

MARCH 2022

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*The
MEDTRADE
Issue*

PUTTING THE CUSTOMER FIRST

Owner brings personal
perspective to
mobility equipment



*Nick Hess,
owner
of Mindful
Mobility,
and his wife,
Kelie, strive to
serve & hire
the disability
community*

HME:
4 things to ask
clients with arthritis

IHC:
A report from
Home Care 100

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O₂ is what we do.

Check 103 on index.

Dear HomeCare Readers,

A quote from our cover story jumped out at me while we were working on this month's issue. It's from Nick Hess, the owner of the Utah provider Mindful Mobility. In our story on page 18, he emphasizes how important it is to put customers first when serving members of the disability community.

"It's remembering the impact the equipment will have on the life of the consumer and knowing that's why every detail matters," he said.

Of course, that kind of focus doesn't just apply to making, selling or fitting mobility equipment. It's also clearly apparent when trying to meet the needs of seniors—as you'll read in our story from industry sales expert Louis Feuer on page 32 about his own experience as a senior shopper. And empathy for the patient is critical when working with those with dementia, Rachel Wonderlin writes in her piece on page 42.

This industry's focus on improving lives was front and center recently at the Home Care 100 conference, where CEOs and other leaders gathered in Arizona to talk about the future of in-home care. You can read our full report on the event on page 36.

This month, we're heading to Nashville to the National Home Infusion Association conference and preparing for Medtrade West in Phoenix (see a preview of the show on page 7). We'll also host two webinars, both staffing related; one is focused on improving the clinician experience and the other on managing hybrid models. I hope you'll join us for these great learning opportunities. You'll find the dates and other details at homecaremag.com/webinars.

Thanks 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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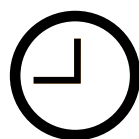
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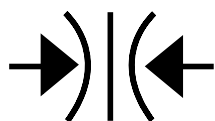
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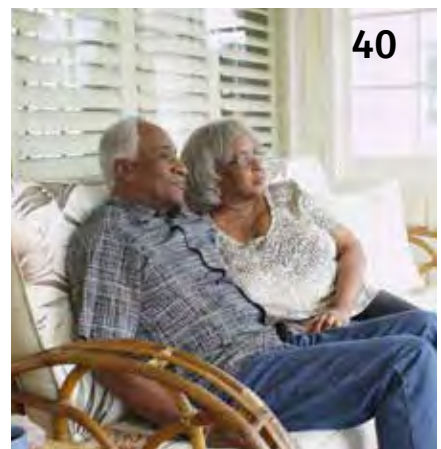


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Colorado VNA Absorbs HHA

The Colorado Visiting Nurse Association (VNA) announced that it has reached an agreement with 24/7 AvaRe Home Health to absorb its health care staff and patients into Colorado VNA.

Headquartered in Arvada, Colorado, the expanded Colorado VNA will remain a mission-driven nonprofit, home health care, hospice, palliative and wellness agency. The addition of the former 24/7 AvaRe staff will allow Colorado VNA to offer home health care and wellness care throughout the Denver metro area, Colorado Springs and parts of greater El Paso and Teller counties.

Colorado VNA will also continue to offer hospice and palliative care services throughout the Denver metro area and north to Larimer and Weld counties.

24/7 AvaRe Home Health has been a home health care agency providing adult and pediatric care to patients in the Denver and Colorado Springs area since 2012.

Colorado VNA President Julie Nunley will continue in her role for the expanded organization.

vna.colorado.org

COVID-19 Tests to Be Covered

As part of the Biden-Harris Administration's ongoing efforts to expand Americans' access to free testing, people enrolled in either original Medicare or Medicare Advantage (MA) plans will be able to get over-the-counter COVID-19 tests at no cost starting in early spring. Under the new initiative, Medicare beneficiaries will be able to access up to eight over-the-counter COVID-19 tests per month for free. Tests will be available through eligible pharmacies and other participating entities. This policy will apply to COVID-19 over-the-counter tests approved or authorized by the U.S. Food and Drug Administration (FDA).

This is the first time that Medicare has covered an over-the-counter test at no cost to beneficiaries. There are a number of issues that have made it difficult to cover and pay for over-the-counter COVID-19 tests. This new initiative will enable payment from Medicare directly to participating pharmacies and other participating entities to allow Medicare beneficiaries to pick up tests at no cost.

MA plans may offer coverage and payment for over-the-counter COVID-19 tests as a supplemental benefit in addition to covering Medicare Part A and Part B benefits, so Medicare beneficiaries covered by MA should check with their plan to see if it includes such a benefit.

All Medicare beneficiaries with Part B are eligible for the new benefit, whether enrolled in a MA plan or not.

cms.gov

MatrixCare Awarded Best in KLAS

MatrixCare announced that its home health, hospice and palliative care electronic health record (EHR) has earned Best in KLAS honors for the third year in a row, receiving a score of

87.1 for home health EHR (large) and 85.0 for hospice, according to this year's report.

KLAS Research added the hospice category this year, making MatrixCare the first winner for its comprehensive hospice EHR solution.

Best in KLAS award winners are determined each year based on surveys and interviews administered by KLAS researchers to health care providers about the efficiency and quality of health IT products. Software providers are evaluated on six key categories: culture, operations, product, relationship, value and loyalty.

matrixcare.com

PointClickCare to Acquire Audacious Inquiry

PointClickCare Technologies, a health care technology platform, announced its intent to acquire Audacious Inquiry, a connected care platform.

The combination of PointClickCare and Audacious Inquiry will accelerate the companies' mission to address critical gaps in health care and enable better care for vulnerable patients. The acquisition is subject to regulatory approvals and other customary closing conditions.

Audacious Inquiry is nationally recognized for improving care collaboration by building dense networks of connectivity facilitating the secure transmission of actionable, accurate and event-driven data across the U.S. health care system.

The company serves as a trusted partner to the Centers for Medicare & Medicaid Services, the Office of the National Coordinator for Health Information Technology, and the Centers for Disease Control and Prevention, as well as regional health information exchanges, hospital associations, state government, public health authorities, health systems, payers, accountable care organizations and other risk-bearing providers.

Together, PointClickCare and Audacious Inquiry will enable care collaboration and value-based care solutions for over 150 million lives across the U.S.

pointclickcare.com

UPCOMING EVENTS

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

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

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

MAR 28-30 LeadingAge
Leadership Summit
Washington, D.C.
leadingage.org

APR 26-28 MAMES Spring
Des Moines, IA
mames.com

Sunset Receives ISO Certification

Sunset Healthcare Solutions has successfully passed the International Standard Organization (ISO) 13485 certification and medical devices single audit program (MD-SAP) of its Chicago and Bloomingdale, Illinois, facilities and was expected to receive full certification in February.

"This certification is our next step in establishing Sunset as a global medical device manufacturer," said Sunset Quality and Regulatory Director Joe Consoli. "The outcome could not have been better."

The milestone allows Sunset to expand manufacturing capabilities and provide an array of medical products to its customer base. The company is also working to obtain certification for its facility in Phoenix, Arizona.

sunsethcs.com

ATA Launches Trade Association

The American Telemedicine Association (ATA) has launched ATA Action, a new affiliated trade organization focused on ensuring individuals have permanent access to telehealth services across the care continuum.

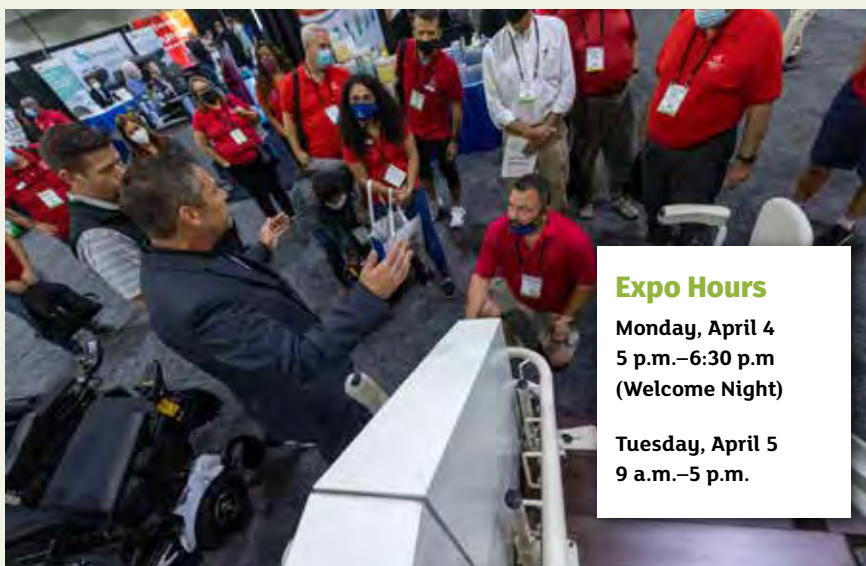
ATA Action will work to support the enactment of state and federal telehealth coverage and payment policies to secure telehealth access for all Americans, including those in rural and underserved communities. Kyle Zebley, the ATA's current vice president of public policy, will serve as the executive director of ATA Action.

ATA Action, a registered 501c6, follows the ATA's policy principles supporting the appropriate use of technology to reimagine care to ensure all people receive care where and when they need it. In the short term, ATA Action is working to make certain that temporary flexibilities put in place during the COVID-19 public health emergency extend at least through 2023, and is simultaneously working to make those policies permanent.

Medtrade West April 4-6 Phoenix, Arizona

Medtrade West, formerly called Medtrade Spring, is the second largest tradeshow in the United States focused exclusively on the home medical equipment (HME) market.

Medtrade West is designed to give today's providers the highest quality educational, networking and advocacy opportunities and the largest selection of HME products under one roof.



Expo Hours

Monday, April 4
5 p.m.–6:30 p.m.
(Welcome Night)

Tuesday, April 5
9 a.m.–5 p.m.

MEDTRADE WORKSHOPS

All workshops take place April 4.

Putting Your Data to Work to Drive Higher Patient Collections

Presented by: Brightree
9 a.m.–11 a.m.

The Clean Claim Versus the Dirty Claim

Presented by: VGM
9 a.m.–12:30 p.m.
Fee: \$99

An Introduction to the Certified Durable Medical Equipment Specialist (CDME)

Presented by: BOC
9 a.m.–1 p.m.
Fee: \$49

Team@Work Sales BootCamp

Presented by: Team@Work
9 a.m.–4:30 p.m.
Fee: \$129

Retail Workshop: Ingredients for Success

Presented by: VGM
1 p.m.–5 p.m.
Fee: \$49

ALSO OF NOTE

New Product Pavilion

Sponsored by: HomeCare
Stop by the New Product Pavilion to see the latest products hitting the market. Attendees can vote on their favorite products via the Medtrade app. The top three will be presented with the coveted Providers' Choice Awards on April 5.

32%

Deaths related to cancer in the United States fell 32% between 1991 and 2019, according to the American Cancer Society.

ATA Action Founding Advocacy Council Members include:

- Babylon
- Best Buy Health
- Bicycle Health
- Circle Medical
- FOLX
- Hone Health
- LifePoint Health
- Philips

Additional Founding Members include:

- 1-800 Contacts
- Doximity
- HCA Healthcare
- Hims & Hers
- Intermountain Healthcare
- One Medical
- Ophelia
- Prescribery
- Ro
- Teladoc Health
- Walmart
- Ziegler

ataaction.org

Axxess Joins HomesRenewed

Axxess, a technology provider for care in the home, has partnered with aging-in-place specialist Seniors Home Services and joined the HomesRenewed Coalition.

Seniors Home Services is a comprehensive resource for keeping seniors as safe as possible for as long as possible, in their own homes. The company's 24/7 connected home monitoring system provides home health care agency patients and families affordable,

full-time patient oversight, reduced hospital readmissions, improved patient outcomes and an improved quality of life for patients and family members. Additionally, the company offers medication management technology, fall injury-reduction flooring, indoor air purification and technology that improves cognition, balance and motor skills.

This partnership includes Axxess joining the HomesRenewed Coalition as the first health care technology company involved in their efforts to drive policies and investments to increase the number of individuals who can afford to age in place safely. The HomesRenewed Coalition proposed legislation could make home modification much more affordable with tax incentives to senior adults.

The company also recently announced the promotions of three people to the executive leadership team.

Christopher Taylor is the new senior vice president of channel partnerships, a newly created role. Shradha Aiyer has been promoted to vice president of product development. And Greg Orleans has been promoted to vice president of engineering.

axxess.com



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INDUSTRY MOVES

Feb. 3, 2022
Gene Quigley
Joins VERTESS as
Managing Director



Feb. 8, 2022
Ken Spett, Graham-Field CEO, Named to District Export Council



Feb. 10, 2022
Alisha Mecier
Named Vice
President Strategic
Partnerships at
Better Health



Feb. 10, 2022
Jonathan Gavras
Joins CareCentrix
as Senior Strategic
Clinical Advisor



Feb. 10, 2022
Ben Lerner Joins IMAC Holdings as Chief Operating Officer



Feb. 15, 2022
Jessica Presperin Pedersen Joins Sunrise Medical as Director Of Clinical Education, North America



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Check 115 on index.

Congress Takes Notice of DME Challenges

DMEPOS Relief Act of 2022 (H.R. 6641)

By Kristin Easterling

Congress mandated the durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) competitive bidding program through the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. The first round of bidding occurred in 2014, and the most recent round began Jan. 1, 2021.

The program is supposed to help set fair Medicare reimbursement prices for DMEPOS items, but many in the industry say the program is flawed and sets unsustainable rates. Round 2021 saw significant program improvements, with the introduction of lead-item pricing and bid ceilings, among others. In the midst of the COVID-19 pandemic, the program was paused, but bidding went on for off-the-shelf back braces and orthotic supplies. The Centers for Medicare & Medicaid Services (CMS) said Round 2021 did not realize the expected savings on the 13 other product categories.

The DMEPOS Relief Act of 2022 would apply a 90/10 blended Medicare reimbursement rate for DME in former competitive bidding areas (CBAs). The legislation would boost rates for items in the 13 product categories whose bid results were not implemented in Round 2021. These increased rates would apply from Jan. 1, 2022 through Dec. 31, 2023. Currently, former CBAs receive reimbursement at the current base fee schedule.

The bill was introduced by Reps. Markwayne Mullin (R-Oklahoma) and Paul Tonko (D-New York). Original cosponsors include Brian Fitzpatrick (R-Pennsylvania), Fred Keller (R-Pennsylvania), Frank Mrvan (D-Indiana), Tom Reed (R-New York) and Terri Sewell (D-Alabama). At press time, it had not yet been referred to committee.

WHAT
HAPPENS
NEXT? >>

AAHomecare is urging members to reach out to their representatives to encourage additional cosponsors. Members can find language and congressional contact information on the group's website.

FROM THE INDUSTRY

"This legislation will help bring rates and market realities in line and allow suppliers to continue to support seniors and other vulnerable patients at home. We thank Congressmen Mullin and Tonko for spearheading this legislation and recognizing how high-quality, home-based care can deliver better patient outcomes while reducing overall health care costs.

This new legislation is an opportunity to secure a meaningful increase for Medicare reimbursements covering major HME product lines."

—Tom Ryan, President & CEO
The American Association for
Homecare (AAHomecare)

DID YOU KNOW?

Manufacturer costs for DME have risen 15% to 40% during the pandemic.

LEARN MORE >> Visit aahomecare.org for an in-depth analysis of the legislation.

Split Decisions?

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Signature Series

These images show the Hi-Low adjustable base without the mattress. Several mattress choices are available.



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Get Your Team Ready for a Possible Feeding Frenzy

Why you should conduct an internal audit now

By Miriam Lieber



MIRIAM LIEBER is president of Lieber Consulting, LLC, and a member of HomeCare's Editorial Advisory Board. She can be reached at (818) 692-1626 or miriam@lieberconsulting.com. Visit lieberconsulting.com.

Audits are not something home medical equipment (HME) providers can worry about later; preparation and planning for the eventuality of an audit is the right approach. With the proper foresight, providers should be poised to handle any type of audit they may face. Let's take a look at the current audit climate, an audit entity update, due diligence audits and the operational impact of audits on the business.

Audit Climate

Industry experts say they are seeing more audits of HME suppliers.

"We are seeing more Recovery Audit Contractor (RAC) and Supplemental Medicare Review Contractor (SMRC) audits, although they are still primarily on items that are not pandemic-related, such as catheters, hospital beds, orthotics, etc.," said Wayne van Halem, president of the van Halem Group. "We have seen a couple of Unified Program Integrity Contractor (UPIC) audits for respiratory equipment submitted during the pandemic on claims with catastrophe related (CR) modifiers."

HME suppliers should ensure they have staff ready to handle the influx of audits and that they are tracking by audit type and entity to discover patterns. Respond to incoming audits in a timely manner. Once you learn the reasons for the audits and the outcomes, you will know where to focus continuous process improvement training and which products need regular internal audits to improve results. Monitoring the state of audit appeals is also important.

"One thing that has me concerned is the fact that the Administrative Law Judge (ALJ) backlog is expected to be caught up by mid-year," van Halem said. "With the Office of Medicare Hearings and Appeals' budget and expansion, [the ALJ is] staffed to manage 300,000 appeals annually."

Isn't it ironic that the ALJ's end to the appeals backlog still has suppliers worried?

"With reports showing that the ALJ is receiving just over 8,000 claims a quarter and less than 35,000 appeals annually, they have staff and time on their hands," said van Halem. "I feel fairly confident that the Centers for Medicare & Medicaid Services will likely utilize the RAC program as a catalyst, and we will see an uptick in volume in the latter part of the year."

Entity Update

Which audit contractors are keeping busiest? Van Halem explained that his concern is with the audits by the UPIC for the CR modifier on respiratory claims during the pandemic.

More troubling "is that they tend to audit a sample of claims and then extrapolate the error rate to the entire universe of claims. As a result, they can then identify significant overpayments," he added.

Many HME suppliers are focusing their attention on audits from the Medicare contractors that are active now, especially those focusing on pandemic-related audits and the RACs, who have time available after reducing the ALJ backlog. Much of this requires proper staffing and prioritization.



For example, is your staff ready for the reinvigorated RAC audits? Are the CR modifier claims inclusive of the necessary documentation? And finally, has your team performed preemptive internal audits throughout the pandemic to ensure you are ahead of the audit storm?

Payers other than Medicare are beginning to show signs of regular audits, too. No longer can providers expect to be audited exclusively by Medicare.

“UnitedHealthcare is probably the most active when it comes to audits, but we are also seeing a lot of activity with Medicare managed care [Part C] plans lately,” according to van Halem.

As audits increase for Medicaid claims submitted during the pandemic, suppliers should not only review what the federal waivers and flexibilities include, but also consider each state’s Medicaid waivers and their varied expirations.

This means keeping track of the various states in which you do Medicaid business to follow their waiver timelines. Providers also need to keep track of paperwork for the non-Medicare payers that are beginning to audit in earnest.

Due Diligence

A due diligence audit is a real test of your compliance protocol and of how well you manage and mitigate your compliance risk. A due diligence audit is a look inside the bowels of the company to see if your processes are in sync with the payer’s, all while demonstrating your staff’s preparedness for an audit.

“Many entities now are interested in stock purchases in an effort to gain access to a supplier’s insurance contacts,” said van Halem. “However, a stock purchase carries with it much more risk, as you are also assuming the liability on all the claims previously submitted. So it is important for investors to understand or quantify that risk before purchasing a business.”

Providers should perform an internal risk assessment and claims audit to determine which claims were submitted accurately and in good faith. That is what a potential buyer will do, and you will be ready for it.

Know your risk before opening yourself up to an unfavorable due diligence audit. If not, your company can be appreciably devalued depending on the risk identified. Ask yourself if you would purchase your

own company based on your results. And consider having an outsider conduct the check to ensure you are ready for any outside audits that may come your way.

Operational Impact

Much of your effort should be focused not just on audits and appeals but also on how the order-to-cash process would be impacted by an audit. Implement continuous process improvement plans as you uncover training opportunities from your own internal audits. Improve cash flow by adhering to payer guidelines and keep your money by securing documentation up front. Internal audits are prudent and are the proactive approach to compliance for all HME suppliers.

Having discussed this topic with many providers around the country, the key takeaway is that an audit department should really be about risk management. By using staff that has a keen understanding of the business’s bottom line as well as the regulations and current audit focus, you will be poised to handle audits for today and into the future. Your company will continue to flourish amidst the reinvigorated audit frenzy. **HC**

IN-HOME CARE: WASHINGTON UPDATE

It's Time to Invest in Home- & Community-Based Services

Outlining NAHC's industry priorities for the coming months

By Tom Threlkeld



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The National Association for Home Care & Hospice (NAHC) serves as an advocate for the millions of Americans who receive and provide the highest quality care in the home. Among the many lessons that must be learned from the current public health emergency (PHE) is that care in the home is a vital part of the health care system. It holds the key to longer life, greater happiness and independence, and in times of crisis, it is a way to protect the most vulnerable citizens while also slowing the spread of contagion.

That's why the time for greater public investment in providing care in homes and communities is now. Here are few of the priorities NAHC is fighting for.

A Big Investment in HCBS

NAHC believes that Medicaid home- and community-based services (HCBS) must remain part of any financial relief package that moves forward in Congress. A large investment is essential for building a sustainable HCBS infrastructure that can address the magnitude of need by both increasing access to Medicaid HCBS and addressing the direct care workforce crisis.

HCBS workers—who are primarily women of color—have been devalued and underpaid for decades, leading to severe staff shortages that can result in crucial gaps in availability, long waiting lists, service line closures and other obstacles to achieving a high quality of life for workers and recipients alike.

Due in large part to a long history of inadequate funding at the federal level, the

system is not serving everyone who needs HCBS. People with disabilities of all ages have a legal right to receive services and supports in the most integrated setting, regardless of the source of payment for services. Yet, 31 years after the passage of the Americans with Disabilities Act (ADA), more than 800,000 people with disabilities sit on waiting lists for the Medicaid-funded services needed to make that possible, and many more are entering institutions against their wishes. These waiting lists leave people with disabilities, aging adults and their families waiting years or decades for services. The investments in the Build Back Better agenda are crucial to reach this unrealized goal of the ADA.

When people are left waiting for services, the responsibility for care falls on unpaid family caregivers—who also need financial assistance. The costs of this inadequate system fall disproportionately on people of color with limited income and wealth. The workforce and earnings losses related to unpaid family caregiving are significant and well documented.

NAHC urges Congress to continue to include and prioritize the large investment in Medicaid HCBS and the workforce that provides services as lawmakers negotiate any package moving forward.

Increased Funding for Programs Serving the Elderly

The nation continues to face the economic, health and social impacts of the COVID-19 pandemic. Ending the reliance on continuing

resolutions (CR) would allow Congress to fully fund programs that serve the nation's elderly; relying on long-term CRs would result in flat and therefore inadequate funding, which in turn impedes the capacity of programs providing critical services to individuals across the country.

Federally appropriated programs are essential to helping millions of older adults age with dignity. These discretionary programs include, but are not limited to: those provided by the Older Americans Act and the Administration for Community Living; fall prevention programs; initiatives and research that address chronic disease; workforce programs for participating older adults and the professionals providing care to them; AmeriCorps Seniors; person-centered, trauma-informed care and the Department of Housing and Urban Development's housing programs.

In order to sustain current services throughout FY 2022, these federally appropriated programs need year-over-year increases. Without the increased funding the FY 2022 bills provide, the programs will not have sufficient resources to continue current programs, never mind expanding their reach to help older adults during a pandemic that has overwhelmingly impacted them.

After a decade of appropriation caps and austerity for most annually funded programs, and with the compounding impacts of the pandemic, increased investment through an omnibus appropriations bill is a critical step toward addressing existing shortfalls and expanding access to services for older adults and their caregivers. This, in turn, builds a stronger and more equitable American economy. Further, the COVID-19 pandemic exposed deep inequities and brought to greater light our nation's most at-risk older adults living in food, transportation, affordable housing and health care deserts.

If Congress fails to enact omnibus appropriations legislation, programs in desperate need of increased resources will be left with stagnant funding, restricting their ability to assist with recovery in communities across the country.

NAHC urges Congress to provide the highest level of funding for the programs and services that support older adults at levels that reflect the true and growing need in communities across the country.

Relief for Personal Care Providers

Congress should provide direct relief funds to personal care providers.

The CARES Act Provider Relief Fund (PRF) has been a lifesaver to thousands of health care providers across the country. Through the fund distributions, the Department of Health and Human Services (HHS) has been able to stabilize access to care during the PHE and help preserve the health care infrastructure for the post-pandemic future.

Congress must take immediate steps to provide funds to an essential part of the health care system that, to date, has not received this crucial support. Homecare companies that serve millions of Americans with vital personal health care supports such as assistance with the administration of prescribed medications, exercise programs that maintain and improve functional capabilities, hygiene, feeding and numerous activities of daily living are a core part of community-based health care. These services and the dedicated caregivers that provide these services have been uniformly recognized as essential health care providers by state and federal policymakers. However, the companies that provide this care have not received any PRF support since the creation of the fund, except where those companies bill Medicare and/or Medicaid.

The companies that have been left out so far do participate in many government health programs, including the Veterans Health Administration and the Administration on Aging. They also provide services funded by long-term care insurance and private payment from their patients. They serve several million seniors and people with disabilities each year, avoiding the need for high-cost institutional care. The U.S. needs these companies to operate to meet the needs of the aged population.

Support from the Provider Relief Fund would be consistent with other distributions

that have occurred so far. These include distributions to homecare agencies that provide this same care through Medicaid, assisted living facilities and behavioral health providers. Similarly, HHS has provided funding supports beyond Medicare and Medicaid providers to dentists and behavioral health providers, among others. As such, the standards and structures are in place to allow these companies to apply for funding.

As potential legislation is drafted to provide further COVID-19 relief, NAHC would like to see funding be allocated for homecare providers that have not previously qualified because they are not Medicare and/or Medicaid providers. These providers have faced all the same challenges as their Medicare and Medicaid colleagues, including workforce shortages, added expenses for personal protective equipment and cleaning supplies, and lost revenue due to added caregiver time while performing COVID-19 precautions and increased overtime expense.

Suspension of Sequestration

NAHC favors further relief to Medicare home health and hospice providers through continued suspension of Medicare sequestration. From the early days of the PHE, Congress took decisive action to suspend sequestration, providing home health and hospice agencies vital financial relief to weather the storm of the pandemic. Since that initial relief was passed as part of the CARES Act, Congress has continued that suspension, most recently in December.

With the recent spread of the omicron variant and action by HHS to extend the PHE, it is clear we are not beyond the pandemic yet. As such, NAHC requests the full 2% sequester be suspended through the end of the COVID-19 PHE or Dec. 31, 2022. Homecare and hospice providers will continue to need financial stability through the pandemic and suspension of the sequester offers a simple and efficient means. **HC**

ROAD MAP: REFERRALS

What's the Opposite of an Apple a Day?

4 steps to help improve doctors' relationship with your company

By Mary Sand



MARY SAND, Ph.D., is an experienced executive playing to her strengths by facilitating planning sessions and focus groups, implementing strategy and developing leaders, including physicians. She began her career as a physical therapist and has been a leader in a variety of health care positions. Most recently, she launched her own consulting business. Visit sandconsulting.org.

A leader in the homecare industry recently shared that physician engagement is a persistent struggle for providers. I've worked with physicians for more than 35 years, originally in direct patient care as a physical therapist and then in various administrative roles. For the past 10 years, I've co-led a leadership academy for physicians, and in that setting I've gained insights that are helpful for improving engagement. In addition, I've worked closely with physician and administrative leaders in clinical service lines as they partner to implement evidence-based care and improve the patient experience.

It's through those lenses that I share the following tips for improving your physician engagement.

1 Demonstrate homecare's value.

Many physicians have a 10-minute window to greet a patient, establish rapport, examine them, assess them, diagnose them, educate them and determine a treatment plan. Every 10 minutes, that cycle repeats. When a complex patient walks in the door, that 10 minutes doesn't allow a physician to get too far in the cycle without falling behind. This time limitation represents an opportunity for home medical equipment and home health providers.

What patient-related problems does your service take off the physician's list? Do physicians see you as someone who can lighten their load? Are you presenting yourself as what physicians need as they care for complex patients? Focus on helping

the physician—and that opens the door to helping the patient.

Consider how you might do this proactively. Can you provide a screening tool that helps physicians, advanced practice providers and nurses know which patients are the best candidates for homecare services? As the homecare expert, you know which combinations of clinical and functional challenges qualify a patient to receive home health or certain kinds of home medical equipment. The physician may be focused only on the primary medical diagnosis and not considering comorbidities that will impact the patient's ability to successfully transition back to or stay independent in their home. Rather than wait for a referral, consider what tools you can create to wave the homecare flag in front of the physician.

When in conversation with the physician, be specific about what homecare services can address and how that benefits the patient and the physician. Keeping the patient at home while under the care of a nurse or an aide allows them to be monitored and for early action to be taken if needed. Unnecessary calls to the clinic may be avoided, saving the physician and their staff time. This proactive approach to care may prevent a return trip to the clinic, emergency department or hospital. Avoiding any of these setbacks benefits both the patient and the physician.

Discussing whether home is still a safe option is a difficult conversation for physicians to have with their patient or the



patient's family. By providing physicians with objective updates, you equip them with the information needed to determine placement status. Don't undervalue the importance of what you bring to the table and do find ways to connect the dots of how clinical updates from your team can inform care decisions.

2 Design an easy button.

You've most likely worked to streamline processes and systems for your staff, but I encourage you to step back and determine what makes it easy for physicians to work with your business. Whether it's keystrokes in an electronic health record or phone calls between your office and the doctor's office, minimize the steps! If you want physicians to be responsive, design a process that allows them to engage easily with your team. Is your current process designed for physicians or is it designed for your organization? When is the last time you asked physicians what would make it easier for them to engage with and respond to you?

Physicians, just like the rest of us, tend to trust people they know, so it's important to work on building rapport. When you demonstrate that you want to make life easier for them, they realize you appreciate the demands they face. In addition, they begin to see you as a valuable member of the clinical team invested in caring for the patient. Be sure to share success stories

of patients you care for; however, keep the stories brief and in a language that speaks to physicians. Place a greater emphasis on addressing medical concerns using data to support your observations versus the psychosocial feel-good changes you may be observing in the patient.

3 They can't know everything.

Never assume that physicians understand patient billing, reimbursement or prior authorization documentation. This is not a disrespectful commentary on physicians. Staying current with advances in clinical care, which is their main priority, is time-consuming; physicians can't be expected to know all aspects of the business side of health care. I've heard so many physicians say they wished they understood what patients pay for the drugs they prescribe, what is billed for home health services or what a CPAP costs.

Getting frustrated that physicians don't understand your required documentation or know which boxes to check on a particular form doesn't advance your cause. Instead, ask yourself how you can more effectively (and efficiently) educate physicians and their staff on what you need.

Will you need to re-educate two months from now? Yes, you may. All the more reason to go back to the previous advice about designing your processes through the physician's lens.

You may even want to empathize with them about the never-ending changes in regulations. Keep your explanations brief and focus on what impacts their work. If a regulation change adds five more steps to the process but only one step requires physician input—that's likely the only part of the process they need to be updated on.

4 Identify a champion.

Who in the clinic have you had previous success with; who recognizes the benefits of what you do for their patients? Why were you successful with that particular physician? How can you get them to help promote your work to others in the practice? Professionals trust their colleagues, so you want to encourage conversations in which physicians tell your story to other physicians. Providing snippets to a physician champion about the patients that your agency has been successful with is one way to help physicians pass those stories along to their colleagues.

Conclusion

In summary, helping the physician helps the patient. So simplify the process for physicians, don't assume they understand your world and identify who will spread the good news of your work. All of this leads to more engaged physicians, improved patient care and business for your organization. That's a win-win-win! **HC**

'We're Not Selling Pet Rocks'



Mindful Mobility takes a new approach to client care

By Kristin Easterling

Leaving a cushy government job with guaranteed retirement and stellar benefits to enter the tumultuous world of home medical equipment (HME) may seem crazy to some. But for Nick Hess, founder and CEO of Ogden, Utah-based Mindful Mobility, the decision to leave his position at the Internal Revenue Service was a no-brainer.

At the age of four, Hess was struck by a car and became a T-6 paraplegic. His experience with adaptive sports and the mobility industry in the late 1980s and early 1990s led to his move into HME, where he's been serving customers for the past 25 years.

"I've always had a passion to help people with disabilities," Hess said. "I just think that when it comes to the disability community, a lot of things are overlooked," such as the ability to take part in the workforce or go out with friends. Providing a wheelchair is only the first step, he said.

Getting Started

Part of Hess's journey was an encounter with David Killen, who at the time was working for Invacare (he recently retired).

"When fitting me for a chair, rather than telling me what options I had, he actually asked me what I wanted out of a chair, how it could best fit my personal and mobility needs," Hess said. "Rather than rushing through the template of an evaluation for a generic chair, he was able to help me design a chair that was truly customized for me."

Killen became a friend and mentor to Hess, encouraging him to get into the industry. But after 23 years working for others in HME, Hess knew it was time for something different.

"I didn't like trying to fit into the corporate mindset," said Hess. "I hated having to sacrifice the needs of the patient in order to meet the demands of the company. My wife, Kelie, and I decided it was time for a change. Being wheelchair users ourselves, we wanted to build a business that prioritized the consumer and not the bottom dollar."

They founded Mindful Mobility in 2020—just as the world shut down.

"I'm sure people thought I was nuts because it is a marketing game," said Hess.



Nick and Kelie Hess with Nora.

One doesn't have to be in the disability community to understand how to serve the mobility market.

"It is getting your name out there. If you can't get into facilities, you really can't introduce your company."

Hess took on the challenge because he felt confident in the depth of experience on his 10-person team. For example, Assistive Technology Professional Gerald Canova has been working in the industry for more than 30 years.

And in fact, the pandemic had its upsides, Hess said. Because so many suppliers and physicians were struggling and in-person

audits were on hold, Medicare shortened the certification process for a new company to get up and running.

"We still had to be compliant," said Hess. "But we saved a year in the process of being able to bill Medicare." The company also benefitted from pandemic-related telehealth measures that allowed virtual consultations with complex rehab clients.

The company currently serves clients in the state of Utah, and around 80% of its customer base is Medicare clients.

Meet the team...

These are the folks who make Mindful Mobility a success.



Jeff Boyd
Territory Manager



Peggy Roylance
Office Manager/HR Director



Gerald Canova
ATP Tech



Kris Ingoldsby
Territory Manager



Matt Sojourner
B2B Specialist



Vern Burgess
Shipping/Receiving Manager



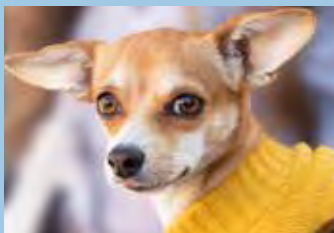
Steve Jones
Shipping/Receiving Manager



Jayden Barrett
Advisor



Kelie Hess
Digital Media Manager



Nora
Chief Treat Inspector

"It's difficult to get on private insurance lists and preferred provider organization plans," said Hess. "We anticipate that it will be an ongoing effort to expand our insurance provider list. But we will continue the effort. We believe that every consumer, no matter their insurance plan, should have the option to pick the provider they feel will supply them with the equipment that will best meet their needs."

The company is also hoping to expand into the pediatric complex rehab market in the near future.

A Mindful Approach to Mobility

In his years as a mobility user, there were providers that left a sour taste in Hess's mouth. Early in his life, getting properly fitted for a chair was a near-constant source of frustration. Hess wanted to ensure others didn't struggle the way he did.

But one doesn't have to be in the disability community to understand how to serve the mobility market, Hess said. It just requires putting the customer first.

"It's intentional in every step of the process, from the initial assessment to delivery to follow-up. It's remembering the impact the equipment will have on the life of the consumer and knowing that's why every detail matters," he said.

The company provides information on a wide range of disability-related topics, and salespeople are encouraged to ask about other aspects of life the user wants to participate in. The right piece of equipment can make all the difference, Hess said.

"It's important that team members understand and value that the equipment we provide to consumers makes a significant impact on their independence and quality of life. We are not selling pet rocks," Hess said.

The Workforce

Hess is among providers and advocates making a push for more people with disabilities to work in the industry; four of his 10 team members have a mobility-related disability.

"People with disabilities, particularly mobility-related disabilities, have firsthand

knowledge; we can share tricks of the trade based on our own experience,” said Hess. “The real-life perspective we bring is invaluable to this work. We can relate and identify with the needs of the consumer.”

Adding that knowledge to your team starts advertising specifically for people with disabilities to apply. Don’t worry so much about someone’s résumé or if they have industry experience, Hess said. But do make sure they are a culture fit with an interview.

Hess recommends having another employee with a disability (if one is on staff) conduct or sit in on the interview to help get a feel for where the person is in their journey.

“You don’t want someone who’s bitter,” he added. Bad attitudes can be an issue with hiring an abled-bodied employee, as well.

Therapists love to see a person with a disability helping a new patient gain their wheels, Hess said.

“They’re reassured that they know what they’re talking about because they’re living it. You can’t replace that.”

But for Hess, it ultimately all comes down to compliance.

“That’s the hardest part to train,” he said.

People with disabilities are going to know about different kinds of wheelchairs and mobility equipment, he said. But for anyone entering the industry, learning how to do paperwork and interface with physicians will be a challenge.

“There are a lot of layers, people get impatient with the time it takes to complete appropriate paperwork, and some choose to cut corners and then find themselves in a bad situation with compliance,” Hess said.

As part of the end-to-end mindfulness process, the company also provides information to clinicians so they understand what is required for a Medicare-covered mobility device.

The company also uses Medicare’s “Dear Physician” letter template to help with required face-to-face encounters. This can help prevent breakdowns between the client, their health care provider and the store—and speeds up processing times.

One reason compliance is so important to Hess is that when more bad claims go



Hess and Vern Burgess sanitize a power chair.



Matt Sojourner, Jayden Barrett and Jeff Boyd have a little fun.

through Medicare, the Centers for Medicare & Medicaid Services places more regulations on the industry to combat the fraud. Those regulations can delay someone getting their needed equipment.

“I don’t want to scare my employees,” Hess said. “But I kind of do. I don’t want them messing up. It falls back on them, and it falls back on the company.”

Grand Plans

While Hess doesn’t try to predict the future of the HME industry, he does have big ideas for his company’s growth.

The 53-year-old has set his sights on growth and expanding Mindful Mobility. He would love to open a branch in Nevada and Arizona in the next year and add Texas and Idaho within five years.

“If we get in as many states as possible by the time I die, and change people’s lives, I’ve succeeded in giving back to the disabled community,” he said. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

How the Pandemic Changed Everything

Trends & innovations to help people return to life

By: Renae Storie

The mention of COVID-19 in 2022 might summon an “ugh” from most of us. While the pandemic has been a long, difficult journey for the entire world, one positive outcome is that people are now eager to leave their homes and regain their former activity.

Visiting with friends, dining out, catching the latest movie in a theater and even nonessential shopping are things many took for granted prior to the pandemic. They are a welcome return (when done safely, of course, following local health guidelines).

For those with limited or decreasing mobility, getting back out there can be challenging. Remember, some people with mobility issues already weren't leaving their homes much before COVID-19 hit. Many of these people also have a renewed interest in being active.

High Demand

Enter the increased demand for mobility products. Mobility products were already in high demand due to aging baby boomers wanting to maintain active lifestyles. As the population gets older, this trend is expected to continue. Now, with even more people wanting to leave the house and explore, the demand for scooters and power wheelchairs is greater than ever.

Durable and rugged scooters and personal mobility vehicles are the perfect solution for someone who wants to spend a lot of time outdoors, especially if they will be on varied terrain such as grass, gravel and dirt. They are ideal for people who own a larger property or who spend time in fields and wooded areas.

These scooters usually have a larger foot platform, higher maximum speed and range, and bigger tires. Larger scooters and personal mobility vehicles also tend to have a higher weight capacity and more features than travel scooters.

Travel scooters are great for people who also want to go places

but do not have a vehicle lift.

While travel scooters certainly do work well with vehicle lifts, they are primarily designed to be easy to take on trips—and that might be anywhere from a granddaughter's soccer game that's just a few miles away from home to international destinations.



Power wheelchairs are helpful for people who need assistance with mobility and lack good upper body dexterity, which makes it difficult to operate a scooter. A power wheelchair has a joystick for operations. However, just like scooters, power wheelchairs also come in several options, such as heavy-duty or lightweight for travel.

Additionally, as nursing homes continue to close and patients move in with family, they may have a change in eligibility. Many who no longer live at a skilled nursing facility now qualify for scooters and Group 2 power wheelchairs. These patients will need to be mobile in their new homes to independently accomplish activities of daily living such as getting a drink of water in the kitchen or making it to the bathroom to use the toilet.

Increasing Innovation

Today's mobility products need to be dependable and feature rich since so many different people are using them for a variety of reasons in numerous environments. This has led to tremendous innovations in power, torque, speed and more.

Smaller Turning Radius/Narrower Width

Whether someone is using a van ramp to access a vehicle or turning in a tight area such as a restroom stall, the need for narrower width and a smaller turning radius is greater than ever. The ability to navigate small spaces is critical for many people who use mobility products.

Battery Range

End users want a reliable battery range so they don't need to worry about charging when out and about. There is a demand for a range per charge that will last a full day at a theme park or when exploring a city. No one wants to get stuck somewhere with no power left on their mobility product.

Power Seat Elevators

Power seat elevators on power wheelchairs can provide extra height and put the user at the same height as their peers. This allows for eye-to-eye communication. Aside from



social advantages, this also provides added functionality by allowing access to upper cabinets, countertops, clothing racks and much more. The list of functionalities is long, and it helps end users accomplish daily activities of living independently. It also can be helpful when crossing a street or in a parking lot by making the person more visible to vehicles.

Folding

As more and more people with limited mobility travel, they are looking for products that will take up the least amount of space when stored or in transit. Having the ability to easily fold and unfold a product is important to its usability.

Aesthetics

Appearance has improved in cars, computers, etc. over the years, and it is also improving in mobility products. Consumers don't want the bulky products of the past. Today's mobility products need to have a sleek, stylish and sophisticated look.

Accessories

As more technology becomes available, end users want even more accessories. At one time, a cup holder or safety flag were often the only standard items. Now there

are many, including cellphone holders, USB charging ports, full LED lighting, a wider color selection and more. Accessories help consumers personalize their mobility product to their needs and lifestyle.

Changing the Mobility Industry

While the COVID-19 pandemic brought so much tragedy to the world over the past two years, many people have a renewed sense of life and are ready to leave their homes more often. Looking ahead, the demand for mobility products is expected to continue to increase as the world has more senior citizens than ever. With that will come a need for further product development and innovation. No one can see the future and know for sure where the industry will be in 10 or 20 years, but we do know one thing: Technology will continue to advance, and people will live longer. This will propel the industry forward, bringing the hottest, most innovative products to market. **HC**

Renae Storie is the vice president of sales at Pride Mobility Products. Straight out of high school while pursuing her college degree, Storie launched a sales-driven career within Pride's Group 2 and retail market segments. With over 20 years of experience at Pride, she is one of the strongest sales consultants at the company. In addition, Storie works with the Pride R&D and marketing departments. She can be reached at rstorie@pridemobility.com.

Inclusive Design Through a Different Lens

Architect & author offers advice on leading clients to the right solutions at home

By: Hannah Wolfson



Deborah Pierce had her eyes opened to the ideas of accessible design while working as an architect on public and commercial projects in the early days of the Americans with Disabilities Act (ADA). As she took on more residential projects, she saw how good design could not just solve problems for homeowners living with disabilities but also provide joy. She now focuses on inclusive design, which creates homes and buildings anyone can use. She wrote, “The Accessible Home: Designing for All Ages and Abilities,” which includes 30+ homes designed for people with a disability, from a child with cerebral palsy to aging couples to people with hearing impairments. HomeCare chatted with her about her personalized approach to inclusive design.

HOME CARE: What kind of clients do you work with?

PIERCE: I love that question because the simple answer, of course, is that my clients have disabilities or they think they may soon have disabilities. Maybe they’ve got a progressive illness like multiple sclerosis. But the people who hire me are also independent, active people who don’t give up and give in to their illness or disability. So they’re people who have a vision that they’re going to find a way to do what they need to do and they’re not going to let their condition stop them.

It may also be someone in a family situation—it’s parents who realize that the constant care of lifting, carrying and changing a child with disabilities is exhausting them and taking their attention away from the other children, or cutting into their enjoyment of the child with a disability. They may say “I want to be more than a caregiver. I want to be this person’s mother. I want to play with them. I want to have the siblings have time to be with their sibling so that they’re not just carrying things to and from, or bringing her to and from.” I think the more independence you can give a person with disabilities and or families who have a child with disabilities, the more you free up the parents and the siblings to be a mom, a dad, a brother or a sister instead of a nurse.

HOME CARE: When you start working with a client, what do you look for or ask them at the beginning of the process?

PIERCE: It’s been very difficult in the pandemic to fully get a sense of what people can and can’t do. I think about a couple I was working with recently, and he seemed very fit. He was a strapping big guy and he played football, but he had shoulder, back and knee injuries from sports and he can hardly move. As long as we’re just sitting and looking at each other through the screen,

I have no sense about any of that. I really didn’t get it until he said, “Would you like some tea?” And he gingerly carried the tea; I thought he was going to spill it. His fingers were shaking. He had to kind of lift his elbow of one hand using the other hand in order to move his arm.

So, I observe, but it’s important to build trust first. I can’t just say, “Hey, what’s going on with that arm?” It’s really important to be a good listener, and then I ask them to tell me what they want to be able to do that they can’t, as well as “What are the places in your house where you find that you’re, you’re somehow stuck or unable to do what you need to do.” If a person says, “I want to be able to make a snack easily or watch the birds outside,” then maybe we make the windows taller even if that wasn’t the initial plan. I’m really asking, “How can we design around who you are and what you love, as well as mitigating the challenges that you face?”

HOME CARE: That makes it very much not one-size-fits-all.

PIERCE: Absolutely. I had one couple who plays chess, so we had to work in a chess table. We were putting in an elevator and we could have slid it back or forward two feet, but we were able to capture a little bit of space so that they had a game spot.

So many times, a woman whose husband has Parkinson’s or ALS will say,

"Well, he never cooks so we don't need to do anything in the kitchen." I'll say, "Well, what if something happens to you? Can't we at least make it easy to get a snack or a cup of coffee? Let's put a counter in with a space underneath it for the knees and if he wants to sit there and watch TV while you're cooking, he can do that."

HEMOCARE: It sounds like you're balancing the needs of the person with disabilities and their family.

PIERCE: It's very easy to focus on the particular challenges and wishes of the person who has the disability regarding their home. But who does the heavy lifting? And what can we do to make them happy? There's an example in my book of a woman who is losing her vision and her son has cerebral palsy. So we make a bathroom where she can take care of him and help him with toileting, showering, bathing, teeth brushing, all of that. But her husband said, let's treat her like she's a queen. She deserves something fabulous in this bathroom; even though we're making it accessible, we need to give her something to make all of this worthwhile. So they put a crystal chandelier in it.

HEMOCARE: What should home medical equipment providers or in-home caregivers be thinking about as they work with their clients?

PIERCE: I think it's about finding a good way to solve their problems. One client of mine, a couple in their 70s, wanted to put in a bigger bathroom upstairs. They were going to use the guest room as his-and-hers bedrooms because she has a CPAP and it makes a lot of noise and he can't sleep. But he has a walker and they wanted to put in an elevator or a lift without changing the way the house looks. And I said, "Well, you've got a big study on the first floor and it's right next to a full bath, and if we can just open a door between the study and the bathroom, a person doesn't have to walk down the hall to use the bathroom. And if you need a space to sleep during the day, you don't have to go up and down stairs." And they said

they never thought of it that way. I think the question is really, "What do you want to accomplish and what are the different choices about how to do that?"

If they come in saying "I want to redo my bathroom," ask them, "What is it about the bathroom that you want to change? What have you thought about doing? Have you seen any bathrooms that you really like? What would be a successful outcome?"

I worked with somebody recently, the woman's husband was having a lot of incontinence, and the bathroom was filled with diapers—floor to ceiling—and all kinds of medicines. She said, "I need to get a new bathroom. This just isn't nice for me." I said, maybe we could do some built-in storage. Maybe we can pop an opening in the back of the closet, on the opposite wall and then gain a little more space—you'll have a closet off the bathroom. That's an example where you don't need a new bathroom, you just need to make the one you have work better.

You know, people always want to think that they have an answer. They don't want to feel stupid. If I say, "What do you need?" They'll say, oh, I need a chair lift. So let's back up and ask, "Where do you need to go in your activities of daily living? How often do you go up and downstairs?" ... The reason that people would come into a shop or hire someone to help them with mobility devices isn't always the reason they think it is.

HEMOCARE: Are there trends happening out there? Or are there things that you've seen change?

PIERCE: I see people being more willing to talk about accessibility issues, and the acceptance of the term "universal design." Universal design means it's usable by the most people. Even if the term can be a little confusing, I think it's made this feel a little more approachable and less scary. We're not talking about human defects—we're talking about human variety. We're really saying, let's look at design differently.

I'm seeing the idea of having a flexible room on the main level. Over the last two decades, there's been the idea of a great room, a family room; now, with the

pandemic, everybody needs a home office, a homework center. So the idea is there's something I'm going to just call a flex room. It could be a home office, it could be a guest room. It could be where you stay if you had a ski accident and you're in a hip cast for six months.

There's also a lot going on with appliances. I really urge people to spend some time going online and seeing what's new in kitchen appliances, in refrigerators in particular.

HEMOCARE: Do you think people are starting to plan further ahead for future mobility issues?

PIERCE: I wish I could say yes! I don't think so. People haven't changed. Everyone's invincible until they're not. I see more of it because of who my clientele is. When I was starting my career, all of my clients had babies and they were looking at how to have a place where the kids could be nearby. And then they got to be teenagers and they wanted a separate bathroom. And now my clients are saying, "How can we deal with our aging bodies?"

Are people thinking about it earlier? The answer is they should, and disability can happen to anybody, anytime. Someone can fall on the ice, they can fall skiing. ... No one plans this.

People even think it's creepy to think about it. I don't know how to get over that! One option is to look for really cool products. There are some nice grab bars that don't look institutional, or that double as toilet paper dispensers. ... There's some really great hardware for kitchen cabinets that makes it easier to manage them, there are shelves that can be pulled down or hinged up to fold out of the way.

If I had a shop, I would absolutely be perusing the web all around the world and thinking what's happening in Switzerland? What about Italian design? Are there other products that really could work here? **HC**

Hannah Wolfson is editor of HomeCare magazine.

ARTHRITIS

Show Me Where It Hurts

4 questions you should ask your customers that will help you tackle their arthritis pain

By Karen Lerner

According to the Centers for Disease Control and Prevention, nearly one in four adults in the U.S.—24%—are living with arthritis, making it one of the most common conditions home medical equipment (HME) providers are likely to encounter.

While there are more than 100 types of arthritis, the most common are osteoarthritis, which is caused by joint degeneration, and rheumatoid arthritis, which is caused by an abnormal response of the immune system that causes it to attack the lining of the joints. Regardless of the type of arthritis, many of the basic symptoms are the same: tenderness at joints, stiffness, a limited range of motion, and pain during or after movement, particularly at the hips, hands, knees and feet. Challenges facing arthritis sufferers include managing pain, fatigue, limited mobility and dexterity, and difficulty bending and performing other activities of daily living (ADLs).

Understanding these challenges and asking a few key questions about a customer's life with arthritis can help HME providers offer a full range of targeted solutions to improve their quality of life. Here are four to try.

1 How are you moving?

When it comes to arthritis, I like to say, "The more you move, the more you move." Among its many benefits, physical activity helps replenish lubrication to the joints, strengthen the muscles that support them and keep off weight, minimizing pressure on the joints. However, many arthritis sufferers frequently avoid physical activity due to the

discomfort it brings to their hips, knees and other joints.

Mobility aids such as canes, walkers and rollators can help take the pressure off aching knees and hips to help users get up and going. For users with severe arthritis in their hands, a forearm crutch or comfort-grip cane can help reduce pressure on leg joints with minimal grip. HME providers should be sure to highlight mobility aids that have ergonomic features, can be adjusted to the user's height and weight and are lightweight. While heavier walkers and rollators such as those made of steel offer stability and strength, lightweight versions, including those made of aluminum or carbon fiber, are easier to direct and control for arthritic users. Lightweight mobility equipment also puts less strain on the body and helps keep muscles moving and reduces fatigue.

2 How are you managing your pain?

Pain is a fact of life for arthritis sufferers. Medical professionals often focus on treating this pain through medication, including nonsteroidal anti-inflammatory



drugs to reduce pain and inflammation and antidepressants, which have shown success in treating sufferers of chronic pain. In the case of rheumatoid arthritis, pain treatment can be combined with disease-modifying antirheumatic drugs that act on the immune system to reduce the inflammation underlying the pain, and corticosteroids.

Depending on the medication, side effects can range from gastric issues to liver damage to higher risk of some types of cancer. By helping arthritis sufferers move non-drug interventions to the front lines of their arthritis management plan, you can reduce reliance on medications and in turn allow them to experience fewer side effects.

Heat therapy is one of the oldest and least expensive ways to loosen stiff joints

By asking the right questions about how arthritis has affected both customers' days and nights, you can gain valuable insight into the products they need to get the most out of life.

and soothe sore muscles. Heating pads and heated blankets can provide soothing dry heat and can be particularly useful at bedtime, when aching joints can disrupt a good night's sleep.

More often overlooked is the power of moist heat to treat arthritis. Warm baths and showers soothe joints, boost circulation and, in the case of rheumatoid arthritis, help move about the synovial fluid that accumulates in joints and makes them stiff. However, arthritis can make getting into and out of the tub a challenge.

By guiding customers toward solutions that can help them bathe more easily, HME providers can empower patients to take advantage of one of the most widely available and side effect-free forms of pain management. Grab bars, bath chairs and bath benches are great tools for helping users stabilize themselves and reduce bending as they enter the shower, while

automated bath lifts can help arthritis sufferers enjoy full-body submersion with a simple remote control.

A less familiar option for most customers is transcutaneous electric nerve stimulation (TENS) provided through a TENS unit. These small battery-operated devices use electrodes to deliver low-voltage electrical impulses that are thought to decrease pain signals to the brain and to stimulate the production of endorphins, which are the body's natural painkillers.

While effectiveness varies from person to person, TENS units have worked for many arthritis sufferers, providing inexpensive and fast-acting pain relief with few side effects. The pads can be placed closely around a single joint to provide targeted therapy or across a larger affected area. Users may also try applying the pads to their lower back, where knee and hip nerves originate. Some TENS machines even combine heat therapy

with nerve stimulation to provide two-in-one therapy and relief.

3 How are you sleeping?

According to the Arthritis Foundation, as many as 80% of people with arthritis have trouble sleeping. With aching, stiff and sometimes swollen joints, getting comfortable, dozing off and staying asleep can be a tall order. And unfortunately, the relationship between sleep and arthritis pain goes both ways, with poor sleep quality linked to increased inflammation and pain.

Several HME products can help your customers obtain better sleep. Using a therapeutic mattress overlay or a medical-grade mattress replacement can relieve pressure on joints to help arthritis sufferers fall asleep and stay asleep. Bed or assist rails that support the joints when getting up and down can also make it easier to get into bed and get a restful night of sleep. As



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mentioned earlier, sleeping with a heating pad or heated blanket can provide soothing dry heat. For added benefit, consider using two to create a sandwich of warmth. Bed wedges for a variety of position options can also positively impact sleep, as can fully articulating beds, which can even turn into chairs. This is an area where HME providers can really add value by educating consumers on the benefits of medical-grade versus consumer-grade beds and support surfaces.

4 What activities of daily living do you find challenging?

Basic tasks like zipping clothing, opening medication bottles and eating may become challenging due to limited dexterity caused by arthritis. Numerous assistive aids can help, including jar openers and dressing aids that make putting on footwear, buttoning and zipping easier. Extended-handle reachers

and step stools make reaching up or down for needed items safer and less painful. Adaptive utensils with more easily gripped handles and adaptive drinking cups reduce pressure on individual joints or reduce the range of movement needed to eat and drink.

Individuals who have problems standing up and sitting down due to the pain they have in their knees or hips may benefit from the reduced bending required to use a hip chair, while those that have trouble standing for longer periods may wish to try out an adjustable-height stool that can allow them to work at kitchen counters, for example.

For the customer who has trouble getting around or going to medical appointments, bringing home basic health equipment like a pulse oximeter and blood pressure cuff can also give them the ability to monitor their vitals without making a trip to a clinic, allowing for additional independence.

Conclusion

While there is no cure for arthritis, customers with the condition can see significant improvements in their symptoms and quality of life through the right home medical equipment. By asking the right questions about how arthritis has affected both customers' days and nights, you can gain valuable insight into the products they need to reduce their pain and get the most out of life. **HC**

Karen Lerner, RN, MSN, ATP, CWS, is a wound care, long-term care and rehab specialist with more than 35 years of industry experience. She began her career as a critical care nurse specialist in major teaching hospitals from Florida to New Jersey. Lerner received her undergraduate degree from Duke University and her graduate education from the University of Florida. Since October 2013, she has worked as part of the clinical team at Drive DeVilbiss Healthcare. Visit drivemedical.com to learn more.

EQUIPMENT SERVICING

How to Keep Your In-Demand Devices Up & Running

The top 3 things to consider when choosing a service provider

By Kyle Williams

The COVID-19 pandemic stretched supply chains thin. One of the biggest areas affected has been oxygen products, many of which are waiting for semiconductor chips necessary for full functioning—making devices hard to obtain. One solution is the regular service and repair of existing oxygen equipment. This can keep units in the field longer and help patients receive their needed equipment faster.

But if a home medical equipment (HME) provider isn't an authorized service provider, what should they look for in a partner in repair? There are three top areas to focus on.

1 Authorization

One of the most important things to keep in mind is the difference between service providers that are “factory authorized” and those that are “factory trained.”

A “factory authorized” service center is a company that a manufacturer has designated to provide service on their equipment; however, there is an abundance of companies masquerading as such. While these nonauthorized companies are technically allowed to service equipment, there is a vast difference between being “trained” and being “authorized.” Authorized providers go through strict audits, consistent reviews and monitoring by the manufacturer to ensure national quality standards are followed. Companies that aren't factory authorized are not obligated to report failure rates, parts usage or customer satisfaction rates, and are more likely to take

questionable approaches to repairs.

Many of these companies that profess to be authorized repair companies engage outside technicians that work on a contract basis in order to avoid payroll expenses and legal liability for the repaired equipment. These outside technicians may or may not hold the proper manufacturer credentials, may or may not have liability insurance, and are not responsible to any manufacturer. They also do not have any fiduciary obligation regarding the quality of repair services they provide to the owner of the equipment or entity that engage their services. Additionally, many of these operations use courier services instead of company-owned vehicles. These courier companies typically do not insure the equipment that is entrusted to them and are not trained or qualified to handle fragile medical equipment.

These companies claim to offer lower cost for repairs, but what they are really offering is unacceptably higher risk—risk that the equipment will be mishandled, risk that an unqualified person will be permitted to make a repair, and risk that in the event a patient is harmed and legal action is taken, the HME provider will be left without any defense.

What does this mean to you as an HME provider? By having a poor-quality repair, you not only could be in jeopardy on a compliance and accreditation level, but you have also raised the risk of field failures for your equipment and patients.

BELOW ARE SOME SERVICE PROVIDERS AUTHORIZED BY DRIVE, INVACARE & PHILIPS RESPIRONICS

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Altra Service Professionals
Locations in Florida and Connecticut

Medical Science Center
Locations in Texas and Colorado

Precision Medical
Locations in Georgia

Repair Authority
Locations in Ohio

Virginia Medical Repair
Locations in Virginia

2 Years of Operation/Experience

It is not always the case that the longest-running business is the best, but companies with more experience typically have better operational practices. The equipment repair network has had to deal with various changes over the years that directly affected their profitability. Being able to survive these changes tells you that these companies



One of the most important things to keep in mind is the difference between service providers that are ‘factory authorized’ and those that are ‘factory trained.’

have found ways to maintain their customer base. So, what does experience bring to the table?

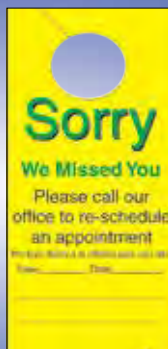
Turnaround time for repairs is key to both the service provider’s and your business, as reimbursement only works when the units are in the field and not down for repair. Inventory understanding and forecasting plays a big part of being able to provide adequate turn-around times for equipment. The pandemic has shown just how fragile supply chains are, and a better understanding of these chains can lessen the blow of scarce supply. Additionally, this understanding can assist the repair network in keeping parts cost down, lowering your total cost of operations for your assets.

Keeping with the theme of turn-around time, companies with more experience often have structured and routine routes to be able to offer internal pickup and delivery to your facilities. If a company can drastically reduce the transit time of equipment, that allows

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that equipment to be back with patients as soon as possible. Being able to shave three days could mean faster reimbursement in an already slow process.

Lastly, most companies with depth in the field have grown to a size that allows for diverse lines of products serviced and geographical reach. Being able to use a repair company as a “one stop shop” for any equipment you offer is a valuable piece for your business. Whether you provide basic respiratory services or a more complex line, a service provider of size will be able to handle 90% of equipment types from various manufacturers. If a service provider can reduce your time handling equipment, tracking and finding a local shop, you can spend more time focused on patient care.

3 Advancements in Technology

Change can be hard, but technological advancement can make your life simpler.

Have you ever had an auditor ask about a specific serial number’s maintenance history and suddenly had to frantically search through paperwork? For compliance reasons alone, companies that offer some sort of customer portal or real-time tracking can satisfy auditors faster and more completely. How much time would you save if you could pull out your phone, scan a bar code on the equipment and pull up its entire service history? These kinds of advancements can touch numerous categories, including compliance, purchasing decisions, preventative maintenance forecasts, total cost of operations per equipment and more.

Also, companies that offer these technological options work as partners to your business. They assist in making smart future purchases, identifying problematic equipment and planning for proper preventive maintenance and distribution. All these items will inevitably lower your cost

to keep units in the field. Companies with better equipment data become 65% more efficient and reduce risks of field failures and out of compliance units.

If you are in the market for a good service provider, do your research. See what manufacturers have given their stamp of approval for a company and go from there. **HC**



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Kyle Williams is president of Accurate Biomed, Inc. Visit acbio.com.

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Why You Should Walk a Mile in An Older Person's Shoes

Firsthand marketing insight from your senior customer

By Louis Feuer

Recently I have begun to look at the issue of corporate marketing costs and how to segregate spending so companies can reach specific populations of customers. I have concluded that there are identifiable customer characteristics for different groups. And while I have examined several age groups, my own position as a senior forced me to think about my fellow seniors and how the home medical equipment (HME) industry markets to us.

I tried to believe I was not like other seniors. I wanted so much to be unique, with a set of life experiences that sets me apart from my age group. But I have come to realize that may not be true. I can no longer see the world through the eyes of a 35-year-old, nor I can strip away what life has taught me. Visiting a retail store is becoming a whole new emotional experience.

The Growing Age Gap

As I have aged, even though I like to think I have done so somewhat gracefully, the entire retail experience looks different to me. I find that I am more closely examining each product and its packaging and making quick judgments regarding product quality. The decision to make a purchase is taking longer than it used to because I am not pressed for time or purchasing an item on my lunch break or buying something for someone else. It's all about me.

The age gap between me and the salespeople I encounter seems to have grown larger. Am I so much older or is the

salesperson that much younger? Even my physician looks like a child to me now! Often, the person trying to explain to me how the bathroom rails work and should be installed is decades away from considering such an item for their own home. Do they really understand what I am looking for and that I may be on a limited income?

I often catch myself making judgements about the salespeople I interact with. Do they see me as just another elderly man? Are they comparing me to the young woman who was here earlier in the day looking at the same product for her father? It's natural to want to rapidly categorize customers, but this means providers don't have to spend time trying to understand the uniqueness of the senior population.

And while I may think I am different from other seniors, that's not what HME providers need to understand. Rather, I want you to know what makes us alike.

Focus on What Seniors Want

There isn't any scientific, documented research going into these recommendations. No social scientist got involved and there is no group comparison research. But I bring the very best research any author can bring to a report—my own experiences. Being a senior does provide a unique perspective when it comes to selling to seniors.

Why does selling to seniors require special attention and education from your operations and sales team? Here's what makes this population unique.

1 Seniors seek acceptance.

For many seniors, accepting that they are a senior is the first challenge. Accepting the aging process could mean accepting the need for a mobility product. And while your walkers and rollators may look sleek, the purchase comes with a new reality.

2 Seniors want products that last.

Seniors want products that come with a solid brand reputation or an amazing warranty. We want a product manufactured by a company that stands by what it produces. Seniors don't want to have to return something that breaks after a few uses.

3 Seniors want a liberal return policy.

If a return turns out to be necessary, seniors want the return policy to be clear, written out and discussed at the time of purchase. Making the trip to your store is not easy and many seniors need someone to drive them there. Returns may seem like an easy process to the person selling the product, but for your senior customers, it is a hassle.

4 Seniors need clear signage.

I am tired of asking where to find something in retail stores. Visit your local big box store, and notice the signs are big and bold with good contrast. Your senior customers want to find what they need without asking three times. They also may not want to share their sensitive personal needs with others in the store.

5 Seniors want your patience.

If a salesperson is not willing to repeat something more than once to help a customer with understanding, additional training may be needed. Seniors may lose their own patience as they age, so if you have lost yours already, retail HME isn't for you. Salespeople may have to locate a product, check if the item is in the warehouse or even contact the manufacturer to determine when it will be shipped on behalf of senior customers.

6 Seniors expect to understand you.

Acronyms like "TID," "BID" and other health care abbreviations may make sense to you and your team, but they are strange codes to your customers. Asking a customer if they have COPD may be something you understand, but could mean nothing to the customer you are talking with, especially if they are shopping for a loved one. Ask

clear questions to help determine needs and use plain language to explain products and payment options.

7 Seniors weigh their options.

Many seniors live on limited budgets, so a piece of medical equipment or a product could be a major expense. Food, medicine and shelter come first no matter how excited the salesperson is about a product. Show seniors multiple options and colors, and give them time to ask questions. They may need to come back at a later date and ask the same questions again before making a purchasing decision.

8 Seniors seek family agreement.

Seniors often feel better when someone in their family agrees with their purchase. If members of the family accompany the senior, make sure your salespeople are also marketing to them.

9 Seniors need you to speak up.

Many seniors have hearing problems and are not aware of it. Your salespeople need to speak clearly and louder than they might in other environments. Be careful bringing up hearing issues since some seniors may not be able to afford a hearing aid or be ready for that conversation.

Age may be a state of mind—but if you are not in my state, you might not get it. I hope that when the next senior comes calling at your door, you will think about these issues. If you try to see through your customers' eyes, that will ultimately help you grow your business and result in happier and more satisfied customers. **HC**

Louis Feuer, MA, MSW, is president of Dynamic Seminars & Consulting, Inc. He is a nationally recognized speaker on sales, marketing and customer service. Visit dynamicseminars.com.

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Renewing the Bonds

3 ways to partner with your oxygen equipment manufacturer

By Barry Hassett

For many, the word “opportunity” captures the optimism the home medical equipment (HME) industry is trying to grasp as providers look at the plans they made for 2022 in what we hope will soon be a post-pandemic world. Providers examine and interpret the dozens of cues from spreadsheets, their business partners and suppliers, and their customers, all in an effort to do the impossible—predict the future.

Providers weigh all of this wondering if plans for this year will measure up to reality, but understand that the past two years have been a true test of leadership and strategic planning for their company.

As global supply chain woes persist, many experts estimate that relief will not be in sight until 2023. That has HME industry leaders ramping up advocacy efforts to garner support at the state and national levels, while bracing for the continued pressure and both the short- and long-term impact of serving patients at home.

Even in this environment, there are some solid steps that can be taken to address the pain points of today and prepare to meet the potential challenges of tomorrow. Here are the top three things you can do with your oxygen equipment manufacturer right now.

1 Forge a partnership.

A good relationship with manufacturers and distributors is essential. Their sales, customer service and technical service teams, like others in this industry, have been focused on solving supply problems for years, because that is essential to building a foundation to undergird even the most



The current crisis has put a spotlight on underserved communities and countries and created actionable plans to address those.

challenging situations. Demand for oxygen therapy equipment has been elevated throughout the pandemic, and getting equipment to customers has been a feat of planning, prioritization and communication.

In many ways, you may have thought of your manufacturer as a supplier, not a partner, but I don't think anyone can argue with the fact that at this moment in time, we are all really in this together.

On industry calls week after week, there is a chorus of people who report on the level of frequency at which they are talking to their manufacturers. Industry leaders and your peers are checking in on how things are going and getting up-to-date reporting and estimates on shipping lead times.

Keeping the lines of communication open can make all the difference. If you aren't talking to your manufacturing partners, look

at ways to start adding this into your weekly communications. Most will welcome the opportunity to hear what is happening on the front lines and to have the chance to talk through any creative approaches in helping you find solutions to give your patients the care they need.

Don't be surprised if answers to your questions aren't readily available when you ask about lead times and details regarding specific product lines. The conditions continue to be dynamic across the globe, with impacts that are felt at every level of an organization, especially on the production floor and in shipping departments.

2 Be open & transparent about your needs.

Forecasting is the linchpin for those working in oxygen equipment manufacturing—and

right now it is one of the top priorities for sales, marketing and operations teams. Predicting the future needs of providers and distributors, today in particular, has given the term “variability” new meaning.

Global demand for oxygen equipment has continued to exceed the old normal, moving the bar yet again on expectations around the new normal and any ideas of what post-pandemic demand will look like.

There is one silver lining: While manufacturers have had to work hard to ramp up production to meet the acute demands of the pandemic, the current crisis has put a spotlight on underserved communities and countries and created actionable plans to address those needs for the long term and prepare these geographies for future challenges.

With a good partnership in place, don't be afraid to talk candidly about where you stand in your inventory and what you realistically predict based on your organization and geography. Real numbers give real substance to planning at the manufacturing level, and can make a difference as the manufacturer works to have everything in place to meet that demand.

3 Plan for 2023 now.

In an article in the August 2021 issue of HomeCare, I explored the continued demand for stationary oxygen concentrators—the true hero of the pandemic—as well as a revived interest in portable oxygen concentrators that emerged as travel restrictions lifted and many oxygen users were expanding their activity outside the home.

At the same time, global supply chain issues continued to worsen, affecting not only medical equipment manufacturers, but a host of other industries. Persistent shortages for semiconductor chips continue to plague oxygen equipment manufacturers, as they do for many other sectors, including automotive, consumer electronics and more.

Based on reporting and available data, industry experts expect this pressure will be in place for at least the next six to 12 months. What does this mean for you? A negative impact will continue to be felt globally, and if you haven't started planning for 2023, now is the time.

Any effort to take a critical look at your business today and analyze the potential demand you may need a year from now is worth the effort. It could open just the right opportunity along the next bend in the road. Having a reliable manufacturing partner you can count on alongside you on the journey could make all the difference. **HC**

Barry Hassett joined CAIRE two years ago with responsibility for managing the global marketing efforts for the company's respiratory and commercial businesses. He has more than 20 years of marketing experience in a variety of health care sectors, including orthopedics, oncology, neurosurgery, vascular surgery and regenerative therapies. Visit caireinc.com.

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Examining the Future of Homecare

Leadership conference focuses on jobs, Medicare Advantage, innovation & more

By Hannah Wolfson

At the Home Care 100 conference, there was one overwhelming message from leaders in the home health and hospice industry: Workforce is the No. 1 issue facing homecare now—and will be for the foreseeable future.

"We have a real caregiver problem that's going to last 20-plus years. This is the new normal, we're going to have a workforce shortage that's going to last forever," David Ellis, president and founder of Home Care 100, told the conference as he opened the first panel. The conference brings together decisionmakers from the post-acute industry; it celebrated its 20th anniversary at this year's event in Scottsdale, Arizona.

Even Former Vice President Al Gore got in on the conversation, pointing out the hiring pressures in a speech to the audience.

"There is a crisis in your industry in recruiting and retaining the workers that you absolutely depend upon," Gore said. He encouraged homecare operators to increase wages—and said there should be increased reimbursement to make sure that happens, as well as technological changes to make their lives easier. He also pointed out a need to allow for open legal immigration to fill critical positions.

A Continuing Crisis

Chris Gerard, president and chief operating officer of Amedisys Home Health & Hospice, said an aging population will create hiring pressures that could last for years, even if the current crisis of clinical hiring that's been driven by the pandemic subsides.

"Longer term, there's still going to be some lingering effects of this pandemic. A lot of nurses have left the profession, temporarily or altogether," he said. "The demand is here and the demand will be here for quite some time. We're going to run into a supply and demand issue for the next several years."

One of the answers is creating a better culture and lifestyle, several participants said, including David Baiada, CEO of the nonprofit national agency BAYADA Home Health Care, which moderator Tim Craig, vice president and chief content director for Lincoln Healthcare Leadership, the conference organizer, called a "gold standard" for company culture.

"It's ironic," Baiada said. "We're a professional services industry and for the first time, we're finally talking about people."

"This is a permanent crisis," Baiada continued. "This is not going away. It's not a moment where we're going to be worried about it for a little while, this is a potentially existential crisis about access to care... and not to have this as our No. 1 conversation would be a tragedy."

Baiada said homecare operators should go through the application process required for a Door Dash or Amazon Flex driver—and then apply to one of their own shift jobs.

"I've done it," he said. "It is astonishing and will show you why it's so hard to find people. We're getting our lunch eaten."

Some suggested that the industry should team up to create a "Got Milk"-style

marketing campaign to draw new workers to the industry and should reach out to nursing schools or even earlier levels to recruit.

"I think as an industry we should be very collaborative," said Bruce Greenstein, chief strategy and innovation officer for LHC Group. "It makes a benefit for all of us if we expand the pipeline." Greenstein also said the industry should stop referring to nonmedical or personal care providers as "unskilled" workers.

Addressing Company Culture

"How many people think culture matters?" John Frehse, senior managing director for the consulting firm Ankura, asked attendees in another session.

The entire hall was full of raised hands.

Frehse said that more than just the great resignation and aging population are contributing to staffing shortfalls. The offspring of well-to-do baby boomers are more inclined to live at home and less inclined to take a job they don't feel passionate about.

"Do they have to come to work for you? Or are you in a situation where they want to?" he said, adding that the two biggest workplace culture trends for 2022 are the ability to make a difference every day and the sense of feeling valued—both areas where homecare is strong.

"We need to broaden what compensation really means," he said. "What is a currency? Is feeling valued a currency? I think it is."

And he advised the leaders in the room that even increasing wages may not fix the problem, because most workers believe they're underpaid.

"You're not going to buy your way out of this," Frehse told attendees. "You've got to find other currencies."

Washington Worries

In a separate panel, several industry advocates summarized their efforts working toward "transformational" legislative and regulatory reform that could provide additional funding for homecare organizations. National Association for Home Care & Hospice President Bill Dombi gave their efforts "an even chance" of success.

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Nupura Kolwalkar-Rana
Chief Product Officer
Brightree

Nupura Kolwalkar-Rana has extensive leadership experience in developing technologies (products and solutions) that lead to positive health outcomes. She has held several executive leadership positions across Mana Health, MSD, McKesson, NextGen, CIOX with a focus on product strategy, new market penetration, and data commercialization. Kolwalkar-Rana believes that the key to patient adherence in the post-acute care setting is seamless coordination across all caregiving entities of that patient. At Brightree, Kolwalkar-Rana focuses on putting product vision and patient experience front and center so that customers can deliver the best out-of-hospital care to their patients.

Leah Tilley enables the Brightree product team to build and deliver best-in-class products in a way that is efficient, effective, and scalable in her role as director of product operations. She works with cross-functional teams on market research and go-to-market workstreams to ensure timely launch and release of solutions. With a decade of industry experience, Tilley is passionate about providing technology to post-acute healthcare providers. She previously served as a sales engineer and pharmacy product manager at Brightree. Prior to that, she worked in various roles at Rock-Pond Solutions providing data analytics and reporting solutions to infusion and specialty pharmacy providers.



Leah Tilley
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SEEMA VERMA SPEAKS



CMS Administrator Seema Verma said in her keynote.

"I think Medicare Advantage is going to continue to grow gangbusters," Verma told conference attendees. "It will be at 50% in short order."

That's not necessarily good news for home health providers. The looming domination of Medicare Advantage (MA) and other managed plans—and the difficulty of negotiating with them—was a theme at the conference. About 42% of Medicare beneficiaries were enrolled in MA plans in 2021, according to the Kaiser Family Foundation.

"Getting anything passed in Washington this year is an uphill battle," Dombi said. "I've never seen the level of gridlock that we see today, the level of partisanship, and the limited opportunities to get a good bill passed into law."

Steven Landers, CEO of VNA Health Group, encouraged leaders to continue fighting for the Choose Home legislation, which he called "a beautiful reimagination of what we can do in home health."

"Choose Home is an incredible opportunity for us to be on offense, to take more of the health care continuum," he said. "Any time you play on offense, some people don't like it."

Edo Banach, president and CEO of the National Hospice and Palliative Care Organization, said passing even part of the Biden administration's Build Back Better infrastructure package, which was to funnel \$400 billion toward home- and community-based services and caregivers and has been significantly pared back in Congress, would benefit providers and patients.

"I'm optimistic that portions of what used to be called Build Back Better are going to

"As MA continues to grow, even if you put all of us together at this table, we don't have enough market share to begin to where we have some symmetry of power," said Bruce Greenstein, chief strategy and innovation officer at LHC Group. "It's time for a serious wakeup call; we need to stop sugar coating what's happening."

Verma encouraged providers to use their own patient data to prove value and gain a strong platform for negotiating with MA and other payers. She also said they could look at providing some of the supplemental benefits that go with managed care plans.

She also said the same data—plus predictive analytics—can lead to reduced costs and better outcomes in all aspects of health care, especially home- and community-based services. And she praised in-home care for allowing providers to see and address the social determinants of health that aren't apparent with a primary office visit.

She expressed skepticism that the Biden

pass in some other forms," Banach said.

And Alison Armstrong, executive director of Moving Health Home, said that consortium of care-related companies is pushing to extend hospital-at-home waivers past the public health emergency, which would allow providers to build permanent programs for higher acuity care at home.

"This is not a fad, this is a trend that is gaining speed and continues to do so," Dombi said about the three major efforts. "It is unstoppable. It may not happen this year ... but this train has left the station and it has got steam attached to it."

Other concerns in Washington laid out by the panel include:

- palliative care
- telehealth and remote care technologies
- oversight and audits
- vaccine mandates
- MedPAC rate adjustments
- a move to managed care
- sequestration and PAYGO budget cuts
- the Patient Driven Groupings Model

Banach encouraged attendees to remember their mission and remember that

Administration's Build Back Better package will pass this year.

"I wouldn't put on any money on it, let me put it that way," she said.

"That being said, I think for the industry I wouldn't be giving up hope in terms of the expansion of services," Verma continued. "Where I think services will be expanded ... is in the context of value-based care."

And she said the country is in the midst of a transition to providing more—and more acute—in-home care and also investing more in homecare and in innovations driving the industry forward.

"I think this is the shift to the home. This is the turning point," Verma said. "It was kind of going on before but COVID really accelerated that. At the same time, there's a lot of new technology out there that's enabling that, such as telehealth and remote patient monitoring, and there's an understanding and appreciation and a potential for going out in the home."

the pandemic led to high numbers of people suffering and grieving in the United States.

"We need to have a national grief strategy in this country," he said. "And to be honest, as hospice and home health agencies, let's keep in mind what our country needs right now—and then we can provide for those needs."

Pandemic Effects

On the upside, David Causby, president and CEO of Kindred at Home, said his company's patient volumes were back at or near pre-COVID-19 levels as people have become more comfortable seeking acute care and allowing people into their homes.

And presenters said the pandemic boosted the industry in many ways.

"The importance and capabilities of care in the home just came to life during the pandemic, Gerard said. "When you saw patients diverted from skilled nursing facilities and nursing homes and go straight to the home, you saw what this industry could do." **HC**

Hannah Wolfson is editor of HomeCare magazine.

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CARE MODELS

Ready for Takeoff

The future of PACE programs has great potential

By Orsula V. Knowlton

The COVID-19 pandemic will have long-lasting effects on the American health care system. The industry has already seen accelerated investment in and adoption of digital health care solutions such as telehealth programs and remote patient monitoring services. And while the totality of the pandemic's effects is still unknown, one story stands out: the agility of Programs of All-Inclusive Care for the Elderly (PACE).

PACE delivers medical and social services to eligible individuals, which include those 55 and above who live in an organization's service area and meet its need requirements, who need nursing home-level care and who can live in the community with assistance from PACE. In CareVention's work with PACE organizations, which includes personalized medication safety and pharmacy services,

electronic health record technology solutions, risk adjustment and third-party administration, company leaders became aware of the agility of PACE operators during the pandemic. These organizations updated services with measures such as the expanded use of telehealth, mobile health vans, social support services and more to serve the evolving needs of individuals under their care.

This agility supported PACE in bolstering a desirable path of care for many adults, providing the opportunity to stay safer from COVID-19 while remaining in a comfortable, familiar environment. The continued ability to serve participants in their homes became a key advantage as traditional skilled nursing facilities experienced virus outbreaks and related deaths.

Continuing the Move Toward Aging at Home

It's no secret that many people want to age at home. It's often where they feel most comfortable and where they can best thrive. According to the AARP 2021 Home and Community Preferences Survey, 77% of adults ages 50 and up want to stay in their homes for the long term; this statistic has remained stable for more than 10 years.

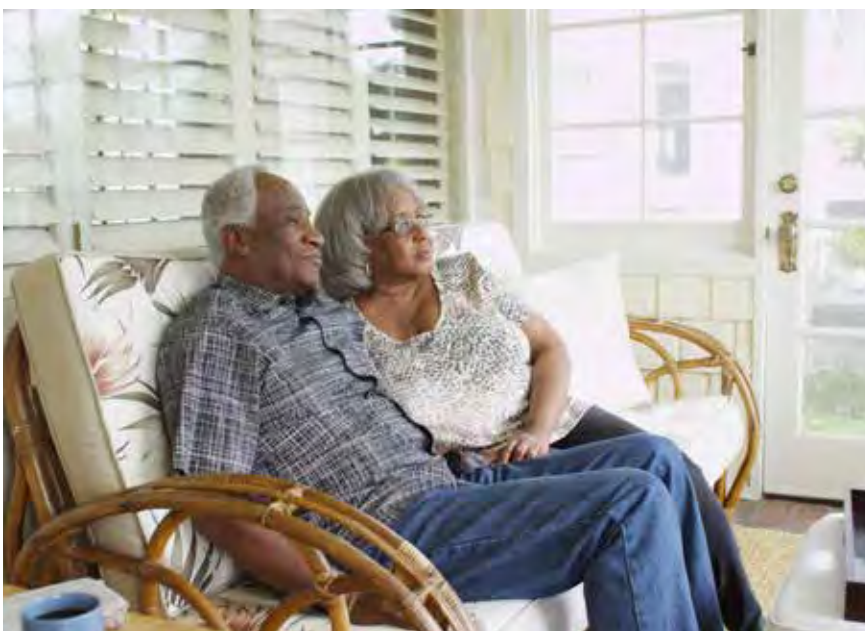
The persistent lean toward aging at home aligns directly with the PACE model. PACE offers home- and community-based services, including homecare, nutritional counseling, occupational therapy and dentistry, among others, to make aging at home a reality for many individuals.

Expanding the Participant Pool

The number of people in the U.S. 65 and older exceeded 54 million in 2019, and this number is expected to hit 80.8 million by 2040 and 94.7 million by 2060. The average PACE participant is 77 years old. Thus, the growth of the 65-and-older community could support expanded PACE enrollment, which has increased from about 55,000 participants in 2020 to about 60,000 participants at the beginning of 2022.

The PACE model dates back to the early 1970s and has expanded greatly since then. In 1999, there were just 30 programs. In 2014, there were 106 programs, and now there are more than 140.

While PACE has experienced substantial growth, there's still room for more. According to the National PACE Association, more than 885,000 adults who are potentially eligible for PACE and live in states where it operates lack access to a program. This represents



94.7 MILLION

The number of people in the U.S. 65 and older exceeded 54 million in 2019, and this number is expected to hit 94.7 million by 2060.

a massive untapped pool of adults who could benefit from the services offered through PACE.

In April 2021, Sen. Bob Casey of Pennsylvania, who is chairman of the U.S. Senate Special Committee on Aging, introduced the PACE Plus Act with the objective of improving access to the program. If passed, the bill would support PACE expansion through grants, enhance access to programs and their affordability for certain Medicare beneficiaries, and bring about updates regarding site approval and expansion, among other measures.

The Bottom Line

Having helped to stand up and support many PACE organizations, there is great potential in the future of PACE—especially given the agility that PACE organizations have demonstrated in providing the elderly population with critical care services during one of the most trying times in American medical history.

It's clear that many seniors want to be home, where they're comfortable and feel safe, and PACE makes it possible for participants to receive quality care without having to move into a facility. The opportunity to expand enrollment and the PACE Plus Act underscore the potential for PACE to thrive. As a result, PACE will likely be an even more critical component of senior care in 2022 and beyond. **HC**

Orsula V. Knowlton, Pharm.D., MBA, is cofounder and president of Tabula Rasa HealthCare (TRHC), a health care technology company advancing the safe use of medications. TRHC's CareVenture HealthCare division partners with value-based health care organizations such as PACE with service lines like CareKinesis, the first national PACE-centric medication management and distribution pharmacy that focuses on reducing medication-related risk while enhancing economic, clinical and humanistic outcomes. Visit tabularasahealthcare.com.



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Redirection Is Not Enough

A new method for communicating with seniors living with dementia

By Rachael Wonderlin

When I first started working in dementia care, I learned the same things that everyone else learns. I learned about Teepa Snow's philosophy of redirection and distraction, as part of her Positive Approach to Care technique. I also learned about Naomi's Feil's validation technique. I learned that lying wasn't allowed, but that you could dance around someone's reality by saying things like "Sounds like you miss your mom," or "Tell me how you feel about that."

Validation Doesn't Always Work

Early in my career, a patient of mine was asking about her husband. "Where is my husband? He was supposed to pick me up an hour ago!" she cried. Using what I'd learned, I sat down with her and began to engage.

"Sounds like you miss your husband," I offered.

She looked me dead in the eye, and said, "Yeah, and I want to know where he is. Why does no one actually tell me anything around here?"

This shocked me. But, I did what I'd learned: I validated her feelings and asked her how she felt. I realized, though, that I had not answered her question. I'd just redirected her. I validated her world, but I didn't go to that world with her.

When Distraction Fails

In another example, I spent two hours trying to get a very irritated resident off a bus. The bus had taken Eileen to the doctor's office. This had not been a particularly enjoyable ride, and by the time she got back to the community, she was not in a good mood.

We tried everything but could not get this woman off the bus. I tried to redirect her. I tried to distract her. I tried to chat with her

about where she'd been and even tried to explain that the bus was not going to be able to take her to her house, which is where she wanted it to go.

Finally, I asked the bus driver to drive us around for a little bit. He ended up taking us to the back of the building a few minutes later, and I told her that we had to get off, so that we could transfer to another bus to eventually take her home. Hearing this, Eileen got off the bus. We went inside.

My staff was thrilled that she was safely inside the building, but I was completely exhausted. I was also confused: Had I done this whole thing the wrong way?

When you embrace someone's reality, you understand that their reality has shifted, and you must shift with it.

New Ways to Communicate

This was when I started developing a theory around embracing the reality of the patient.

Embracing someone's reality is not the same thing as simply saying, "Sounds like you miss your mom." When you say, "sounds like," you're not embracing their reality, you're just validating what they said because you're afraid to lie. You're not going there with them and you're not being

helpful. This is where it really starts to get challenging. What does it mean to lie or not lie to someone? This is exactly where the beauty of this concept lies. Simply telling families and care staff never to lie to people with dementia is too confusing.

Dementia care is full of gray areas, and telling people to "always do this, not this, but sometimes this" just doesn't work. And if providers were really sticking to the concept of not lying, they would never introduce baby dolls and stuffed animals, because that involves telling your clients that they are real when their caregivers see them as not-real.

'Yes, And'

I'm all about the tangible. I want you to be able to apply this concept and feel good about it. I want you to succeed in your journey to positive dementia care.

When you embrace someone's reality, you understand that their reality has shifted, and you must shift with it. Here's my favorite (and very true) example:

I had a client whose son had died a few years earlier. This was obviously devastating. The good news is that she had forgotten that he died.

One day, she came to my office. "Hey hon," she said. "Do you know where my son is? He hasn't called in a while."

I paused and considered this. "Where do you think he could be?" I asked.

"Well, I guess he must be busy with work," she replied.

"That makes sense, he's probably at work," I nodded.

"Can I call him?" she asked.

"Sure," I said, and picked up my work phone. I dialed my own cellphone number and let it go to voicemail. As soon as it did,

I handed her the phone. “Here, you can leave him a message,” I said. She left her son a voicemail on my phone.

“Thanks, hon, I feel a lot better,” she said. And it never came up again.

Notice what I did here: I asked her where her reality was. I let her answer, and then I agreed with, and added on to, her answer. When we take the time to listen and to ask where someone’s reality is, we don’t need to make anything up or get creative, and, most of all, we’re doing what’s true for them. This isn’t what a lie is.

Even when someone is hallucinating, you can help them resolve their reality.

In an encounter I had with one of my clients, she believed the building was on fire, so I pulled up a fire truck sound on my phone and played it. She calmed down immediately.

Was it lying to indicate that a fire truck was coming to save us from a nonexistent fire? Other professionals in the dementia care world will say that you can tell a “therapeutic lie” or a “fible,” but you can’t actually lie.

That’s pretty confusing, and I think that many professionals are underestimating how intelligent their audience actually is.

Embrace Their Reality

Below, I lay out some of the methods I use to embrace the reality of people living with dementia:

- Throw out the word “lying.” Getting hung up on this word will only stress out you and other caregivers. You’re not lying when you learn just where your client’s reality is and then go there with them.
- Caregivers are living in their patients’ reality. Just because it’s not true for you, doesn’t mean it’s not true for your clients.
- When someone asks you a direct question, find out what they believe the answer is, and then do that.
- You don’t need to get creative and make something up, but you do need to be able to say “yes, and” to your clients with dementia. Agree and then add on.
- Using phrases like “therapeutic lying” or “white lies” or “fiblets” only confuses caregivers further. No one wants to feel like they’re lying.

There’s more to dementia care than just “redirect, distract, validate.” And I think we can all learn to embrace the client’s reality—and make everyone’s caregiving a lot easier in the process. **HC**

Rachael Wonderlin is an internationally recognized dementia care expert and educator. She has a master’s degree in gerontology and is a published author with two works from Johns Hopkins University Press. Wonderlin is the owner of Dementia By Day, a dementia care consulting firm and education company. While she works primarily with senior living companies looking to build or better their dementia care programs, she also loves educating dementia care partners through her blog, podcast and YouTube channel. Visit dementiabyday.com.

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REMOTE PATIENT MONITORING

When 2 Technologies Work Even Better Than 1

The powerhouse combination of RPM & PERS

By Rob Flippo

Many years ago, after MobileHelp launched the beta test of a new remote patient monitoring (RPM) solution that added personal emergency response system (PERS) functionality to the mix, a remarkable thing happened: It worked exactly the way it was supposed to.

A congestive heart failure patient in the beta test noticed her blood pressure numbers were trending upward. After waking up on the third day to yet another higher reading, she also noticed she wasn't feeling well. She pushed the "HELP" button on her RPM device and was soon explaining to an emergency operator that she needed emergency assistance.

When the emergency medical technicians arrived on the scene, she explained how she was feeling and that

her blood pressure numbers were trending upwards. As a result, they immediately knew how to treat her, rather than having to go through the sometimes lengthy triage process to diagnose the problem—and they were able to address her situation with exactly the right level of care.

It was a watershed moment for the company. Giving chronic care patients access to both vital signs and emergency help represented the type of patient-empowering technology that clients and providers need to ensure that an aging-in-place solution works.

The Pandemic's Impact on Virtual Care Technology

Although analysis of the pandemic's impact on the health care space is starting to feel

ubiquitous, there's a reason it continues. It was an industry in which even casual observers could see the coalescing of an almost-perfect storm play out in real time. That is, health care providers were trying to keep older, non-COVID-19 patients out of brick-and-mortar health care spaces, and older non-COVID-19 patients were trying to stay away from community settings.

This was the catalyst for patients and providers to embrace digital technologies like never before. The terms "telehealth" and "virtual care" entered the common lexicon, and RPM solutions and PERS were used to a much higher degree to monitor the health of older adults aging in place.

And while at this point it feels speculative to make assumptions about the degree of appetite for these kinds of technologies in a post-pandemic world, there are strong indicators that both RPM and PERS—and specifically the combination of the two—are here to stay.

Connecting Patients to Providers

For patients in need of chronic care, or older adults aging in place, regular access to health care providers is essential. However, the Centers for Disease Control and Prevention (CDC) found that 42% of adults in the United States postponed medical treatment during the height of the COVID-19 pandemic. The expansion of telehealth services provided safe and convenient health care options for high-risk individuals concerned about contracting the virus, yet still in need of regular care.



This option to pursue remote health care solutions offered protection to patients and health care providers and prevented the unnecessary crowding of health care spaces.

Not only did the expansion of telehealth provide much-needed care to those in isolation, it also how much medical care that was previously done entirely in person could be accomplished remotely. According to the CDC, 69% of patients who used telehealth early in the pandemic were able to receive care at home and did not require further in-person treatment.

In addition, patients were overall very satisfied with their remote care experience. A recent survey found that around 90% of responding telehealth patients reported being likely to forgo an in-person appointment in favor of telehealth again.

This all adds up to the idea that RPM could continue to increase health care efficiency post-pandemic by providing satisfactory care without in-person contact. But the addition of PERS to this solution is crucial to that shift.

RPM + PERS = More Than the Sum of Their Parts

RPM solutions offer the potential for early prevention of emergencies through the regular tracking of patient vitals, while the use of PERS allows patients to quickly seek help if an emergency should arise.

Bringing RPM and PERS together provides a double safety net that is beneficial to both patients and providers when it comes to safeguarding against the avoidable escalation of medical problems.

Benefits to Providers

Even before COVID-19, providers knew that telehealth was a cost-effective and comprehensive method of providing care for chronic care patients and older adults aging in place, delivering solid return on investment (ROI) with the ability to provide early intervention opportunities as well as access to emergency help—both of which save money for patients and the system.

The pandemic accelerated the acceptance and adoption of RPM and PERS solutions among health care providers and patients. The recent reimbursement of remote care by Medicare and the temporary expansion of reimbursement during the pandemic indicates the ROI could be exponentially higher on remote monitoring in the future.

In addition, the pandemic emphasized how features such as virtual visits, patient screening surveys and condition-specific education can fill in the gaps of health care provision and streamline the process.

Not only do telehealth services free up much-needed space and time within health care facilities, but data collected through RPM health care solutions also provides a wealth of information to help providers predict and prevent potential problems.

PERS devices offer a second layer of protection, as fall response time drastically impacts recovery for patients. Much like older



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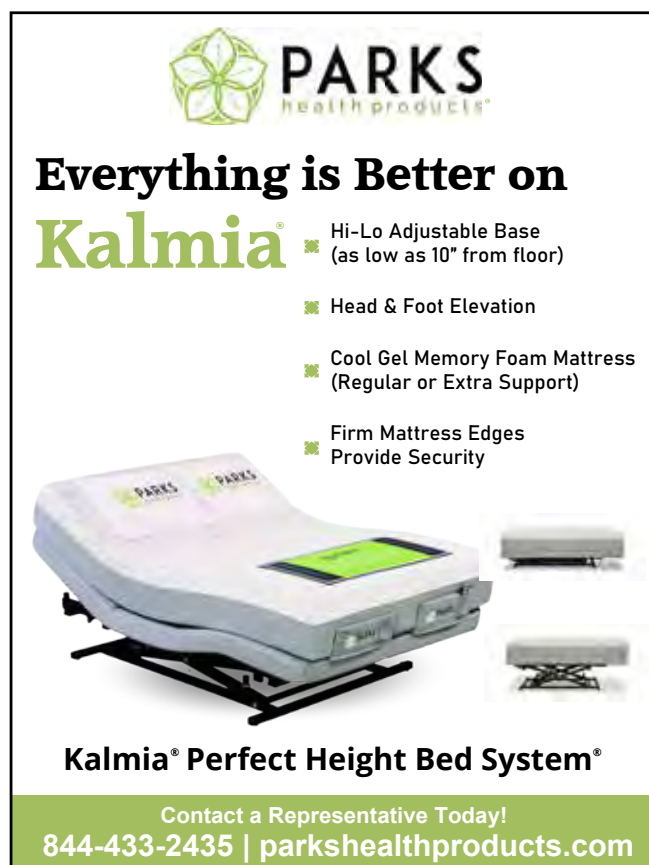
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adults aging in place, chronic care patients are often also at a greater risk of falling due to medication errors or additional physical vulnerabilities related to their conditions.

Combining RPM and PERS solutions to support both of these populations decreases risk and cost to providers as well as patients.

Benefits to Patients

For patients managing chronic conditions or aging in place, the increased monitoring and security that this combined solution provides bring greater independence and a better overall understanding of personal health.

Monitoring vitals in between in-person medical visits can capture important data that may otherwise go unnoticed, making peripheral-monitoring devices especially useful for patients with chronic conditions. In this manner, RPM can catch changes early and keep patients out of the hospital.

Older adults also benefit from PERS solutions, specifically mobile medical alert devices called mobile personal emergency response systems (mPERS). According to a 2018 survey conducted by AARP on home and community health care preferences, 76% of Americans age 50 and older report wanting to remain in their current homes as they age. That percentage has increased to 90% in the wake of the pandemic, according to a recent survey from WebMD and Capital Caring Health.

By leveraging mPERS solutions, chronic care patients and older adults aging in place may retain independence in the home and venture outside the home without fear. Combined with RPM, PERS allows patients to take charge of their own health.

In Conclusion

To conclude, the COVID-19 pandemic not

only exacerbated the need for remote care, it also uncovered aspects of health care that could be streamlined by permanently incorporating telehealth solutions, even after the pandemic subsides.

With the help of RPM and PERS health care solutions, chronic care patients and the aging-in-place population can acquire greater freedom and knowledge of their own bodies, and medical providers can achieve more efficiency and effectiveness. Along with other virtual care technologies in general, these solutions are here to stay—ushering in a way to care for patients in the future. **HC**

Rob Flippo is co-founder and CEO of MobileHelp. In his current role, he has been responsible for growing MobileHelp from two to more than 250 employees, with a current customer base of nearly 325,000. In his tenure as CEO, he also successfully negotiated the sale of the company to ABRY Partners in 2017. Visit mobilehealth.com.

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Piloting the Transition From Boomers to Generation Z

5 tips for leading & retaining newer generations of workers

By Jenn Donahue

I find that stereotypes typically get a bad rap, especially those that refer to age. Stereotypical baby boomers are goal-centric, team-oriented and have a strong work ethic. They may have worked at the same company for the majority of their career. At the opposite end of the spectrum, stereotypical members of Generation Z have short attention spans, are addicted to technology, can't handle face-to-face interaction and are job hoppers.

Some of the stereotyped traits may be true. I am a Gen Xer, and yes, in my day, I was a cynical latchkey kid who listened to grunge music. Luckily, smartphones weren't around in those days to capture my antics as a West Texas girl wearing flannel and trying to resemble someone from Seattle.

Baby boomers usually refers to the post-World War II generation, born between 1946 and 1964. Generation X represents people born between 1965 and 1979/1980. Generation Y, also known as millennials, spans the birth years of 1981 to 1997. Anyone born between 1997 and 2015 is considered a member of Generation Z. The specific years may vary.

As I stated before, baby boomers typically remain at their company well past the normal retirement age due to a strong sense of loyalty and an inherent need to work. This has caused some stagnation in the top ranks as boomers have not been retiring. This lack of upward movement has given millennials and Gen Zers a reputation for job-hopping as they look for better opportunities.



But today, boomers are leaving the workforce at a staggering rate. According to the Pew Research Center, on average, 2 million boomers have retired each year since 2011. That number rose dramatically in 2020 to 3.2 million. Within two years, millennials and Gen Z will make up over 52% of the workforce. As leaders, does this mean that the workforce is trading its skilled, hard workers for the entitled and flaky? I think not.

What Do Millennials & Gen Z Bring to the Table?

Millennials and members of Gen Z possess great attributes to add to your organization. Besides the obvious—that they are quick to

adopt technology—they are conscientious, socially responsible and inclusive. There are slight differences between what motivates millennials and Gen Z when it comes to the workplace. Many millennials are motivated by recognition and gratitude for what they accomplish. Many of those in Gen Z are motivated by financial security and meaningful work.

Career-Driven

According to a recent survey, 76% of respondents who are Gen Z described themselves as responsible for driving their career, and 58% are willing to work nights and weekends for higher pay. This number is slightly lower for millennials at 45%;

Within two years, millennials and Gen Z will make up over 52% of the workforce. Does this mean trading skilled, hard workers for the entitled and flaky?

that group places greater value on having experiences. This is still greater than Gen X and baby boomers, who are only 40% or below when it comes to being willing to work overtime. In hiring millennials or Gen Z, you may gain a more driven workforce.

Purpose Over Pay

When it comes to salary, 74% of Gen Z and 70% of millennials are motivated more by the purpose of the work than the paycheck. While salary is important to this group, it's not the only thing driving them to work hard, as opposed to 66% of Gen X, and 67% of boomer respondents. In other words, these young people want to care about the work they do. So it'll be important for you to help keep Gen Z and millennials engaged in the mission of what you're doing if you want to keep them engaged in the job.

Technological Powerhouses

Both of these generations were raised by technology. Harness the strengths that come with that. Many from older generations are not always looking for the fastest and most efficient way to use technology. These generations bring creative, out-of-the-box problem-solving on a level that the previous generations have not seen. As a personal story, I recently enlisted a millennial to help me with revising and streamlining a process that was time-consuming and costly. He was able to make the process more efficient and more powerful.

5 Tips for Leadership & Retention

When it comes to leading, managing and mentoring new arrivals to today's cross-generational workforce, much of your leadership expertise still applies. However, to place a little extra focus on improving employee relationships and outcomes, there

are a few things to keep in mind. Following are five tips to help you guide and grow all members of your team.

1 Adapt.

A key element to any leadership is the ability to adapt. If you are using the same leadership style that you did 20 years ago, you are not growing as a leader. What motivates your generation is not necessarily what motivates others. This is also true from person to person within a generation. Continually strive to expand your leadership style so you can care for a wide range of talents and personalities.

2 Listen.

A second key element of leadership is the ability to listen. If you don't understand your team's values, goals and aspirations, you need to ask them. What is it that motivates them to come to work each day? What do they need to be successful? Actively listen to their responses and be prepared to act. The fact that you are providing time for them and listening is highly valued in both generations. Being vulnerable enough to ask these questions of your team shows empathy, honesty, transparency and genuine leadership.

3 Communicate.

Both generations value clear communication and feedback. In many cases, you may feel that you were over-communicating, which will typically not be the case. Millennials and Gen Z also take feedback in different ways. While millennials may require encouraging feedback, most Gen Zers will request straightforward feedback. Learning how to effectively communicate on an individual basis shows your flexibility as a leader.

4 Mentor.

Both of the newer generations value mentorship and on-the-job training. Research has shown that millennials who are mentored are twice as likely to stay with an organization for more than five years. Millennials and Gen Z are both highly motivated to learn something new every day, so be a resource for them or connect them with other resources that will enable them to continue to receive training and continue their learning continuum.

5 Trust & work toward autonomy.

Both of these generations have an inherent need for independence and autonomy. This is why so many startups and disruptive enterprises have come from these generations. To maintain them in your workforce, you need to immediately develop mutual trust. It is said that trust is a two-way street, but you have to get to the on-ramp period first. You have to show trust to earn trust. With trust established, you'll be able to allow more freedom to employees that are part of these generations.

For instance, many of the younger generation like the flexibility of working from any location. But without trust, your tendency as a leader is to have them in the cubicle next to you so you can look over their shoulder. Establishing trust and mutual respect produces loyalty and allows them to prove that they are capable of greater flexibility, independence and autonomy.

My interactions with millennials and Gen Z have been outstanding. I have had the opportunity to work with them in corporate America and in my time as a university lecturer. Many have fire and drive that is sometimes absent within my generation. As a leader, it is your responsibility to understand what drives each individual so you can properly motivate and effectively lead them. **HC**

Jenn Donahue is an engineer and United States Navy captain who works on large-scale geotechnical projects. She has mentored scores of young leaders and now runs JLD Donahue Engineering. Visit jldengineering.com.

TELEHEALTH & REMOTE PATIENT MONITORING

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

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2



3



4



1



1 Virtual Care System

COMET MD

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Check 200 on index.

2 Chair Caddie

COMFORTEK SEATING

The Chair Caddie is an aftermarket product designed to assist caregivers at the dining table. Made of solid steel, the Caddie is attached to the base of an existing dining chair, allowing it to turn, roll and brake. It allows a caregiver standing behind the chair to get a seated person up to or away from the table with ease and grace and with reduced risk of personal injury. Visit chaircaddie.com.

Check 201 on index.

3 Original Wonder Disk

CORE PRODUCTS INTERNATIONAL

The Original Wonder Disk positioning support pillow provides comfortable yet firm support between the legs to help relieve sciatica pain, joint pressure and pregnancy discomfort and to provide an overall healthy sleep posture. The self-centering design helps keep the pillow in place without the need for straps. This pillow helps relieve pressure and strain on the lower back, hips, knees and ankles. It can be used as a knee or leg pillow, a leg elevation pillow, a pregnancy support pillow or a travel pillow. Visit coreproducts.com.

Check 202 on index.

4 Featherweight 13-Pound Wheelchair

FEATHERCHAIR

Most wheelchairs for seniors weigh over 35 pounds; the Featherweight was designed with super light aluminum and pop-off wheels, allowing the frame to weigh just 13 pounds (19 pounds with wheels and accessories). This makes the Featherweight easy to lift in and out of a car when traveling. Visit 1800wheelchair.com.

Check 203 on index.

MEDICATION MANAGEMENT



1 InFloCone V

ALLIANCE TECH MEDICAL, INC.

The InFloCone V disposable mouthpiece with valve is designed to prevent blowback and provide the user with consistent and efficient delivery when inhaling pressurized metered dose medications. Studies show that as many as 79% of patients could be misusing their inhalers. The InFlowCone V helps maximize the dose of the high-speed propelled aerosols. The product is economical and made to fit various inhaler designs. No prescription needed. Visit alliancetechmedical.com.

Check 204 on index.

2 Hero

HERO HEALTH

Hero is a medication management solution helping patients and caregivers take the hassle out of taking medications. Members get access to an end-to-end service: a smart device that intuitively sorts and dispenses up to 10 medications, a mobile care app featuring missed dose reminders and real-time adherence data, and an integrated prescription refill and delivery service. Visit herohealth.com.

Check 205 on index.

3 Phone Stash

MEDCENTER SYSTEMS

The MedCenter Phone Stash keeps important medications within reach by securing them to a cellphone. Medication schedules can be set using the phone's built-in alarms. The Phone Stash has an easy-access hidden cavity perfect for medications and more. The 360-degree rotational kickstand acts as a phone grip and table stand for hands-free viewing. Alloy construction works with common magnetic phone holders or securely adheres to phone case with included adhesive. Visit medcentersystems.com.

Check 206 on index.

4 Pillcrushing Cups

PILLCRUSH.COM

Pillcrush presents a medication splitter, crusher and mixer cup. These washable cups are inexpensive and can be used multiple times. There are no metal blades to rust or corrode. Visit pillcrush.com.

Check 207 on index.



ACCREDITATION SERVICES

1 Accreditation +

ACCREDITATION COMMISSION FOR HEALTH CARE, INC. (ACHC)

New offerings from ACHC focus on patient needs to maximize homecare options. The new Telehealth Certification program offers recognition for providers committed to strengthening connections with at-home patients. The company also recently introduced DMEPOS Distinctions in Clinical Respiratory Patient Management and Custom Mobility that recognize excellence in enhancing patient quality of life. Also offered is Palliative Care Accreditation, highlighting exceptional efforts of homecare providers dedicated to helping patients live more comfortably. Visit achc.org.

Check 208 on index.



2 DME/HME Facility Accreditation

BOARD OF CERTIFICATION/ACCREDITATION (BOC)

Offering competitive pricing and fast service, BOC works with home medical equipment (HME) suppliers across the country seeking to earn or maintain accreditation—from application to site survey to reaccreditation. BOC offers in-person, virtual and expedited site surveys and is recognized by the Centers for Medicare & Medicaid Services (CMS), the Department of Veterans Affairs and third-party payers. Plus, BOC-accredited businesses receive personalized assistance as their business grows, making it easy to add new product categories in compliance with CMS policies and standards. Visit bocusa.org.

Check 209 on index.



3 Patient-Centered Respiratory Home

THE COMPLIANCE TEAM, INC.

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Check 210 on index.



WALKERS & ROLLATORS

1



1 Custom Dolomite Rollator

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Check 211 on index.

2



2 Nitro Aluminum Rollator With 10-Inch Casters

DRIVE DEVILBISS HEALTHCARE

Featuring a sleek and attractive design, the Nitro Aluminum Rollator is engineered with a comfortable seat and backrest, convenient storage bag, adjustable height handles and large 10-inch casters for easy navigation. The rollator provides a safe user experience thanks to the internal brake cables and cross-brace design, while the lightweight frame features side-by-side folding for quick and easy transport and storage. Visit drivemedical.com.

Check 212 on index.

3



3 FootbarWalker

GANN, LLC

The FootbarWalker addresses the needs of both the patient and the caregiver. When caregiver assistance is needed, the FootbarWalker provides a pull bar that is more comfortable to use than a standard walker. The client pulls on the top bar while the caregiver's foot applies pressure to the foot bar. This prevents strain to the back, shoulders and neck of the caregiver because lifting under the patient's arms is no longer required. Visit thefootbarwalker.com.

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4 Trust Care Premium Rollators

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CARING FOR CAREGIVERS

Lending a Hand

BAYADA creates program for employees facing financial crisis

By Kristin Easterling

The ongoing pandemic has created plenty of problems in the homecare industry, especially related to caregivers and their ability to work safely at the height of the pandemic. Many people did not want caregivers entering their homes, and caregivers were worried about their own exposure. But in an hourly work environment, if a caregiver can't get a shift, they don't get paid.

In response, BAYADA Home Health expanded its existing employee assistance fund to address COVID-19 specific challenges, such as childcare, loss of transportation and shift reduction due to worries about the virus. Through the fund, the company, which converted to a not-for-profit organization in 2018, has provided caregivers in crisis more than \$1 million in funding during the COVID-19 pandemic.

"[Leadership] thought, let's see if we can set up something easy for our employees to contribute to as well as the company to contribute and help these folks through a very unusual set of circumstances," said David Totaro, BAYADA's chief government

affairs officer. He added that the challenges employees were facing weren't covered under government's relief packages such as the Provider Relief Fund.

BAYADA caregivers can donate either a portion of their paychecks or paid time off (PTO) to the fund. There's no expectation to donate, but at press time, employees had contributed nearly \$600,000 in combined cash and PTO to the fund. The company also received two anonymous donations of \$10,000 from outside corporations.

Client service managers at BAYADA's 360 offices keep an ear out for where caregivers may be struggling and can recommend individuals for grants of up to \$500. A committee of five people from across the organization reviews each recommendation and typically decides within five days. The appropriated funds go directly to the caregiver in their next paycheck.

The grants have covered a wide range of expenses, Totaro said.

"One caregiver wanted to continue to see her clients, but the bus route that she took was canceled because the transportation

company was laying off employees, and so she was forced to take Uber or Lyft," he said. The grant helped cover her costs to continue caring for clients. Another grant helped cover burial costs for a caregiver who died due to COVID-19.

Totaro acknowledged that this program barely scratches the surface of need in the industry. The company has nearly 30,000 caregivers nationwide, and this program has given around 2,500 grants. Totaro said the next step is to tackle the issue of fair reimbursement on a national level.

"We need to really address the fact that the wages for these individuals are far below what they can get in retail or other positions, but they represent the foundation of our health care system," he said. "We've got to develop an approach where these people are treated as professionals and paid the value that they deserve." **HC**

Kristin Easterling is managing editor of HomeCare magazine.

Through the fund, the company has provided caregivers in crisis more than \$1 million.





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