer can mandate vaccination as a condition of employment,

the employer may want to consider asking or persuading employees to take the COVID-19 vaccine, as opposed to requiring that they do so. For those employees who decline vaccination, the employer may want to offer accommodations, such as:

- working remotely;
- physically separating the person from vaccinated employees if they remain in the office;
- or requiring employees to continue to wear face coverings.

Arguing Both Sides

There are arguments to be made both ways when deciding whether to require or encourage employees to be vaccinated.

1 Arguments for mandatory vaccination

The employer can assert that requiring a vaccination as a condition of employment protects all employees and customers. Employers can assert that, with few limitations, employers have the right to set health and safety work conditions. Employers can argue that requiring a vaccine is “job related and consistent with business necessity.” This is the Americans With Disabilities Act standard that permits employers to make medical inquiries and administer medical tests. Plus, OSHA requires employers to provide a safe work environment. Employers in high-risk areas (e.g., meat packing plants, schools, hospitals and other health care providers with direct patient contact) can argue that mandatory vaccinations are necessary to protect employees and the people employees come into contact with. As previously noted, most employers in the health care space currently require their employees to receive annual flu shots.

Lastly, it is noteworthy that when the U.S. was faced with the H1N1 swine flu, employers were allowed to require their employees to receive vaccinations. An example of an employer requiring employees to be vaccinated is the action being taken by Davis Wright Tremaine (DWT), a large national law firm. According

to several news outlets, DWT announced that it will require a COVID-19 vaccine for its attorneys and staff to return to work at the office. The ABA Journal quoted a press release from the law firm, which said: “Allowing for a reasonable period of time to get vaccinated once eligible, only those who have been vaccinated will be allowed in the office or to attend firm-sponsored events. (In the coming months, proof of vaccination will also be required.)”

2 Arguments against mandatory vaccination

There is a risk that if the employee receives the vaccine, a serious adverse reaction may occur. This, in turn, may result in a workers' compensation claim or perhaps a lawsuit. Employee morale may also be negatively affected by a mandatory vaccination requirement.

If an employer mandates vaccinations, and if an employee objects on the grounds of bona fide religious beliefs and/or concern about an underlying medical condition, then the employer is required to offer accommodations. Other than the foregoing, if an “at will” employee refuses to be vaccinated, then the employer can probably terminate employment.

In making decisions, the employer must balance the safety of the workplace with an employee's individual rights. Note that a 2018 federal court decision stated that the fear of a “garden variety” allergic reaction does not amount to a disability. **HC**

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Both are members of the HomeCare Editorial Advisory Board.

RESPIRATORY

A Pandemic Spotlight on COPD

Survey reveals patients are ready to take on treatment via telehealth

By Huiling Zhang

Despite being the third leading cause of death worldwide and impacting more than 65 million people around the world, chronic obstructive pulmonary disease (COPD) isn't talked about as often as other chronic conditions. COPD is an inflammatory lung disease that causes obstructed airflow from the lungs. Those diagnosed with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions. And according to the Centers for Disease Control and Prevention (CDC), COPD patients are also at an increased risk for developing severe illness from the virus that causes COVID-19.

On World COPD Day in November 2020, Philips announced findings from its first World COPD Day Survey—sharing insights on the global awareness of respiratory conditions, such as COPD, and how the COVID-19 pandemic has influenced overall perceptions of respiratory health around the world. After surveying more than 4,000 adults in China, India, Russia and the United States, Philips found that, while the pandemic has created unique challenges for the COPD community, there was also a silver lining: COVID-19 has increased people's awareness of the condition and encouraged patients to explore alternative care options, such as telehealth.

A Snapshot of Respiratory Health

Throughout the past year, the COVID-19 pandemic has brought respiratory health to the forefront. According to survey results, respiratory issues have

Respiratory issues are prevalent worldwide...

Around the globe, respiratory issues are a common experience. **Half of those surveyed*** report experiencing a respiratory issue** within the past year.



60%

were trying to improve their respiratory health prior to the pandemic,

most commonly focusing on improving diet/nutrition (33%) or changing or beginning an exercise routine (30%).



Since the start of the COVID-19 pandemic, that number has significantly increased, with **69%** actively trying to improve their respiratory health.

* Philips surveyed 4,001 people across China, India, Russia and the US to learn more about their perceptions of respiratory health.

** Respiratory issues included chronic cough, excessive phlegm or sputum, noisy breathing (wheezing), chest tightness, shortness of breath when not exercising, trouble taking a deep breath, respiratory infection or other acute respiratory illness, or other respiratory issue.

COVID-19 has increased people's awareness of (COPD) and encouraged patients to explore alternative care options, such as telehealth.

13%

of COPD patients who should have gone to the hospital chose not to

been a common experience for people around the world, with 53% reporting having experienced a respiratory issue like chronic cough, wheezing, respiratory infection or chest tightness. This led many to proactively make changes to improve their respiratory health, most commonly by focusing on improving their diet and nutrition or by changing or beginning an exercise routine.

It's clear that now, more than ever, respiratory health—and taking action to improve it—is a priority. But the impacts of the pandemic have been felt strongly by those who already experience respiratory challenges, especially COPD patients.

A Community in Crisis

The pandemic has altered the lives of the approximately 65 million people currently suffering from COPD around the world. Unfortunately, COPD patients have reported unmet emergency care needs and challenges in accessing care, as well as feelings of stress and concern about managing their disease. In fact, 68% reported that they worry much more than they used to about their chronic condition.

This stress has manifested in hesitancy to seek in-person care. Of the 48% of COPD patients that needed to go to the hospital during the COVID-19 pandemic, 13% chose not to seek hospital

62%

of COPD patients are more willing to use telehealth to receive treatment

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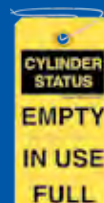
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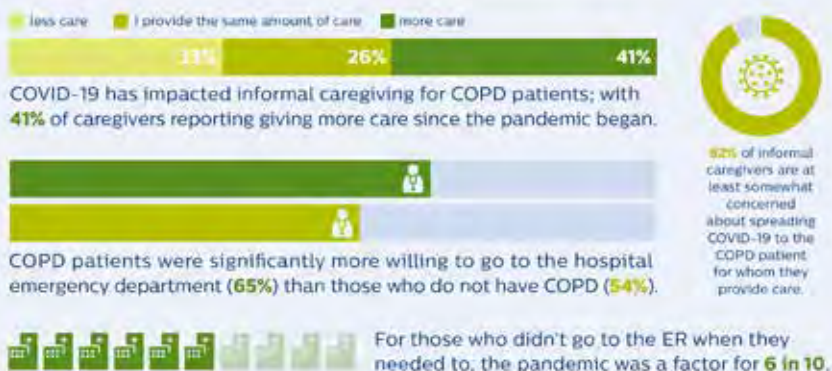
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COVID-19 exacerbated individual concerns for those affected by COPD.

COPD is the **third leading cause of death** worldwide, with nearly **65 million people** diagnosed^{1,2}. While the world grapples with how to contain the virus, COPD patients – and the people who care for them – faced challenges of their own:



The COVID-19 pandemic led to:



75%
of COPD patients exploring ways to better manage their chronic condition



90%
of COPD patients trying to improve their respiratory health since the start of the COVID-19 pandemic



58%
of COPD patients report that managing their chronic condition during the pandemic was "completely overwhelming"

People report being more familiar with COPD as a condition

Prior to the pandemic, **52%** of respondents reported being familiar with COPD:



following the pandemic, that number is up to **72%**.



care, many citing concerns about COVID-19 as a key contributing factor in that decision.

Outside of the hospital, 58% of COPD patients reported that managing their COPD during the pandemic has been completely

overwhelming, with more than half saying that COVID-19 has made it difficult for them to get treatment. COVID-19 has also presented challenges for caregivers, with 79% saying the pandemic influenced the

amount of care they provided to patients with COPD. However, new virtual care options have become more popular for both patients and providers.

A Brighter Tomorrow

While challenges certainly do still exist for the COPD community, the pandemic has presented several opportunities to improve the future of COPD treatment and care. The circumstances of the COVID-19 pandemic influenced many COPD patients to explore new ways to better manage their chronic condition—with many turning to virtual solutions. Since the onset of the pandemic, willingness to conduct telehealth visits has been on the rise for all patient populations. Among global consumers, findings showed increases in willingness to participate in telehealth appointments for wellness visits, regular check-ins for a chronic health issues, and even meetings to discuss a new health issue.

Among COPD patients, this willingness is even more prevalent compared to the non-COPD population, as 62% reported being more willing to use telehealth to receive treatment for a chronic health issue. COPD patients' willingness to use telehealth to better manage their condition may have lasting impacts beyond the pandemic, hopefully leading to better therapy adherence and early provider intervention, limiting hospital readmissions.

While COVID-19 may have exacerbated individual concerns for those living with COPD, it also brought increased awareness for the chronic condition across the globe. Nearly three in five people report being more familiar with COPD now compared to before the pandemic, which may be directly linked with increased education about respiratory illnesses. This increase in awareness, combined with an eagerness among COPD patients to improve their respiratory health and the availability of more telehealth options for COPD treatment, points toward a bright spot for the future of COPD care. **HC**

Huiling Zhang is the chief medical officer of Connected Care at Philips.

FIELD OPERATIONS

An Automated Way to Manage Staff in the Field

How EVV can streamline operations & improve caregiver safety

By Shaili Jain

Home health care businesses face unique challenges. They deal with complex scheduling and field management challenges, while also working on razor thin margins. On top of all this—and on top of multiple issues presented by the COVID-19 pandemic—is the need to meet compliance requirements like electronic visit verification (EVV) as mandated by the 21st Century Cures Act.

If homecare businesses are able to bring more automation into their field operations, they can not only address the complex logistical challenges of managing their caregivers, but also improve their margins and meet compliance requirements.

What do field operations look like today? A typical homecare business has several caregivers to manage. An operations manager usually has the task of assigning jobs and schedules on a daily basis. When you have more staff, manually producing a schedule becomes a complex problem. The outcome is an inefficient process that results in longer routes, higher costs and reduced client care standards.

After caregivers are informed of their assignments for the day, extra time is spent on each visit tracking mileage and time spent with clients, taking notes after examining the client and filing their reports and timesheets for payroll. As you can imagine, it is a cumbersome process for caregivers to keep track of. Studies have shown that there are many inaccuracies in these reports, leading to higher-than-expected costs.



A modern EVV system acts as a time and attendance verification tool for in-home caregivers.

Managers then have to collate the information collected by caregivers from each client and store it appropriately for audits and compliance. They will also have to use this information to make decisions on when the next visit should take place.

As caregivers make their visits, their safety at remote job sites merits attention.

A lone worker safety workflow that puts protocols in place for communicating with caregivers and mechanisms for them to get help if needed will be reassuring.

Meeting Compliance Standards

From a compliance standpoint, EVV—a method used to verify home health care



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visits to to cut down on fraudulently documented home visits and ensure clients are not neglected—is an important state compliance requirement that homecare businesses must meet. The 21st Century Cures Act, signed into law in 2016, requires states to set up an EVV system to verify that services for all Medicaid-funded personal care and home health care services occurred. State governments decide how to gather and report data that EVV vendors use and whether to include additional EVV compliance rules. If managers are creating these compliance reports manually, it can be very time consuming and error prone.

The issues facing homecare businesses are multifaceted. How should homecare businesses overcome these challenges? The simple answer is by adopting automation. But what does that actually mean?

Let's examine how an EVV solution can address many of the challenges that homecare businesses face.

How EVV Systems Work

According to the mandate, the term “electronic visit verification system” means, with respect to personal care services or home health care services, a system under which visits conducted as part of such services are electronically verified with respect to:

- the type of service performed,
- the individual receiving the service,
- the date of the service,
- the location of service delivery,
- the individual providing the service, and
- the time the service begins and ends.

A modern EVV system acts as a time and attendance verification tool for in-home caregivers by enabling them to “clock in” and “clock out,” recording both the time and location for care services rendered. An EVV system should also allow caregivers to record additional information about the type of care and notes on the care provided.

Benefits of an EVV System

Electronic visit verification systems should offer a reliable, dependable and error-free means for care providers and homecare workers to capture care delivery data in real time while they are providing services. An EVV system offers many benefits, such as digitally verifying visits as outlined in the care plan, automating time and attendance for caregivers and providing a paperless way to record the type of care and services provided to the client. Since the data is recorded digitally, program administrators can not only verify and validate the visit and the type of care, but may also extract various reports and analytics to drive efficiency in the process.

Caregivers simply clock in and out from the place of care. The system automatically verifies the visit location via geofencing

technology. The caregiver easily captures additional information via digital forms on the mobile app. The mobile forms can be customized to suit the needs and business workflow of your agency. The right system can also offer customized reporting for time and hours for payroll, mileage, costing needs, etc.

With such a system, you can define your business workflow and automate field operations using real-world triggers involving people, place and time. The events that trigger automatic actions can be highly customized. For example, the use of “if-this-then-that” customization helps add logic to the workflow based on conditions, triggers and threats that can occur in the field.

Safety Monitoring

With respect to verification and safety monitoring, there are some basic capabilities that businesses need to be able to monitor to ensure that employees are safe, including:

- A communication channel between field or home and company headquarters,
- The ability to share location information with headquarters,
- Tracking of mileage and other costs if employee needs to travel to job sites,
- Generation of reports for documentation and audit,
- A safety monitoring workflow, and
- A real-time broadcast or alerts channel for one-to-one or one-to-many.

Here are some specific ways that safety monitoring can be addressed with an EVV system:

- An employee in distress can push the SOS button on an app or simply hit the phone's power button to trigger an SOS alarm.
- Set up periodic safety monitoring workflows to detect any threats; support is provided for multi-level validation and escalation, which should include local emergency response details (e.g., public safety answering point information).
- A visual command-and-control dashboard should be available via the web or a mobile app that enables headquarters to monitor and communicate with employees in the field.

The recommendation for homecare businesses is that they first put in place an EVV workflow that will streamline their business operations and ensure that they address several issues all at once. It will also improve their customer service standards while reducing costs and growing their margins. They will ultimately be running a better business. **HC**

Shaili Jain is the founder and CEO of Abacus Inc., which provides allgeo.com, a software-as-a-service platform for field service management using location, messaging and automation technologies. He was previously the CEO of Adamind, a company supplying multimedia technology solutions to mobile markets worldwide. Jain spun out Adamind from Philips Electronics in 2004 and completed its sale in 2007. Jain graduated from University Of Utah with a bachelors and a masters in computer science.

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HOSPICE

Meeting People at the End

Embracing the role of the death doula for your hospice patients

By Daniel Morris



Many people know about the role midwives and doulas play in managing pregnancy and childbirth, but few are familiar with the concept of the death midwife, also known as a death doula. This person helps patients and their loved ones cope during the end-of-life phase. Life and death are both natural processes, but many people struggle to come to terms with the emotional difficulties of dying. Your homecare agency can enhance emotional support during this time by hiring a death doula to accompany your services.

Let's go over the role of death doulas and answer some questions about how they operate and how they can deepen your homecare agency's services during the end-of-life process.

What is a death doula?

A death doula helps manage the transition between life and death. During this time, a doula may act as a companion to the dying patient or as an advocate for the family's needs. By nature, this role is holistic and highly personal. It depends a great deal on what extra support the patient and family may require.

Death doulas are becoming more popular because they are filling a need created by the way families and communities are currently structured. In the past, communities were closer-knit and family

members were nearby; today, that may not be the case. Death doulas can play a key role in bridging the gaps that can arise in companionship and end-of-life care, especially when a patient chooses to die at home.

What services does a death doula provide the dying patient?

A death doula will work to comfort the dying patient and coordinate legacy activities. Some common activities may include:

- Listening actively, leading light conversation, answering a patient's questions, helping them find peace
- Providing comfort through reading and companionship
- Using anxiety-reducing techniques such as guided visualization, meditation and massage
- Refreshing their room with pillows, candles or beloved objects
- Suggesting and supporting legacy projects, gifts and/or letters
- Discussing end-of-life wishes

What services does a death doula provide the family?

A death doula works closely with family members to meet their needs during this difficult time. Many family members describe a death doula as a calming, supportive presence in the process. A death

doula can provide a variety of support options, including:

- Identifying the needs/preferences of the family
- Providing respite care
- Discussing end-of-life planning, such as advanced care directives, vigils, after-death body care, funeral planning and memorial services
- Planning last hours of life, including goodbyes and favorite activities
- Suggesting and supporting legacy projects, gifts and/or letters
- Facilitating difficult conversations and advocating for the family's rights
- Coordinating domestic care, such as housekeeping, lawn care or pet care
- "Just being there" to provide companionship and support

In addition to the acts of care listed above, a death doula can be beneficial to the patient and family in other ways. Often a professional caregiver isn't there 24/7, so there are long breaks when a patient may be alone. Death doulas can cover some of these hours, providing comfort in those final weeks of life.

Death doulas may also provide emotional and spiritual support that is missing from the traditional hospice care experience. With their mere presence, a death doula can provide a shoulder for a family to lean on.

Why should home hospice providers partner with a death doula?

Your home health and hospice agency may need extra support during the end-of-life phase, as the act of dying can be a time for all hands on deck to ensure patient and family comfort. In this case, you should reach out to a death doula. They will listen to both your agency's needs and the patient's needs to create an end-of-life care plan that works for you and the patient. It's important to find a doula that you and the family feel a certain chemistry with, as this person will be involved while care services are performed.

Home hospice providers who have experience working with death doulas find that it's great for enhancing the end-of-life

experience. A death doula will coordinate with your agency's hospice nurses and workers to fill care gaps and provide more emotionally oriented activities for the family and patient. They should work closely with family and professional caregivers, taking the time to understand the caregivers involved and coordinate with them to provide end-of-life care. It's also common for doulas to get a clear sense of caregiver gaps, such as respite care. You should work together in order to make sure that their services complement those your agency already provides. The overarching goal is for each patient to receive an enriching end-of-life experience.

Are death doulas certified?

It's important to note that a death doula is not a medical professional and doesn't have a medical role in a patient's care. For example, they can't prescribe pain medication or take vitals. Instead, a death doula provides emotional and spiritual support.

There's currently no credentialing body for death doulas. However, all death doulas should have appropriate training. Training courses are offered by accredited organizations such as the International End of Life Doula Association (INELDA), the Lifespan Doula Association and the University of Vermont. When you search for a doula, make sure they have the required training.

Also note that death doulas aren't typically affiliated with any particular religion. In fact, doula services are often designed to be universal. Whether your patient adheres to a specific religious tradition or not, a death doula can still be appropriate.

How do you find a death doula?

You can start your search for a death doula on the INELDA website, which lists trained death doulas by locale. I also recommend talking to friends and family about their experiences with death doulas. Ask your patients and their families if this is a service they would benefit from.

While being a death doula is a service to the dying patient, it is not typically a volunteer position; however, you may also be able to work with an organization that provides volunteer death doulas to work at some care facilities. Some death doulas will charge rates by the day or by the hour, or they may charge an overall fixed price. If you are bringing a death doula onto your staff, you should discuss pricing to understand how the service will affect the patient's final bill.

Death doulas play a comforting role during the dying process. Consider hiring a death doula for your homecare agency to get the emotional support your patients need during their transition from life to death. **HC**

Daniel Morris is the founder of My Caring Plan, a website dedicated to helping seniors and caregivers find the best senior living and resources. My Caring Plan has over 25,000 senior living facilities listed on its site and more than 100 caregiving articles.

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DEMENTIA

Playing to the Strengths of People Living With Dementia

Implementing the Montessori method in memory care

By Dawn Wiggins

Within my work as a dementia care practitioner during the past two decades, I have seen a major shift in how people living with dementia receive care. When I first started in the field, the thinking and treatment of a person with dementia was something along the lines of the following—just make the patient comfortable, as they have little to no value, have no idea what’s happening around them, and will be dead soon enough. It was frustrating and heartbreaking to see the person, the caregiver and the family suffer due to this antiquated and harmful treatment. Fortunately, much has changed and those who live with, love or care for a person with dementia are now “care partners,” because care is truly a partnership between all parties—and because people living with dementia are recognized as still having abilities and contributions to make to their friends, family and community.

Seniors, no matter their physical or cognitive decline, all want some semblance of an independent lifestyle. That could include going to the grocery store, traveling on vacation, having a private conversation on the phone, or even being able to do things that many of us take for granted, like dressing and bathing oneself in privacy. One approach to care that is helping seniors with dementia maintain some independence is the Montessori method.

Eager to Learn

If you are unfamiliar with the Montessori method, it is a form of education developed



in 1897 for special needs children. This method of learning views children as naturally eager to learn and capable of doing so. Children learn how to dress themselves, how communicate their needs, how to interact and how to work cooperatively. The Montessori method, often used in child care and elementary schools, provides a template for independence and learning while emphasizing a child’s natural strengths and maintaining a strong sense of self.

Within the world of dementia care, the Montessori method:

- respects a person’s dignity, personhood and lived experience;
- allows freedom within provided structure (essentially allowing a senior to be an

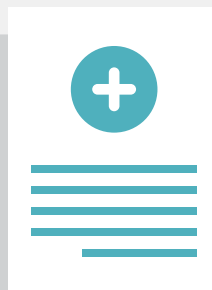
improvisational artist of sorts);

- changes the environment to suit the individual and not the other way around; and
- takes into account that an individual benefits by serving their community.

Why would this kind of care and treatment be useful for a person with dementia? Because just like every other person on the planet, they want to contribute, to be useful, and to experience fulfillment and independence. And when a person feels useful, fulfilled and independent, they will be less likely to experience apathy, depression, loneliness, boredom or even suicidal ideation due

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All signs point toward Montessori methodology being more beneficial than not for a person living with dementia.

to extreme and prolonged feelings of hopelessness.

The Effectiveness of Practice

In theory, the Montessori method seems like a win for people living with dementia. But how effective is it in practice? A 2006 study done by Home Care Partners and the Washington, D.C. Office on Aging explored that very question. Interestingly enough, the six-month study showed that people who participated in non-Montessori activities (e.g., activities that were non-purposeful or not thought out, like bingo) withdrew and disengaged over time. Their difficulty with prescribed tasks and activities increased.

Not surprisingly, the difficulty they experienced was not caused by their conditions worsening, because their measured impairment remained stable throughout the study. Conversely, people in the study who engaged in Montessori-based activities were much more engaged and did not find that tasks became more difficult like the non-Montessori control group did.

Another study published in 2016 in the Journal of the American Medical Directors Association showed strong evidence that Montessori-based activities were beneficial for eating behaviors in people with dementia. However, this same study found no evidence that Montessori-based activities affected cognition and concluded that further research was needed to examine the long-term benefits of Montessori-based

activities. At the moment, all signs point toward Montessori methodology being more beneficial than not for a person living with dementia, at least in the short term.

Implementing in the Home

How can you implement Montessori activities into your care partnership with a person with dementia? Whether you are involved in homecare or care at a dedicated facility, there are actions and activities that can and should be purposeful, intentional, and designed to be beneficial to both you and your client.

Think about the person's lived experience. In their past, did they enjoy gardening? Maybe they can't bend over and weed a flower garden, but perhaps they can plant seeds in a planter that sits on a table at chest level so they don't have to bend down.

Activities involving movement can be a great way to get the blood flowing while also allowing a person to play to their strengths. Movement can involve sitting or standing, depending on a person's abilities. Incorporating slow, deep breaths while engaging in movement helps you and the person with dementia become more grounded and present, and it does not hurt that it helps get more oxygen to the blood and brain as well.

Service-based activities are also a great idea. Everyone wants to feel useful and like they matter and people living with dementia are no different. Again, it is a good idea to

incorporate their past experiences and take their current abilities into account. Acts of service can be as simple as a hug, a smile, or a kind word or as complex as packing bags for a school lunch program.

Some form of creativity or involvement in the creative arts is also a great idea. No matter how old or young and whatever their ability or skill level, everyone has creative ability flowing through their veins. People living with dementia are creative as well. They often enjoy coloring or singing or writing—or even contributing to some kind of group project if they live in a memory care facility.

Whatever method of treatment and care provided, Montessori or otherwise, it is important that it be a partnership between the caregiver and the person living with dementia. It is imperative that the care and treatment provided honors a person's personhood and dignity, provides some form of hope, and is the best treatment and care it can possibly be. We need to constantly strive to do better with the treatment and care of people living with dementia, and I am hopeful that we are and will continue to do so. **HC**

Dawn Wiggins, RPN, is trained in P.I.E.C.E.S., GPA and DementiaAbility, a Montessori-based approach to dementia. She is a certified Positive Approach To Care consultant (Teepa Snow), certified Positive Approach To Care trainer, coach, consultant, engagement leader, speaker and mentor, dementia care practitioner and resident and director of operations of New Dementians.

REMOTE PATIENT MONITORING & TELEHEALTH

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 remote patient monitoring and telehealth services. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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3 Luggie

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4 GB120 Buzzaround CarryOn Scooter

GOLDEN TECHNOLOGIES

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

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5 Roadster Deluxe

MERITS HEALTH PRODUCTS

The Merits Roadster Deluxe is designed to answer a variety of customer requests and needs. The three-wheel electric scooter embodies "user-friendly," with loop-handle steering and a throttle lever that allows operation by finger or palm. The hydraulic adjustable tiller angle allows ergonomic driving and easy transferring. The Roadster Deluxe also includes standard features such as LED lighting, a shopping basket and a convenient charging port on the tiller. Disassembles into five light pieces for easy transport. Weight capacity: 300 pounds. Visit meritsusa.com.

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1. What is your job title? (Check only one)

- ☐ 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
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Purchasing Agent
- ☐ 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab
Specialist, Other Licensed Medical Professionals
- ☐ 19 Sales/Marketing Rep, Mgr, Dir
- ☐ 20 Other (Please Specify) _____

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

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

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

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

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NEW TECHNOLOGY SPOTLIGHT

LUCI in the Sky With Big Ideas

A new smart device is helping power wheelchair users navigate their daily terrain with safety & confidence

By Kristin Easterling

Cars are getting safer: There are backup cameras, lane departure warnings and sensors that apply the brakes when they notice an obstruction. But for all the technology being poured into cars, power wheelchair users have lacked the same protection.

That didn't sound right to Barry Dean, who was introduced to wheelchairs when his daughter, Katherine, who was born 16 weeks early, was diagnosed with cerebral palsy. Dean's name might be familiar—he's a Grammy-nominated songwriter based in Nashville. And now he's also CEO of LUCI, a company that has created a smart device that adds extra safety to a power wheelchair.

"I'm a dad really," said Dean. "We purchased her first chair when she was very young. And it was a scary thing. There's

this big chair with this tiny little girl, and the speed hadn't been set properly. So she took off down the hall and the assistive technology professional jumped and grabbed the little rail in the back—and bang—it went right into the wall. She was fine, but it was really scary. I parked that chair in the garage for at least a year."

Katherine is now 20, but that experience stuck with Dean. As Katherine craved independence, Dean sought safety. But there wasn't anything out there to meet his needs. So, he and his brother, Jered Dean—a systems engineer with experience in everything from dialysis machines to aerospace—built it from scratch. They've assembled a team of programmers, roboticists, engineers and designers to bring LUCI to life.

"We ended up inventing our own millimeter-wave radar, which is the new cutting-edge type of radar," Dean said. "We created custom and proprietary ultrasonics, because normal ultrasonics weren't going to work in this environment."

Car-based safety systems, Dean said, can use the stripes on the road and digital maps to help keep drivers safe. But power chair users are operating on sidewalks and inside buildings, where those tools aren't available. LUCI also includes Intel RealSense cameras in its suite of tools to help prevent tipping, collisions and sudden drop-offs.

What Makes Tech 'Smart?'

LUCI is a hardware and software package. Dean noticed that there was increasing inclusivity in technology, from cellphones to smart devices and wearables. But the power wheelchair market was missing out.

"What makes it smart is it's connected to the real world," said Dean. "It provides technology inclusivity to all manner of devices and information." He added that the device should foster further innovation in the space.

The new company, which officially launched June 2020, has already announced distribution deals with Numotion, Permobil and National Seating and Mobility. Dean said the company is in talks with all of the major manufacturers and distributors to make sure the device can be included on as many chairs as possible.

He also said there are dreams of one day expanding further into the mobility market with a LUCI option for scooters. But for now, the brothers are focused on their first mission—making power wheelchairs safer and more inclusive.

"We're in a very different place. We don't make wheelchairs, and we're not a supplier," Dean said. "So we are a very different kind of company, but I can say we're excited to be talking to all the manufacturers now, and we're thrilled with their excitement. Our hope is to be able to work with all of them and in the best possible way." **HC**

Kristin Easterling is managing editor of HomeCare magazine.



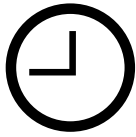
Barry Dean, LUCI co-founder and CEO



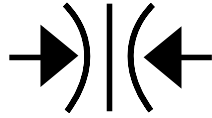
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