

# HomeCare®

APRIL 2020

THE LEADING BUSINESS RESOURCE FOR  
HME & HOME HEALTH PROFESSIONALS  
HOMECAREMAG.COM

## Harnessing the Power of People

Axxess CEO John Olajide  
introduces Uber-style app  
for hiring caregivers

### **COVID-19**

*What you need to know*

---

Page 12

### **HME**

Time to sell?

### **IN-HOME CARE**

Better wound care

#### **THE HR ISSUE**

Innovative approaches to training,  
benefits & recruiting the next  
generation, plus our annual

***SALARY SURVEY***

***YOUR TRUSTED  
PARTNER IN ACCESS***  
*FOR OVER 35 YEARS*



Spring into action & ensure that you have  
**PORTABLE RAMPS**  
available for your customers





Transition to the future.  
Today.

## Introducing Trilogy Evo

The only portable life-support ventilator platform designed to stay with patients and provide consistent therapy and monitoring as they change care environments, and when their condition changes.

**There's always a way to make life better.**

innovation  you

Caution: Federal law restricts this device to sale by or on the order of a physician

Check 108 on index.





## Dear HomeCare Readers,

This was a tough one. I had planned to write about how I came to HomeCare almost exactly a year ago and how much I've learned about this fast-changing industry.

Then the coronavirus pandemic hit, and what I thought was a rapid pace of change ramped up to breakneck speed. We put together this issue while working remotely, monitoring and updating news daily—hourly in some cases—and worrying about our families and friends.

And I'm worrying about you. I know our readers are on the front lines of this crisis, even if most of America doesn't yet realize it. This is a tough moment for homecare, but also an incredible opportunity to fulfill the mission that drives this industry: to help people heal and age safely in their homes.

We've committed here at HomeCare to work just as hard as you're working out there to get you the information you need about COVID-19 and other industry developments so you can make the right choices for your business. And if you have specific questions you need answered, or would like to share your own news in this difficult time, please don't hesitate to reach out; our email addresses are below. Stay safe out there.

Thank you for reading,



Hannah Wolfson



### BE HEARD

**We want to know what you think** and how we can serve you better. Send your comments and feedback to Editor Hannah Wolfson at [hwolfson@cahabamedia.com](mailto:hwolfson@cahabamedia.com) or Managing Editor Kristin Easterling at [keasterling@cahabamedia.com](mailto:keasterling@cahabamedia.com). We'd love to hear from you!

**HomeCare®** (ISSN# 0882-2700) is published monthly by the Cahaba Media Group, 1900 28th Avenue S., Suite 200, Birmingham, AL 35209. Periodicals postage paid at Birmingham, AL, and additional mailing offices. **SUBSCRIPTIONS:** Free of charge to qualified HME and home health workers. Publisher reserves the right to determine qualifications. **Annual subscriptions:** U.S. and possessions \$48, all other countries \$125 U.S. funds (via air mail). Single copies: U.S. and possessions \$5, all other countries \$15 U.S. funds (via air mail). Call 205-278-2840 inside or outside the U.S. **POSTMASTER:** Send changes of address and form 3579 to HomeCare Magazine, Subscription Dept., P.O. Box 530067, Birmingham, AL 35253. ©2020 Cahaba Media Group, Inc. No part of this publication may be reproduced without the written consent of the publisher. The publisher does not warrant, either expressly or by implication, the factual accuracy of any advertisements, articles or descriptions herein, nor does the publisher warrant the validity of any views or opinions offered by the authors of said articles or descriptions. The opinions expressed are those of the individual authors, and do not necessarily represent the opinions of Cahaba Media Group. Cahaba Media Group makes no representation or warranties regarding the accuracy or appropriateness of the advice or any advertisements contained in this magazine. **SUBMISSIONS:** We welcome submissions. Unless otherwise negotiated in writing by the editors, by sending us your submission, you grant Cahaba Media Group, Inc., permission by an irrevocable license (with the right to license to third parties) to edit, reproduce, distribute, publish, and adapt your submission in any medium on multiple occasions. You are free to publish your submission yourself or to allow others to republish your submission. Submissions will not be returned. **VOLUME 43 NUMBER 4**



### EDITORIAL

#### Editor

Hannah Wolfson | (205) 278-2825  
[hwolfson@cahabamedia.com](mailto:hwolfson@cahabamedia.com)

#### Managing Editor

Kristin Easterling | (205) 314-8267  
[keasterling@cahabamedia.com](mailto:keasterling@cahabamedia.com)

### CREATIVE SERVICES

#### Art Director

Elizabeth Chick

#### Digital Project Manager

Greg Ragsdale

#### Web Developer

Greg Caudle

#### Manager of Email Operations

Brent Godwin

### PRODUCTION

#### Print & Digital Advertising Traffic

Sonya Crocker | (205) 314-8276  
[scrocker@cahabamedia.com](mailto:scrocker@cahabamedia.com)

### CIRCULATION

#### Audience Development Manager

Lori Masaoay | (205) 278-2840  
[lmasaoy@cahabamedia.com](mailto:lmasaoy@cahabamedia.com)

### ADVERTISING

#### Associate Publisher

Jim Harmon | (205) 933-0333  
[jharmon@cahabamedia.com](mailto:jharmon@cahabamedia.com)

#### Administrative Assistant

Sonya Crocker | (205) 314-8276  
[scrocker@cahabamedia.com](mailto:scrocker@cahabamedia.com)

### EDITORIAL ADVISORY BOARD

#### Cara Bachenheimer

Chair, Government Affairs Practice  
Brown & Fortunato, P.C.

#### Jeffrey S. Baird

Chairman, Health Care Group,  
Brown & Fortunato, P.C.

#### Mary Ellen Conway

Chief Compliance Officer  
US Med

#### Louis Feuer

President, Dynamic Seminars  
& Consulting

#### Jim Grestorex

Vice President  
VGM Live at Home

#### Mike Hamilton

Executive Director, Alabama  
Durable Medical  
Equipment Association

#### Sarah Hanna

CEO, ECS North

#### Seth Johnson

VP Government Affairs,  
Pride Mobility Products Corp.

#### Miriam Lieber

President, Lieber Consulting

#### Sheldon "Shelly" Prial

Prial Consulting

#### Bradley Smith

Managing Director/Partner  
Vertess

#### Mark Lind,

Show Director, Medtrade

#### William A. Dombi,

President, National Association  
for Home Care & Hospice



#### Publisher

Walter B. Evans, Jr.

#### VP-Sales

Greg Meineke

#### Creative Director

Terri Jackson

#### Controller

Brandon Whittemore

1900 28th Avenue South, Suite 200  
Birmingham, AL 35209 • Phone: (205) 212-9402



## Empowering a New Generation of HME Providers

### Find Your Voice

AAHomecare is proud to lead advocacy, lobbying, and payment reform efforts for home medical equipment providers, manufacturers, and other stakeholders in our industry at the national and local levels. Our efforts include engaging Congress, federal agencies, and state Medicaid authorities to support sustainable reimbursement rates and reign in unnecessary regulations. Find your voice through AAHomecare membership, and help us advance the value of today's HME provider across the healthcare industry.

**Join Today!** Together we can succeed. Contact Michael Nicol, AAHomecare's senior director of membership, at 202-372-0749 to explore how the Association can help you succeed.



Analysis



Advocacy



Support



"AAHomecare allows the industry a platform to voice issues and concerns on behalf of all suppliers collectively. They make it easy to participate in lobbying efforts with turnkey references that allow us to tailor our message to key legislators. AAHomecare provides us with the resources we need, which are very helpful to us when we send out our internal calls to action. We can also raise concerns within the AAHomecare councils to address with CMS, working together toward change as an Industry rather than individual companies. Through AAHomecare, we impact policy!" -Kimberlie Rogers-Bowers, Apria (CA)

# In this issue

## SALARY & BENEFITS SURVEY

2020

16

### COVER SERIES: HR

- 16** 2020 Salary & Benefits Survey
- 24** New tech platform seeks to solve staffing challenges
- 26** Exploring what millennials really want from your company
- 29** This benefit lets employers offer workers financial assistance
- 30** How the right training can boost compliance & prevent turnover

### HME

- 32** What you missed at Medtrade spring
- 34** What buyers want in an HME business, plus an industry forecast

### IN-HOME CARE

- 36** It's not what you do, it's how you do it that keeps patients safe
- 38** Education explains the "why" behind wound care

### IN EVERY ISSUE

- 6** Industry News
- 8** Government Affairs
- 9** Columns
- 41** HomeCare Directory: Remote Patient Monitoring
- 48** Back Page

### MARKET-LEADING PRODUCTS

- 42** New on the Market
- 43** Incontinence
- 44** CBD Products
- 45** CPAP




32

## SPECIAL FEATURE: COVID-19

- 12** Coronavirus crisis requires HME, home health businesses to step up





Your choice of  
an accreditation  
organization is  
as important as  
the equipment  
and services  
you provide.

As a fellow entrepreneur and the CEO of a company that accredits DMEPOS providers, I know what matters most to you. First of all, your accreditation organization needs to understand exactly what it is that you do. Then, it needs to educate and give guidance to help you grow your business.

That's precisely what The Compliance Team does best.

Make the right choice.

Call me, Sandy Canally,  
CEO of The Compliance Team.

215-654-9110

[scanally@TheComplianceTeam.org](mailto:scanally@TheComplianceTeam.org)

 **The  
Compliance  
Team™**

\*The Compliance Team, Inc. is approved by the Centers for Medicare and Medicaid Services to accredit Part A-Rural Health Clinic, Patient-Centered Medical Home, and Part B-DMEPOS providers.

Check 113 on index.

## Prepared Health Is Now Dina

Prepared Health, an artificial intelligence-powered care coordination platform, has changed its name to Dina. Founded in 2015, the health technology company has built a platform to help hospitals and health plans deliver coordinated care to aging adults on their journey from hospital to home. The company said in a news release that the new name reflects its commitment to building an online community of professional and personal caregivers, a platform for real-time collaboration and actionable insights to help seniors age in place.

The company has previously used the name “Dina” to refer to its digital assistant that collects and analyzes patient assessments from the home and community. Hospitals and health plans use this technology to identify gaps in care, alert providers when there’s a change in condition, recommend evidence-based interventions, and connect patients with additional resources like nonmedical homecare and organizations addressing social determinants of health.

“As communities across the country face the effects of the silver tsunami and

a shortage of caregivers, the need to stay connected remains central to our mission,” said Dina CEO Ashish V. Shah. “Using data to find smarter ways to meet the needs of our aging population is the challenge of our time. Dina is an exciting part of our story and the name reflects our commitment to data-driven decision making and care coordination.”

[dinacare.com](http://dinacare.com)

## Florida Companies Merge to Create Not-for-Profit Hospice

Florida companies Empath Health and Stratum Health System announced that they have entered into formal discussions to merge. Combining would bring together two integrated networks of care while preserving their charitable missions of not-for-profit hospice, homecare and community-based services. The new organization will care for more than 6,000 people a day.

Empath Health’s integrated care network supports patients with chronic or advanced illness in the greater Tampa Bay, Florida, area. Its family of services includes Suncoast Hospice. Stratum Health System is focused on managing the continuum of care through hospice and home-based care for southwest Florida. Tidewell Hospice is Stratum’s most recognized brand.

Key highlights of the merger include:

- Development of a comprehensive integration plan bringing the two organizations together. The plan will be carefully thought out and evaluated with a full integration date of January 2023.
- The first milestone will be the establishment of the Mission Services Organization (MSO), to provide shared services across the organization in the most efficient manner and provide a foundation to build integrated care services. This includes, but is not limited to, innovation, technology, finance, human resources, quality and compliance. It is anticipated that the MSO will launch in 2020.
- Empath Health/Suncoast Hospice, Stratum Health System/Tidewell Hospice and all affiliated organizations

will continue to operate under those respective names for now.

The merger has no direct impact on patients and their families, volunteers, donors, referral sources or the boards of directors of the current organizations at this time.

[empathhealth.org](http://empathhealth.org)

## Home Care Pulse Merges With In the Know

Home Care Pulse, a provider of data analytics and benchmarking solutions for homecare agencies, announced a company merger with In the Know, an online caregiver training platform with a 20-year history of serving companies in the senior care market.

In recent years, Home Care Pulse has expanded its suite of data, analytics and technology tools with a vision of providing detailed business insights to agencies and improved outcomes for both clients and caregivers. This merger will enhance Home Care Pulse’s ability to execute that vision by empowering agencies with actionable solutions and critical data-driven insights.

In the near term, both teams will focus on integrating each companies’ platforms to ensure a seamless experience for administrators. Organizations can take advantage of combined product discounts already. Over time, that integration will include electronic medical record integrations, advanced office staff training and outcomes-based training recommendations based on real-time feedback from caregivers and clients.

[homecarepulse.com](http://homecarepulse.com),  
[knowingmore.com](http://knowingmore.com)

## Axxess Recognized for Leadership

The Illinois Homecare and Hospice Council (IHHC) has recognized Axxess for its industry leadership by awarding it the Council’s 2020 Business Partnership Award. Axxess, a technology provider for health care at home, received the award during the IHHC’s annual conference.

IHHC Executive Director Sara Ratcliffe said that “Axxess is the best example of an

## UPCOMING EVENTS

**Many events are being cancelled, postponed or moved online to prevent the spread of the coronavirus. Because of the fast-changing nature of the situation, HomeCare has chosen not to highlight upcoming events.**

**Please check our special web page, [homecaremag.com/coronavirus](http://homecaremag.com/coronavirus), to get the latest news about COVID-19, including event updates.**



organization that is truly a partner for our member agencies. Their commitment to quality education and proactive approach to the development of tools and resources to help agencies prepare for PDGM have been hugely beneficial.”

The IHHC Business Partner Award is given to allied members of the council as a way to recognize the recipient organization and its employees for outstanding leadership and contributions to the home health, home care and hospice industry in Illinois.

[axxess.com](http://axxess.com)

### **Numotion Acquires Monroe Wheelchair**

Numotion, a provider of complex rehab technology (CRT) services, has acquired a CRT provider in New York state, Monroe Wheelchair, allowing Numotion to extend its reach and capabilities throughout the Northeast. Monroe has served thousands of customers as one of the largest regional CRT providers in the country for more than 75 years. In addition to CRT services, Monroe offers a full line of augmentative and alternative communication devices and software to meet a range of individual needs.

“We are excited to welcome Monroe Wheelchair to the Numotion team in order to better serve customers in New York state,” said Numotion CEO Mike Swinford. “Monroe’s commitment to compassionate care and their tireless efforts to dignify life through enabling independence, enhancing comfort and ensuring dreams, are perfectly in line with our mission at Numotion.”

Monroe’s more than 80 employees in CRT and speech design will join Numotion. The company said that would increase efficiencies that enable the delivery of much-needed equipment and services to customers so they can more actively participate in everyday life. Monroe customers will continue to receive the same level of quality service they have become accustomed to through Monroe. Operations will remain at the three Monroe office locations in Rochester, Syracuse and Albany, New York.

[numotion.com](http://numotion.com)

### **The American Society on Aging Honors Leaders**

The American Society on Aging (ASA), an association of diverse multidisciplinary professionals who seek to improve the quality of life of older adults and their families, planned to honor leaders in the field of aging during a presentation of the ASA Leadership Awards at the 2020 Aging in America Conference in Atlanta, Georgia on March 24. The conference was cancelled due to the novel coronavirus outbreak but awards were still announced.

The ASA Leadership Awards are presented to individuals and organizations that have made outstanding contributions to aging-related research, administration or advocacy. ASA takes pride in recognizing leaders in the field who not only contribute to the success of ASA, but to the field at large.

The ASA Award is presented to an individual who has made outstanding contributions to aging-related research, administration or advocacy, was expected to go to Louis Colber, who has spent four decades as a leader and mentor in the aging network.

The ASA Hall of Fame Award is presented to an individual who has, through a lifetime of advocacy and leadership, enhanced the lives of elders through demonstrated leadership at the national level, was expected to go to Bob Blancatois, who has spent his career advocating on behalf of older adults.

The Gloria Cavanaugh Award for Excellence in Training and Education recognizes an individual or program that has made a significant contribution to training and education in the field of aging. This year’s planned recipient, the National Center on Law and Elder Rights (NCLER), provides tools and resources to the legal services sector and aging and disability communities to serve older adults with the greatest economic and social needs.

The Graduate Student Research Award is given to spur academic and clinical interest in the field of aging, and rewards the best unpublished graduate research paper on a completed project relevant to aging and applicable to practice. Shubam Sharma,

a doctoral candidate in Developmental Psychology at the University of Florida, was to be recognized for her paper, “Life Challenges and Resilience: Personality Continuity Relates to Current Positive Self-Functioning in Older Adulthood,” which highlights how resilience can be fostered in older adulthood and investigates factors that promote resilience.

The Award for Excellence in Multicultural Aging recognizes organizations that have demonstrated high-quality, innovative programs enhancing the lives of a multicultural aging population. For the past 13 years, Age Friendly Seattle Coffee Hours have brought community elders and city officials together to explore topics such as healthy aging, legal and planning issues.

The Mental Health and Aging Award, which recognizes outstanding programs and services in mental health and aging was expected to go to Jill D. Bader, a marriage and family therapist in Seattle who does direct service work with older adults.

The Religion, Spirituality and Aging Award recognizes outstanding individuals, programs and services in religion, spirituality and aging in an effort to inspire more spiritual exploration within the aging services field. This year’s planned recipient, Sandy C. Gregory, is founding director of the North Carolina Baptist Aging Ministry and has built a statewide ministry that intersects daily with government agencies, nonprofits and private corporations and provides innovative services to North Carolina’s older adults.

[asaging.org/aging-in-america](http://asaging.org/aging-in-america)



**GET MORE  
NEWS**

Visit [homecaremag.com/news](http://homecaremag.com/news) for the industry info you need to know.

# The Hospice Care Improvement Act of 2019

S. 2807

By Kristin Easterling

The Office of the Inspector General (OIG) recently issued reports identifying concerns about some hospice providers' performance on quality and safety surveys, as well as potential threats to patient safety. In response, Senators Rob Portman and Ben Cardin introduced the Hospice Care Improvement Act of 2019 (S. 2807), which would reform the hospice survey process, improve compliance and increase transparency related to hospice survey performance.

### The bill takes important steps toward addressing issues identified by the OIG reports by:

- Addressing the need for greater transparency of survey compliance through:
  - Requiring uniform collection and reporting of hospice survey findings
  - Making survey information publicly available online
  - Including stakeholders in the process of identifying key survey findings that link to quality of care for use in published summaries of survey findings
  - Requiring annual reports on hospice survey performance
- Making triennial surveys permanent
- Requiring more frequent surveys for hospices subject to intermediate sanctions and new providers entering the program
- Requiring state and accrediting organization surveyors to alert hospices to areas of concern when a survey concludes, and to provide educational support to assist with improvement on survey performance
- Development of intermediate sanctions that would include:
  - payment suspension
  - temporary management
  - directed plans of correction
  - mandatory staff in-service training

WHAT  
HAPPENS  
NEXT? »

This bill is currently in committee.  
The National Association for Home Care  
& Hospice supports the bill.

**LEARN MORE** [Track this bill at congress.gov.](#)

### OIG FINDINGS

In a November 2019 OIG survey of approximately 189,000 high-risk date-pairs, the OIG identified

- (1) an estimated 99,000 instances in which registered nurses did not make supervisory visits at least once every 14 days, and
- (2) an estimated 5,000 instances in which supervisory visits were not documented in accordance with federal requirements.

### DID YOU KNOW?

**Between 2000 and 2017:**

**The percentage of Medicare beneficiaries using hospice increased from approximately 23% to 50.4%.**

**Medicare hospice spending grew from \$2.9 billion to \$17.9 billion.**

**The number of patients served annually rose from approximately 500,000 to 1.5 million.**

*(Source: MedPac report to Congress, March 2019)*

# IN-HOME CARE-FAMILY RELATIONS



By Muriel R. Gillick

## Partnering With the Physician

A new & essential role for caregivers

Caregivers often report that they are stressed and overburdened by their responsibilities: they provide personal care for their older relative, they handle finances, they perform medical and nursing tasks. The list goes on. So it may be surprising that I am going to suggest yet another role: partnering with the physician. How can I have the audacity to propose piling onto a very full plate? The reason is simple. Caregiver involvement in a patient's medical care will result in better health outcomes, greater satisfaction for patients and caregivers alike, and less anxiety for caregivers.

Physicians have recognized for some time that, among people with chronic diseases, patient engagement—that is, the management of one's own condition and participation in medical decision-making—is important to stay as healthy as possible. But there's a problem: Frail older adults may not be able to engage in their own health care without help. They might have the mental ability to engage, but need someone else to help implement the plan. For example, they may need physical assistance to measure their blood pressure or to check their blood sugar. Alternatively, they may be physically capable of performing various actions but need someone to remind them to do so.

Who is going to provide this kind of assistance? It might be a professional caregiver. It might be a group of friends. Or a family caregiver may be chosen to take on direct care responsibilities.

Caregivers are asked to engage in a variety of homecare tasks such as changing dressings on wounds, administering intravenous fluids or operating complex

equipment such as a ventilator. But family caregivers readily admit that they are typically unprepared for these critical responsibilities. They worry that they are not doing a good job and their family member may be harmed as a result. When mom or dad develops a new symptom, they may panic and rush to the closest emergency room, even if their family member would prefer to be treated at home.

Physicians commonly delegate medical and nursing tasks to caregivers and assume they will learn the necessary skills. But physicians rarely involve family caregivers in everyday decision-making or in developing a plan of care for what to do when mom or dad gets sick. If the older person has a strong preference for receiving care at home, the plan of care should facilitate this goal. But it's easiest for a physician to simply send a frail older person to the hospital.

A true physician/caregiver partnership changes this dynamic. The caregiver follows the physician's orders but has the training needed to do so comfortably. And beyond merely following orders, the caregiver works with the physician to design an approach to medical care that makes sense given the patient's physical and mental condition, their preferences and values, and the resources available. In this model, caregivers do more—but they also feel more confident and less burdened by their responsibilities. Patients benefit by getting the kind of care they want, provided by the people closest to them. Physicians benefit by being able to offer treatment that is optimally tailored to the individual patient, something they can only accomplish if they have eyes, ears and a willing and able set of hands

in the patient's home.

For a caregiver/physician/patient partnership to work, all three parties need to be on board. They need to be willing to listen to each other's concerns and observations. Sometimes a professional serves in the capacity of caregiver; other times, the professional caregiver is a member of the team who participates in care along with a family member and might serve as a coach to the family caregiver. Whether the caregiver is a family member or a skilled professional, the patient should formally designate that individual as authorized to participate in medical care and decision-making. The caregiver's name and contact information should be recorded in the medical record.

And while the relationship is key, knowledge, skills and support are important as well. A variety of resources are needed to help caregivers grow in all of these areas:

- knowledge about the most common chronic medical conditions afflicting older individuals;
- the skills needed to navigate through the health care system, including the physician's office, the hospital, the rehabilitation center and the nursing home; and
- support for medical decision-making.

With a good doctor/caregiver relationship and adequate supplementary supports, caregiving can fulfill its potential to be simultaneously challenging and satisfying. It can ultimately ease the burden on physicians of caring for frail older patients, it may lower health care by decreasing the use of expensive services such as emergency and in-patient care, and it will allow the people it is intended to benefit to get the approach to medical treatment that they prefer. **HC**

Muriel R. Gillick, MD has over 30 years' experience as a geriatric and palliative care physician. Her new book, "The Caregiver's Encyclopedia: A Compassionate Guide to Caring for Older Adults" is intended to help caregivers partner with physicians and other members of the health care team.



# Sometimes the Best Support Comes From Afar

How digital education & engagement programs can help COPD patients

By Anthony Como

Chronic Obstructive Pulmonary Disease (COPD) continues to be a leading cause of death, accounting for approximately \$50 billion in direct and indirect health care costs in the United States alone. Despite—or, perhaps, due to—the growing prevalence of COPD and related comorbidities, durable medical equipment (DME) providers continue to face challenges to addressing patient and caregiver needs and improving overall patient outcomes.

The introduction of virtual and telehealth solutions has allowed clinicians, DME providers and patients to connect in new ways to help better manage this chronic condition. Recent studies have shown that combined COPD treatments could potentially reduce COPD patient hospitalization, delay patient readmissions and lower cost of care. Yet providers continue to see issues with hospital readmissions and low therapy adherence rates among their COPD patient populations.

While technological advancements have improved the administration of health care and innovation continues to fuel the evolution of patient care, DME providers should consider an omnichannel approach to improve COPD education and engagement. This would involve the use of various modes of communication—including phone calls, text messages, emails and digital

applications—to reach the patient via their preferred channel. With digital tools and processes, DME companies will be able to drive down operational costs and reduce unnecessary calls and home visits while addressing education on device set up and operation, patient engagement and adherence—helping new and existing COPD patients navigate their treatment options. They will also have improved visibility on patient status and condition progression at a lower cost per patient, with the potential to increase revenue through better outcomes.

## A Shifting Landscape

The challenge for most DME providers starts at the beginning, with initial patient engagement. As they continue to face an increasingly competitive landscape and growing pressure on reimbursements, the consistency of quality patient education and home management delivered by their staff across the network may decrease. If the initial education and guidance provided does not adequately prepare the patient or their caregiver, the result will be additional—and unnecessary—calls to the provider and physician, or worse, an increase in preventable readmissions and lower quality outcomes. This may then also be compounded as a provider's patient base grows and can lead to increased costs and

lower revenues. This disconnect can lead to significant challenges for DME providers and a potential lack of appreciation for the true value they bring to patient care.

To gain the trust of patients and their caregivers, engagement should not begin and end at the point of diagnosis. Patient engagement is one of the most critical factors to adherence, and it is in part the responsibility of the DME providers to continue such communication through the channels that work best for the patient and their caregivers.

And while technology has certainly helped advance COPD programs in terms of remote patient monitoring and at-home therapy, the maturity and scalability of such programs require a significant investment in technology assets that are beyond the reach of most providers.

## An Omnichannel Approach

Addressing these gaps requires an omnichannel approach—one that integrates both traditional methods of communication and technological interventions. This will allow DME providers and health systems to interact with patients in their preferred communication mode, while also integrating digital processes such as a content management system. Doing so will empower providers to increase the scale and effectiveness of their COPD or noninvasive ventilator (NIV) program, while keeping costs down, educating patients and assessing care to win more business and operate more efficiently.

Content management systems can help organize all of a DME company's patient- and clinician-facing information in one place and allow providers to efficiently share new information with the patient, their caregiver and/or their own staff. With a patient's information loaded on the system according to their disease state, condition and type of therapy they are following, the system then triggers the type of information and cadence of communication that the care provider or clinician wishes to have sent to the patient.



### Providing Early Education

The period immediately before and after a patient's initiation to therapy may be the most integral and sensitive time during a patient's care journey. While it is the responsibility of the clinician to inform and educate them on their disease, it is also important for DME providers to educate them on the appropriate therapy utilization and on COPD treatment therapies from stationary oxygen through NIVs based on their individual needs. A better system must be put in place for clinicians and providers to manage and follow-up with leads—one that can take the form of a digital platform that allows for omnichannel outreach—via live call, text, email or in-app communication, where necessary. In-person visits can prove to be inefficient and unsustainable in the long run, so DME businesses should use digital intervention to drive down costs and improve overall outcomes.

Continuous proactive outreach and education is necessary to help drive patient awareness of the need to use therapy and improve adherence. This information is retained better when served up in comprehensive, digestible chunks rather than in a single training episode. Rather than wait for inbound inquiries, clinicians

and DMEs should feel empowered to call, email or text patients and caregivers who are in constant need of up-to-date information. This will not only help keep the involved parties informed, but can also help reduce patient anxiety.

### Continued Engagement

While education from the point of diagnosis is necessary, we should not forget that the patient may be on a long journey and must continue to be engaged. With a chronic disease like COPD, conditions evolve and must be closely monitored (while also acknowledging that self management is key). It's important for DME providers to be equipped with the tools they need to anticipate questions from patients or caregivers.

The patient journey is not linear; rather, it is multifaceted with many touchpoints along the way. This means that DME companies should be encouraged to digitize some of their processes in order to increase the efficiency, consistency and credibility of their COPD and NIV programs. These tools give providers the opportunity to stay in touch with their patient populations at every stage—whether they are just starting therapy, need their NIV programs

augmented or are in the maintenance phase. This type of engagement can benefit patients suffering from other chronic conditions like obstructive sleep apnea, but is vitally important for COPD patients. Digital tools allow DMEs and clinicians to take note when a patient's therapy might no longer be keeping up with the progression of their disease. With digital survey tools, providers have a scalable solution they can use to triage their patient base and identify therapy alternatives.

While we look for ways to improve the current processes to better deliver such solutions and programs, we must not forget that patient engagement does not begin and end with a single encounter. We must meet patients where they are on their health care journey to encourage continued adherence to treatment. Health care professionals should focus not just on delivering the right type of therapy and care each individual patient needs, but also the continued support they require to maintain a higher quality of life. **HC**

Anthony Como is the respiratory care solutions leader at Philips. He is responsible for managing the global strategic commercial success in the respiratory category across the Philips end-to-end value continuum.

## COVID-19

# Coronavirus Crisis Calls on HME, Home Health to Step Up

Care in the home becomes a national imperative

By Hannah Wolfson

*Editor's Note: The global coronavirus outbreak is a quickly evolving situation. This information was current at press time but may have changed before the magazine was printed and mailed. Please check for the most recent information anytime at [homecaremag.com/coronavirus](http://homecaremag.com/coronavirus).*

As the world watched the coronavirus outbreak emerge in the United States, attention turned to health care's response to the virus. The spotlight landed on nursing homes first, thanks to a dramatic early episode in a Seattle-area skilled nursing facility; 57% of the patient population at the Life Care Center in Kirkland, Washington was sickened and 35 deaths were reported in connection with it.

Hospitals, too, braced for an onslaught of patients, cancelling elective surgeries and preparing in other ways. Homecare didn't quite get the same attention—although there was no question home health and home medical equipment (HME) companies would be on the front lines, especially given their close work with elderly patients, the most vulnerable population.

## Regulatory & Legislative Responses

On March 14, President Trump declared a state of emergency, giving extra powers to Health Secretary Alex Azar. In response, the Centers for Medicare & Medicaid (CMS) issued a series of new rules and guidance related to the virus, including:

- Temporarily suspending some Medicare screening requirements, letting providers work outside their enrollment states;
- Granting states broader-than-usual waivers and flexibility;
- Suspending non-emergency inspections;
- Loosening restrictions on telehealth, expanding coverage of telehealth and not punishing HIPAA violations for telehealth usage of streaming or conferencing services;
- Restricting visitors at nursing care facilities and ceasing group activities and dining there; and
- Issuing guidance to Programs of All-Inclusive Care for the Elderly (PACE) Organizations for infection control and monitoring and the proper use of protective equipment.

CMS granted Florida—the first state to apply out of what it expects to be many—a Section 1135 request so it can waive some requirements of Medicare, Medicaid and the Children's Health Insurance Program. It can

**No single company will be able to fill the current demands of global health care systems.**

now enroll new providers more easily, waive prior authorization requirements and allow care to be provided in alternate settings.

Congress, meanwhile, passed a coronavirus relief package—which the president signed—that included several provisions that could impact small business owners in homecare and other industries, including providing many workers with up to two weeks of paid sick leave if they are being tested or treated for coronavirus or if they have been told by a doctor to stay home. Those payments are capped at \$511/day, about the daily wage of someone earning \$133,000/year. Workers with family members affected by coronavirus or with children out of school will receive up to two-thirds of their pay, up to \$200 a day.

The Senate was working on another stimulus package that may include support for small businesses, among other measures.

## Homecare Steps Up

In a video message, National Association of Homecare and Hospice (NAHC) President



William Dombi said that home health and hospice agencies were prepared to handle an upsurge in patients due to governmental and medical recommendations that elderly or immunocompromised people and those suspected of exposure isolate themselves.

"The homecare community is stepping up to meet the challenges presented by this virus," Dombi said. "To meet these emergency needs, it is essential that several steps be taken to ensure timely access to care," including making safety equipment available for home health workers, testing high-risk individuals early, ensuring clear communication across all of health care, and loosening benefit requirements for Medicare, Medicaid, the Veterans Administration and private and managed care plans.

NAHC also asked members to call Congress on March 24, the agency's annual advocacy day, to call their attention to home health's role in fighting the epidemic.

"Care in the home has long been both popular and affordable, but now it also serves as an effective way to limit transmission of the coronavirus and ease the coming burden on our hospitals," read a NAHC message to members. "Encouraging care in the home has always been in our country's best interest, but now it is a national imperative."

But there may be speed bumps. Synzi CEO Lee Horner, for example, told HomeCare that he was hearing reports of some patients unwilling to allow caregivers into their residences or nurses refusing to do home visits for fear of infection.

"We are hearing that our agency customers are seeing an increase in denial of service," he said. "Patients are increasingly hesitant to let nurses into their homes for in-person visits. And nurses are opting to conduct more virtual visits instead of in-person visits at this time."

### **HME in Demand**

AAHomeCare President Tom Ryan said that the home medical equipment (HME) community would step up to respond to the crisis, despite challenges to provider safety and business operations.

"Providing effective and compassionate care is a hallmark of HME, under both sunny skies and in times of emergency," Ryan said in a message to members. "This outbreak poses an extraordinary challenge for the HME community and this entire nation, and I am confident that our contributions will play a major role in limiting its impacts and protecting the health and well-being of millions of people."

AAHomeCare released policy recommendations to CMS on March 18, modifying a request made the previous week, focusing on providing safer working conditions for HME and durable medical equipment (DME) professionals and broadening coverage. They included allowing patients diagnosed with COVID-19 to access respiratory equipment and supplies, delaying implementation of the Competitive Bidding Program for a year and offering a range of waivers for usual requirements to streamline daily operations.

In a letter to CMS Administrator Seema Verma, Ryan said that HME providers are expecting an increased need for treatment at home if hospitals are strained by the virus, especially respiratory treatment and treatment of seniors and people with disabilities—two populations vulnerable to the virus.

"Our members are in patients' homes every day and are uniquely qualified to be able to assist during the COVID-19 pandemic," Ryan wrote in a letter to Verma. "DME providers serve millions of Medicare beneficiaries in their homes; and we expect that number to grow significantly with the spread of the COVID-19 virus."

### **Ventilators**

On March 18, President Trump invoked the Defense Production Act, which gives the White House the power to boost the production of critical medical supplies. First on the list: ventilators.

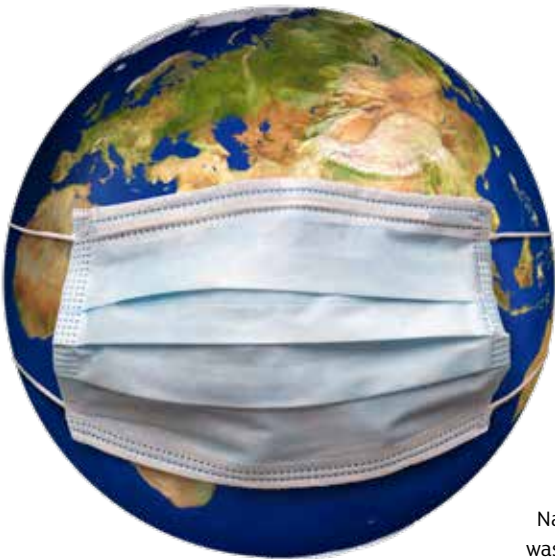
After reports of ventilator shortages in Italy, there has been fear of the same happening in the United States. US hospitals have about 160,000 machines, according to a count by Johns Hopkins, and there are

## **TELEHEALTH ON TAP**



CMS's new measures include a dramatic expansion of telehealth services for Medicare beneficiaries as a way to lighten the load on clinicians and keep vulnerable populations home. Medicare will pay for a wide range of services on a temporary basis dating back to March 6, and CMS also temporarily loosened the rules on HIPAA enforcement, saying providers could use their own phones and commercial videoconferencing apps to communicate with patients. Non-COVID-19 related diagnoses and treatments can also be temporarily completed digitally. Watch for more on telehealth's potentially significant role in coming weeks.

# COVID-19



**HME providers are expecting an increased need for treatment at home if hospitals are strained by the virus, especially respiratory treatment and treatment of seniors and people with disabilities.**

about 12,000 in federal reserves. Politico reported that General Motors executives were considering using its closed auto production facilities to make ventilators and other medical equipment.

Chris Kiple, CEO of Ventec Life Systems in Bothell, Washington, told National Public Radio that his company was working toward increasing production fivefold in the next 90 days, which would take the company's output from hundreds

of ventilators per month to thousands. He said the industry was prepared to expand even further if necessary, and a Ventec news release said the company was working with suppliers to ensure it could get needed parts without interruption.

ResMed said in a letter to customers that it had taken steps to increase its production and delivery of ventilators and other devices and was working with government officials here and abroad to help ways to keep supplies up.

## WE COVER D.C. SO YOU DON'T HAVE TO

Get the legislation, news  
& policies that affect you.

**SUBSCRIBE TODAY**

**HEMOCAREMAG.COM/NEWSLETTER**

**HomeCare**  
Newsletter

“At present we are working hard to meet the demand for ventilators, globally and within certain high-risk markets,” read the letter signed by William Shoop, vice president of sales for North America. “Our primary focus is to maximize the availability of these devices for the patients that need them most to help treat COVID-19 or other respiratory insufficiencies, while also ensuring the safety of our own employees and the wider community we serve.”

However, it warned of the possibility of some shipping delays, especially as more countries were hit by the virus, and said it may phase shipments if backorders occur.

Medtronic announced plans to more than double its capacity to make ventilators, saying it had doubled the number of shifts working on two of its vents designed for high-acuity settings and planned to double the number of ventilator-related employees at its facility in Galway, Ireland and move to

24/7 operations.

“Medtronic recognizes the demand for ventilators in this environment has far outstripped supply,” Bob White, executive vice president and president of the Minimally Invasive Therapies Group at Medtronic, said in a news release. “No single company will be able to fill the current demands of global healthcare systems.”

Producing ventilators isn’t enough, however; there have to be staff trained to use them.

Thomas Kallstrom, CEO and Executive Director of the American Association for Respiratory Care, told HomeCare that it was prepping respiratory therapists (RTs) to use the national stockpile and to go into action.

“We want to be ready for any potential increase in demand,” he said. “We want to be sure there are enough ventilators as well as other components that these patients may require, such as ventilator tubing,

which connects the patient to the ventilator. Beyond that, there are additional resources like oxygen.”

In general, he said, the greatest concern is for elderly patients with chronic respiratory issues like COPD and said RTs and visiting nurses may end up becoming first-line diagnosticians for these patients. **HC**



**STAY UP TO  
DATE ON  
COVID-19**

with HomeCare’s special landing page  
and daily updates:  
[homecaremag.com/coronavirus](http://homecaremag.com/coronavirus)

Hannah Wolfson is editor of HomeCare magazine.

## ZOEY CPAP Cleaner

**NEW!**



**Easy to use. Easy to love.**

Sold exclusively through homecare providers.  
Compatible with most CPAP equipment.

from  
**SUNSET**  
HEALTHCARE SOLUTIONS

Call **877-578-6738** or visit **SunsetHCS.com**

Check 112 on index.



H O M E C A R E

# SALARY & BENEFITS SURVEY

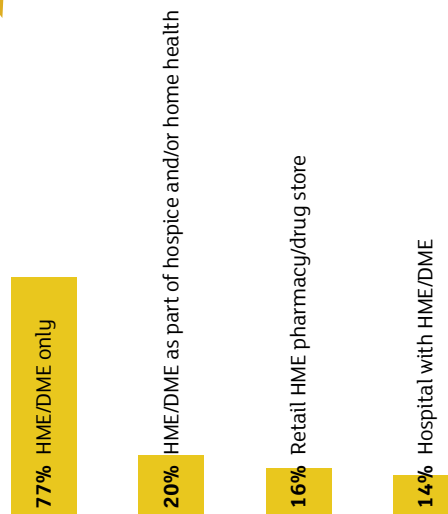
2  
0  
2  
0



HomeCare's Salary & Benefits survey steps into the business processes and minds of business owners to bring you the latest trends in salary, hiring and human resource practices. The annual survey asks industry leaders in both the home medical equipment and home health spaces for feedback on their practices. Take a look at how these two homecare industries are the same—and where they differ—and let this survey serve as your guide as you manage your own business. **HC**

## HME PROVIDERS ARE FOCUSED

77% of providers in this category provide only HME/DME supplies. 20% are working with home health and hospice programs. Each of these results is on **par with 2019's** results. We are seeing a **slight shift downward in retail suppliers from 2019**, however.



## SIZE DOESN'T MATTER MUCH

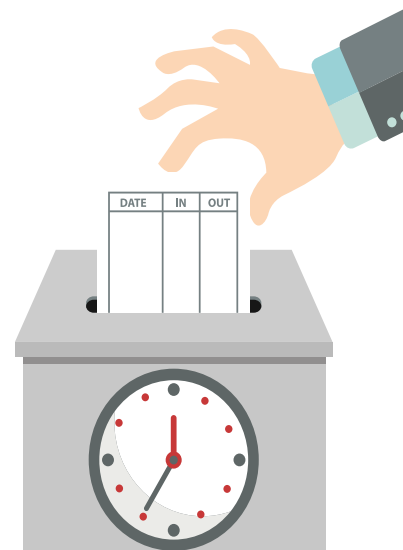


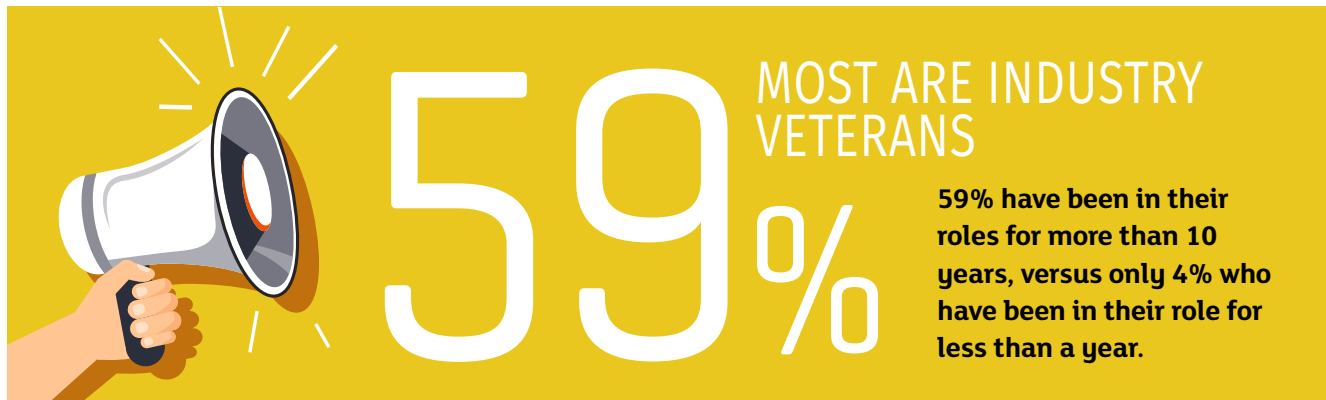
There was a wide range in the number of locations and employees. One large DME provider with **150 locations** has more than **5,000 full-time employees** and more than 2,000 part-time employees. Most stores with one location have **fewer than 20 employees**, both full and part time, but some retail locations employ more than 30 people. There are also providers working with small staffs across multiple locations, such as one provider with five full-time employees across two locations.

## MOST ARE SALARIED

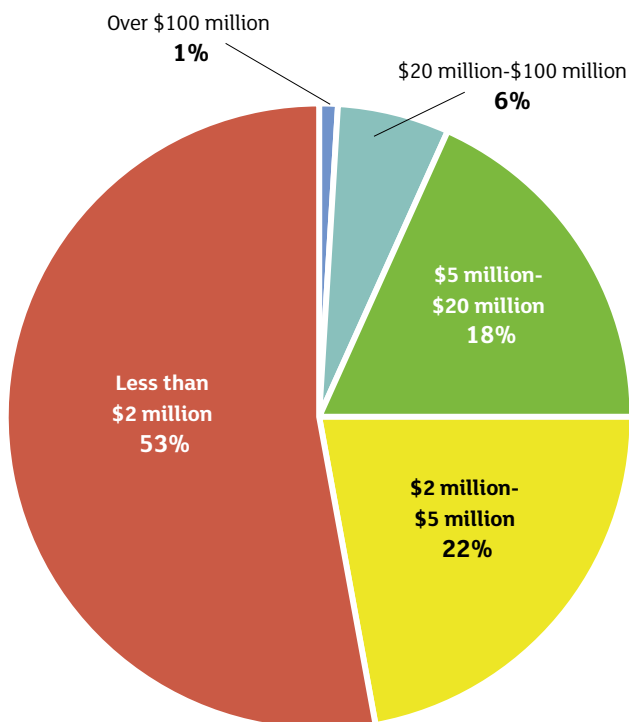
67% of survey respondents are **salaried** and of those salaried providers, 35% were **C-suite executives**. Of the 29% of providers in hourly positions, **14% are in management positions**.

# 67%





## ESTIMATED ANNUAL GROSS REVENUE IN 2019



Roughly half of providers **earned less than \$2 million** in revenue in 2019. 22% of providers reported earning **\$2 million to \$5 million** in revenue, **slightly down** from 2018.



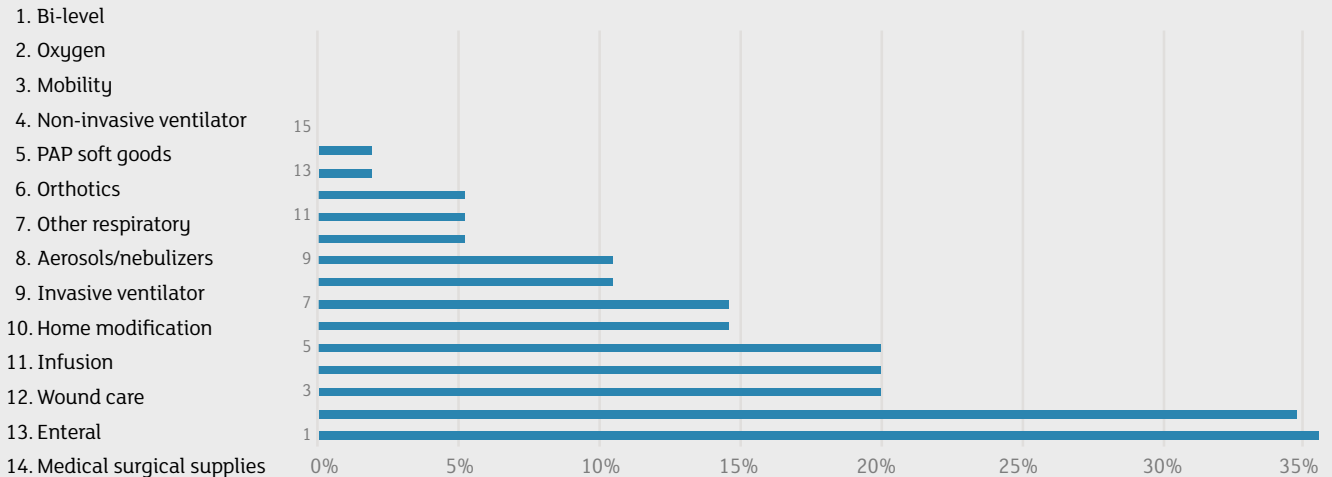
## WHAT PROVIDERS OFFER EMPLOYEES

Medical insurance	69%
401(k)/403(b)/Defined contribution plan	58%
Life insurance	43%
Continuing education programs	39%
Short-term disability insurance	34%
Provisions for vehicle	30%
Professional association dues	29%
Company-provided vehicle	24%
Long-term disability insurance	23%
Wellness program	20%
Tuition reimbursement	18%

**Medical insurance tops the benefits** offered by HME providers, followed by 401(k) plans. **87% percent** of companies are **planning to continue** these programs in 2020, on par with 2019 results. More adventurous employers offer benefits like association memberships, company vehicles, tuition reimbursement and even wellness programs.



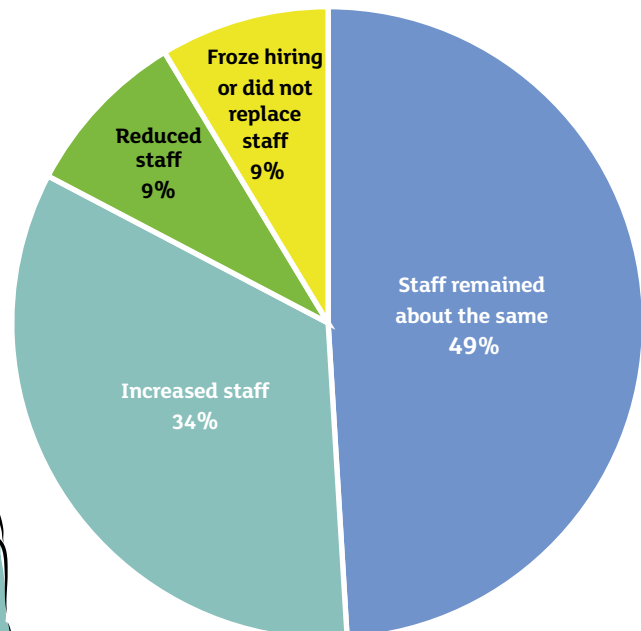
## COMMISSIONS & INCENTIVES



In line with 2019, **68% of HME providers are not offering incentives or commissions for sales**. Of those companies offering commissions, 37% offer commissions for respiratory devices (oxygen and ventilators, including bi-level).

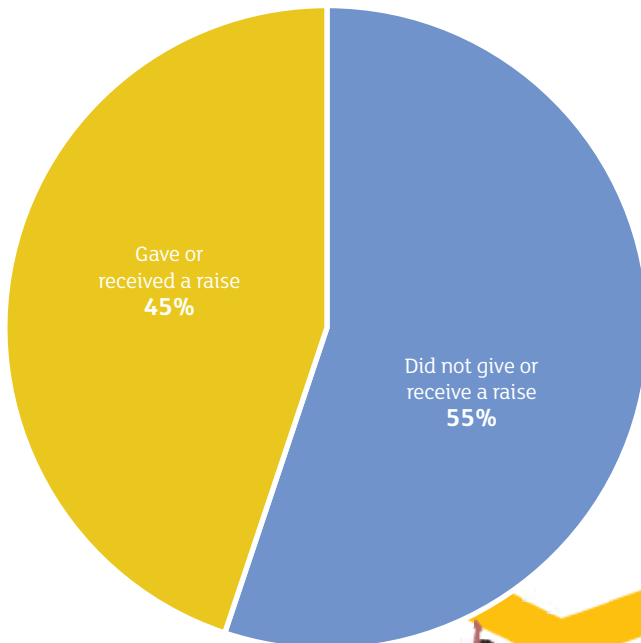
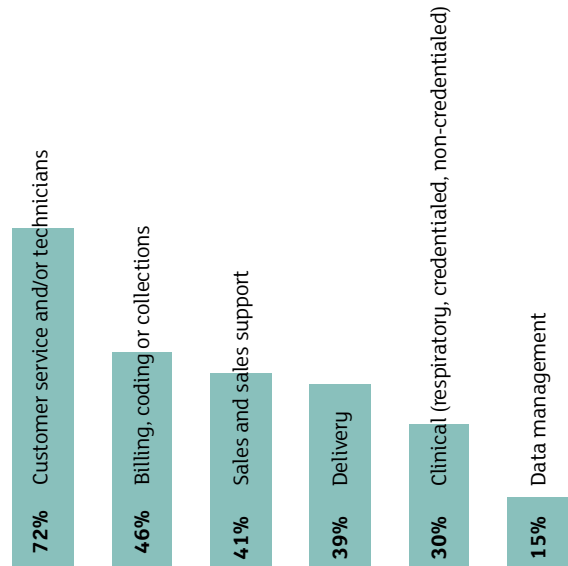
## STAFFING CHANGES IN 2019

For 49% of providers, staffing **did not change** in 2019, while 34% of providers **increased** their staff. Consistent with 2018 numbers, a declining number of companies were reducing staff.



## ANTICIPATED STAFFING CHANGES IN 2020

**47% of providers are not** anticipating making staffing changes this year, while **27% are looking to increase their number of employees**. For those adding staff, customer service employees are in high demand, consistent with increasing retail needs. Billing and coding specialists are a distant second, followed closely by sales and support staff and delivery technicians. The more the industry changes, the more it stays the same.



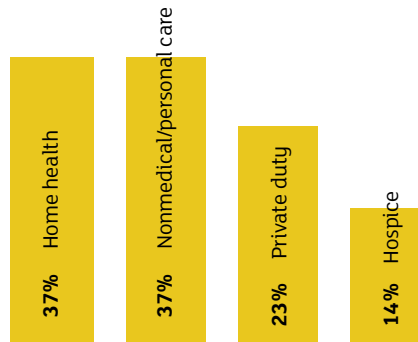
## A LOOK AT RAISES FOR 2020

**Fewer companies gave raises in 2019 than in 2018**, but those that did recognized employees for their performance and also cited cost of living hikes and increased profits.

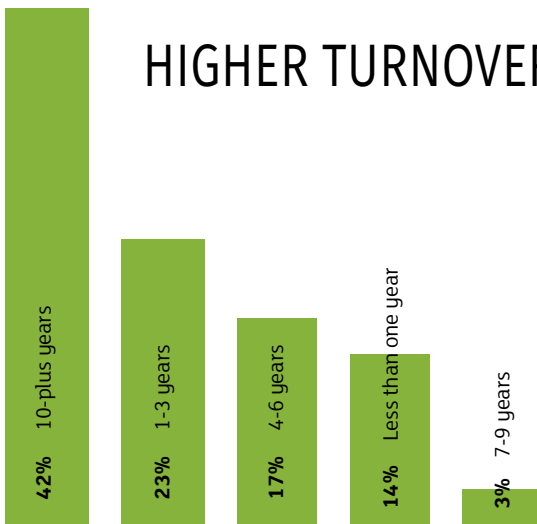


## HOSPICE IS EXPANDING

In 2020, we saw **more hospice providers, up to 14% from 9% in 2019**. Still, the majority of providers who responded offer home health or personal care services, at 37% each.



## HIGHER TURNOVER



42% of HHA survey takers have been in their roles for more than 10 years. **More HHA respondents have been in their role for less than year (14%)**, versus their HME counterparts (3%), reflecting the high turnover in the industry.

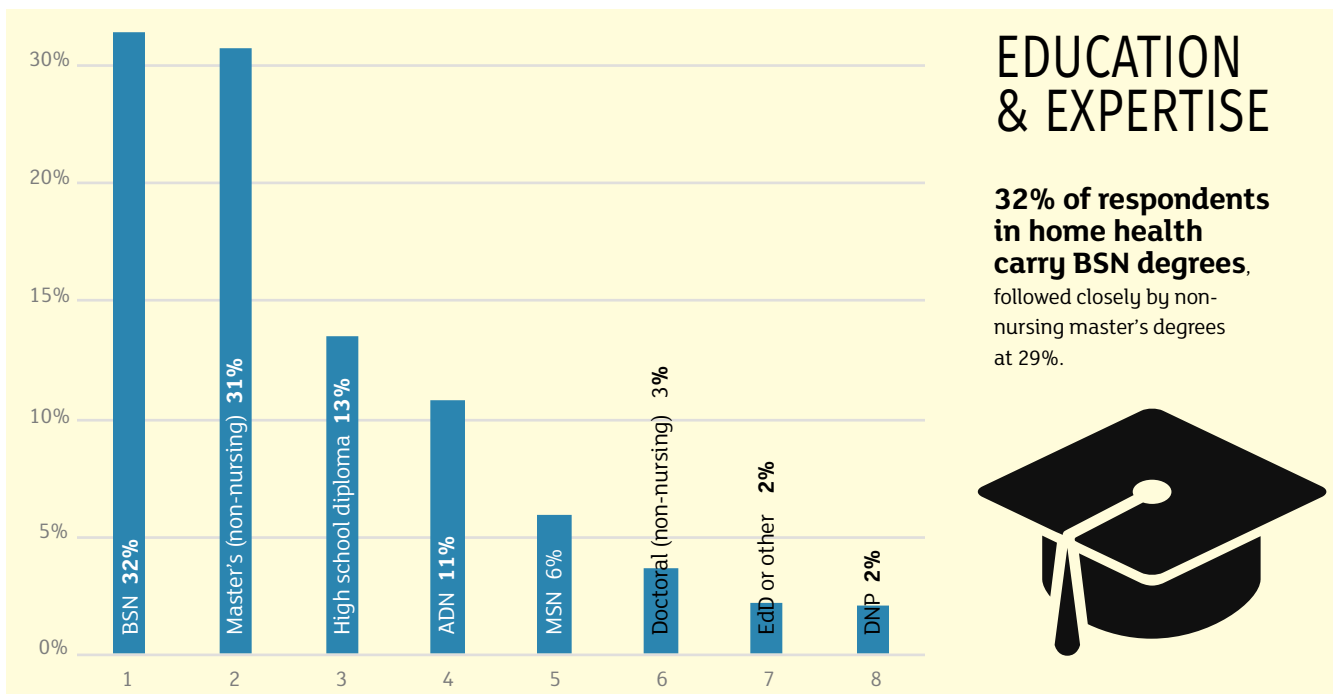
## MOST ARE SALARIED

81% of HHA respondents are salaried and of those, 31% are C-suite executives.



# 81%

# 2020 SALARY & BENEFITS SURVEY: HHA



## REVENUE REPORTED

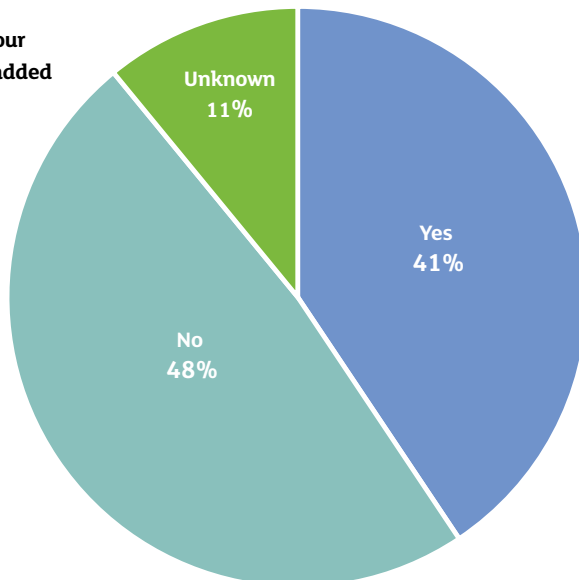
**40% of providers report revenues under \$1 million** and 30% report revenues in the \$1.5 million-\$3.5 million range. Only 3% of providers report revenue over \$100 million.

40%

## BENEFITS MATTER

Similar to their HME counterparts, HHA providers are investing in their employees by offering benefits, with the majority **offering medical insurance (66%) and 401(k) plans (55%)**. Nearly 8% more HHA providers offer continuing education versus their HME counterparts, and automobile reimbursement remains popular in this mobile industry. Unlike 2019, fewer HHAs are adding benefits (40%), but the industry is continuing to recognize the value of employees.

**Have you or your organization added more flexible plans to your benefit choices to help retain employees?**

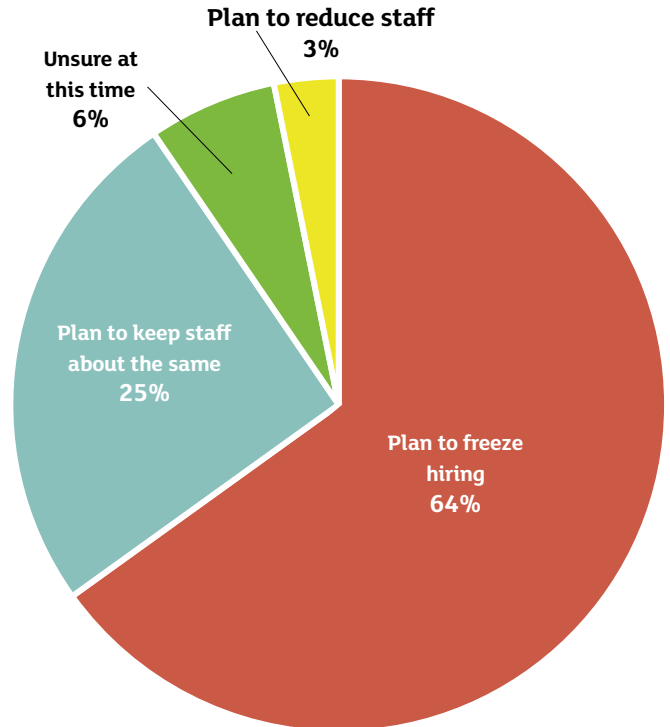




## PDGM HITS HIRING

In the midst of reported staffing shortages, **42% of agencies said their staff either remained the same or increased in 2019**. As would be expected, 29% of agencies added home health caregivers and 21% of agencies added nonmedical caregivers. In the midst of the caregiver shortage, 16% of agencies are also looking for human resources, recruiting and payroll workers.

The Patient-Driven Groupings Model is bearing down on the industry, and **64% of providers reported plans to freeze hiring in 2020**. Just 25% of providers have no staffing changes planned this year. Those who are adding to the ranks are focused on home health caregivers and nonmedical staff.



## OUTSOURCING

32%

Agencies generally outsourced **about the same amount in 2019** as

in 2018. Many reported outsourcing billing and coding, as well as payroll and IT departments. Around **32% of companies brought more services in-house.**

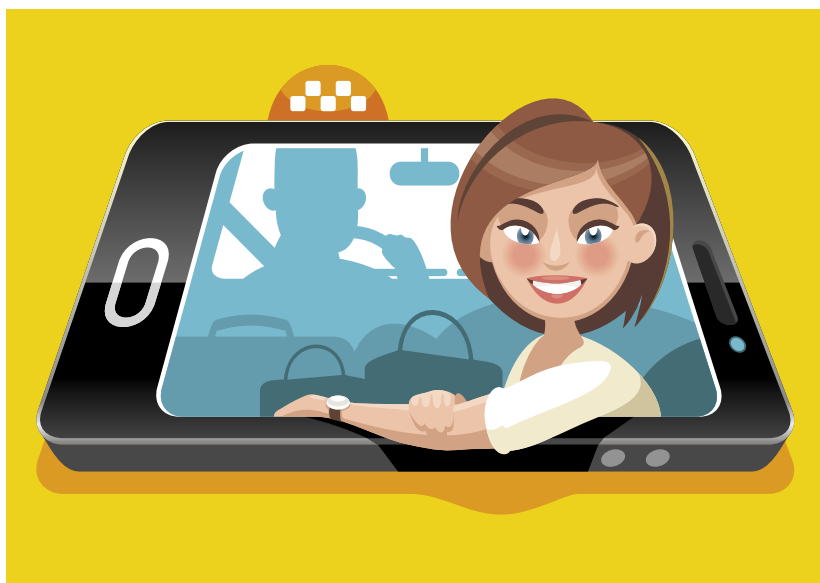
## RAISES DOWN

Fewer raises were given or received in 2019 than 2018 (43% vs. 62%), but agencies cited performance and cost of living as reasons for rewarding employees with bumps in pay. Other reasons cited included bringing salaries into alignment with industry norms and individual employee performance.

# Like Uber for Nurses

New tech platform seeks to solve staffing challenges

By Shradha Aiyer



**Time and time again, we at HomeCare hear that issues around staffing—from hiring new staff to training and assigning them to retaining employees—are the industry's greatest challenge. In this series of stories, we're looking at innovative solutions to your personnel issues. —The Editors**

Picture this: It's a Friday afternoon, and as administrators are packing up to go home for the weekend, a fax or phone call comes in with a referral. The next few minutes are critical for both the home health agency and the patient. A prescribed chain of events must take place for the agency to accept the referral and schedule the patient's first visit.

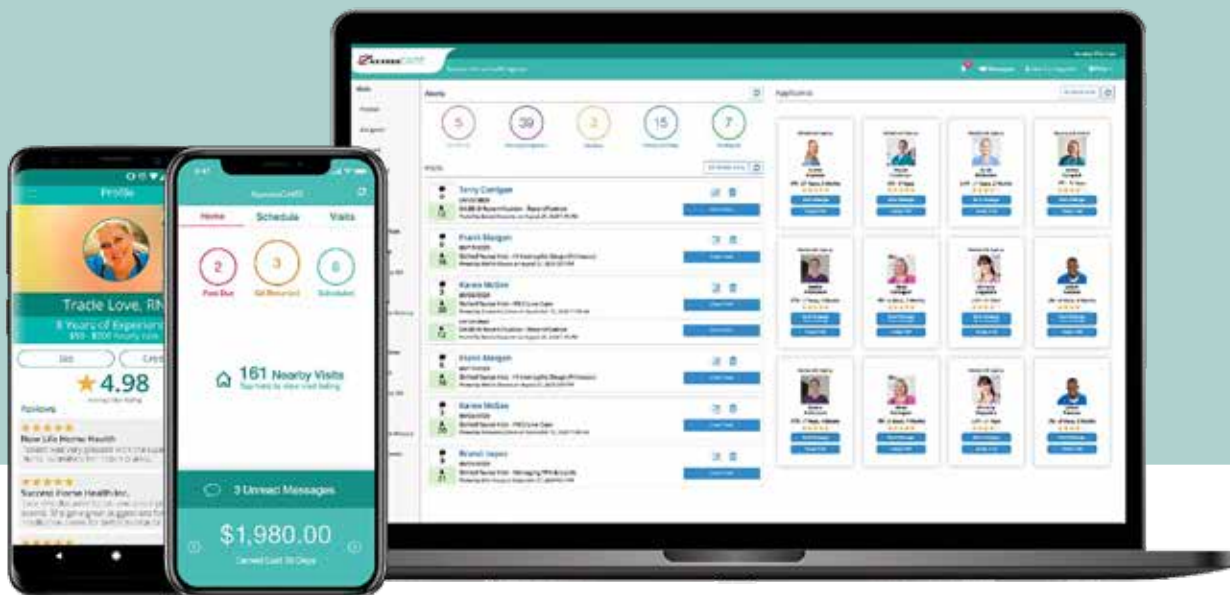
To start things off, a nurse must be available within the next 48 hours to see the patient. But which nurse? On a Friday afternoon, there's a 50/50 chance of being able to reach a nurse who isn't planning for or already enjoying the weekend. Agency leaders are left scrambling to find someone to take this last-minute visit.

Caregiving organizations in home health have dealt with the same problem for years. We've heard our clients describe this scenario many times. The details change slightly; instead of a referral, they might need to suddenly cover a missed visit. No matter the details, having a visit to fill leaves leadership scrambling and stressed. With their business on the line and a patient in need, failure is not an option.

Hearing these stories repeatedly led us to realize there had to be a better way. The industry needed an effective solution for the staffing challenges that have long plagued agency operations and hurt staff morale.

The impact of staffing challenges can be seen in the numbers. The Bureau of Labor Statistics found that the average home health nurse only stays on the job for 19 months. When a nurse leaves, it can cost agencies an average of \$52,000 to find a replacement—and that process can take as long as 86 days. That means that for nearly three months, an agency is left to juggle schedules and rely on contract nurses to fill every patient visit.

While we were looking to address staffing challenges in home health, the world was



changing. Mobile technology had gained a foothold in the world. Smartphones went from a novelty to a necessity—and that's where we saw an opening. The time had finally come.

Mobile devices offered a new way to think about the economy and the world around us. Millennials are the first generation to fully embrace the 'gig economy,' in which people don't have just one job, they have several. Companies such as Uber and Lyft made it possible to turn a car into a money-making machine. The idea was odd at first. Who would get into a car and let a stranger drive them around? The answer is obvious: a lot of people. Today, ridesharing companies are a staple of everyday life. Creating personal experiences suited to our own needs and lifestyle is now the norm, whether that means streaming TV shows, ordering fast food or buying a blender.

Axxess started to realize early on that an on-demand experience like this could also work in home health. The result is Axxess CARE, which enables home health agencies to connect with qualified clinicians to provide timely care.

From the start, it was clear Axxess CARE must have a mobile element to it. Fortunately, we have a lot of experience in mobile technology. We developed a native mobile app for iOS and Android devices, as well as an OASIS assessment that can be completed entirely on a mobile device. Without getting into the technical elements of what that means, nurses who use our apps have a simpler user experience and can

## Mobile devices offered a new way to think about the economy and the world around us.

spend more time focused on patient care.

Axxess CARE allows organizations to effectively address all visits that need to be covered. The process is streamlined into one simple system. When an agency has a visit to fill, they post it to the app, and it will be broadcast to a network of clinicians who are interested in covering visits. Clinicians are notified immediately about the new visit and can decide whether they want to take it or not. It should be noted that all HIPAA-protected information is withheld at this point. At most, the clinician can see the general geographic area of the visit, what it involves (an initial assessment, catheter replacement, physical therapy, etc.) and how much the agency is willing to pay.

The Axxess CARE app isn't open to everyone. The clinicians who use the app already know Axxess's home health software and have gone through registration, so training isn't an issue. This registration process is rigorous and includes background checks, license verifications and other important security and personnel information. When a clinician is cleared to use the app, they can apply for visits for which they are qualified. The agency decides which of the clinicians who have applied

will ultimately be assigned the visit. A star rating system, just like those on ridesharing apps or restaurant reviews, makes it easier to select the best clinician.

An initial pilot that began in Dallas has now grown to seven states; it will eventually be available nationwide. Hundreds of agencies have used it to help complete more than 15,000 visits. We've seen agencies grow their business and retain their staff. Nurses want to stay with an agency because they can earn extra money on their own schedule.

The health care at home industry has spent decades challenged to fill available visits and retain staff. Now, the "Friday afternoon scramble" has become a Friday afternoon lineup of those anxious to take on extra visits. Technology has advanced to the point where agencies are no longer constrained by old habits and should embrace change so that the focus can be on delivering outstanding patient care. **HC**

Shradha Aiyer is the senior director of product development at Axxess and a nationally trusted voice for the application of mobile technology in health care. She has partnered with the Food and Drug Administration, providing guidance on the direction of regulation in home health care.

# What Do Millennials Really Want?

A blend of flexibility and mission helps agencies recruit younger workers

By Greg Shulas

With caregiver shortages looming, homecare companies need to plan for the future and start hiring a new generation of staff. In a tight job market, home health agencies (HHAs) are gaining momentum in the vital task of recruiting younger workers. To do so, they are focusing on core industry strengths such as altruism, mobility and flexibility and embracing the demographic's need to grow professionally and personally.

"As millennials and Generation Z account for more than half of the global workforce, it's crucial that home health care organizations make strategic shifts to meet the needs of these demographic groups," said Carolina Lobo, executive vice president of people and brand for Caring Brands International and Interim HealthCare. "These generations think like consumers and they want a candidate and employee experience that is personalized to their needs."

That means promoting policies that millennials, whom the Pew Research Center defines as being born between 1981 and 1996, and Gen Z, the oldest of whom are 24 years old, are looking for—such as allowing working arrangements to be tailored to employees' unique preferences and helping workers navigate different life stages. These approaches can be highly effective in improving recruitment and retention.

Lobo said that can draw agency professionals at various stages of their lives, and even help build a recruiting base for the very long term.

For example, Lobo said, workers may

start out in home health, then take a break to return to school or to start a family. They often return to homecare and appreciate its flexible hours, she said "knowing they can still be home when their kids get off the school bus."

### What Workers Want

The need for greater recruitment and retention success with young workers has never been more important for the home health care industry. The market will expand into a \$173 billion industry by 2026, with an annual growth rate of 7% for the multi-year period trailing back to 2018. The pace of expansion is expected to be faster than that of the hospital care and physician service sectors, according to Business Insider.

Millennials matter because this age group, which is roughly 25 to 39 years old, is currently the largest generation in the U.S. workforce, according to Workable.

These younger workers may have different priorities than others in the workforce. Research published by FlexJobs found that 78% of millennials are more loyal to employers who offer flexible work options,

in contrast to 71% of older professionals who expressed a similar view.

In addition, 70% of millennials surveyed by FlexJobs would consider leaving a job if it lacked flexible work options, while about 50% of older professionals had a similar response.

Millennials and Gen Z also share a strong desire to have an immediate positive impact on the world.

This is a favorable trait that has already helped providers attract younger workers to homecare—and it will no doubt help it attract more professionals in the future, said Patrick Bradford, chief human resources officer for Elara Caring.

"It's typically most important to these groups of individuals to quickly see their impact on an organization, and likewise that organization's impact on the world," Bradford said. "Many roles within this dynamic have an almost immediate impact to the work in same-day patient care outcomes. This is something that many other industries struggle to accomplish."

David Martin, clinical manager at AMN Healthcare, is familiar with the workflow

**Millennials matter because this age group is currently the largest generation in the U.S. workforce, according to Workable.**



78% of millennials are more loyal to employers who offer flexible work options

of home health care work programs. When it comes to securing millennial and Gen Z talent, he sees the industry's biggest strength to be its blend of flexible hours and an altruistic mission.

"For millennials, home health can provide the autonomy and meaningful work they are looking for," he said. "In home health, there are opportunities for one-on-one care where you can really connect with your patients and spend the quality time you need with them. You're providing an intimate level of health service where you can have a meaningful impact on [patients'] daily lives. When you go into people's homes to provide care, you're in a very personal setting, and you're helping people overcome their day-to-day struggles."

### Focusing on Flexibility

At Elara Caring, the human resources team also highlights the flexibility its professionals have to do their jobs amid advancements in digital technology, Bradford said. That also sets the industry apart from some of the more conservative sectors of health care.

"Since home health, versus traditional hospital or brick and mortar sectors, is mobile, it allows for a lot more flexibility to care," Bradford said. "Team members no longer have to travel across town for a meeting; they can video conference or call in to connect. The culture around home health is much more flexible."

In fact, many of the biggest providers tout flexible working arrangements in their recruiting materials.

For example, in a recent job posting, LHC Group described "flexible jobs offered by the company ... including full-time positions with telecommuting arrangements and on-site opportunities with a part-time schedule." BAYADA has marketed itself as a "flexible workplace" that's committed to a diverse set of positions, including "telecommuting jobs."

And in a recent news release, CareCentrix announced that it was named to FlexJobs' annual list of the top 100 companies to watch for remote jobs, saying that "cost savings, access to a greater talent pool, stronger retention rates, and higher productivity are a

Better Continence Care  
at night  
for uninterrupted  
sleep



PREMIUM QUALITY

seni®



We are here to help. Together we can design a continence care program for your loyal customers.

- Educational materials to help choose the proper product
- Educational movies
- Free samples to try before buying



Product available with some major wholesalers. For assistance obtaining Seni please contact [marketing@tzmousa.com](mailto:marketing@tzmousa.com) or call 470-377-4942

[www.seni-usa.com](http://www.seni-usa.com)

# Millennials and Gen Z share a strong desire to have an immediate positive impact on the world.



in the provider's disclosures to shareholders. The company has made investments to build a more flexible, technology-enhanced and mission-driven workforce—and that may be helping curb the trend. In the last period in which full-year data is available, voluntary turnover dropped to 19.8% at Amedisys, down from 22% the prior year.

"In 2019, our focus on driving down our voluntary turnover numbers continues, especially within our clinical staff by improving our training and orientation, defining career paths, and optimizing flexible schedules," Kusserow noted to shareholders.

But homecare services won't be for everyone, and agencies should not try to force the industry on people.

Justin Meeks, division vice president for recruitment at AMN Healthcare, notes that "with autonomy comes a great deal of responsibility."

"You may be in situations where you have to make decisions with serious consequences on the spot—there isn't a physician or nurse or any kind of specialist right down the hall," Meeks said. "You also don't have the camaraderie of working in an office or on a unit, though you will have team meetings and you often cross paths with colleagues in the field. Also, you're traveling a lot, whether that means going between apartment buildings in a city or driving miles to homes in rural areas."

"But all of these things can be big pluses for many people. The independence of working in home health can be very appealing," Meeks noted. **HC**

Greg Shulas is a freelance writer for HomeCare magazine.

few of the compelling reasons companies are strategically integrating remote workers into their workforce."

## Developing Workers

Hannah Johnston, BAYADA's associate director of regional field recruiting, said the company also prioritizes helping workers gain new skills by offering professional development and continuing education—including a scholarship program for those who wish to advance their degree. Moreover, BAYADA offers 24/7 clinical support and "a host of classroom and online continuing education opportunities," Johnston said.

Additionally, its Aspire Talent Development program supports nurses who transition from direct patient care into a clinical or business leadership role, the company said.

"Thanks to advanced technology, homecare offers nurses the chance to

increase their skills by providing one-on-one care for high-acuity patients, such as those who need tracheostomy and ventilator care," Johnston said. "They benefit from training in the field with an experienced nurse preceptor, and simulation lab training that uses computerized manikins that mimic real-life medical emergencies."

## Finding Balance

These benefits—flexible work, meaningful work and opportunities for growth—can help balance some of the potential negatives of work in home health, such as low pay and potential harassment from patients. A 2019 article by Vox focused on the challenges homecare workers face, calling it "one of the fastest-growing jobs in America" but "also one of the hardest."

All agencies are familiar with turnover issues; Amedisys CEO Paul Kusserow has regularly cited staff retention as a challenge

# Show Them the Money

Service lets employers offer workers financial assistance

By Hannah Wolfson

In a competitive hiring market, company owners are often looking for an edge when it comes to recruiting and retaining workers. PayActiv, a company that offers employees access to their earnings between pay periods, says it offers that; clients include Walmart, Wendy's restaurants and Visiting Angels. HomeCare spoke with Sabina Bhatia, vice president of strategic alliances for PayActiv, about how the service might fit into home health and personal care industry.

## HOME CARE: When was PayActiv founded? And what is it, exactly?

**BHATIA:** We've been around since 2013. We are the inventors of the category called "earned wage access" and it's really what it says. For an hourly worker, which most of the employees of home health agencies are, they'll come in, punch in and punch out. And every day they've earned some hours but they have to wait—sometimes until the end of the week or two weeks, or if they're new employees, sometimes to the end of the month—to get their paycheck. What PayActiv does is we'll give employees access to up to 50% of the hours that they have completed between pay periods.

## HOME CARE: How does that help employees and employers?

**BHATIA:** When employees get access to their earned but unpaid wages they can take care of their day-to-day expenses and needs. I always say that every organization needs to start with their people first if they want to see an impact ... When an employee is dealing with financial stress every day



An employee can access up to 50% or up to \$500 of their funds unlimited times.

and they need that \$80 or \$90, do you think they're paying attention to the (patient)? No, they're stepping out, they're making phone calls, they're distracted. Lack of engagement is a huge thing that we've solved; it gives employers the ability to say, "Just do your job, don't worry about those financial stresses."

## HOME CARE: Can it help with recruiting new staff?

**BHATIA:** What at-home care agencies are doing is, when they post an opening for a caregiver, they're using PayActiv as a recruitment tool to say, come work with us, and on day one you'll have access to your earned but unpaid wages ... It can also help with retention. If another homecare agency reaches out to me and offers me \$13/hour instead of \$12, but I'm going to have to wait weeks to get paid, no way am I going there.

## HOME CARE: What does it cost the employer to offer?

**BHATIA:** We never invoice the employer for

anything. For employees, it's a membership model. There is no cost to enroll and no cost to cancel and no recurring cost if not used. For a biweekly pay period, an employee can access up to 50% or up to \$500 of their funds unlimited times. They never pay more than \$5 per pay period. If they don't touch the funds for that pay period, there is zero fee. For a weekly pay period, it's a \$3 fee. If you do not use it, there is no fee. And there's never a percentage because it's not a loan.

## HOME CARE: How many people currently use the app?

**BHATIA:** As of today, we offer our service to more than 1,000 employers; at this point we've served more than 2 million employees. We have more than 200 clients just in the health care space, and I think I'm being conservative. The problem is everywhere, in every industry. If you have someone making under \$20/hour, this is a huge proposition for employers. **HC**

Hannah Wolfson is editor of HomeCare magazine.

# Teach Your Employees Well

The right training can boost compliance & prevent turnover

By Mike McKillip

One of the necessities in the durable medical equipment (DME) industry is providing continuing education and training programs for your employees to ensure you are meeting educational requirements.

Mandates from departments, agencies or commissions are not the only reason to offer continuing education to your employees. Having well-trained, knowledgeable employees helps you distinguish yourself from the competition, and can help reduce turnover and therefore costs.

### From the Top

The Office of Inspector General (OIG) states in the Federal Register that it has “identified seven fundamental elements applicable to an effective compliance program.” One of these elements is “conducting effective training and education,” which it further clarifies by describing it as “the development and implementation of regular, effective education and training for all affected employees.”

The OIG also states that education and training programs should be detailed and comprehensive. It makes it clear that DME providers are required to deliver education, although it does not specify the exact means necessary to fulfill this mandate.

Enter the Occupational Safety and Health Administration (OSHA). As the agency that protects employees from on-the-job hazards, it has a more focused approach as to what your employees should learn while on the job. Infection control, emergency preparedness and safety in the workplace are just a few topics OSHA requires you to include in employee training.

Accreditation is essential, not only because of rules set by the Centers for

Medicare and Medicaid Services (CMS), but also because most—if not all—of the payers and referral sources you work with require it. Accreditation tells people that you comply with industry standards, have solid processes, and meet specific requirements. Your accreditation agency will be able to provide details on what educational content it requires.

The U.S. Department of Health and Human Services adds to the education requirement, saying you must be knowledgeable and compliant about the Health Insurance Portability and Accountability Act.

Up to this point, the focus has been on regulatory compliance. Now, let's add professional credentialing into the mix.

### Professional Credentialing

The American Association for Respiratory Care (AARC), National Registry of Rehabilitation Technology Suppliers (NRRTS) and Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) are just a few of the many industry organizations that have specific guidelines for education. From respiratory therapists (RTs) to assistive technology professionals (ATPs), employees must have continuing education to be licensed.

These professionals are a major part of the lifeblood of your business. Without their technical expertise and the benefit of their current licensure or credentials, your company would not be reimbursed for certain equipment and services. Therefore, it is important to ensure that your RTs, ATPs, and other clinicians are educated with the most up-to-date information and meet the most recent requirements.

### Set Yourself Apart

Successful businesses realize that employee education isn't just a set of mandates. Continuing education programs set them apart from their competition by attracting and supporting well-trained, knowledgeable employees.

Successful businesses also understand other components that can help their businesses thrive in today's fiscal environment.

One of the hidden costs of doing business is the high turnover rate in the homecare industry; it has been reported to be as high as 63% per year for home health care workers. By comparison, the total turnover rate across all industries in the United States last year was only 15.7%.

A high turnover rate comes at a significant cost to your bottom line. The tangible hits include hiring temporary workers, overtime and lowered productivity, as well as the costs associated with advertising, interviewing, hiring, training, etc. Experts estimate it costs about twice an employee's salary to find and train their replacement. This doesn't take into account the intangible costs to your business, such as lower employee morale, a potentially unfocused workforce and time-consuming watercooler conversations.

A Louis Harris poll reported that retention rates are two-thirds higher among companies that provide training opportunities. Career development is considered the No. 1 factor in getting employees to stay.

Continuing education can help employees hone their skills and also help companies retain better, more qualified personnel. Today's learning management



systems are more mobile, interactive and accessible than the books they have replaced. Today, education is just a few clicks away on a computer or mobile device.

Some advantages of using a continuing education program include:

- Educating employees about their duties, responsibilities, company policies and corporate culture is a great way to boost confidence and morale.
- Unify your employees by using a common goal. You may be surprised how competitive your employees can get when offered a prize for receiving the best test score on coursework or being the first to complete the task.
- Workers leave companies for various reasons; they get sick, take vacations and get into accidents. Cross-training gives your employees additional corporate familiarity and allows job responsibilities to be covered in the event of a crisis.

### Implementing an Education Program

You will likely have a mix of topics and content to offer employees. Creating excitement with your staff is imperative in getting your educational program up and running. Let your employees know this program is for them. They will gain more knowledge and utilize that information to be more effective in their corporate role and to grow personally.

Today's technology allows people to take online classes when it fits their schedule by using a mix of recorded and live online videos, usually combined with reading material and papers or reports to hand in. A learning management system (LMS) is just one way to manage your continuing education program.

A LMS will also save your compliance or human resources department time by not requiring them to manually enter information and coursework activity.

Continuous reporting of coursework makes auditing, reporting and course selection easy.

There are many reasons to facilitate a continuing education program in your company—from complying with mandatory requirements to reducing costs by reducing turnover, and more. Providing education and training opportunities for your employees is in your hands, and can help empower everyone in the company to provide “above and beyond” customer service and industry knowledge to your customers—and give them another reason to keep coming back to your company for their DME needs. **HC**

Mike McKillip has over 20 years' experience in the home medical equipment group purchasing organization industry. He is now with Accreditation Commission for Health Care (ACHC), where he is responsible for the direction, content origination, and execution of HealthTrainU, the ACHC learning management system.



**WITH IMPROVED  
PRODUCTIVITY,**  
*how else could you spend your time?*

*Let TIMS Software manage your entire  
REVENUE CYCLE ...*

-  Referral & Patient Intake
-  Order Fulfillment & Delivery
-  Claims Processing
-  Accounts Receivable & Collections
-  Business Intelligence & Financials

*... so you can **FOCUS**  
on what matters most.*

**TIMS**  
SOFTWARE | SERVICE | SUPPORT

[WWW.TIMSsoftware.COM/MEDICAL](http://WWW.TIMSsoftware.COM/MEDICAL)

Check 103 on index.

# MEDTRADE SPRING 2020 WRAPUP

## What You Missed at Medtrade Spring

And the show will go on

By Kristin Easterling

There was some fear that Medtrade Spring might not happen, as travel to the show in Las Vegas corresponded with the early stages of the novel coronavirus outbreak in the United States. Show organizers proceeded as planned, and the event was well-attended, despite the absence of a few China-based exhibitors who were kept away by travel restrictions.

Some of the biggest news about the show came just before the show: Medtrade's spring

exhibition will continue, albeit with changes. In 2021, it will be in Phoenix, Arizona, and dubbed "Medtrade WEST." (See the sidebar at right for more.)

In his twice-yearly update, Tom Ryan, president and CEO of the American Association for Homecare, told home medical equipment (HME) providers and advocates that the group has broadened its mission—and that it's time for the HME community to step up.

He said he has set a goal for the organization to raise an additional \$1 million this year to support the larger role it plans to play; AAHomecare has an annual budget of around \$3.5 million. At the Stand Up for Homecare fundraiser and reception held during the show, the group raised \$25,000 toward its advocacy mission.

While AAHomecare hasn't shifted from its focus in Washington, D.C.—which for this year includes pushing to keep noninvasive ventilators out of competitive bidding and finding financial relief for rural and nonrural areas—the group has rebranded to make sure members and nonmembers are aware of its work at the state level and in regulatory affairs.

"We did a survey about a year ago and found out that the nonbelievers really had a perception that we were just one lane in D.C.," Ryan said.

"We had to rebrand ourself and let the nonbelievers understand that we are everywhere, we are in your hometown, and the challenges are tremendous."

**"We had to rebrand ourself and let the nonbelievers understand that we are everywhere."**

*—Tom Ryan, president and CEO of the American Association for Homecare*

## Products Take Center Stage

On the expo floor, the New Product Pavilion, sponsored by HomeCare, drew providers looking for the latest products to bring to their stores. With nearly 20 entries across a wide spectrum of HME categories, from mobility to sleep to respiratory, providers had plenty of choices to take home to share with their colleagues and customers.

**The winners of the Providers Choice awards, as chosen by attendees, are:**

### **GOLD AWARD: Ageless Innovation**

The Gold Award went to Ageless Innovation's Joy for All Companion Pets, which are designed to bring comfort and companionship to the elderly at home or in long-term care without the hassle of pet ownership. The pets include a dog, a kitten and three cat options.



*Pictured L-R: Medtrade Show Director Mark Lind, Ageless Innovation's Tom Canterino and HomeCare Editor Hannah Wolfson with the pets*

## MEDTRADE REBRANDS, HEADS TO PHOENIX IN 2021



In an exclusive podcast with HomeCare magazine, Medtrade Show Director Mark Lind discussed the changes coming for Medtrade and Medtrade Spring.

Lind, who has been with Medtrade for just over four years, has held the director role for a year. He wasted no time putting his own stamp on the show.

The biggest change is location, which is moving from Las Vegas to Phoenix, Arizona. But the show is also getting a new name: Medtrade WEST, scheduled for the Phoenix Convention Center April 12-14, 2021.

"We surveyed providers about what they wanted," Lind said. "Phoenix came up as a blip for the providers out west."

The name change reflects the division in attendance between the spring show, and the fall Medtrade in Atlanta; the two currently have only about a 10% crossover in attendees. In 2021, the Atlanta show will become Medtrade EAST.

Medtrade WEST will also change in format, shifting to dedicated show and expo hours. In a news release, show officials said the new schedule would set aside about 75% of the expo time without any conference sessions overlapping.

"This will be a huge opportunity for exhibitors who want to go to the conference, but feel stuck at the booth," said Lind. "They will be able to come and exhibit, but get educated, too."



**LISTEN TO THE  
PODCAST  
MEDTRADE  
SPRING 2021**

visit [homecaremag.com/podcasts](https://homecaremag.com/podcasts)

## SILVER AWARD: Philips Respironics

The Silver Award went to the Philips Respironics Mask Selector, a tablet-based application that allows respiratory therapists to custom fit CPAP masks by using a camera to capture a 3D scan of the patient's facial geometry. Philips has said that the product will improve fit for CPAP users and could assist with compliance.

*Pictured L-R: Shawn Rojas, Jeff Marshall, Jeff Murray, Andrew Blancas, Stephanie Menaro and Kevin Coldren of Philips Respironics*



## BRONZE AWARD: Let's Move Rollator

The Bronze Award went to the Let's Move Rollator from Trust Care by Stander. A perennial favorite on the floor, Stander debuted a full line of luxury rollators from Sweden featuring ergonomic design, easy handbraking and simple adjustments. The Let's Move is a lightweight version with a carrying bag, back strap and easy folding ability.

*Pictured: Jason Howell, Stander's regional sales manager, being interviewed at Medtrade*



# When It's Time to Sell

A look at the industry outlook & what buyers want

By David Coit Jr. & Bradley M. Smith

It is often said that the only constant in the health care industry is change. Unfortunately, home medical equipment (HME) providers know this all too well; the constant change they experience can be demanding. As a result, it is not a matter of if, but when owners of HME companies start thinking about exiting their business. For those owners considering selling in the marketplace, we've got good news: The marketplace is currently hot for your companies. Buyers are eagerly gobbling up well-performing providers, making this an excellent time to consider selling.

Multiple factors are driving increased valuations. First, demand is greater than supply. Traditionally, only larger providers would grow through acquisition. However, Medicare's competitive bidding program has created a significant number of midsized providers with capital—and with mandates to grow through acquisition. That means there are more buyers than sellers. Second, broader health care market valuations have been significantly higher than HME valuations. As private equity firms survey the landscape, they see HME companies as a good value, even at a slightly higher valuation. Moreover, after five of years of declining revenues, the industry is poised for positive growth through 2024, according to researchers at IBISWorld.

## Industry Outlook

Let's take a quick look at where things stand with the HME industry. There are approximately 5,600 uniquely owned HME providers in the United States. They generate combined annual revenues of about \$5.5 billion and profits exceeding \$530 million.

The industry has experienced annual revenue growth of -1.9% over the past five years. Medicare payments contribute to about half of the average operator's revenue. Although the number of senior citizens continues to grow and drive demand for services, payments to operators have fallen significantly. This decline is mostly attributable to competitive bidding and a cascading downward effect on the various Medicaid programs and private payers.

Competitive bidding is likely to remain in effect over the next five years. As a result, the industry will continue to experience adverse pricing conditions that constrain revenue and limit profitability. However, after the completion of the new competitive bidding program in 2021 and the corresponding dip in reimbursement, we expect revenue growth to return slowly but steadily as operators adjust to the new system and find new tools to operate more efficiently. Overall, revenue is expected to grow an annualized 1.3% over the five years from 2018 to 2023 and reach \$5.9 billion.

## Market Factors to Consider

If you're thinking about selling your HME company, there are three important market factors you should understand:

**1** The market is strong now because of the vast amount of capital searching for well-performing providers. It's unclear how long this will last and when it will slow down—but it inevitably will. The market can change quickly, and, if you wait too long, you may lose your opportunity to sell at a favorable price. We expect to see temporary negative downward pressure on valuations

when the Medicare bid is announced and until it goes into effect in January 2021.

**2** As acquisitions and consolidations continue, you'll likely be competing against larger, better-capitalized companies. The competitive landscape is changing fast. Larger competitors are in more managed care networks with better reimbursement terms, efficient business processes and strong marketing campaigns built around established brands.

**3** The owners of HME companies are aging; it's estimated that as many as 60% are over the age of 55. Thus we expect an increasing number of companies to be seeking buyers in the next few years.

## Buyers' Concerns

Smart buyers weigh risks versus rewards when considering the purchase of a company. Some of the perceived risks in the HME industry are:

- Downward pressure on Medicare reimbursement rates
- Exclusion from payer networks
- Private payers increasingly limiting out-of-network reimbursement
- Increasing regulatory requirements
- Regulators mandating measurement-based outcomes
- An increasing number of HME providers
- Payers moving to value-based reimbursement via post-treatment outcomes
- Escalating enforcement of federal anti-kickback laws
- Stricter licensing requirements
- A shortage of skilled HME workers



## WHAT BUYERS WANT

The single most important feature buyers are looking for is profitable growth. Buyers want to know that they can take what you have created, build on it and make more money from it. In their risk/reward analysis, they'll want to see that your strengths far outweigh your weaknesses. Most buyers have a checklist mentality and will be looking to see that you have at least some of the following attributes:

1. A strong capable management team
2. Solid in-network relations with payers
3. Long-term payer contracts
4. Multiple treatment or service options
5. A strong, diverse physician and non-physician referral network
6. A diversified payer mix
7. Low uncollectable accounts receivable
8. Low revenue seasonality
9. A large population base with good client demographics
10. A tenured, experienced workforce with low employee turnover
11. A clean billing audit
12. Good revenue growth
13. EBITDA margins in the 10% to 20% range
14. Understanding of subcontractor versus employee handling of service delivery
15. Creative staffing with maximization of billable hours
16. Strong, positive data about client satisfaction with services and outcomes
17. Multiple service delivery locations, including community-based access
18. The ability to collaborate with multiple resources to achieve clients' success
19. The use of evidence-based practices and treatments
20. A certificate of need (CON) in CON states

## Setting a Price

Buyers are looking for rewards or up sides from their purchase of HME companies. Essentially, their desired formula for making acquisitions is  $1+1=3$ , preferably in the short term. Much of the up side will come from positive industry market conditions that include the following:

- Expanded in-network coverage
- Increasing revenue on a per-client basis with overlapping products and services
- Client treatment demand is not related to economic cycles
- Niche products or services with high reimbursement rates
- Skilled employees such as assistive technology professionals, respiratory therapists and billers

Buyers typically go through their risk/reward analysis to come up with a purchase price. The price is usually based on a multiple of normalized or adjusted earnings before interest, taxes, depreciation and amortization (EBITDA). Adjustments to EBITDA include non-recurring expenses,

such as one-time legal fees; discretionary expenses, such as charitable contributions; and owner-related personal expenses, such as excess owners' salaries and vehicle lease expenses.

"Market multiples" refers to the estimated purchase price relative to EBITDA. The typical range of market multiples for HME treatment providers is three times (3x) to five times (5x) EBITDA. Where a provider falls within that range is based on quantitative factors, such as historical and projected financial performance, as well as the qualitative factors highlighted above. Larger revenue providers attract more buyers than smaller providers.

The following are estimated market multiples for HME treatment providers by revenue:

- \$1 million to \$3 million in annual revenue: 2x to 4x EBITDA
- \$3 million to \$5 million in annual revenue: 3x to 5x EBITDA
- \$5 million to \$10 million in annual revenue: 4x to 6x EBITDA
- More than \$10 million in annual revenue: 4x to 10x EBITDA

Note that there are outlier market multiples in transactions in which optimal buyer/seller synergies push valuations above the norm. Moreover, market multiples change over time depending on the overall economy, regulatory and reimbursement modifications and industry trends.

Using market multiples provides a reasonable shortcut for estimating the value of a company. One should speak with an advisor who is familiar with the HME market and can guide you through these concepts on an annual basis to understand the market and your options. **HC**

Bradley M. Smith, ATP, CMAA, is a former durable medical equipment (DME) company owner and is managing director with the international health care mergers and acquisitions firm VERTESS. If you would like to personally discuss this article, the value of your health care company/practice, or how to get the best price when you sell it, you can reach him directly at (817) 793-3773 or bsmith@vertess.com.

David Coit Jr., DBA, CVA, CVGA, CMAA, is a certified valuator and is also managing director at VERTESS. If you would like to personally discuss this article, the value of your health care company/practice, or how to get the best price when you sell it, you can reach him directly at dcoit@vertess.com or (480) 285-9708.

## PATIENT TRANSFERS

# When Mind Over Matter Matters

It's not what you do, it's how you do it that keeps patients safe

By Dawn Wiggins

One of the top occupational hazards for health care professionals might surprise you. Beyond the more obvious biological or stress-related or chemical dangers, health care workers often face ergonomic hazards from improper patient transfers.

Transferring a person in and out of a wheelchair, gurney or bed can put undue stress on the back, arms and shoulders; it can put the patient in danger as well.

Learning the correct way to transfer a patient will prevent undue wear and tear on your body and will keep patients as safe and comfortable as possible.



### Best Practices

Transfers commonly occur around the use of beds, wheelchairs, chairs, bathtubs, cars and toilets. Helpful equipment for transfers includes lifts, walkers, grab bars, trapeze bars and sliding boards.

Before getting into technique, here are a few helpful bits of common sense and basic body mechanics.

- Transfer your patient only when necessary. The more you transfer, the more opportunities there are for mishaps.
- Get as close as possible to wherever you plan on making the transfer.
- Get your center of mass as close as possible to your patient's center of mass. Stand up straight with good posture, making sure you aren't too stiff and your knees aren't locked. Spread your feet slightly beyond shoulder width so you have a broad base of support. Keep your center of gravity as low as possible.
- If at all possible, try to transfer "downhill," rather than "uphill," and do so at a modest height (adjusting the height of the bed or chair as needed).

- Maintain the natural curve of your back and only bend at your knees and hips. Do not put unnecessary pressure on your back.
- Move or pivot your feet when turning. Do not twist at your back.
- Patient collaboration is always a great idea—have the patient assist as much as possible.
- If more than one person is making the transfer, make sure to communicate.
- Make sure to maintain modesty; if the patient is wearing a hospital gown, then see to it that the gown stays on or over private body parts.
- Watch out for potential dizziness or hypotension and communicate with the patient to make sure they're doing okay.

### Additional Notes on Technique

If you're transferring from anything with wheels, make sure to lock the wheels. You don't want your patient to be "the one who got away."

If your patient is in a wheelchair, have them scoot to the edge of the chair, and, if

they are able, have them put their feet on the floor. If there is a rotating or movable arm rest on the chair, move it or remove it from the side that you will be making the transfer.

Next, have your patient lean their trunk forward. When transferring, your patient's head should move in the opposite direction of their hips. This will help with movement and with clearing any obstacles during the transfer.

To protect the patient's shoulders, have them keep their arms as close to their body as possible (somewhere in the range of 30 to 45 degrees). This helps keep the patient's weight centralized, making it easier to lift them. To protect the patient's wrists, have them grab a bar or grip an edge. You don't want to them to lay their hands flat and put weight on their palms. This is a dangerous position and can lead to carpal tunnel syndrome.

### Ready for Liftoff

Before and during liftoff, coach your patient, making sure they are working with you to

clear any obstacles and taking great care that they do not bump or rub against anything. You want to avoid shearing and the development of bed sores.

If you and the patient feel like you can't make the transfer in one smooth movement, then perform the transfer in small, calculated steps. You can also use a transfer board if needed. Just be sure to take extra care sliding the patient to the transfer board because this kind of movement can damage a person's skin. You'll want to use a towel or pad on the board if you think bare skin will come in contact with the board during the transfer.

### Equipment for Transfer

There is equipment to make transfers safer, but you must use it properly so as not to injure yourself with improper technique.

If you're going to use a mechanical lift, know that they are meant to move in a straight front-and-back motion. If you have to turn, do not make yourself the center of gravity by planting your feet and twisting your body. Rather, make the lift the center of gravity by coming to one side, pinning your elbows inward. Hold one handle and walk with the mechanical lift to turn it, and then drive the empty wheelchair or other chair to the lift. Do not drive the lift around with someone in it (as fun as it may look, it's very dangerous).

For transferring to shower chairs, it's important to know the difference between regular shower benches and the swivel sliding bench. Look for video resources for more information or read manufacturer guidelines.

For car transfers, get the patient as close as possible to the car seat they'll be moving to while still leaving enough room for the two of you to move. The person making the transfer should stand inside the open door. Do not work against gravity, and make sure the transfer isn't being made uphill or on an incline. Angle the wheelchair 45 to 90 degrees toward the car and lock the brakes. From there, you can use a sliding board or return to the technique described earlier.

No matter where you transfer, communication and preparation are the two most important factors to consider. Communication leads to collaboration; you need your patient's help to make a transfer that's safe for both of you. Preparation is also crucial because you don't want to make a transfer without having the support of a colleague, equipment or proper body placement.

With proper preparation and communication, you'll ensure your own safety and the safety of your patient when making a transfer. **HC**

Dawn Wiggins, RPN, is a registered nursing professional in the province of Ontario, Canada with more than 25 years of front line health care experience. She leads a dynamic team of health care experts dedicated to one thing—making a positive impact in the lives of people living with dementia and their care partners. Wiggins has a wealth of experience in acute care, long-term care, psychiatric care, homecare, rehabilitation and palliative care. Wiggins has built and managed world-class dementia care neighborhoods at the institutional level.

### UNBEATABLE SERVICE

# 75 YEARS STRONG

## PERFECT HEIGHT BED™

- ✓ Unmatched service
- ✓ Same-day shipping



**PARKS**  
Health Products

We've Been Lifting You Up for 75 Years.

Let's Chat! 844-433-2435 | [parkshealth.com](https://parkshealth.com)

Check 107 on index.

### DMEs that offer Tranquility® incontinence samples

## Grow Sales 2X FASTER\*



Get started today!  
**1-800-467-3224**

**TRANQUILITY**  
PREMIUM PROTECTION

Mention Code: **HOME20**

\*Compared to DMEs that don't offer samples  
© Tranquility and Select are registered trademarks of Principle Business Enterprises, Inc. | © Copyright 2020 | 3TRQ-449-AD20

Check 109 on index.

## WOUND CARE

# Empowering Clinicians & Patients

Education explains the “why” behind wound care

By Crystal Luna-Anderson

More than a third of homecare patients require treatments for wounds, but it is often one of the most challenging areas of care, according to a 2018 study. Nearly a quarter of surveyed family caregivers indicated that wound care was difficult for them and close to half were afraid of making mistakes or causing harm to their loved one.

The new Patient-Driven Groupings Model (PDGM) is now in full effect, and wound care is one of the 12 clinical groupings used to capture the most prevalent types of care home health agencies provide—and has the potential to be one of the highest areas for reimbursement. With mounting pressure to improve outcomes quickly while reducing costs, self-management can revolutionize the way patients and their families view health care by creating a holistic approach.

## The Role of Clinician Empowerment

Florence Nightingale once said “If a nurse

declines to do these kinds of things for her patient because it is not her business, I should say that nursing was not her calling.”

Home health care providers are busy and see many patients without the flexibility to get to know them on an individual level. However, in order to deliver outcomes quickly and keep people healthy, providers have to understand patients and their backgrounds in order to guide them away from care plans that might focus on treating current symptoms rather than underlying issues.

As a homecare nurse, I had an unforgettable experience working with a patient who had a trans-metatarsal amputation that began as a diabetic ulcer. The patient spoke only Spanish, which presented a communication barrier between him and his care team, leaving him uninformed about his treatment plan and fearful of the costs associated with

his prescriptions. The life-changing event required an intervention to minimize the occurrence of another ulceration and comprehensive education on how to manage his long-term care.

The patient could not understand why the wound care physician prescribed an ointment with a high insurance copay, and, because of the language barrier, his care team was not able to properly inform him or conduct effective follow-up to provide alternatives. When I became his homecare nurse, I called the physician—but was chastised for not following his orders. While I was frustrated that the proper time was not taken to help the patient understand his plan of care and alternative prescriptions, I calmly explained to the doctor that there are other products available that could achieve the same treatment goal without significantly affecting the patient’s financial ability to live independently.





There are many more patients who live with chronic conditions and barriers to care. This interaction with the physician was a lesson that taught me that I needed to be better educated so I can advocate for the patients I care for. It is critical that we pass along effective strategies for managing these conditions to prevent further complications because in many cases, homecare nurses are the most reliable resource patients have available. A confident nurse has the capability to communicate with the provider, the patient and their family to help guide self management.

### Training Enables Family Education

Clinicians need time to train to become better educators because our patients rely upon us to provide them with more than just basic care and treatment. Today, clinicians need time to give to those they are caring for and the patience to walk through the journey with their patients. Offering individuals with chronic illnesses the opportunity to participate in their own care management is an empowering shift that can have a positive impact.

I have seen an increased interest in investing in clinical education so nurses have the proper tools to promote self-management. An example: Illinois-based Advocate Aurora Health is leveraging in-person training based on real-life patient scenarios. The custom program trains their clinicians to learn the proper way to identify and treat wounds while passing that knowledge on to their patients and their families. In this program, trainers do more than lecture; they collaborate and interact with clinicians to ensure the right processes become the new normal. This will empower homecare clinicians to positively influence their patients' and their families' ability to self-manage conditions between interactions with the care team.

### Explain the "Why?" Behind the Care

To be successful in the era of PDGM, it is important to implement a holistic approach to care and to look at the patient as a whole. Get patients involved in explaining the why behind their care. Here are a few questions I have gotten my patients into the habit of asking:

- Why does the wound need a specific treatment plan?
- Why do the signs and symptoms of infection matter?
- Why is it important to consider my diet and physical routine and how it will improve my quality of life?

Supporting patients in self management is an important part of improving health care. It has the potential to achieve quality outcomes with reduced cost because interventions are in place sooner to reduce further complications. **HC**

Crystal Luna-Anderson is the director of clinical services for the Medline Post-Acute Skin Health Team.

## KayserBetten

Beds for special Needs

**Your customers will love these Exclusive KayserBetten features**

*A complete line of Caregiver friendly beds*

- ♦ Solid Wood Construction For Long Term Use
- ♦ Treated Wood For Repeat Cleaning
- ♦ Vertically Hinged Doors for Easy Access
- ♦ Full View and Ventilation
- ♦ Versatile Design for Child's Changing Needs
- ♦ Lowest Available Thresholds
- ♦ Registered with FDA



Tall rail beds



Homecare Beds are compatible with patient lifts

Available in Manual, Semi-Electric and Full Electric

1-800-574-7880

[www.KayserBettenUS.com](http://www.KayserBettenUS.com)

Check 105 on index.



## Knowledge on Demand

Check out HomeCare's webinar series at your leisure. New topics are added often!

The latest issues:

- ▶ **Voice First Technology**
- ▶ **Referral Marketing Tips**
- ▶ **Wound Care and PDGM**

**WATCH THE ENTIRE SERIES FREE**  
[homecaremag.com/webinars](http://homecaremag.com/webinars)



**FINANCIAL  
MANAGEMENT  
CONFERENCE & EXPO**

**FMC** 20  
JULY 26-28 | LAS VEGAS



## INVEST IN YOUR CAREER WITH NAHC

The Financial Management Conference & Expo (FMC) is the only event created specifically for finance professionals in home care and hospice. Don't miss your chance to network with current and future leaders in the industry, July 26-28 in Las Vegas, Nevada.

At FMC you'll:

- Emerge smarter and more prepared with education on the most timely topics
- Network with financial insiders and experts from across the country
- Expand your knowledge of the best products & services from top companies

**REGISTER TODAY!**

**[fmc2020.NAHC.org](http://fmc2020.NAHC.org)**

# 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 covering providers of remote patient monitoring. Here and on [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide), you can find the essentials to help your business thrive. **HC**

## REMOTE PATIENT MONITORING



# THE 2020 BUYER'S GUIDE

## FIND YOUR SUPPLY

Products & Services Expand to  
Meet Evolving Needs

*Published in the December 2019 issue  
and always available online.*

# HomeCare

[homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide)

CareClix  
Washington, DC  
(855) 227-3259  
[careclix.com](http://careclix.com)

Current Health  
New York, NY  
(415) 941-5734  
[currenthealth.com](http://currenthealth.com)

HNC Virtual Solutions  
Wixom, MI  
(800) 737-0045  
[hncvs.com](http://hncvs.com)



**MASIMO**  
Irvine, CA  
(949) 297-7000  
[masimo.com](http://masimo.com)

MobileHelp  
Boca Raton, FL  
(800) 995-1854  
[mobilehelphealthcare.com](http://mobilehelphealthcare.com)

optimize.health  
Seattle, WA  
(888) 906-0705  
[optimize.health](http://optimize.health)

Reliq Health Technologies  
Vancouver, BC  
(888) 701-6390  
[reliqhealth.com](http://reliqhealth.com)

Resideo Life Care Solutions  
Brookfield, WI  
(888) 353-5440  
[lifecaresolutions.resideo.com](http://lifecaresolutions.resideo.com)

Synzi  
Clearwater, FL  
(888) 515-5368  
[synzi.com](http://synzi.com)



# NEW ON THE MARKET

Hand-picked by the editors of HomeCare & our team of industry experts, these products are the newest frontrunners shaping the homecare marketplace. Stay tuned in every issue for more industry-leading solutions.



1

## 1 Miko Tilt-in-Space Mobility Base

### INSPIRED BY DRIVE

Capable of supporting up to 99 pounds (66 pounds in transit), the Miko features a tilt-in-space wheelbase and fully reversible Flexi seating system. The tilt-in-space feature offers proven pressure relief by redistributing the pressure of the child's back and shifting it away from posterior locations. The Quick-Lok seating interface allows the seat to be adjusted from a forward to rear-facing position, while the lightweight frame folds for quick and easy transport. Visit [inspiredbydrive.com](http://inspiredbydrive.com).

*Check 200 on index.*



2

## 2 #1 Male Urinal with Soft Seal

### PC SANDS LLC

The #1 Male Urinal with Soft Seal was designed by a caregiver unhappy with the product choices to help with male incontinence. The #1 is high-volume; the S-curve keeps the body over the containment area; the bottle is wedged to fit between the thighs, allowing hands-free use. The lid glows in the dark. Soft Seal is a silicone band that fits over the opening and covers hard plastic edges for comfort, while also providing a tight fit with the cap for leakproof use. Visit [male-urinal.com](http://male-urinal.com).

*Check 201 on index.*



3

## 3 SAFETY WHEELZ Fall Prevention Kit

### EASYWHEELZ LLC

Attaches to the customer's existing leg extensions, standard or elevating. Specially designed spring keeps footrests in the up and out-of-the-way position. Easy-pull handles with cable allows rider or transporter to move footrests into down position when needed. Fully adjustable. Arrives partially assembled. No special tools required. Visit [betterwheelchair.com](http://betterwheelchair.com).

*Check 202 on index.*



4

## 4 Lumex Knee Walker

### GF HEALTH PRODUCTS

The Lumex Knee Walker is ideal for individuals recovering from sprains, foot surgery or any foot or ankle injury that leaves the user unable to bear weight. It can be a more comfortable alternative to crutches, whose extended use can lead to underarm and back pain. The Knee Walker can assist in a speedy recovery and help an individual maintain a more independent, active lifestyle. Visit [grahamfield.com](http://grahamfield.com).

*Check 203 on index.*

# INCONTINENCE



## 1 LayDry Bed Pads

**MCAIRLAID'S INC**

LayDry bed pads provide comfort, security and the reassurance of dryness throughout the night. Thanks to SuperCore technology, LayDry quickly wicks, then locks fluid away from the patient's skin, ensuring a dry surface all day. LayDry is made without recycled material or latex, so patients, caregivers and health care providers can be assured they are using a safe, sanitary and hypoallergenic pad. Visit [mcairlaidsusa.com](http://mcairlaidsusa.com).

*Check 204 on index.*



## 2 Tranquility AIR-Plus Bariatric Disposable Brief

**PRINCIPLE BUSINESS ENTERPRISES INC**

The largest bariatric brief on the market, the Tranquility AIR-Plus Bariatric Disposable Brief stretches to a circumference of 108 inches and is 100% breathable, allowing for complete air circulation. Each portion of the brief has microscopic pores that allow moisture vapor to escape for total comfort. The absorbent core minimizes odor and holds more than a quart of fluid for maximum protection. The brief features a cloth-like outer layer, micro-hook closure tabs, inner leg cuffs for leakage/bowel containment, a dual wetness indicator and elastic leg gathers. Latex-free. Visit [tranquilityproducts.com](http://tranquilityproducts.com).

*Check 205 on index.*



## 3 TENA ProSkin Gender Specific Underwear

**ESSITY**

Designed to look like real underwear and available in two attractive colors—nude and gray—ConfioAir Fully Breathable Technology delivers triple protection: dryness, softness and leakage security. Managing the skin's moisture level is critical to maintaining healthy skin; the targeted absorption zone helps ensure leakage protection; and the soft, curved leg elastics offer a secure and comfortable fit. Ideal for daily use for moderate to heavy urine leakage protection. Visit [tenaprofessional.us](http://tenaprofessional.us).

*Check 206 on index.*



## 4 Seni Super Quatro Briefs

**SENI**

Seni Super Quatro Briefs for severe incontinence and overnight protection offer reliable protection for both active people and those with limited mobility. Thanks to the high absorbency, users can sleep uninterrupted. Lowers risk of falls. Fully breathable outer layer allows humidity to evaporate to promote a skin-friendly microclimate. Locking urine inside the core also reduces bacterial growth and helps contain odor. Hydrophobic standing side gathers for better protection. Double absorbent core provides high absorbency and the feeling of dryness. Made without natural rubber latex. Visit [seni-usa.com](http://seni-usa.com).

*Check 207 on index.*



# CBD

## 1 Natural Hemp Oil Products

### PÜR WELL

PürWell is focused on providing pure, natural hemp oil products that promote general health and wellness. Their proprietary formulations are designed to address symptoms associated with a broad range of conditions, and their products are available exclusively to health care professionals, including durable medical equipment (DME) companies, independent pharmacies and physicians. PürWell products contain full-spectrum, cannabinoid-rich hemp oil that deliver powerful whole plant relief. Each batch of extracted oil is tested and certified by a third-party laboratory as being high in cannabinoids with no pesticide residues or other impurities. Visit [purwell.com](http://purwell.com).

*Check 208 on index.*

## 2 CBD with Lidocaine Cream

### OLIVER'S HARVEST

Oliver's Harvest CBD with Lidocaine Cream is formulated to provide pain relief directly to the area applied. This potent cream acts through its two active ingredients: lidocaine and cannabidiol. Lidocaine works as an anesthetic thanks to its numbing properties, which help block pain. CBD helps support healthy joints and muscles through its natural interaction, which may promote a healthy inflammatory response. Visit [oliversharvest.com](http://oliversharvest.com).

*Check 209 on index.*

## 3 CBD Freeze Roll-on & CBD PM

### CBD MD

CBD Freeze roll-on, voted CBD Topical of the Year by the Product of the Year awards, combines 300 milligrams of hemp-based CBD with pain-relieving menthol and other wholesome ingredients. CBD PM, the winner of the CBD Sleep Aid category, packs 500 milligrams of CBD, 150 milligrams of melatonin, and a proprietary blend of soothing herbs into one minty tincture. Visit [cbdmd.com](http://cbdmd.com).

*Check 210 on index.*

## 4 Sana RELIEF CBD Tincture

### SANA THERAPY PRODUCTS

Sana RELIEF CBD tinctures are made with phytocannabinoid-rich CBD and medium-chain triglyceride (MCT) oil in a strength of 500 milligrams per 1 ounce bottle. Each full-body RELIEF CBD tincture has 30 servings, can be taken sublingually day or night and is safe, affordable, easy to use and legal. This tincture aims to alleviate symptoms relating to stress, headaches, anxiety and depression. Visit [sana-cbd.com](http://sana-cbd.com).

*Check 211 on index.*



2



1



3



4



## 1 F&P Vitera

**FISHER & PAYKEL HEALTHCARE**

Successful CPAP therapy begins with choosing the right mask. With the patient at the center of Fisher & Paykel's design philosophy, the key focus areas for the Vitera's design included stability, adaptability and breathability. The company believes that mask performance is multi-faceted and that the technologies in the Vitera mask work in harmony throughout the night for effective therapy and comfort. Visit [fphcare.com](http://fphcare.com).

*Check 212 on index.*

## 2 Z2® Auto CPAP

**BREAS**

The Z2 Auto CPAP is an ultra-small, lightweight, auto-adjusting CPAP—perfect for travel. At just 6.48 inches by 3.30 inches by 2.02 inches and 10.5 ounces, the Z2 Auto CPAP packs easily without adding extra weight. It's perfect for patients to take their sleep apnea therapy anywhere they want to go. The Z2 Auto does not require a special mask or tube for use; any mask can be used as long as it does not have a proprietary connection. The Z2 is data capable and records all information on events and compliance. Patients can download the free Nitelog mobile app for iOS or Android and sync directly to their device via Bluetooth to review their sleep data. Visit [breas.us](http://breas.us).

*Check 213 on index.*

## 3 3B Luna II CPAP and Auto-CPAP

**3B MEDICAL**

The 3B Luna II CPAP and Auto-CPAP has a sleek modern redesign. This unit has an integrated, ultra-efficient dual-chambered heated humidifier. A crystal-clear LCD display makes it easy to see all the information in full color. It is available in full data capture or QX version. The Luna II integrates with iCodeConnect, 3B's configurable patient management system. Visit [3bproducts.com](http://3bproducts.com).

*Check 214 on index.*

## 4 DreamStation Go

**Philips**

Designed to accommodate the frequent traveler, the DreamStation Go is an ultra-portable positive airway pressure (PAP) therapy system. The DreamStation Go is the smallest CPAP platform developed by Philips, but still offers the same therapy and comfort as the original DreamStation device. With the smaller design and unique blend of connectivity and packability, the DreamStation Go enables patients living with obstructive sleep apnea (OSA) to travel without missing therapy. The DreamStation Go system also offers a humidifier that allows patients to receive their therapy with heated humidification, providing a comfortable, quiet, good night's sleep wherever they travel. Visit [philips.com](http://philips.com).

*Check 215 on index.*

# INDEX & READER SERVICE

## FREE SUBSCRIPTION

# HomeCare

☐ **YES! I wish to receive a FREE subscription to HomeCare.**

☐ No, cancel my FREE subscription.

\*Signature

Date

*Required for Subscription*

### YOU MUST SIGN AND ANSWER ALL QUESTIONS TO QUALIFY FOR A FREE SUBSCRIPTION

Qualified subscriptions begin at the publisher's discretion. Incomplete forms cannot be processed or acknowledged. We will use your email address to send your annual renewal notice and other related products and services.

☐ Check here to opt out of email messages from our marketing partners.

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

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

#### ONLINE

For fastest service, complete this form online  
homecaremag.com/subscribe

#### FAX

Complete, tear out and fax to 205-314-8272

#### MAIL

Complete, tear out, place in an envelope and mail to:  
HomeCare Magazine,  
PO Box 530067, Birmingham, AL 35253-0067

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

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

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

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

### REQUIRED for both SUBSCRIPTIONS and READER SERVICE

Name

Address

Title

City/State/Country/Zip/Post

Company

\*Phone

\*Email

## READER SERVICE

Check the box(es) below to receive free information from companies listed in this issue.

#### ONLINE

For fastest service, visit hcfreeinfo.com (U.S. only)

#### FAX

Complete, tear out and fax to 630-739-9700

#### MAIL

Complete, tear out, place in an envelope and mail to:  
Creative Data, 440 Quadrangle Drive, Suite E, Bolingbrook, IL 60440-3000

RS2004

Expires  
90 days  
from  
04/20

## Advertisers

Advertiser	RS#	PAGE	Advertiser	RS#	PAGE	Advertiser	RS#	PAGE
AAHomecare .....		3	KayserBetten .....	105	39	ResponseNow Medical		
Change Healthcare .....	101	IBC	Masimo .....	106	BC	Alert Systems .....	110	47
ComforTek Seating .....	102	47	National Association for			Seni .....	114	27
EZ-ACCESS .....	104	IFC	Home Care & Hospice .....		40	Shipp Cleaning Systems .....	111	47
			Perfect Height Bed .....	107	37	Sunset Healthcare Solutions .....	112	15
			Philips Respironics .....	108	1	The Compliance Team .....	113	5
			Principle Business Enterprises .....	109	37	TIMS/Computers Unlimited .....	103	31

Ad index is furnished as a courtesy, and no responsibility is assumed for incorrect information.

## Products

Company	RS#	PAGE	Company	RS#	PAGE	Company	RS#	PAGE
3B Medical .....	214	45	GF Health Products .....	203	42	Principle Business Enterprises .....	205	43
Breas .....	213	45	Inspired by Drive .....	200	42	Pürwell .....	208	44
CBD MD .....	210	44	McAirlaid's Inc .....	204	43	Sana Therapy Products .....	211	44
Easy Wheelz LLC .....	202	42	Oliver's Harvest .....	209	44	Seni .....	207	43
Essity .....	206	43	PC Sands LLC .....	201	42			
Fisher & Paykel Healthcare .....	212	45	Philips .....	215	45			

## MOBILE CONNECTIONS ON THE GO



facebook.com/homecaremag

twitter.com/HomeCareMag

linkedin.com/groups/4096925

## HomeCare

The Leading Business Magazine for HME and Home Health Professionals



### Chair Caddie™

RETRO-FIT



Attaches to **YOUR** dining chairs

*It Rolls...It Turns...  
and Locks for safety!*

[www.comfortek.com/cc](http://www.comfortek.com/cc)



Check 102 on index.

**260 BILLION  
ODOR-KILLING BACTERIA  
PER GALLON**

## Urine Rx

the remedy for urine odor

**ADVANCED  
BIOTECHNOLOGY  
FOR  
DEODORIZING**

- AMYLASE**  
Breaks down carbohydrates and starches
- PROTEASE**  
Breaks down proteins
- CELLULASE**  
Breaks down cellulose
- LIPASE**  
Breaks down fats and grease
- URIASE**  
Breaks down uric salts

[urinerx.com](http://urinerx.com) | 800.962.1723

Check 111 on index.



Check 110 on index.

### HELP FOR YOUR PATIENTS ANYTIME, ANYWHERE.

*ResponseNow Medical Alert Affiliate Program*

- Paid referrals for every new patient.
- Patient receives free month.
- 30-day battery life, just 3 hours to charge.



**RESPONSENOW.COM/START-NOW**  
**866.795.4321**

**To subscribe to our print or digital editions and sign up for  
our newsletters, visit our website and click SUBSCRIBE**

**HomeCAREMAG.COM**



# FOOD FOR THOUGHT

## Chicken Soup for the Soul

Culinary training for caregivers goes beyond meal prep

By Kristin Easterling



*Chef Beth Scholer teaches an in-person class on nutrition for caregivers.*

Chef Beth Scholer is a classically trained chef. She studied in Paris and learned the culinary techniques that go along with five-star cuisine. But as she cooked, she realized her true passion was educating people young and old about healthy meals. With a background in food safety and nutrition, she became a certified dietary manager, which eventually led to the creation of Caregivers Kitchen, an online and in-person culinary training program for in-home caregivers.

Caregivers Kitchen was born when a homecare agency in Scholer's hometown of Ft. Wayne, Indiana, approached her to create a training program after hearing complaints from clients that caregivers couldn't make coffee or cook eggs. When that agency started marketing its specialized staff training, the idea mushroomed.

"Mealtime is very important for elderly clients and their families," Scholer said. "They want to be assured that caregivers can accommodate their loved one's food preferences or special dietary needs. And for elders experiencing a decline in physical or mental health, having choice in their meals gives a sense of personal control and offers comfort."

As basic as the need may be, it's something homecare agencies struggle to provide, she said. She cited a survey her

group conducted in which 90% of homecare owners or administrators revealed that they had received cooking-related complaints from clients.

Scholer said that if a homecare company is promoting cooking services, it's important to know that clients have expectations about mealtime—and that nutrition matters, too.

"Clients want to enjoy their meals and nutrition is so important when it comes managing chronic disease and avoiding hospitalization. Well-nourished elders will have more energy for daily activities, less depression, respond better to medical treatments and enjoy improved overall health," she said.

But making healthy, condition-appropriate meals isn't always elemental. In that same survey, she said, 88% of caregivers revealed they needed more training making meals for seniors with chronic diseases and in other areas such as food safety, nutrition and cooking skills.

With Caregivers Kitchen, there's a professional development component as well. Caregivers who learn specific kitchen skills and mealtime management are recognized as Culinary Specialists.

"Companies who acknowledge their staff's achievement will enjoy greater loyalty," Scholer said. And because everyone

eats every day, caregivers can use their new cooking skills and recipes at home for themselves or their own families.

The classes are offered online, ranging from basic skills to more specialized courses addressing cooking for chronic conditions such as diabetes, heart disease, food allergies, celiac disease and more. Caregivers can also learn about improving mealtime for seniors with Alzheimer's and dementia.

A hybrid version of the program offers online courses blended with in-person cooking classes, either in partnership with training organizations, or through a train-the-trainer program at the Caregivers Kitchen office. Caregivers Kitchen recently launched an exclusive partnership with In the Know Caregiver Training to give more caregivers access to the online program.

In Basic Cooking, there are lessons on safely cooking, storing and serving meals, from grocery shopping to setting the table.

"Older adults are more susceptible to foodborne illness, so it is vital that caregivers know and practice safe food preparation in the elder's home but also take steps to make meals a meaningful time," she said. **HC**

Kristin Easterling is managing editor of HomeCare magazine.





# Chat with Home Care and DME Experts One-on-One About Your Challenges

- Reimbursements
- Controlling Costs
- Denial Management
- Regulatory Changes
- Reporting and Benchmarking Tools

Visit <http://bit.ly/ChatWithDME> today — and get the support you need.



# Break Free

Unleash your patients with tetherless  
Masimo SET® measure-through-motion  
pulse oximetry



## Radius PPG™

Masimo Signal Extraction Technology®, SET®, revolutionized pulse oximetry by solving the “unsolvable” challenge of providing reliable, accurate continuous monitoring even during patient motion and low perfusion. SET® has been shown to help clinicians reduce severe retinopathy of prematurity in neonates,<sup>1</sup> improve critical congenital heart disease screening in newborns,<sup>2</sup> and reduce rapid response team activations, ICU transfers, and costs.<sup>3-5</sup>

**With tetherless Radius PPG technology, the benefits of SET® are now available without the challenges of a cabled connection, enhancing clinician workflow and efficiency while increasing patient comfort and convenience.**

## Get SET® for Motion.

Visit [www.masimo.com/radius-ppg](http://www.masimo.com/radius-ppg) to learn how existing SET® pulse oximeters can go tetherless.

<sup>1</sup> Castillo et al. *Acta Paediatr.* 2011 Feb;100(2):188-92. <sup>2</sup> de-Wahl Granelli A et al. *BMJ.* 2009;Jan 8;338. <sup>3</sup> Taenzer AH, et al. *Anesthesiology.* 2010;112(2):282-287.

<sup>4</sup> Taenzer AH, et al. *Anesthesia Patient Safety Foundation Newsletter.* Spring-Summer 2012. Vol. 27(1), 1-28. <sup>5</sup> McGrath SP, et al. *Jt Comm J Qual Patient Saf.* 2016;42(7):293-302.

Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. See instructions for use for full prescribing information, including indications, contraindications, warnings, and precautions.

PLCO-003518/PLMM11359B-0120  
PLLT-10881A  
© 2020 Masimo. All rights reserved.