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APRIL 2021

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

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



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

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



innovation  you

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

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

Dear HomeCare Readers,


Just over a year ago, our world changed.

Here at HomeCare, the coronavirus pandemic shut down our office and our schools. We cancelled travel to the tradeshow and events that help keep us up to date on what's happening in the industry. And we had to figure out how to stay on top of a rapidly evolving regulatory, sales and caregiving environment so we could keep you informed. The effects were more dramatic for you out in the field. You were tasked with keeping your customers and employees safe from a dangerous and barely understood virus.

This month, we publish our 2021 Salary & Benefits Survey, which provides a glimpse into some ways COVID-19 impacted operations. On the home medical equipment side of things, nearly half of respondents said they made staffing changes due to the pandemic. In home health, that number was closer to 70%. You can see those statistics and more starting on page 21—a big thank you to everyone who filled it out.

As we pass the one-year mark on the pandemic, we've also got a chat with a provider about how they handled sourcing and selling infection control products during those crazy days in April of 2020. Plus there are helpful tips from experts about documentation, accreditation, compression, arthritis care and much, much more to help you manage your business.

Thank you for reading,



Hannah Wolfson

## BE HEARD

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

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

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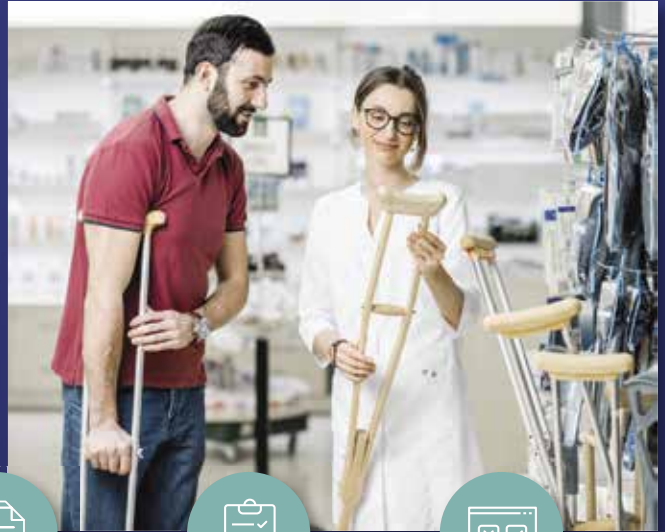
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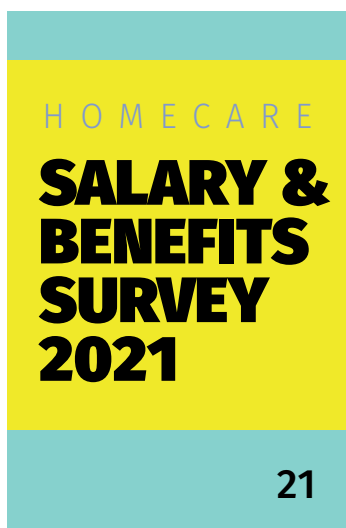
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## Axxess Creates New Certification

Axxess, a technology provider for health care at home, announced the launch of its certification program, which is designed to create a standard of home health, homecare and hospice industry knowledge and competency.

The Axxess Certification Program leverages industry expertise alongside Axxess solution training to provide continuing education and development for leadership and staff of all levels. Through a robust online curriculum using a series of training modules that typically

provide information in 20 minutes or less, participants are trained and tested on their understanding of the caregiving process and Axxess solutions and may earn certification from foundational to expert levels across clinical, operational and financial tracks.

“All Axxess employees have begun the certification program,” said Axxess Founder and CEO John Olajide. “By the end of this year, they will all be certified.”

The Axxess Certification Program will become available to company clients and the industry later this year.

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

National best-practice research firm BerryDunn will design and facilitate the national effort with the assistance of Delta Health Technologies and HealthPivots as technology and data sponsors.

[berrydunn.com](http://berrydunn.com), [leadingage.org](http://leadingage.org)

## New Coalition Forms With Focus on Bringing Health Care Home

A coalition of health care companies has launched a group called Moving Health Home to change the way policymakers think about the home as a site of clinical service.

The COVID-19 pandemic exposed the potential of home-based clinical care and the opportunity for a more robust set of services ranging from primary care to hospital-level treatment. The advent of telehealth, remote monitoring, digital therapeutics, provider home visiting, medical record sharing and other technology has shown that care in the home can be at least equivalent to, if not better than, care offered in facilities.

Founding members of the coalition include Amazon Care, Landmark Health, Signify Health, Dispatch Health, Elara Caring, Intermountain Healthcare, Home Instead and Ascension.

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

## Principle Business Enterprises Celebrates 60 Years, Evolves Brand

Principle Business Enterprises, Inc. (PBE) has announced the evolution of its Tranquility brand of incontinence products and ongoing commitment to being an employer of choice.

Since welcoming the company's third generation of family leadership with the appointment of Andrew Stocking as president and CEO, PBE has continued to focus on product innovation and its mission to uplift, enlighten and enrich the lives of its customers and associates. Recent developments include:

- PBE has streamlined its selection of incontinence care products to clearly differentiate them. The company unified the Tranquility Product Family, introducing Tranquility Premium,

## UPCOMING EVENTS

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

**APR 19-22 National Home Infusion Association Annual Conference Virtual**  
[nhia.org](http://nhia.org)

**APR 27-29 MAMES Spring Excellence in HME Midwest Conference Des Moines, Iowa**  
[mames.com](http://mames.com)

**JUN 21-23 Association for Home & Hospice Care of North Carolina Annual Conference Virtual**  
[ahhcnc.org](http://ahhcnc.org)

**JUL 7-10 RESNA Annual Conference 2021 Arlington, Virginia**  
[resna.org](http://resna.org)

## LeadingAge, Others Launch Study into Homecare Best Practices

LeadingAge, the association of nonprofit providers of aging services that has an expanded footprint in the homecare sector after its affiliation with Visiting Nurse Associations of America earlier this year, is joining forces with others in the field to cosponsor the 2021 National Study on Best Practices and Future Insights. Designed to produce insights that will ensure quality, outcome-driven care in the new reform environment, the research project aims to help identify clinical and operational best practices for care and training that agencies can implement to position themselves for future success.

Methodology for the study will include three phases. Phase I, which closed March 12, included a web-based input survey allowing providers to suggest issues they would like to see addressed. Phase II will involve an in-depth online survey with input from nearly 1,000 agency leaders. Phase III will include distribution of free national data and reports as well as presentations at national and state conferences.

A unique feature of the study is the collaboration between national associations. Joining LeadingAge as cosponsors are: the National Association for Home Care & Hospice (NAHC), the NAHC Forum of State Associations, the National Hospice and Palliative Care Organization, the Home Care Association of America, and the Council for State Home Care and Hospice Associations.

Tranquility Essential and Tranquility Specialty product lines for consumers at home and in health care facilities. Tranquility Essential offerings will include the new “Breathable Brief” designed specifically for Medicaid wearers with heavy incontinence needs.

- The company has also increased its ability to serve the Medicaid, long-term care and veteran populations by forming a clinical care team with a dedicated Medicaid specialist to enhance its product innovation and consultative services.
- PBE recently acquired certain assets and technologies of Near Health, a smart technology company based in Palo Alto, California. PBE, a Near Health investor, in 2018 began manufacturing absorbent products to accompany the firm's patented SmartBrief technology.
- PBE expanded its technical capabilities to integrate SmartBrief and associated technologies into Tranquility Connect, a new high-absorbent, disposable product with remote sensing that detects remaining capacity and body temperature. Product testing for Tranquility Connect is underway with select partners and is slated to launch commercially in late 2021.
- PBE has added several benefits including backup child care, paid parental leave, a dedicated health clinic for associates and more.

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

### **ACHC Adds Two New Distinctions for DME Providers**

To better meet the current demands of the health care industry, the Accreditation Commission for Health Care (ACHC) has developed two new distinctions for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)-accredited organizations; each is available to providers accredited under the ACHC DMEPOS program. They are:

#### ***Distinction in Clinical Respiratory Patient Management***

Encompassing the assessment, treatment,

disease management and education of respiratory conditions, this distinction helps licensed respiratory care practitioners and other qualified health care professionals distinguish their expertise in ongoing, home-based patient respiratory care. The distinction focuses on a collaborative approach to respiratory management that facilitates results-based measures and improved clinical outcomes, which can lead to reductions in hospital readmissions and enhanced quality of care. It must be earned in combination with ACHC Home/Durable Medical Equipment Accreditation.

#### ***Distinction in Custom Mobility***

This distinction recognizes providers of custom mobility products who are committed to improving patients' activities of daily living and health-related quality of life. The distinction must be earned in combination with ACHC Complex Rehabilitation and Assistive Technology Supplier Accreditation, which primarily addresses wheeled mobility, seating and alternative positioning, ambulation support, environmental control, augmented communication and other assistance patients need to perform daily activities. The distinction standards focus on the creation and maintenance of treatment plans, goal and outcome monitoring, patient follow-up, and documentation to prevent complications, ensure patients maintain/improve mobility, and improve patients' quality of life.

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

### **ResMed's D'Andrea Joins AAHomecare Executive Committee**

ResMed Vice President of Global Government Affairs and Market Access Larissa D'Andrea has accepted an open position on the executive committee for AAHomecare. The position became available following another merger within the industry. D'Andrea most recently sat on the board of directors for the association. She has also served on the Home Medical Equipment/Respiratory Therapy Council and was instrumental in 2019's Competitive Bidding Bid Smart campaign.

D'Andrea has nearly 20 years of experience in regulatory affairs and government relations in the healthcare and consulting industry. She is also the co-founder of a social impact film and theatre production company.

“Larissa brings a lot of ideas, experience and creativity to the home medical equipment industry and the executive committee,” said Tom Ryan, president of AAHomecare. “I am excited to work with her in this new role and appreciate the thoughtful approach she brings to every project she is engaged in. We have benefitted from her work in our councils, board of directors, and with the Bid Smart Campaign; as we engage new projects and policy strategies, I know she will be an asset to the industry in this role.”

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

### **Össur to Reach Carbon Neutrality in 2021**

Össur, a global provider in the orthotics and prosthetics industry, announced that the company will be carbon neutral in 2021—its 50th anniversary year. Originally founded in February 1971, the company has demonstrated successful growth since its initial public listing in 1999.

Össur has been actively working towards a carbon neutral operation; in 2021, the company will be carbon neutral for energy and fuel consumption, waste generation, business travel, transportation of goods and electricity consumption of finished goods suppliers. This represents direct and indirect emissions (Scopes 1 and 2) and selected Scope 3 emissions, according to the Greenhouse Gas Protocol.

According to Össur President and CEO Jon Sigurdsson, the company will continue to reduce emissions, improve energy efficiency, source all of its electricity from renewable sources and offset remaining emissions by supporting emission reduction projects. The company, which is based in Reykjavik, Iceland, has partnered with First Climate, a service provider of carbon emissions management, to achieve carbon neutrality.

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

# How consumer financing can help drive HME business success

## Q&A with CareCredit Industry Experts

*With families facing rising premiums, deductibles, and out-of-pocket costs for healthcare<sup>1</sup>, it's not surprising that consumer financing is becoming commonplace in post-acute care, including the home medical equipment (HME) industry. Like many other retail-focused healthcare industries, HME has seen consumer financing become an essential component for business success.*

*CareCredit has partnered with providers to offer consumer financing in healthcare for more than 30 years. With a network of more than 240,000 provider and retail locations, CareCredit makes it easier for people to get the care they want and need in a wide range of medical specialties, including HME.*



**Claude Royster** is Vice President and General Manager of Specialty Sales for CareCredit.



**Randy Baldwin** is Vice President Marketing - Health & Wellness Industries.

### CARECREDIT AND HEALTHCARE

#### How did CareCredit break into healthcare?

**Randy:** Although we weren't called CareCredit at that time, CareCredit started nearly 34 years ago in the dental industry, helping people finance their high out-of-pocket costs for dental implants. CareCredit quickly evolved to include other healthcare specialties with high out-of-pocket costs for patients and clients. For example, the veterinarian space, where pet owners use CareCredit for both emergencies and routine care for their pets.

Next CareCredit expanded into the cosmetic space, including cosmetic surgery, dermatology, and ophthalmology—including the LASIK procedure that helps people get rid of their glasses and contact lenses. Now we are in optometry, hearing healthcare, and other adjacent industries with products, services or procedures that patients and consumers need and want.

Synchrony, which has a long history of consumer financing, acquired CareCredit in the early 2000s, and since then, CareCredit has become one of the largest and most popular consumer healthcare and wellness credit cards.



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## THE VALUE OF CONSUMER FINANCING IN HME

### Why is consumer financing important when it comes to home medical equipment?

**Claude:** Medical equipment products are often expensive, and many people are trying to maintain a quality of life. Our CareCredit product ultimately allows customers to be able to satisfy their needs and pay over time for their purchases, which is the value of promotional financing.

As a dedicated healthcare credit card, that they only use for medical and wellness purposes, CareCredit allows cardholders to preserve their general-purpose cards for other household needs. And it also allows cardholders to compartmentalize their spend so they can see exactly how much their spending on healthcare needs and be able to manage their budgets accordingly.

---

## MEETING CONSUMER NEEDS AND WANTS

### Are you hearing from HME providers that financing is helping offer patients the freedom to pursue the things they want as opposed to just the things they need?

**Randy:** Yes, that's what I've heard from HME providers. For example, someone who needs a wheelchair may prefer a mobile wheelchair or scooter, which are more expensive. But with financing, they may be able to better afford what they really want and pay on a monthly basis. So they can get what they need, but also have the option to get what they really want.

And this is true in a lot of the industries where CareCredit is accepted. For example in Optometry, a consumer who needs a pair of glasses may want designer frames, plus a second pair of glasses. If they can use a healthcare credit card and pay over time using promotional financing such as no interest—if paid in full within 6, 12, 18 or 24 months—they may be able to get both pairs. Offering financing in HME helps consumers follow their doctors' recommendations and satisfy both their healthcare needs and wants.

---

## PROVIDER ENROLLMENT PROCESS

### What does an HME provider need to do to get onboard with CareCredit and support CareCredit transactions?

**Claude:** When a provider registers, they send in their documentation to complete their enrollment in the CareCredit network. If they're approved, we send information to get them started. Then they complete simple online training that covers how to process an application and transaction. After completing the training, they can process transactions and applications with CareCredit.

Most providers will simply process their CareCredit applications and transactions on Provider Center, which is our online portal. For larger providers, CareCredit offers an integrated solution that works with the provider's hosted site.

**Interested in enrolling or learning more about what CareCredit can do for your HME business and your customers?**

Go to [CareCredit.com](https://www.carecredit.com)

Or call 800-300-3046 and select Option 5

<sup>1</sup> Kaiser Family Foundation, 2019 Employer Health Benefits Survey.



## Ventec Names Alwan CEO

Ventec Life Systems announced that its board of directors has appointed Jim Alwan as president and CEO. Alwan will also serve as a member of the Ventec board of directors.

Alwan brings extensive medical device leadership experience, with more than 25 years developing and managing health care products. Most recently, Alwan served as the senior vice president and general manager of the hospital respiratory care business at Philips Healthcare and as the vice president of innovation and business development at Becton Dickinson. He has delivered innovation and profitable growth in functional and operational roles in the medtech, telecommunications, and semiconductor sectors throughout startup, mid-cap, and large-cap global corporations.

"I am delighted to join Ventec Life Systems to expand upon the unprecedented growth and remarkable progress of this team," Alwan said. "By re-imagining respiratory therapy delivery in a uniquely integrated and connected solution, they have unlocked value that is now reshaping the respiratory care market and improving the lives of patients and caregivers."

Alwan holds a bachelor's, master's and Ph.D. in electrical engineering from the University of Illinois in Champaign-Urbana.  
[venteclife.com](http://venteclife.com)

## ConcertoCare Names New Chief Medical Officer

ConcertoCare, a risk-based senior health care provider, announced the appointment of Dr. Amy Flaster as chief medical officer. Most recently a senior physician executive at both Health Catalyst and the Mass General Brigham health system, Flaster will lead clinical strategy and operations for ConcertoCare's in-home health care services for seniors as it expands its tech-enabled product offerings and national footprint.

ConcertoCare offers a spectrum of in-home geriatric care models, including the wraparound ConcertoCare Partners program, the Geriatric Primary Care model and PACE (Program of All-Inclusive Care for the Elderly).

Flaster is an experienced physician executive, value-based care strategist and practicing internal medicine physician. Before joining ConcertoCare, she served as senior vice president of population health at Health Catalyst, where she led the organization's population health strategy and partnered closely with health systems in their transition to value-based care.

She has also served as associate medical director of population health at Mass General Brigham, where she ran a portfolio of population health programs to drive health care transformation across the network, including the nationally recognized Integrated Care Management Program (iCMP) leading hundreds of clinicians in data-driven complex care management of frail and elderly patients.

Flaster continues to serve on the faculty of Harvard Medical School and practices primary care at the Brigham and Women's Hospital.

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

## NSM Acquires Atlanta-Based Home Elevator Company

National Seating & Mobility (NSM), a provider of comprehensive mobility solutions, has acquired Blue Moose Elevators & Stairlifts in Atlanta. The acquisition strengthens NSM's provision of holistic mobility and accessibility options to clients in the Atlanta metropolitan and surrounding areas.

Lead by Dr. Jeremy Hammonds, Blue Moose Elevators & Stairlifts was founded in 2005. The company has become an expert in the installation and service of stairlifts, vertical platform lifts and residential elevators in the Atlanta home accessibility market.

Four employees from the company will transition to the NSM team serving clients at the NSM Atlanta branch. This expansion also positions NSM to further expand the company's exclusive partnership with the Home Depot. NSM supports home accessibility needs through the Home Depot's Independent Living Center locations at select retail locations.

[nsm-seating.com](http://nsm-seating.com)

## Tomorrow Health Partners With Geisinger Health Plan

Tomorrow Health, a patient-first platform for home-based care, today announced a partnership with the Geisinger Health Plan (GHP) to provide more than half a million patients with access to curated home medical equipment (HME) and supplies.

Tomorrow Health was founded to solve the complex challenge that patients and their families face in coordinating and delivering care at home. The company streamlines the home-based care experience by matching patients with HME suppliers, simplifying the ordering, product selection and delivery processes and offering high-touch support at every step.

Tomorrow Health's platform offers increased reliability and value to payers, provides tools for growth and operational efficiency for HME suppliers, and saves physicians and their staff time spent on coordination.

As of Jan. 1, 2021, all HME orders for GHP members are being coordinated by Tomorrow Health. By aggregating data on reliability, operational efficiency and patient satisfaction, Tomorrow Health matches GHP members with high-quality HME suppliers in GHP's provider network. Members also have access to Tomorrow Health's dedicated team of Care Advocates for guidance and support throughout the process, from product selection to delivery.

Geisinger Health Plan serves more than 540,000 members across Pennsylvania and has a provider network of more than 29,000 doctors and 100 hospitals. It provides coverage for businesses of all sizes, individuals and families, Medicare beneficiaries, Children's Health Insurance Program and Medical Assistance recipients.

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



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# Explaining the HIPAA Safe Harbor Act

HR 7898/Public Law No. 116-321

By Kristin Easterling

### LEGISLATION

The HIPAA Safe Harbor Act amends Subtitle D of the Health Information Technology for Economic and Clinical Health (HITECH) Act to require the Department of Health and Human Services (HHS) to consider whether organizations have “recognized cybersecurity practices” in place when investigating a data breach, and to be lenient with their fines or other enforcement actions if the practice has met all basic technical safeguard requirements.

This means that if a health care provider is following the basic HIPAA Privacy Rule provisions and safeguards to mitigate threats, the fine for a data breach should be lower.

Recent reports indicate that cyberattacks against health care providers increased 45% in December 2020 and January 2021. A new law will protect owners who have taken reasonable cybersecurity precautions from large fines due to an audit.

To better understand the changes, providers must first know that the HITECH Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law to promote the adoption and meaningful use of health information technology. Subtitle D of the HITECH Act addresses the privacy and security concerns associated with the electronic transmission of health information through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

STATUS »

Former President Donald Trump signed into law on Jan. 5, 2021.

### MORE DETAILS TO NOTE:

- Organizations must be able to demonstrate they have had industry-standard security measures in place for 12 months before getting the benefits of reduced enforcement.
- HHS will consider specific cybersecurity efforts made by the health care company when calculating fines related to security incidents. This means having a single measure in place that’s unrelated to the reason for the breach won’t matter. Organizations must have their Security Risk Analysis and accompanying mitigation efforts documented and demonstrable to receive the benefits.
- HHS can’t increase the fine amount or extent of the audit process if a practice is found to not meet basic security standards.
- The law also corrected technical elements of the 21st Century Cures Act related to the information-blocking enforcement authority of HHS’s Office of the Inspector General (OIG). Under the new law, the OIG is authorized to obtain information, assistance and other support from federal agencies when investigating claims of information blocking by developers or other entities offering health information technologies.

### WHAT ARE RECOGNIZED CYBERSECURITY PRACTICES?

1. Following the HIPAA Security Rule to identify weaknesses and areas requiring mitigation through a completed Security Risk Analysis.
2. Implementing the right technical safeguards to mitigate identified risks.
3. Following all other security practices identified as standards that health care organizations should hold themselves to, consistent with the HIPAA Security Rule and the Cybersecurity Act of 2015.

**LEARN MORE>>** Find more information about HIPAA and cybersecurity at [homecaremag.com/tags/hipaa](https://homecaremag.com/tags/hipaa).



By Cassandra Gordon

# The Ever-Evolving Role of Telehealth & Portable Oxygen

## How to find the right mix for your business

Telehealth is no longer a trendy buzzword; it has become a part of the fabric of daily life, from online doctor visits to managing the health data available on smartwatches.

The shift toward telehealth had already begun before the COVID-19 pandemic hit. But in the months that followed the first coronavirus cases in the United States, health care providers quickly transformed how they served their patients, especially those who required more touch points or specialty care.

In April 2020, Forrester Research analysts predicted that virtual health care visits in the United States would soar to more than 1 billion in 2020—and that 900 million of those visits would be related to COVID-19.

Oxygen therapy continues to be one of the key courses of COVID-19 treatment, both in the hospital and after discharge when patients return home. Providers have been left scrambling to deliver not only an at-home care solution, but also an additional portable option that will serve the patient's increasing need to ambulate as they recover while they are receiving their prescribed therapeutic oxygen.

Nondelivery solutions, such as pairing a stationary and a portable oxygen concentrator (POC), have long been the go-to for providers to satisfy these equipment needs in a low-contact way. When serving new oxygen patients—whether they are COVID-19 long-haulers, those who still experience complications after infection, or have been diagnosed with Chronic

Obstructive Pulmonary Disease after hospital discharge—what comes next? How does the provider ensure that the oxygen patient receives the therapy they need while staying updated on any ongoing needs or maintenance the equipment might require?

### A Technological Evolution

For more than a decade, the manufacturers of oxygen concentrators have been developing ways to allow providers to more efficiently service and maintain their oxygen concentrator fleets. Some of you might remember the early diagnostic tools that required a technician to connect a USB cord between the POC and a laptop equipped with specialized software to perform a quick check and identify essential service and repair needs.

That was a far cry from the technologies that have rolled out over the last five years on next-generation POCs. Advancements have been a real game changer for providers, who can now review equipment data from the cloud via their computer dashboard and determine the next steps for a patient visit, device use and any required maintenance.

**There has never been a better time for providers to implement a telehealth solution for their oxygen equipment fleets.**

Provider adoption of telehealth connectivity on oxygen equipment continues to increase due to the overall benefit to the provider in creating operational efficiencies, and for patients, who have shown an increased desire to actively manage their health care.

Because of this, there has never been a better time for providers to implement a telehealth solution for their oxygen equipment fleets. With this one step, they can harness the technology to remotely access equipment data 24/7—giving them the power to transform the care they provide their patients by not only being able to identify issues from the convenience of a remote dashboard, but also by offering another layer of accessibility to receive service requests from patients in real time. The benefits to patients are sure to be attractive to clinical referral sources who want the best care available, and to patients who are looking for open lines of communication as they transition back to self care following their serious illness and/or hospital stay.

### What to Look for

With a crowded marketplace of remote telehealth solutions, here are some things to keep in mind as you research the possibilities:

#### 1 Connectivity to a Broad Portfolio

When selecting your oxygen therapy equipment manufacturer, keep in mind that their telehealth solution is more than likely specific to their portfolio. You will not only be implementing a new telehealth platform, but you might also be adding new





equipment to your fleet. Review the portfolio of equipment from the manufacturer. Do they offer portable, transportable and stationary oxygen concentrators with wireless connectivity?

Choosing a telehealth solution that offers wireless rather than cellular connectivity offers greater flexibility for the provider and does not lock them into monthly or annual fees. And with rapidly changing technology, it may extend the use life of the device.

Does the equipment cover a broad spectrum of prescriptions for patients' at-home and mobile needs? Do the devices offer smart oxygen delivery features to ensure effective saturation and flexibility as the oxygen users' needs change? Selecting a manufacturer with a broad portfolio can immediately create efficiency in fleet management.

## 2 Relevant Data That Improves Care

Let's face it: Technology offers numerous options to view a vast amount of data on customizable, sophisticated dashboards. Identifying the data points important to serving the oxygen patient can help cut through all the bells and whistles that a platform can offer by drilling down to the essentials. Accessing critical data points for these patients can help the provider avoid becoming bogged down with a cumbersome platform and data overload.

There are a couple of key data points to follow that help provide exceptional care for the long-term oxygen therapy patient, as well as features sure to improve patient confidence and satisfaction:

- Ease of use
- The ability to view usage hours and flow settings
- Added support with caregiver access
- Device notifications
- Remote troubleshooting
- Access to device features and user manual
- The ability to request service

These features help providers determine who is on track and who might need additional support or a service call. They also help the patient become more comfortable and confident with their oxygen therapy—which ultimately means a more mobile, active patient.

## 3 Safe & Secure Cloud-based Technology

With all the regulation around privacy and patient health information, there are legitimate concerns regarding additional layers of administration processes. Be sure to select a telehealth solution that gives you the ability to protect your customer data by setting employee administrative access based on their role, access needs and branch location.

The right telehealth solution offers the ability to filter data to quickly identify any required touchpoints, as well as essential equipment diagnostic data to troubleshoot remotely.

## In Conclusion

Today is an excellent day to schedule a call with your oxygen therapy manufacturer or distributor to talk about your oxygen concentrator fleet, how your equipment is meeting the current demand and needs of new patients, and how to plan for the future and ensure coverage.

Advancements in smart oxygen delivery technologies and evolving features on portable oxygen concentrators go hand in hand with the continued expansion of back-end offerings—from wireless connectivity to telehealth solutions—designed to enhance provider support to patients. This added layer of support is an important step in closing the loop of care between the provider, clinician and patient, promising greater peace of mind for all. **HC**

Cassandra Gordon, MBA, serves as CAIRE Inc.'s senior product manager for portable oxygen concentrators and telehealth solutions. She brings her extensive experience in medical device marketing and sales to the global oxygen manufacturer in support of providers through programs and advancements in oxygen therapy solutions designed to improve patients' lives everywhere.

## IN-HOME CARE: AUDITS



Meg Pekarske



Bryan K. Nowicki



Emily M. Park

# Lessons Learned From a Decade of Defending Hospices

Audit advice & 4 strategies for success

Hospice providers were under a microscope before the COVID-19 pandemic, but the focus on hospices may be even greater post-pandemic given an influx in federal funding and the dramatic change in processes caused by the pandemic. We have represented hospices in all manner of government audits and investigations for over 10 years, and have learned a number of ways to achieve success that we can share. Here are just four keys to help you better prepare for audits ahead.

## 1 Audits are like novels.

The beginning of an audit rarely resembles its end. While there are many “chapters” to an audit and its years-long appeal process, those who persist through the conclusion can find success. More than \$50 million of overpayments have been thrown out in the past several months as a result of perseverance and zealous advocacy. These results do not occur within the first few weeks or months of an audit process; they may require years of wading through an appeal process or engaging in creative advocacy outside the appeal process. In audits, perseverance pays off.

Each “chapter” of the audit and appeal process presents opportunities for advocacy. The first chapters typically bring bad news—a challenge for our “heroes” to overcome. An auditor’s initial review of records typically results in an error rate of more than 50%. There are multiple levels of an appeal to challenge these results. The



**More than \$50 million of overpayments have been thrown out in the past several months as a result of perseverance and zealous advocacy.**

first two levels of appeal are redetermination and reconsideration. The redetermination process often results in a “rubber stamp” approval of the initial results, but that is the hospice’s first opportunity to begin building its record and setting the stage. The chances

of success improve at the reconsideration level. In fact, the percentage of fully favorable reconsideration decisions issued by the Qualified Independent Contractors ranged between 34% and 40% in fiscal year 2020.

The Administrative Law Judge (ALJ) hearing level of appeal is where the prospects of success for a well-prepared hospice provider increase substantially. This level provides the first opportunity to present live testimony. Unfortunately, because there is a significant backlog at the Office of Medicare Hearings and Appeals, it can take years before the hospice's appeal is set for hearing before an ALJ.

## 2 Pay attention to the details.

Audits typically focus on two areas of inquiry: first, whether patients were clinically eligible for hospice (i.e., does the documentation support a six month prognosis?) and second, whether the hospice's documentation satisfied technical requirements relating to content, dating and signatures.

These technical issues are avoidable with diligent compliance efforts, including monitoring and pre-billing audits. Review your documentation now for the top technical issues flagged in audits:

- **Election Statements**—Who signed the election? Does the patient have a power of attorney? What is the effective date? Is an attending physician identified?
- **Certifications of Terminal Illness**—Do you have the right physician? Who is the attending? Are electronic signatures time stamped? Are recertifications timely? Did you obtain (and document) verbal certifications? Is the narrative sufficient (in form and substance)?
- **Interdisciplinary Group (IDG) Meeting Attendance and Participation**—Is the review and updating of the plan of care documented as part of the IDG Meeting? Do you have an attendance sheet? How does the plan of care reflect input from necessary disciplines?

## 3 Build a winning team.

In our experience, hospice providers who do well in government audits employ leaders with diverse skillsets who enable the hospice to mount an effective audit response. The team can be comprised of any number of

individuals, but we've broken it down into four archetypes shared here.

**The CEO** understands that the audit should not consume the hospice's business plan and keeps it in perspective. The CEO should devote appropriate resources at the right time, understand that audits are a long haul, encourage persistence, define what "winning" an appeal means and keep the hospice's board or other stakeholders informed and engaged.

**The compliance officer** should be proactive in evaluating the hospice's risk areas (before any audit begins) and should be the coordinator of the response to any audit or investigation. This requires knowledge of and the ability to focus on the conditions of payment, both in preemptive reviews and during the audit itself. This person should develop a track record of compliance success, and foster that success by inviting third-party consultants to periodically give the compliance program a checkup.

**The attorney** applies extensive knowledge of the audit process and the legal and factual bases to challenge audit results. The attorney's role is to provide perspective and strategies based on the particular facts, data and strengths/weaknesses. The advocacy inherent in this role is formal and informal, written and oral, and can occur at all stages of an audit.

Lastly, **the hospice physician** is perhaps the most important person in audits that involve clinical eligibility because Medicare regulations place the hospice physician "at the center of the eligibility inquiry."

Clinical eligibility continues to be the most common basis for denying claims. Physician narratives are the single most critical piece of documentation, making it essential that your physicians are qualified (preferably board certified in hospice and palliative medicine) and receive ongoing education on documentation. The physician narrative should speak to the patient's prognosis and impacting conditions and symptoms, compare the patient's current condition to the past

to demonstrate disease progression, proactively address "weaknesses" (or put clinician notes into appropriate context), and demonstrate knowledge of clinical research and mortality scales. In hospice audits, there is nothing worse than having physician narratives that have been copied and pasted from prior recertifications or that list the patient's conditions and symptoms without synthesizing that information. The hospice physician should be involved in the audit appeal at the earliest possible opportunity to assist with preparing patient summaries that explain in detail why the patients were eligible and citing to specific medical records.

## 4 Understand the hidden value of being tested.

Accepting the inevitability of audits can help you find benefits in the audit process. If your hospice has not yet experienced an audit, you may not know how well your documents would fare under heightened scrutiny. That is not a good thing, and the old "no news is good news" approach to audits isn't the security it used to be. Accepting that audits will occur should motivate hospices to stay up-to-date and active in their compliance activities.

Moreover, there is value in challenging adverse audit findings. Claim denials are considered "provider education" which, if unaddressed, allow the government to impose more substantial consequences on the hospice in the future. Overturning claim denials on appeal proves the auditors wrong and builds a record that your hospice is doing things right. Such challenges can also help the hospice fulfill obligations it may have under the 60-day repayment rule to identify "credible information" of an overpayment and confirm (or rule out) the existence of an overpayment. **HC**

Meg S.L. Pekarske, Bryan K. Nowicki and Emily M. Park are partners with the law firm Husch Blackwell LLP and are members of the firm's Hospice and Palliative Care practice.

## ROAD MAP: VALUATIONS



Bradley M. Smith



David Coit, Jr.

# The Planets Have Aligned

Homecare's value is up—should you sell?

The market value of durable medical equipment (DME) companies and home health agencies (HHAs) is currently hitting record highs. There exists a convergence of factors that are pushing up the market values of both. Let's call it a perfect alignment of the planets—a rare and extraordinary event.

The mergers and acquisition (M&A) market for DME and home health operations is robust, with buyers eagerly gobbling up well-performing companies and agencies. As such, this may be the best time to sell if you're looking to get the highest price, the best terms and well-suited buyers.

Why are buyers so eager to acquire homecare providers? A quick look at the current state of each industry and future projections provides valuable insight.

## DME at a Glance

According to Grand View Research, the United States' DME market size was valued at \$52.9 billion in 2020. It is expected to expand at a compound annual growth rate of 6% between 2021 and 2028. Rising demand for DME is largely attributable to the growing geriatric population, which is susceptible to chronic diseases like cancer, diabetes, cardiovascular diseases, neurological disorders and mobility disorders. The National Cancer Institute estimates that more than 1.8 million people were diagnosed with cancer in the U.S. in 2020. By 2040, the number of new cancer cases per year is expected to rise to 29.5 million. The rising prevalence of neurological diseases such as Alzheimer's, Parkinson's and epilepsy is also expected to fuel demand for products. The

**Borrowing is at its lowest rate in decades and pent-up capital from private equity groups is at an all-time high.**

Alzheimer's Association reports that more than 5 million Americans are living with Alzheimer's—a figure projected to rise to nearly 14 million by 2050. These factors are expected to drive significant market growth.

## Home Health at a Glance

Home health is one of the fastest-growing categories in the health care sector. The industry has flourished due in part to an aging population, an increase in chronic diseases, a growth in physician acceptance of home health care, medical advancements, increased demand for home-based care (especially during the pandemic), and a movement toward cost-efficient treatment options from public and private payers. Moreover, the industry is expected to grow over the coming years, which will allow providers to compete effectively with institutional care agencies like hospitals.

According to a March 2019 report to Congress from the Medicare Payment Advisory Commission (MedPac), the number of HHAs increased by more than 60% between 2004 and 2016. There are approximately 12,000 active HHAs in the market today, and, as of 2017, about 98% of Medicare beneficiaries lived in a ZIP code with an HHA. Total Medicare

spending on home health services increased by more than 108% from 2000 to 2017. MedPac estimated operating margins for freestanding HHAs at approximately 4.5% for the blended all-payer margin.

## Ready to Sell?

If you're thinking of selling your DME business or HHA, you should know the following:

- The market is strong now because there is a vast amount of capital searching for well-performing agencies. This is driven by the low cost of capital. Borrowing is at its lowest rate in decades and pent-up capital from private equity groups is at an all-time high.
- As acquisitions and consolidations continue, you'll probably be competing against larger, better-capitalized companies. The competitive landscape is changing. Larger competitors are likely to offer a broad range of services, a strong marketing campaign built around an established brand, efficient business processes and the ability to bid for value-based contracts with large payers.
- The owners of DME companies and HHAs are aging. One estimate is that 60% of owners are over the age of 55. As such,





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expect an increasing number of homecare companies seeking buyers during the next few years.

- Many DME providers and HHAs have already found value in merging to create economies of scale and the resources to better compete with larger organizations.
- Many larger health care companies see 2021 as the year they will make up for opportunities lost in 2020. Now that it appears there will be an end to the pandemic, these companies are feeling much more comfortable about investing time and money into targeted acquisitions that can help them grow their top-line and bottom-line performance.

### Buyers' Concerns

Smart buyers weigh risks versus rewards when considering the purchase of a company. Some of the perceived risks in the DME and HHA sectors are as follows:

- Despite strong growth, industry profitability has been under pressure.
- Reimbursement for HHAs has declined each year since 2014, preventing operating profit growth.
- Although health care reform expanded access to insurance for some patients, many states chose not to expand federal health care access.
- HHAs have always struggled with caregiver retention, and the COVID-19 pandemic made growing a workforce nearly impossible.

- HHAs have also had to learn how to recruit and onboard workers remotely—another difficult task.
- There are more hospital competitors. This is fueled, in part, by the Centers for Medicare & Medicaid Services recently approving a handful of new hospitals under its rapidly growing hospital-at-home initiative.
- Regulators mandated that HHAs electronically verify the services that they deliver in the field.

### What Buyers Want

The most crucial feature buyers are looking for in a company is profitable growth. Buyers want to know that they can take what you have created and build on it. But when they conduct a risk/reward analysis, they'll want to see that your strengths far outweigh your weaknesses (i.e., opportunities for improvement).

Most buyers have a checklist mentality, and they'll be looking to see that you have at least some of these attributes:

- A tenured, experienced workforce with low employee turnover
- In-network contracts with payers
- Reliable and consistent referral sources
- A strong reputation and quality of services
- Expansion in chronic disease management
- Good revenue growth
- A keen understanding of required current and future levels of staffing

- A clean billing audit
- Relevant certificate of need (CON) moratoriums or other licensure requirements, where applicable
- Continued investment in infrastructure and actions to seek efficiency
- Low revenue seasonality
- A high population base with the right client demographics
- A certificate of need in CON states
- Adjusted earnings before interest, taxes, depreciation, and amortization (EBITDA) margins in the 10% to 30% range
- Understanding of subcontractor versus employee handling of service delivery
- Creative staffing with maximization of billable hours
- Multiple service delivery locations, including community-based access

Typically, buyers go through their risk/reward analysis and come up with an offering purchase price. The offering price is usually based on a multiple of normalized or adjusted EBITDA.

### Key Takeaways

Owners of DME businesses and HHAs who have prepared their companies for sale will find a robust market of eager buyers willing to pay for value. Market conditions are currently very favorable to sellers/owners. If you'd like to know the market value of your agency, or if you're ready to talk about selling your company, please feel free to reach out. **HC**

Bradley M. Smith, ATP, CMAA, is a former DME company owner, a managing director with the international health care mergers and acquisitions firm VERTESS, and a member of HomeCare's Editorial Advisory Board. 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 a 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.

# SALARY & BENEFITS SURVEY 2021

2020 was one for the record books. For home health agencies (HHAs), the year started with an overhaul to the payment system in the form of the Patient Driven Groupings Model. Home medical equipment providers (HME) were gearing up to place their bids in Round 2021 of the competitive bidding program.

Then the world stopped.

The COVID-19 pandemic had cities and states scrambling for scarce personal protective equipment for hospitals. People were ordered to stay home to limit community spread and “flatten the curve.” In the midst of the chaos, home health and HME leaders were largely left out of regulatory discussions, even as they stepped up to the plate to provide care and resources.

HomeCare’s 2020 Salary & Benefits Survey closed before the extent of the novel coronavirus in the United States was clear. By the time we posted the results, we knew that much of what we had learned would change dramatically as providers faced the challenges that came with COVID-19.

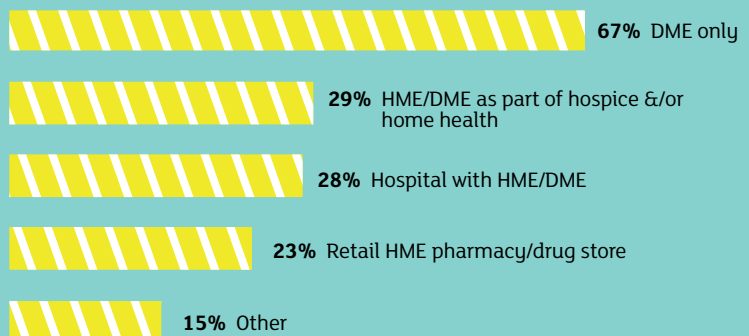
So this year, we asked what changed during the pandemic. Many organizations added staff to keep up with increased demands for care at home and respiratory support. Others went the opposite direction, laying people off due to reduced revenue.

In the following pages we take a look at the staffing and salary trends in the homecare industry. While a lot has changed during 2020, much has remained the same. Few companies have chosen to cut benefits, and many providers received raises for their performance. We hope this report helps you see how your agency compares to others like you.

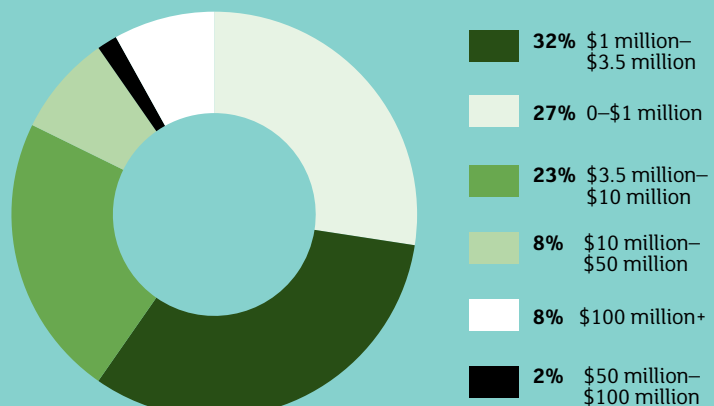
*Note: Some charts may add up to less than 100 due to rounding. Others total above 100 because respondents chose more than one option.*

## 2021 SALARY & BENEFITS SURVEY: HME

### MY ORGANIZATION PROVIDES

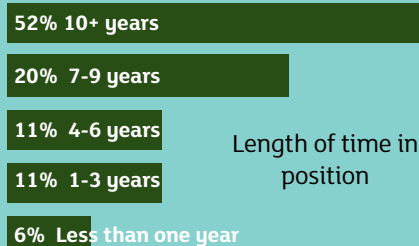
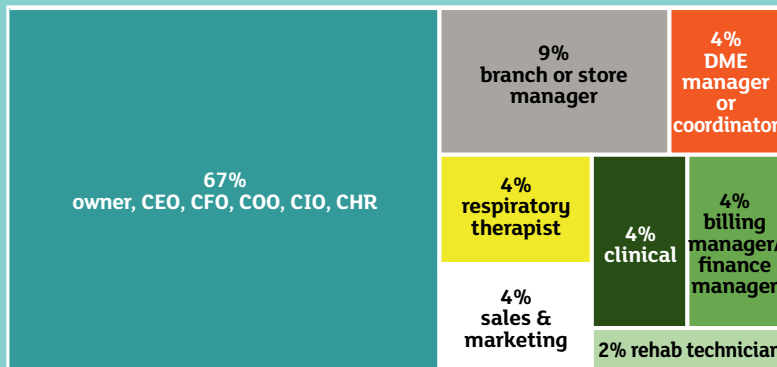
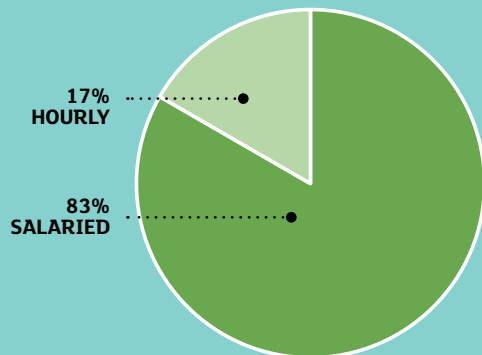


### ANNUAL GROSS REVENUE IN 2020



# 2021 SALARY & BENEFITS SURVEY: HME

## EMPLOYMENT STATUS



**\$52,800**

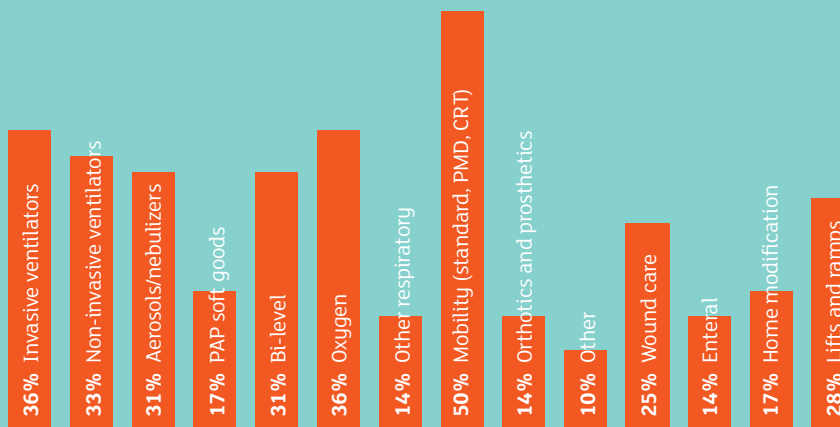
The average salary for HME survey respondents

## COMMISSION OR SALES INCENTIVES

Do you pay commission or sales incentives for specialty product categories?



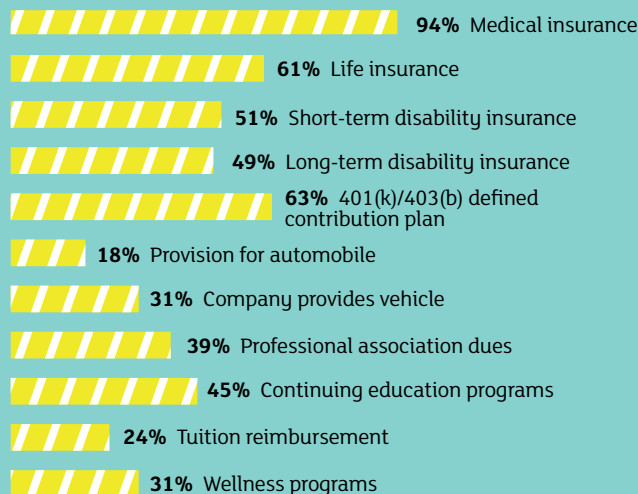
Which specialty product categories do you pay commissions or incentives?



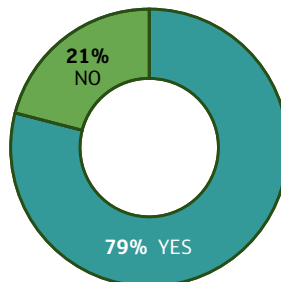


## STAFFING

What benefits does your company/organization offer?



Does your company provide benefits?



52% Recruiting

17% Retention

23% Training/compliance

8% Other

What is your greatest staffing challenge?

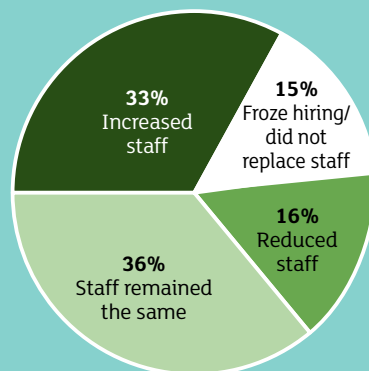
Did you receive a raise in 2020?



If you received a raise, what was it based on?



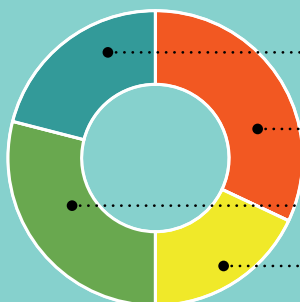
How did staffing change at your organization in 2020?



## IMPACTS OF COVID-19

46%

said their staffing decisions were affected by COVID-19



21% Staff remained the same because growth wasn't as expected prior to COVID-19

32% Hired more due to increased demand

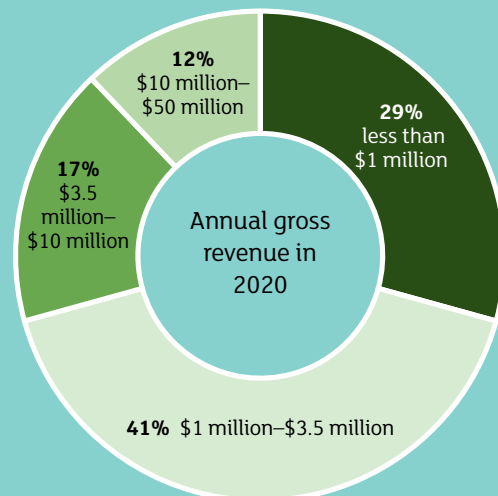
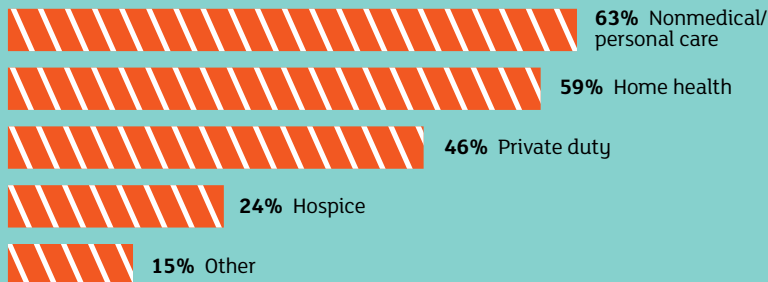
29% Froze hiring (did not replace staff) due to decreased revenue/demand

18% Reduced positions due to decreased revenue/demand

# 2020 SALARY & BENEFITS SURVEY: HHA

## PROVIDER SPOTLIGHT

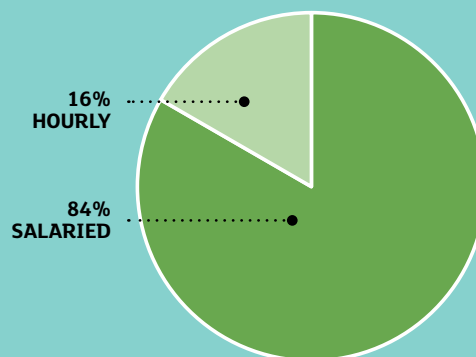
### MY ORGANIZATION PROVIDES:



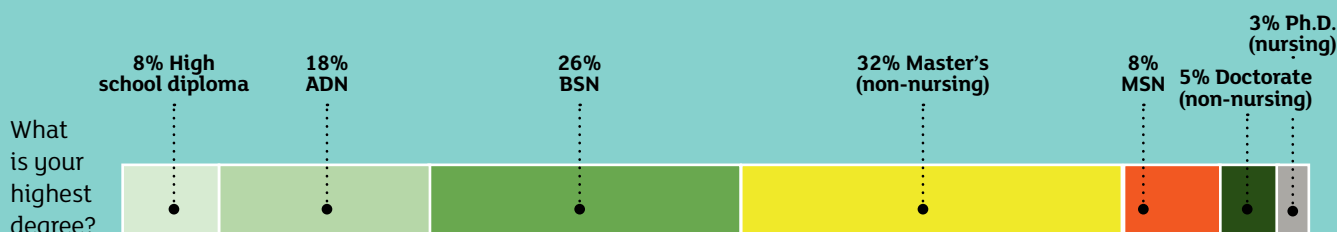
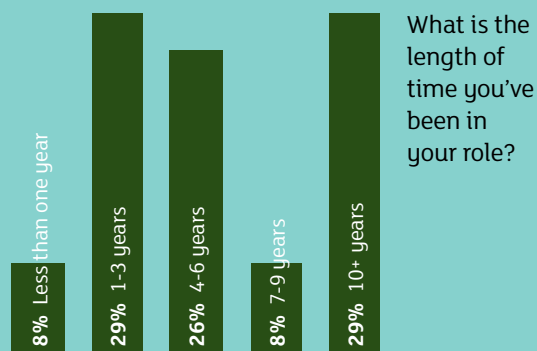
## EMPLOYMENT STATUS

The average salary for HHA survey respondents

**\$95,000**

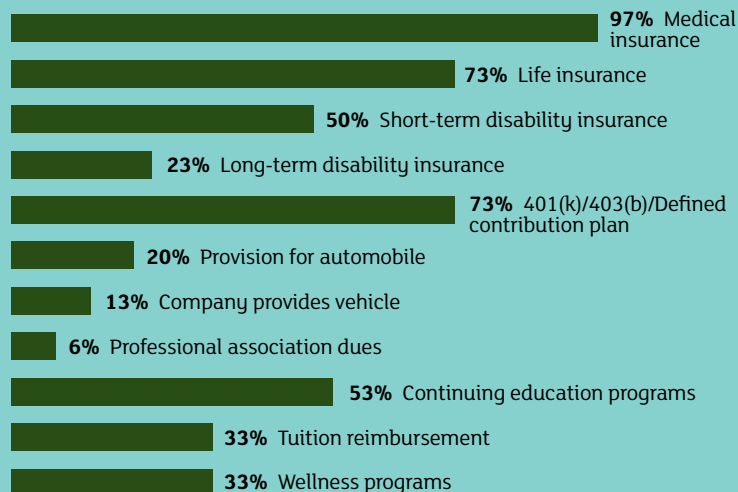


Which title best describes your salaried role?

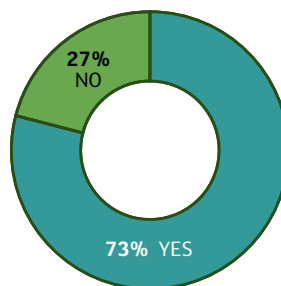


## STAFFING

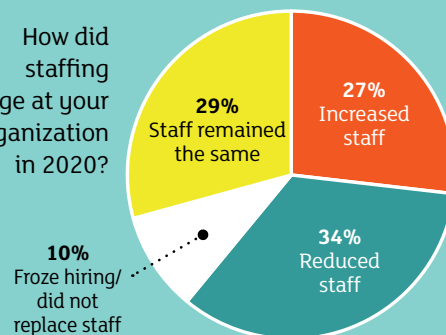
What benefits does your company/organization offer?



Does your company provide benefits?



How did staffing change at your organization in 2020?

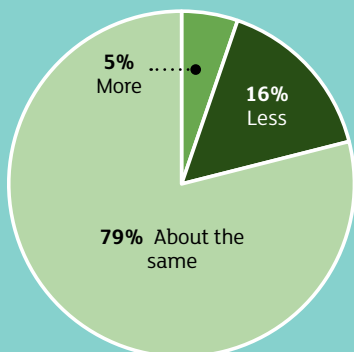


What is your greatest staffing challenge?



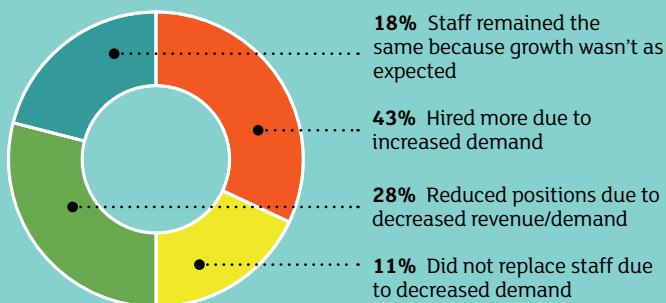
**MOST** providers outsourced their coding and billing. Some outsourced IT.

Did your organization outsource more or less in 2020 than previous years?

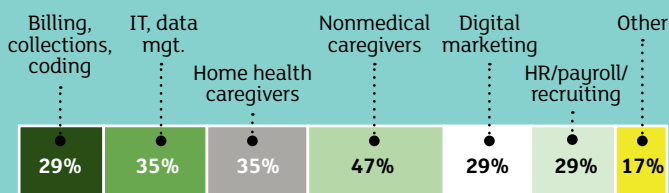


## IMPACTS OF COVID-19

Were any of your company's 2020 staffing decisions partly or completely a direct result of COVID-19?



In what areas did you adjust or create new positions in response to the pandemic?





# Staff Stepping up to Heed the Pandemic Call

Homecare can offer solutions & a new career for many

By Jennifer Sheets

In the future, 2020 will stand out as the year that homecare truly came into its own. From taking the burden off overtaxed hospital intensive care units by providing around-the-clock clinical care at home, to supporting seniors facing isolation, those who offer home-based care proved they can answer the call when needed most. The past year has also revealed some stark truths about the health care ecosystem: that there are still a multitude of siloed structures, and that we desperately need real solutions for continuous improvement—and that we must be prepared for the next major health care crisis.

There were countless instances over the past year when, if the industry had improved care coordination, providers could have preserved and optimized resources and potentially had better outcomes as a whole. Speaking as both a registered nurse and an experienced home health care leader, I know that the services home health care offers are crucial to bridging these widening gaps. Propelled by home health care's momentum over the last year at the forefront of the COVID-19 response, providers can continue to break down silos and make quality health care accessible to our communities' most vulnerable and to those who can experience the greatest benefit. To do so, we'll need the right kind of staff to do the job—and we'll need to bring new workers into the industry for future success.

### Meeting the Demand

Over the past few years, there has been a steady uptick in the requests for home

health care services. As the number of seniors, the number of chronic conditions to be managed, and life expectancy increase, so does the desire to safely age in place. AARP has reported that three out of four adults over the age of 50 want to stay in their homes and communities as they age. Both the health care industry and the federal and state agencies that oversee the industry's many moving parts need to recognize the home health care community for what it is: an indispensable service that will make health care as a whole stronger and more resilient.

The home setting is known to produce higher quality of life and improved outcomes, and, as we learned in the pandemic, it is also where virus transmission is minimized. In fact, a study from the University of Pennsylvania School of Nursing showed that 94% of COVID-19 patients discharged to home health care, including skilled nursing and physical therapy, showed significant improvements in both symptoms and overall outcomes. In the early days of the pandemic, however, homecare professionals were left out of high-level conversations as the country prepared for the growing crisis. This had ripple effects that extended far beyond the industry and ultimately affected how the United States was able to respond to this disaster.

It ultimately took advocacy from many individuals and joint task force leadership at both the federal and state levels to ensure that America's 3.2 million home health care workers were classified as essential, empowering them to continue their work

to care for critical-needs patients amid lockdowns. If industry leaders had been looped into these conversations earlier, trained homecare staff could have alleviated the strained resources at hospitals and nursing homes nationwide and avoided the rush to set up field hospitals that ultimately went unused. Furthermore, as shortages of personal protective equipment (PPE) emerged, homecare agencies were left scrambling to find the materials necessary to continue to work safely. Through ingenuity and determination, the industry was able to navigate these trials and come out on the other side. But these efforts proved that better collaboration is essential to moving the country forward.

### Meeting the Challenge

The industry shape-shifted with amazing agility and resourcefulness in response to the pandemic, further proving that home health is earning its place in the care continuum. COVID-19 vaccine distribution is one area where homecare staffing could fill a void in communities across the nation, as many agencies do for flu season every year. Agencies from coast to coast are in the unique position to coordinate with local departments of health at the community level to be the staffing solution and regain momentum in the vaccine rollout by providing experienced health care personnel—who are trained to follow safety protocols and to keep those at the highest risk safe—to administer doses.

Some locations are even going so far as to set up call centers to provide local hospital



Over the past year, many workers from across various industries have been displaced due to pandemic-related layoffs, and many more are reevaluating their careers and looking for a path with more purpose. Now is the perfect time for them to start a rewarding career in homecare.

systems with on-demand staffing support, sending qualified clinicians to assist with administering COVID-19 vaccine doses when necessary. In addition, home health care agencies have direct access to those patients at the highest risk of contracting COVID-19 and are able to safely provide vaccinations without the individual needing to leave their home—providing increased access for those most susceptible to falling through the cracks of the vaccination effort. Home health care nurses and other paraprofessionals have stepped up to help, volunteering to join the vaccine distribution process and further showcasing the tireless, unwavering dedication that they've exhibited over the past year.

The other area the industry can continue to make a positive impact in is bringing in new workers. According to McKinsey, health care- and aging-related jobs could grow by 50 million to 85 million globally by 2030. Employee shortages are a rising issue that must be addressed if companies want to meet the increasing demand for services. Over the past year, many workers from across various industries have been displaced due to pandemic-related layoffs, and many more are reevaluating their careers and looking for a path with more purpose. Now is the perfect time for them to start a rewarding career in homecare.

Home health care professionals manage some of the most medically complex cases, help hospitals manage surges, provide priceless peace of mind for family members and much more. Transitioning these high-



quality, passionate individuals from other medical and nonmedical service industries into stable jobs in health care is important for moving forward, and to help meet increasing patient needs.

The entire health care industry still has a lot of ground to cover to truly break down the silos that exist—across the care continuum, within different health care sectors and spanning advocacy groups—in order to safeguard ourselves from the next major health care event. Through increased awareness of the value of high-acuity care that can be provided in the home, advocating for payment reform, and continuing to meet the demand for homecare services, homecare leaders can

make a big step towards strengthening the overall health care system. This industry is at an inflection point, and the 2021 outlook is already strong for mergers and acquisitions. It's time for the people of home health care to step into the light and own their place as an indispensable part of health care and the key to futureproofing it against forthcoming challenges—whatever they may be. **HC**

Jennifer Sheets is the president and CEO of Caring Brands International and Interim HealthCare Inc. She has over 25 years of experience in health care management in both home health and hospital settings and has successfully introduced innovative care programs that drove growth through clinical excellence, improved patient outcomes and reduced delivery costs.

# Your Trusted Solution for All



## Protekt® Foam Cushion HCPCS E2601

- Helps in prevention & treatment of pressure sores.
- High density polyurethane foam.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 1 year warranty. • Weight Capacity: 250 lbs.

70001	16"x16"x2"
70002	18"x16"x2"
70003	20"x16"x2"
71001	16"x16"x3"

71002	18"x16"x3"
71003	18"x18"x3"
71004	20"x16"x3"
71008	20"x18"x3"



## Protekt® Gel Cushion HCPCS E2603

- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- High density polyurethane foam.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

73001	16"x16"x2"
73002	18"x16"x2"
73003	20"x16"x2"
74001	16"x16"x3"

74002	18"x16"x3"
74003	18"x18"x3"
74004	20"x16"x3"
74014	20"x18"x3"



## Protekt® Supreme Cushion HCPCS E2605

- Molded high density pressure sensitive foam.
- Leg troughs promote thigh alignment and postural symmetry.
- Raised front ridge controls sliding.
- Low shear and breathable stretch nylon cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

76017SP	14"x14"x3"
76001SP	16"x16"x3"
76002SP	18"x16"x3"

76003SP	18"x18"x3"
76004SP	20"x16"x3"
76008SP	20"x18"x3"



## Protekt® Ultra Cushion HCPCS E2607

- Gel Bladder designed to eliminate migration.
- Gel infused visco foam top layer.
- Medial and lateral side supports facilitates positioning.
- Trochanter cut outs facilitates proper pressure redistribution.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

77001	16"x16"x3"
77002	18"x16"x3"
77008	18"x18"x3"

77003	20"x16"x3"
77009	20"x18"x3"



## Protekt® Foam Bariatric Cushion HCPCS E2602

- Ultra high density foam.
- Helps in the prevention of pressure sores.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 1 year warranty. • Weight Capacity: 400 lbs.

71005	22"x18"x3"
71006	24"x18"x3"
71012	24"x20"x3"
71007	26"x18"x3"
71017	26"x20"x3"

72004	22"x18"x4"
72005	24"x18"x4"
72106	24"x20"x4"
72006	26"x18"x4"
72107	26"x20"x4"



## Protekt® Gel Bariatric Cushion HCPCS E2604

- Ultra high density top foam layer.
- Gel bladder designed to eliminate migration.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

74005	22"x18"x3"
74006	24"x18"x3"
74008	24"x20"x3"
74007	26"x18"x3"
74020	26"x20"x3"

75004	22"x18"x4"
75005	24"x18"x4"
75009	24"x20"x4"
75006	26"x18"x4"
75010	26"x20"x4"



## Protekt® Supreme Bariatric Cushion HCPCS E2606

- Ultra high density pressure sensitive molded foam.
- Leg troughs promote thigh alignment and postural symmetry.
- Raised front ridge controls sliding.
- Low shear and breathable stretch nylon cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

76005SP1	22"x16"x3"
76005SP	22"x18"x3"

76006SP	24"x18"x3"
76007SP	26"x18"x3"



## Protekt® Ultra Bariatric Cushion HCPCS E2608

- Gel Bladder designed to eliminate migration.
- Gel infused visco foam top layer.
- Medial and lateral side supports facilitates positioning.
- Trochanter cut outs facilitates proper pressure redistribution.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

77004	22"x18"x3"
77010	22"x20"x3"
77005	24"x18"x3"

77011	24"x20"x3"
77006	26"x18"x3"
77012	26"x20"x3"



## Protekt® Back Cushion HCPCS E2611/HCPCS E2612

- Improves seating posture while providing back support and comfort.
- Conforms to provide support to lumbar region.
- Stabilizing board insert prevents hammocking in sling back wheelchair.
- Low shear and breathable stretch nylon cover.
- Adjustable safety straps for added security.
- 18 month warranty.

79001	16"x17"
79002	18"x17"
79003	20"x19"
79004	22"x19"

79005	24"x19"
79006	26"x19"
79009	28"x19"
79010	30"x19"

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# Seating and Positioning Needs



## Protekt® Seat & Back Combo Cushion HCPCS E2601/E2611 HCPCS E2602/E2612

- Combines a foam wheelchair cushion with a back cushion.
- Individual cuts provide pressure redistribution.
- Contoured back portion will help with lumbar support.
- Low shear and breathable stretch nylon cover reduces perspiration.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

79200	16"x32"x3"-1"	79203	22"x32"x3"-1"
79201	18"x32"x3"-1"	79204	24"x32"x3"-1"
79202	20"x32"x3"-1"	79205	26"x32"x3"-1"



## Protekt® Adjustable Tension Back Cushion HCPCS E2611/E2612

- Full range of infinite seating positions.
- High density foam and adjustable tension straps.
- Helps encourage proper spine alignment & seating posture.
- Breathable nylon cover.
- 1 year warranty.

79400	16"-21" wide x 16" high
79401	22"-26" wide x 16" high



## Protekt® Foam Coccyx Cushion

- Helps in the prevention of pressure sores.
- High density polyurethane foam.
- Cut-out design removes pressure off the coccyx.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

70001CX	16"x16"x2"	71002CX	18"x16"x2"
70002CX	18"x16"x2"	71004CX	20"x16"x3"
70003CX	20"x16"x2"	71005CX	22"x18"x3"
71001CX	16"x16"x3"	71006CX	24"x18"x3"



## Protekt® Gel Coccyx Cushion

- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- High density polyurethane foam.
- Cut-out design removes pressure off the coccyx.
- Breathable and comfortable stretch cover.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

73001CX	16"x16"x2"	74002CX	18"x16"x3"
73002CX	18"x16"x2"	74004CX	20"x16"x3"
73003CX	20"x16"x2"	74005CX	22"x18"x3"
74001CX	16"x16"x3"	74006CX	24"x18"x3"



## Protekt® Foam Wedge Cushion

- High density polyurethane foam.
- Wedge shape improves posture support.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

76056	16"x16"x4"-2"	76152	20"x16"x3"-1.5"
76161	18"x16"x4"-2"	76053	20"x18"x4"-2"
76162	20"x16"x4"-2"	76168	22"x16"x4"-2"
76149	16"x16"x3"-1.5"	76054	22"x18"x4"-2"
76150	18"x16"x3"-1.5"	76055	24"x18"x4"-2"



## Protekt® Gel Wedge Cushion

- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- Wedge shape improves posture support.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

76056G	16"x16"x4"-2"	76152G	20"x16"x3"-1.5"
76161G	18"x16"x4"-2"	76053G	20"x18"x4"-2"
76162G	20"x16"x4"-2"	76168G	22"x16"x4"-2"
76149G	16"x16"x3"-1.5"	76054G	22"x18"x4"-2"
76150G	18"x16"x3"-1.5"	76055G	24"x18"x4"-2"



## Protekt® Foam Wedge w/Pommel Cushion

- Pommel controls hip adduction and forward sliding.
- Wedge shape improves posture support.
- Pommel promotes proper hip positioning.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- Weight Capacity: up to 20" 250 lbs, 22"+ 500 lbs.
- 1 year warranty.

76056P	16"x16"x4"-2"	76152P	20"x16"x3"-1.5"
76161P	18"x16"x4"-2"	76053P	20"x18"x4"-2"
76162P	20"x16"x4"-2"	76168P	22"x16"x4"-2"
76149P	16"x16"x3"-1.5"	76054P	22"x18"x4"-2"
76150P	18"x16"x3"-1.5"	76055P	24"x18"x4"-2"



## Protekt® O2 Cushion

- HCPCS E2624/E2625
- Adjustable 2" or 4" high air cells offers deep immersion to provide excellent pressure redistribution.
- Dual valve compartments can be adjusted independently to increase positioning and stability.
- Nylon breathable cover with non-skid bottom and safety straps.
- Weight Capacity: 500 lbs. • 5 year warranty.

78001	16"x16"x2"	78004	16"x16"x4"
78002	18"x16"x2"	78005	18"x16"x4"
78007	18"x18"x2"	78008	18"x18"x4"
78003	20"x16"x2"	78006	20"x16"x4"
78011	20"x18"x2"	78009	20"x18"x4"



## Protekt® Seat Relief

- Compact pump features alternating cycle times of 10, 15 or 20 min, (5) comfort settings, and static function.
- Rechargeable battery lasts up to 12 hours.
- Gel-infused memory foam for added pressure redistribution and comfort.
- Low battery & low pressure indicators.
- Convenient carrying case for easy portability.
- Weight Capacity: 300 lbs.
- 1 year warranty.

80120	16"x16"x3"	80122	20"x16"x3"
80121	18"x16"x3"	80126	20"x18"x3"
80124	18"x18"x3"	80127	22"x18"x3"

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# A Long-Distance Option to Ease Your HME Staffing Worries

An offshore workforce can help improve outcomes

By Todd Usher

My wife and I opened our home medical equipment (HME) company 12 years ago. I remember learning about the concept of “survival of the fittest” years ago, but I never thought it would play out directly in front of me in the industry I have been a part of for 25 years.

The company survived competitive bid delays (and a 9.5% cut to pay for the delay), competitive bidding, the rural rollout and of course the COVID-19 pandemic. Some of these obstacles have been affecting the industry since 2011. Now, HME dealers also have to contend with new state laws for sick leave, rolling blackouts instituted by utility companies, destructive fires and federal unemployment paying more than usual during the public health emergency. All of these obstacles can make it harder for an HME owner to find and retain new staff.

### A Look at Staffing Issues

The minimum wage has been trending upward in New York and California—and there are federal bills on the table to raise the minimum wage nationwide. Meanwhile, reimbursement has headed in the opposite direction. Where HME providers once received a \$250 monthly reimbursement for oxygen, they now receive \$81.14 for a concentrator coded E1390. That’s an almost 60% reduction from 2008 to today.

How can providers make up the difference? Many are operating at peak efficiency, with little left to squeeze out of the business to make up for the disparity. The result has been many HME providers closing or selling at a loss.



**Depending on the source, turnover can range from 17.8% for registered nurses all the way up to 59% for medical assistants.**

Turnover has always been an issue in health care. Depending on the source, turnover can range from 17.8% for registered nurses all the way up to 59% for medical assistants. You may have hired someone with great expectations, only to lose them in six months for a multitude of reasons. It’s hard to find good people who have good work ethic—and even harder to keep them.

The cost of finding suitable employees and then training them, only to have them leave once they become proficient and productive, is a cost that cannot be easily recouped.

### Remote Workers: A Possible Solution

The rural rollout gut-punched my business and forced me to find alternative solutions to our staffing problems. I began by hiring



competent, qualified personnel based in the Philippines to fill positions vacated locally. The first remote worker processed certificates of medical need. I saw benefits after only a few weeks of training. Next, the company onboarded a performance and accountability report processor. Held sales plummeted. I began hiring for all vacated positions and trained all personnel on the Medicare local coverage determinations operating system—and for company policies and procedures, including key performance indicators.

It wasn't long before we transitioned the intake and billing departments over to the team in the Philippines. The company was also fortunate enough to retain the best of our local employees. Eventually, I added staff to the phone lines with operators, the troubleshooting line with technicians and the clinical department with clinically trained personnel. This would have been

difficult using local personnel. Onboarding our new team was made simpler by the fact that they already had experience working with the American public, worked our local hours of operation and participated in our existing team meetings through video conferencing. With this change we saw a glimmer of hope.

As a result of hiring these remote workers, our costs went down and our financial objectives became attainable. With the transition came a steady flow of candidates to choose from. The stream of qualified candidates allowed the company to be very particular about whom we interviewed and whom we presented with an offer. This took the stress out of hiring.

The decision to migrate the workforce was not taken lightly, and shouldn't be for any owner who wants to provide job opportunities for their local community. However, it has proven to be the right

decision for our business. Migrating the workforce allowed me to get back to growing my company and focusing on customers and referrals. Importantly, the store's key performance indicators not only stayed strong, but in most cases improved—held sales and days sales outstanding went down, while the collection ratio went up. Customer satisfaction also increased.

If you are on the fence about migrating to a remote workforce and need some insight into the decision, reach out to other HME owners and business owners. I made the decision to start with the first remote worker. After that first remote worker was with us for a few weeks I realized the benefit and potential to thrive. **HC**

Todd Usher has held various positions for HME providers and manufacturers since 1996. He enjoys working on developing new business opportunities and is optimistic about the future of homecare in a post-pandemic world.

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Check 111 on index.



# Critical Safety Technologies for Your Mobile Workforce

A better way to protect your field staff in uncontrolled workplaces

By Louis Kirby

At around 1 a.m., a home hospice worker had just pronounced her patient deceased. The patient's husband, who had been drinking, was holding a large knife and screaming as he approached the worker. What did she do—and what options would your home health caregivers have under the same circumstances?

The default safety option for most home health providers is a cellphone. Do you think a phone-based solution would have worked in this situation? Even if the provider's phone was within reach and she had the presence of mind to unlock it and deal with the screen, it could have escalated the confrontation. A cellphone is a great communication tool, but it's not an effective safety solution when an emergency happens.

So what did this hospice provider do? She pressed an SOS button on a small safety device in her pocket without needing to look at it or lose eye contact with her patient's husband. A call immediately went to a nationwide dispatch center operator, which listened in and immediately dispatched the police to the provider's GPS location. Five minutes later, police arrived to diffuse the situation—and the hospice worker went home safe.

### The Scope of the Problem

According to a 2016 article in the New England Journal of Medicine, "health care workplace violence is an underreported, ubiquitous and persistent problem that has been tolerated and largely ignored." Employers are often unaware of the prevalence of threats because they are

61%

of home health care workers face violence ranging from verbal abuse and threats to assault

historically underreported. As few as one in five events are disclosed to the employer.

But the danger is real. A national study reported that 61% of home health care workers face violence ranging from verbal abuse and threats to assault. Home health workers also confront risks from the surrounding community, including robbery, car theft and vandalism.

To make matters worse, violence against health care and social service workers has been exacerbated by the COVID-19 pandemic. A 2020 survey conducted by National Nurses United found that 20% of registered nurses reported increased workplace violence during the public health emergency. The consequences of exposure to workplace violence over time can be severe, resulting in PTSD, depression, anxiety and loss of work.

### Tools to Keep Workers Safe

New technologies are now available that substantially increase the safety of home

health care providers and their sense of security. With the press of a button, an injured or threatened employee can immediately summon emergency services to their location. This can prevent or mitigate injury for field staff. Mobile worker safety systems have multiple capabilities that not only get emergency help to your mobile workforce quickly, but can also help you satisfy important regulatory and risk management requirements.

While mobile worker safety systems share one or two features in common with electronic medical record-based (EMR) GPS systems or electronic visit verification (EVV) systems, the functionality of these systems is entirely different. Even if you have a "check-in" option on your EMR or EVV app, a lot can happen before anyone notices your worker is delayed checking out.

A robust safety environment gives your mobile workforce an added sense of security, which can translate into tangible benefits for the company. One nationwide home health

client stated that their turnover decreased from 34% annually to 17% after they rolled out a company-wide workforce safety plan, which included a safety solution for their mobile nursing workforce. They now view their workforce safety system as a strategic recruiting and retention tool and believe it differentiates them from other companies during the hiring process.

California has considerably stricter health care worker violence protection provisions than most other states or the federal government, but that may be about to change. The Workplace Violence Prevention in Health Care and Social Services Act (HR 1195) was introduced in the U.S. House in February 2021 and is expected to be passed into law. The act will require all health care organizations to adopt workplace violence prevention plans and techniques that enable them to respond in the event of a violent incident. The new federal legislation

covers workforce violence prevention solutions for both home health care and social services workers in much the same way the California law does. Mobile worker safety solutions will be required to comply with these enhanced home health care provider regulations.

Some of the features your organization should look for in a mobile worker safety solution are outlined in the checklist below:

### **Ease of Activation**

The best-in-class solutions use a simple SOS button press that can be triggered without looking, so caregivers can discretely signal for assistance without escalating a confrontation. In an emergency, a worker is under extreme stress and cannot remember an unlock code, where to pull up the emergency button on an app or how to deal with a screen.

### **Two-Way Voice Calling**

Signaling for help with two-way voice communication enables the emergency operator to listen in and assess the situation. If they are able, the worker can give the operator more detailed information (“I’ve slipped and broken my leg”). Unlike with a cellphone, once a device is activated, the worker’s hands are free, which is important in dealing with whatever situation may arise, including working on a patient in acute medical distress.

### **Trained Emergency Dispatch Centers with PSAP Technology**

The best-of-class monitoring centers are able to dispatch the appropriate emergency services to the worker’s exact location, saving critical time. Public-safety answering point technology, also used by 911 call centers, identifies the nearest EMS or police for the fastest response.

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room to breathe.

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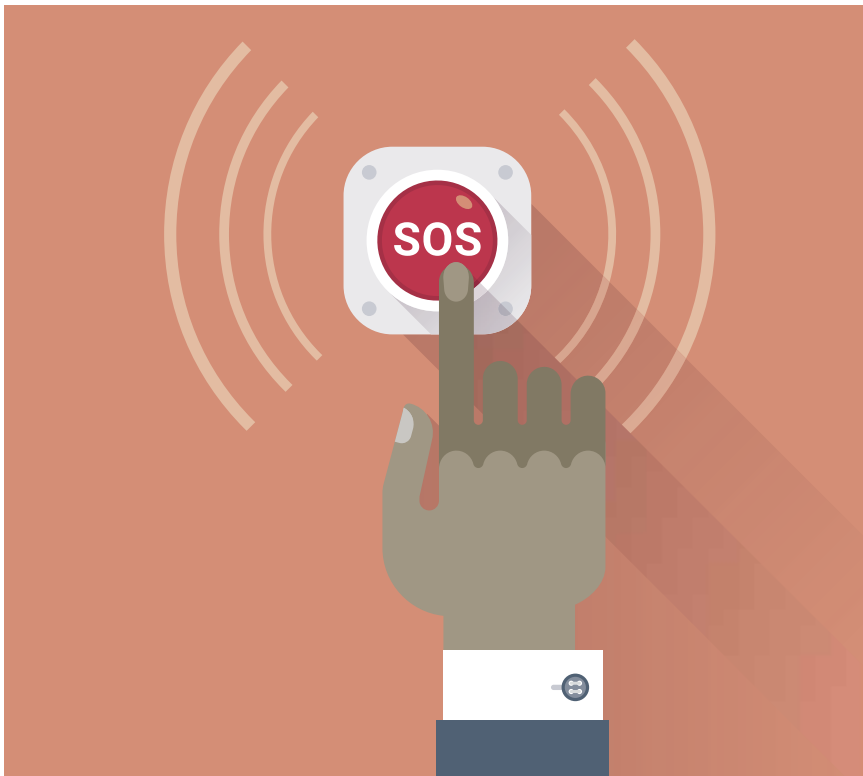
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**BREAS**

Check 112 on index.



## Violence against health care and social service workers has been exacerbated by the COVID-19 pandemic.

### Companion Service

Some systems will allow a worker to call the dispatch center whenever they feel uncomfortable and have the operator stay on the line until they get to safety. A worker who is walking across a dark parking lot to their car at night can call the dispatch center and ask them to stay on the line until the worker gets into their car and feels safe.

### Cloud-based Portal

This is the control center. Look for it to include a map with the current and past locations of your workers. In addition, the portal should be easy to use and offer customizable features including various settings for alerts, privacy options, notification zones and more.

### Accurate GPS Location Transmitted Directly to a Monitoring Center

An important capability of the portal is that the GPS location is connected directly to the monitoring center's screen to be displayed with an SOS call. Many 911 centers do not have this capability and must use far less accurate cell tower triangulation.

### Risk Management Features

The best systems have the ability to simultaneously alert the designated managers through email or text message each time a worker signals distress. This is important for real-time follow up and also aids in post-event analysis and regulatory reporting.

### Privacy Options

The best safety solutions provide the organization with various location reporting options, including the ability to limit the time periods during which the employee's location is monitored, or even to eliminate all location monitoring unless the employee initiates the reporting request by pressing the check-in or SOS button.

### Zone Alerts/Threat Zones

The system should be capable of noting whenever the worker enters or exits zones that have been set by your company around specified areas, particularly areas of known danger. This type of proactive alerting notifies a worker of a potential hazard before entering a residence, mitigating risks and helping you satisfy Occupational Safety and Health Administration requirements.

### Mass Notification

Some systems have mass notification capability built in. In an emergency situation, minutes matter, and a company's immediate ability to communicate clear instructions to its workforce can make all the difference. Best-in-class systems will allow you to send critical messages to your entire organization within seconds.

### Audible Alarm

The latest safety wearables will include a loud audible alarm that can be triggered by the worker if they want to draw attention.

### Check In

Some safety wearables include check-in buttons so that the worker can check in with their manager from time to time.

### Fall Detection.

The safety wearable should be able to detect if the employee has fallen and trigger an automatic two-way voice call to the monitoring center. **HC**

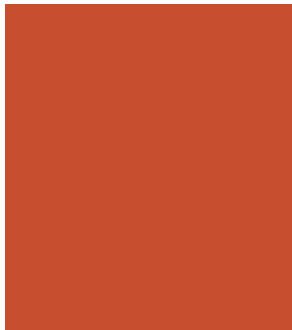
Louis Kirby, MD, is a principal of AlertGPS, an innovator in connected enterprise safety technology ([alertgps.com](http://alertgps.com)). He is a board-certified neurologist.



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# ACCREDITATION

## Get by With a Little Help From Your Friends

How an accreditation organization can help you spot areas for improvement

By Timothy Safley

Accreditation is a review process that allows health care organizations to demonstrate their ability to meet the regulatory requirements established by a recognized accreditation organization (AO). Since the Centers for Medicare & Medicaid Services (CMS) mandated durable medical equipment, prosthetics orthotics and supplies (DMEPOS) accreditation, there have certainly been changes. The CMS Quality Standards have had minor modifications over the years, which haven't changed what CMS wants their approved AOs to review during an accreditation survey. Each DME provider must be familiar with the CMS Quality and Supplier Standards, as these are the basis of most of the requirements mandated to participate in the DMEPOS program.

The public health emergency (PHE) brought about by COVID-19 did lead CMS to suspend the need for accreditation for three months for new and currently accredited providers—but this was short-lived. Now, with the suspension lifted, accreditation is required by CMS whether you are a new company coming into the market or a longstanding DMEPOS provider. A big challenge came about as other payers, including Medicaid, did not provide a suspension and continued to mandate that companies maintain accreditation or become accredited to be a new provider.

It was a real challenge for AOs to do site visits when some states would not allow surveyors to travel into their state without an extended quarantine upon arrival.

### The Rise of the Virtual Visit

CMS acknowledged the need for an ongoing process that would let companies receive or renew their accreditation, so it approved the use of virtual site visits to complete accreditation surveys. There are many different virtual site visit processes offered by AOs, so it is important to reach out to your accrediting organization to find a solution that best fits the needs of your business.

This will be even more important since the PHE could be extended until the end of 2021. When CMS approved virtual site visits, it included a two-step process, with a virtual site visit followed by an on-site, unannounced survey within six months of the end of the PHE or within one year of the virtual site visit, whichever occurred first. Because of the possible extension of the PHE through 2021, CMS is reevaluating the two-step process and the industry will soon receive additional clarification. If the PHE continues to be extended and CMS revises the timeline for the on-site survey, it is possible that your on-site survey would be followed very closely by your next accreditation cycle.

Most virtual site visits are very comprehensive and include a tour of the facility, interviews with personnel and a review of personnel and patient files. When setting up virtual site visits, the AO must ensure that the virtual platform is HIPAA compliant. In cases where a company chooses to use its own virtual platform for the virtual site visit, there must still be verification of HIPAA compliance.

### Virtual Downsides

Virtual site visits do not work for every company. There can be internal complications that would prevent a company from participating in a virtual site visit. The most common complications include:

- The inability to scan information into a secure, designated computer so files can be reviewed; it is not enough to have a file held in front of the computer camera to review for accuracy
- The inability to use a tablet or smartphone containing the virtual platform to tour the facility, delivery vehicles and the warehouse to verify compliance with the CMS Quality Standards and Accreditation Standards
- Frequent internet outages in some areas and reduced speeds or quality of the streaming signal during the survey
- Surveying areas that are restricted due to the company's COVID-19 response
- Observing actual patient setup and education; this can be very challenging as every company is limiting person-to-person contact during the pandemic
- Staff working remotely and not being available for an unannounced survey

The good news is that, because of the need to train companies on a virtual survey platform and the virtual site visit process, CMS does allow a 48-hour notice before the virtual site visit. This allows at least some time for preparation to help avoid the above issues.

It is possible that virtual visits in progress will need to be rescheduled due to internet interruptions. In most cases, site visits can be adjusted and in other cases, the AO must



find a safe and efficient way to complete these surveys on-site. There is no doubt that on-site surveys are still a better way to verify the standards set forth by Medicare and the AO, but AOs have had to adjust the ways they do business during the PHE.

### Documentation Needs

DMEPOS providers have also had to adjust the way they do business. The biggest adjustment DMEPOS providers have made during the PHE is by making changes to their operations. Compiling a simple list of all the changes made is essential, because it documents the company's adjustments to policies and practices, along with any newly implemented standards of practice. Companies often forget to write down the changes made to practices outlined in policies and procedures.

As accreditation organizations start their on-site survey process, they are going to want to ensure organization-wide compliance with changes that have been made and will need to be aware of the changes the organization has made. For example, many providers are implementing mask mandates for the delivery of equipment. Have your policies been updated to reflect this change? It is important to revisit the implemented changes at some point to determine whether they are still

necessary or should become the new policies and procedures for your organization. Many providers do not realize how important policies are for their own protection.

Documentation of changes does not need to be a complicated process. Many things that providers have learned or practiced during the PHE are things that they were already doing in their daily operations; many will continue to keep many in practice once the PHE is lifted. A short list of items that may have been adjusted during this PHE include:

- Implementing curbside pickup of items
- Changing ways of cleaning and storing equipment
- Reducing personnel access to the office and warehouse
- Wearing personal protective equipment during each delivery
- Delivering to the doorstep instead of into the home
- Educating patients either by phone or in a virtual format
- Limiting patient access to your facility
- Requiring personnel to be quarantined after exposure to the virus
- Limiting or ceasing access to facilities that you service
- Limiting hours of operation
- Switching personnel working remotely and the added security needed to do so

- Training personnel on COVID-19
- Changing the types of medical necessity documentation obtained

The challenge for DME companies comes in finding creative ways to educate and service patients while running day-to-day operations in a safe, efficient manner. Let your AOs assist you with your processes, as accreditation should be embraced as a tool for your company's success. Accreditation is not about finding what is wrong, but rather about ensuring that the company is meeting certain requirements and providing guidance on the best way meet those requirements when not being met.

Your AO can be a valuable partner in ensuring that you comply with all CMS and other regulatory requirements and can run your company in the way it supports the patients you serve. Choosing the right AO is the key to that success. **HC**

Timothy Safley is the DMEPOS, sleep and pharmacy manager at the Accreditation Commission for Health Care, Inc., or ACHC. He has more than three decades of experience in the respiratory care profession, including 25 years in the home medical equipment industry and 20 years in sleep medicine. Safley previously served as the regional vice president for a national homecare provider for over 12 years, and as director of respiratory development for a large regional homecare operation. Visit [achc.org](http://achc.org).

# Back to the Basics of Compliant Documentation

8 solutions for better compliance

By Sarah Hanna

The backbone of success in the revenue cycle starts and ends with compliant documentation. No matter how many articles you read or webinars you attend on documentation, there is always more to learn. Documentation has become synonymous with challenges—and lots of them. Just when you think you are starting to figure it out, a new regulation, requirement or complication rears its ugly head, causing you to pivot, all while remaining compliant and efficient. So how do we tackle this problem once and for all? Go back to the basics.

## Finding Solutions

There is no secret sauce for success in the documentation world of health care, but there are ways to stay ahead of the game. Here are the top eight things to know:

### 1 The retrieval process requires the right person in the position.

Choose a staff member (or members) with the characteristics and talents that lend themselves to successful turnaround. Some important characteristics include: good communication skills, the ability to build rapport with referral sources when phone follow up is necessary, tenacity and attention to detail.

These employees are more than documentation specialists; they are your internal sales staff. These key attributes provide the thoroughness needed to stay on task, create relationships and monitor the process for success.

**The public health emergency brought many trials, but it also brought some relief in terms of documentation.**

### 2 Follow diligent follow-up protocols.

An effective tracking system for medical documentation is imperative for increased claims submission and reduced accounts receivable. Be sure that you are keeping these things in mind:

- Employee accountability and responsibility over this area of the business is crucial to success.
- Organization metrics for follow-up are needed to track the timeliness of the return with accurate information.
- Cascade company expectations about goals throughout the organization to ensure that performance will be achieved at every level.
- The follow-up process needs to be adhered to by team members so the revenue that is holding for information is addressed in a timely fashion.
- Using software in the monitoring process with key indicators and reports is vital to keeping your holding revenue down.
- Never let up. As soon as momentum slows down, build-up occurs, and it is hard to recover while attacking the backlog.

### 3 The vehicle of communication makes a difference.

Providers use a combination of functionalities, such as e-fax and e-prescribe, as well as legacy methods like the phone, walk-in visits and old-fashioned mail, to gain the documentation for claim submission. Certain approaches may net a quicker turnaround, but no matter the conduit, the information still needs to be reviewed for compliance in meeting payer medical policy. Each technique will net different returns based on whom you are working with to gain the applicable documentation. Understand which approach works best for your practitioners, and trend their response/compliance rate to determine the best course of action moving forward.

### 4 Chart review needs a highly trained team member.

A veteran employee with a firm understanding of the payers and industry is usually the best fit for the job of chart review. Training needs to be a high priority for the job and should focus on the requirements of the payers, understanding medical terminology and the content of the clinical





evaluation, and being able to dissect the payer's medical policy and translate that into the review of the patient's chart.

Resources and tools found on the CGS Administrators and Noridian Healthcare Solutions websites are great for training purposes. The local coverage determinations are broken down by product category with specific documentation checklists that provide concise information for ease of understanding. Other references are available, so you don't have to reinvent the wheel of training. Another bonus is that most payers follow Medicare guidelines, so cross-training is at your fingertips.

## 5 Education is king.

With the advent of audits and increased documentation obligations during the last decade, practitioners have become better at completing their duties in the process. However, they still need education on what payers require for their patients to qualify for services. Communicating with and educating your referral sources is tricky, but the effort still needs to be expended to

serve your clientele. Scrutinize which referral sources provide you with the requisite information and have a good turnaround on the request for material. If you have direct access to their electronic health record (EHR) system, this will decrease turnaround time. If the correct charting is not in the EHR, you will still need to communicate with their office.

## 6 COVID-19 became a "silver bullet" for some documentation requirements.

The public health emergency (PHE) brought many trials, but it also brought some relief in terms of documentation. The industry gained a reprieve from certain clinical documentation burdens, such as:

- Clinical indications for coverage found in respiratory, infusion pump and therapeutic continuous glucose monitor NCDs or LCDs not being enforced
- CMS determining that the requirements for a certificate of medical necessity for oxygen and a DME information form for external infusion pump claims would not

be enforced during the pandemic

- Medicare suspended audits for five months in 2020
- Signature requirements on delivery tickets were waived during the PHE

## 7 Audits are on the rise.

As the country and industry have progressed through the PHE, we are now seeing some of those relaxations in documentation coming back to life. One such area is in the realm of audits. Audits are coming in not only from the governmental payer side, but also from the private sector. Optum and Performant have stepped up the pace, and providers are being burdened with multiple claims daily that need to be processed. Your success rate is directly related to the documentation you have within your files.

## 8 Be ready for business as usual.

As available vaccines gain momentum, be ready to return to pre-PHE regulations. Operationally, be prepared to go after the face-to-face evaluations and gain signatures on the documents that had previously been given a pardon. Team members will need to be updated and retrained on the old directives to carry out their responsibilities in accordance with the post-PHE environment. Stay vigilant in education and training.

You may feel like the difficulties that surround documentation only pertain to your company or affect your area of the country or niche market, but it is a global problem all providers deal with. You are not alone, so take heart—it is the state of the industry. Hopefully, as technology and the evolution of health care march forward, the paperwork burden will ease up. Remember, it is all in the details, so cross every "t" and dot every "i" and you will see your holding revenue decrease and audit compliance rates increase. **HC**

Sarah Hanna is the owner and CEO of ECS North and a member of HomeCare's Editorial Advisory Board. She can be reached at [sarahhanna@ecsbillingnorth.com](mailto:sarahhanna@ecsbillingnorth.com) or (419) 448-5332 ext. 102. Visit [ecsbillingnorth.com](http://ecsbillingnorth.com).

# The Importance of Compliance in Compression Therapy

## How to overcome common barriers to compliance

By Regina Anderson

Compression therapy is key to the management of edema and is critical to boosting healing rates in venous leg ulcers (VLUs), acting to reduce venous hypertension and improve the flow of fluids in the lower extremities while standing and walking. Long-term use of compression is important to preventing ulcer reoccurrence.

Good circulation is vital to good health by providing tissues with nutrition needed to maintain strength and structure. Muscle contractions work together with the valves in lower leg veins to pump blood back up to the heart. Weakened valves in leg veins that do not close properly allow gravity to move blood in a downward flow that can pool and cause the vein to stretch or leak out into surrounding soft tissues, causing swelling or edema in ankles and legs.

Compliance challenges have been well-documented with use of standard compression devices. Patients become noncompliant when a device is difficult to put on or the garment is uncomfortable to wear for long periods of time. Without compliance, ulcerations do not heal properly and can lead to more serious complications. Comfort and the acceptability of the compression device is essential to its continued use.

### Overcoming Application Difficulties

A wide variety of devices exist to provide compression for the long-term management of chronic edema. The most effective level of compression to overcome venous hypertension has been determined to be

**Poor tolerance for wearing compression garments may contribute to reduced compliance, which reduces healing rates and may double the time needed to complete healing.**

around 40 mmHg (millimeters of mercury) at the ankle. To achieve an appropriate compression level, the bandage should be applied at a consistent tension and be able to keep its shape over time. When patients, such as those who are elderly or obese, have physical difficulties applying their compression garment or are unclear on how to properly apply their garment independently, they can experience frustration, which often leads to noncompliance.

Proper application of compression therapy can determine the efficacy of compression. A cross-sectional study was conducted into whether homecare nurses were regularly able to achieve therapeutic levels of sub-bandage pressure using various systems, and the results showed substantial variation in exerted pressures, ranging from 11 to 80 mmHg (30 to 50 mmHg is considered optimal). When applying a two-component bandage, 63% of participants achieved pressures within the optimal range, while 41% achieved optimum pressure when applying an elastic bandage and 40% when applying an inelastic bandage. The study

demonstrated difficulty achieving desired sub-bandage pressure when homecare nurses applied the bandage, indicating that a substantial proportion of patients do not receive adequate compression therapy. It also raises questions about the expectations put on patients to maintain proper compliance on their own.

### Addressing Comfort

For compression to be effective, the garment must also be comfortable to wear and provide consistent, sustained therapeutic compression. Poor tolerance for wearing compression garments may contribute to reduced compliance, which reduces healing rates and may double the time needed to complete healing. The garment must be easy to use, with simple, quick application and removal; it must stay in place while worn.

A lack of air permeability in compression garments may cause the overheating of underlying tissues and excessive sweat production secondary to poor moisture exchange. A compression garment that is air permeable allows for the movement

and transfer of air and heat to provide comfort that encourages longer wear and prevents the type of overheating that can result in sweating and skin breakdown.

A study conducted by an independent testing laboratory using the ASTM Standard D727, 2004 (reapproved in 2016), “Standard Test Method for Air Permeability of Textile Fabrics,” compared the air permeability of five leading compression garments used for the management of edema. The study illustrated the differences in the average amount of airflow for each option, suggesting the thermo-physiological effect of providing greater heat transfer and moisture or vapor transmission. A greater thermal equilibrium between the human body and the environment can improve comfort and overall compliance.

Studies show that the use of compression in compliant patients can increase healing rates for ulcers and reduce reoccurrence. It is essential to educate patients about the need for long-term use of compression and proper application to achieve appropriate compression levels.

### Velcro & Bungee Garment System Compliance Study

Lambert, et al., evaluated the ease of application, comfort and compliance of traditional compression garments compared with the use of a Velcro-bungee compression garment system.

Participants included patients who had previously demonstrated poor compliance with standard compression stockings or multilayer compression therapy. Those who had been noncompliant with traditional compression garments showed increases in both the length of use and in compliance, with 61% of the previously noncomplaint patients still using the Velcro-bungee garment at one year. On a scale of 1 (very difficult) to 5 (very easy), the average patient rated the ease of application at 4.4 at one year. Comfort received an average rating of 4.6 on a 5-point scale. The study concluded that the majority of previously noncompliant patients remained compliant at one year and used the system for an average of 10.7 hours per day (see graphic at right).

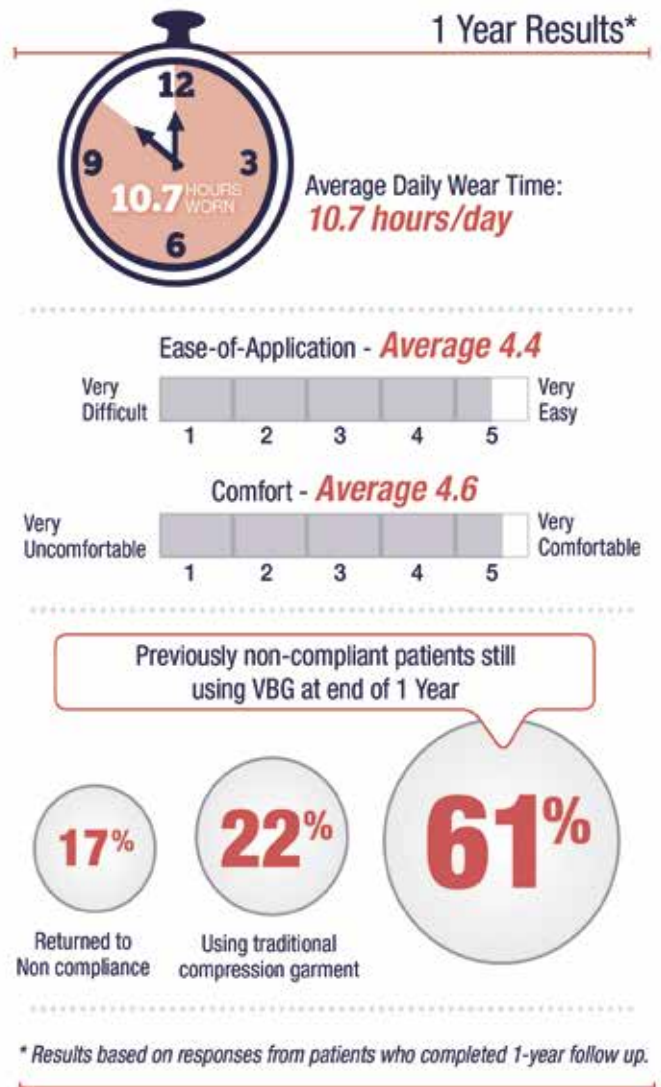
### Making a Difference

The benefits of compression for healing venous leg ulcers and reducing reoccurrence rates have been well documented in the medical literature, but this therapy can only work when patients comply with the protocol. By prescribing compression garments that address and reduce the two primary barriers to compliance—difficulty with application and discomfort—health care providers can significantly increase compliance rates, leading to reduced edema, improved wound care outcomes and a better quality of life for patients. **HC**

Regina Anderson is employed at AMERX Health Care and has been in health care management for over 30 years.



## Velcro-Bungee Garment System Compliance Study among Previously Non-Compliant Patients<sup>3</sup>



# 'I Got to Be the Hero for Gloves'

How one provider championed infection prevention during the pandemic

By Hannah Wolfson

Infection control products like masks, gloves and sanitizing cleaners didn't used to be a huge selling factor for most home medical equipment providers—until about a year ago. When the coronavirus pandemic began, such items became high-demand, and stocking them provided an opportunity to connect with the local community and bring customers into their stores (or at least to the curb for pickup). HomeCare talked with Sydel Howell, owner and chief operating officer of San Diego Homecare Supplies, about her company's wins and losses during COVID-19—especially when it came to selling infection control products.

## **HomeCare:** You had some success selling infection control products during COVID-19, right?

**SYDEL HOWELL:** We beat Amazon! In the beginning, prices were out of control and I actually almost didn't get any because I felt so bad having to charge people that much. Pre-pandemic, a box of 100 surgical masks was like \$6 or \$7, and when we first started to get inventory, it was more like \$60 or \$70.

## **HC:** Were people willing to pay that much for masks?

**HOWELL:** Absolutely. And we got it in stock before Amazon or Walmart and our phones were ringing off the hook.

## **HC:** How did you get inventory?

**HOWELL:** I actually ended up with a double order because one of my vendors who I

usually buy from was not coming through. This other guy called me and said, "I have them in my car, do you want to see them?" Now, normally, I'd say no way, because I don't do business with people like that. There was so much shady stuff going on; it was like the Wild West.

We're a family business and we've been around for three decades—I'm not just here to make a buck. I'd rather sell nothing than sell something that's shady. But this guy seemed trustworthy and he drove from Los Angeles with his inventory in his car, and sure enough, they were amazing, really good quality, great packaging. I ended up with 1,400 boxes of 100 facemasks that I needed to sell for at least \$60 to \$70 to make my margin. Talk about scary! I asked my mom what I should do; she is fearless. She emigrated here from Ecuador at 13 and they had to build out of nothing. She still owns the business so I had to check with her—and she said to buy them. So, I spent tens of thousands of dollars on a product that I wasn't sure I was going to be able to sell.

## **HC:** Wow, that sounds stressful!

**HOWELL:** I realized that I love the predictability of selling socks and bras and wheelchairs. There's a reason I didn't go to work on Wall Street after business school. But during that time, you had to be prepared to take a risk.

For example, early on, there was no sanitizer anywhere; the breweries were just starting to make sanitizer. One of the guys

in the Independent Medical Retailers group said, "I found this company in Tennessee that makes fog for Halloween and they're selling sanitizer. It comes in a 50-pound drum and you have to put it in little bottles and here's the peppermint oil you have to add to it because it smells so bad." And people were lining up at his shop to get it. So I bought a drum. And then it was a matter of finding the bottles, and then I couldn't find the lids. I felt like I was one day late to the party and everyone had already eaten the food and done the pinata, and I was like "I'm here!" I still have 46 gallons of the stuff. Sometimes you take a risk and you don't win. With the masks, there came a time when they were available at Home Depot and in Target and in weird places that don't sell masks—and then it was over. We knew that would happen. But I was able to sell enough to cover our investment, and probably the last six cases or so, I sold at cost or at a small loss.

## **HC:** But were there other benefits?

**HOWELL:** We were serving our public and everyone was super grateful. We had new people calling and coming by just because we had something they really needed. If you quantify it over the lifetime of a new customer, that was totally worth it. Because those people were like, "I didn't know this store was here, my mom just came from the hospital." And this is at a time when our store wasn't physically open, people would call and we would come out to the curb ... In those days of April and May, it felt so good to hand somebody something they were so desperate to get.

## **HC:** What do feel the experience taught you?

**DOTSON:** I need to have more of a presence online. During that time, our phones were ringing off the hook, and that pushed me to do more with my website than I had in the past. I probably lost some sales to Amazon—but then again, some people also called me and said they ordered from Amazon and it wasn't coming, and I could say "I have that in stock!" I had just had my



website done in January of 2020. I was able to get in there and create a page on COVID supplies and update it daily. What's in stock, price changes—people could go online or, if they called us, I could tell them, "Check the website, we update it daily." We also started using a texting system. I bought the word "masks," and the number 484848 so we would tell people, if you want to know when we have masks, just text "masks" to 484848. And then we could send a text blast to everybody who had signed up.

### HC: Is that something you'll keep using going forward?

**HOWELL:** I don't know. Maybe if they've given us permission. But we're a family business and we treat everybody like family—and I wouldn't want someone texting me. We actually find that sending letters is much more effective because we've tried the calling and the emailing, but actually sending someone a good old-fashioned letter works really well. Sure, you've got to buy a stamp, but if someone sends you a coupon in the mail, you put it on your kitchen counter and you see it every day. It works like a charm. We send letters (rather than postcards) to protect HIPAA information, and inside the letter we'll include a coupon or a new product that we have.

Every January I download all the data from people who got stuff from us the previous year and put that in a spreadsheet for when they need to get a letter; it takes me a couple of hours and I use that to prepopulate a letter. It might say, "Hey, you got your stockings on this date, can you believe it's been so long? They should be replaced every six months, and we'll need a new prescription or maybe depending on insurance a new authorization." New technology is great, but the old stuff is very effective. I think people sometimes have this bias that the old-fashioned way of doing things is not as good, but for us and what we're doing, it's more effective ... We do letters every October for our breast cancer ladies and I have people coming back three years later with that letter. They'll say, "Oh, I was really busy, my daughter got married and we moved," but they kept that letter. The good old-fashioned person-to-person works.

### HC: Will you do anything differently in terms of what you carry after the pandemic ends?

**HOWELL:** We've always been a store that has a lot of different things on hand. But we sold a lot of PPE last year and we're still selling it. And we never ran out of gloves, thank goodness—that is something we always sold cases and cases of because we began as an incontinence supply company, so I got to be the hero for gloves...

In general, it's like a constantly moving target, you just have to stay one step ahead—you can't predict the future, but you can try to figure out what might be next. **HC**

Hannah Wolfson is editor of HomeCare magazine.

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## BILLING SOFTWARE

# Get Ready for Incoming Payment Policy Changes

## 3 steps to better revenue cycle management

By Jessica Rockne

The recent updates from the Centers for Medicare & Medicaid Services (CMS) for the Home Health Prospective Payment System (HHPPS) are meant to enhance payment programs and reduce the regulatory burden for home health agencies (HHAs). However, with an increase in claim forms and new filing policies, staying on top of these changes can be daunting.

Here's how the updates will impact agencies and how they can ensure timely reimbursements and streamlined workflows.

### Changes to RAPs

Per the new updates to the HHPPS, starting in 2020, HHAs received a 20% upfront payment when filing request for anticipated payment (RAP) claims, a reduction from 50% to 60% up front in previous years. Additionally, HHAs transitioned to filing RAPs every 30 days in 2020, as the implementation of the Patient Driven Groupings Model changed billing from one 60-day episode to two 30-day payment periods within a 60-day episode of care.

As of January 2021, upfront payment has now been eliminated. On top of this, home health agencies need to submit the no-pay RAP within five calendar days of each 30-day period or be subject to a penalty, increasing the resources needed for filing claims on time. The purpose of the no-pay RAP is to alert the claims processing system that a Medicare beneficiary is under a home health period of care. In 2022, RAPs will be eliminated and HHAs will only have to complete a one-time submission of a

**Now that HHAs will have to submit twice as much paperwork in just under a week, administrators need to prioritize the timely submission of claims to avoid penalties.**

notice of admission (NOA) per beneficiary within five calendar days. From the dramatic increase in claim forms to tightened deadlines, HHAs have a lot of adjustments to make in just two years.

### Navigating the Changes Ahead

Now that HHAs will have to submit twice as much paperwork in just under a week, administrators need to prioritize the timely submission of claims to avoid penalties and maximize reimbursement, especially since the five-day deadline includes weekends. Under the new HHPPS policies, CMS will reduce payment by one-thirtieth each day until the RAP (and the NOA in 2022) is received, including the five-day period given for submission. For low utilization payment adjustment (LUPA) periods, the change will reduce the payment for each visit until the RAP submission date.

With the flurry of new paperwork and claims to file, here are some tips for agency administrators to ensure they have the appropriate resources needed to tackle these process changes.

### 1 Capture all necessary information during the intake process.

The last thing you want to happen when tackling a mountain of claims is to realize you're missing information. Make sure that you have all the details you need from patients before sitting down to file. The right electronic health record (EHR) software can make that process easier by prompting the person inputting information for specific details during intake, such as insurance verification, primary diagnosis, name of physician and start-of-care date. The software can also review new referrals for overlapping home health episodes and notify billing. This will reduce your return provider claims where a Condition Code 47 is required.

When verifying insurance, it is important for agencies to keep backup documentation of eligibility. If the CMS common working file is not updated in a timely fashion, there is a potential that RAP claims could be returned and ultimately filed late. Backup documentation and proof of

patient eligibility at the start of care will help appeal a late RAP submission penalty.

## 2 Create a schedule for filing claims.

Five days is not a long period of time to collect the necessary information and file claims for payment. With four claims within a 60-day period required for each patient, HHAs should designate resources to submit claims on a daily basis for all payers. The five-day window for claims submission also includes weekends, so it is important to review RAP claims on Fridays and submit them if the deadline is over the weekend.

One tip is to create a weekly collections plan, ranking your claims by filing days and accounts receivable balance. This plan can also be used to review and identify payer-specific trends that require attention. A good EHR can expedite the process to auto-release RAPs the moment that minimum requirements for submission are met.

## 3 Work with EHR providers to automate processes.

The right technology can help streamline workflows and give agencies more time to focus on high-level strategizing and patient care. Look for an EHR that can simplify processes like patient intake, automatically checking insurance eligibility, transmitting claims and checking claim responses directly with CMS.

With the introduction of NOA in 2022, home health agencies must acclimate to yet another new process. It is very similar to the notice of election for hospice programs, so agencies that service both will have processes in place already. You can also work with your team to collect feedback on what features your staff are looking for and ensure that your EHR is equipped to meet those needs. It would also be a good idea to reach out to your EHR vendor and see if there are any pilot programs for NOA you can participate in.

With lowered admission rates in 2020 due to the pandemic, home health agencies might not have felt changes from the HHPPS on their revenue cycle management. But with the continued vaccine rollouts and return of patient intake in the post-acute sector, administrators can expect an increased workload and new territory in the claim systems. Now is the time to initiate a plan of action—from allocating resources to using the right technology—to successfully tackle the rest of this year and prepare for 2022. **HC**

Jessica Rockne is the senior product manager for home health solutions at MatrixCare, a software company that provides integrated EHR solutions across post-acute long-term care settings. Rockne has more than 12 years of product management experience in the home health and hospice sector, including four years at Brightree, another ResMed subsidiary.

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# INCLUSIVE CARE

## More than Empty Promises

### 3 ways to better serve LGBTQ seniors

By Vince Sanchez, Aimee Delaney, Adam Guetzow & David Alfini

One of the most exciting aspects of being part of the homecare industry is that it is in constant motion. Changes in society, health care and technology are providing daily opportunities and challenges.

The emergence of the openly LGBTQ senior as a consumer of homecare services is one such development that presents new and unique opportunities and challenges for homecare, home health and hospice providers.

To best maximize these opportunities, it is important to understand this population, what makes them different from other older adults and how their needs can best be met by your organization.

#### Know the Reality

In 2017, the National Center for Biotechnology Information cited studies estimating that there were 2.7 million adults aged 50 years or older who identify as LGBTQ; the percentage of this population is higher in larger metropolitan areas. It is predicted that this number was expected to double by 2060.

Studies have further shown that the LGBTQ population is increasingly interested in aging in place. One of the primary factors motivating this desire is the LGBTQ senior's concern that they are likely to face discrimination in senior living facilities. One study revealed that as many as 73% of the LGBTQ survey participants believed that discrimination existed and would come from both staff and residents. Another 34% of participants reported that they would hide their sexual orientation if they had to move to a senior living facility.

One other important characteristic of the LGBTQ senior population is that they are

more likely to live alone. Additionally, the LGBTQ senior is less likely to have children. This increases the possibility that they will have less immediate family available to provide support and care during the aging process—and that is one of the starkest contrasts to the non-LGBTQ population. In general, upwards of 80% of the long-term care in the United States is provided by family members.

#### A Shared History & A Shared Clinical Status

A shared history of marginalization has had a documented impact on the mental and physical health of the LGBTQ senior. Because the LGBTQ senior is more likely to live alone, they are more likely to face social isolation and the accompanying mental health challenges presented by it. Additionally, a shared history of harassment



**The LGBTQ client is looking for understanding and acceptance, and they have done their research.**

and discrimination has led to higher rates of anxiety, depression and substance use disorders in this population.

LGBTQ seniors are also likely to have faced barriers to access to health care services, potentially leaving them with a more challenging health care history than their counterparts. This includes chronic illnesses such as diabetes and hypertension. Additionally, the gay male community was disproportionately impacted by the HIV/AIDS epidemic. There are LGBTQ seniors who have lived with HIV for decades due to anti-viral medication. While these medications have evolved over time, many of the early regimens caused long-term side effects. Additionally, the use of hormones by members of the transgender community has lingering health side effects that are still being discovered.

### Serving the LGBTQ Client

The question then becomes how you can best serve the LGBTQ client. The industry as a whole will be better served if this preparation starts before the first LGBTQ ever client comes to your organization. Here are some areas to explore:

## 1 Marketing & Outreach

As detailed above, the LGBTQ senior may have spent a good part of their lifetime feeling they were discriminated against. They can be understandably hesitant with respect to service providers who will be coming into their home.

The homecare provider can address these fears at the outset by making it clear that their organization is welcoming to LGBTQ clients. Several providers have updated their websites and printed materials to expressly state that they do not discriminate against any clients on the basis of any protected category, including sexual orientation and gender identity.

Other homecare providers have gone further, including information that is specifically tailored to the LGBTQ senior community, such as testimonials from LGBTQ seniors. The marketing and outreach materials also frequently include

descriptions of employee training that includes the issues experienced by LGBTQ seniors.

## 2 Employee Training

Employee training is another important element of serving the LGBTQ client. Homecare, home health and hospice employees come from all backgrounds and not all have an understanding of even the basic terminology. This lack of understanding can lead to misunderstandings that can ultimately prevent the client from receiving optimal service.

Many homecare providers have added LGBTQ competency training to their employee training programs. In the best circumstances, the training is targeted at all levels of employees. The fact that the organization has decided to invest the time in this training sends a strong message to the employee about the importance of this topic.

The training itself takes many forms. That being said, it does need to be made clear that the company has a nondiscrimination policy that includes sexual orientation and gender identity. Any written nondiscrimination policy should be included in the presentation. It also needs to be made clear that any bias or prejudice that any individual may have against a certain group will not be tolerated in the workplace.

The training can also include discussions of the terminology used and the shared history of the LGBTQ senior. Additionally, it should assist the employee to understand some of the behaviors and clinical presentation of the client.

Homecare agencies have reported that this type of training is especially important for caregivers. From the conversations that arise during the training, it becomes evident that these are topics that the caregiver may not have encountered in the past. Interestingly, this is also true of clinical staff in the home health and hospice setting. The training is an opportunity to begin conversations that are sometimes new and challenging for certain individuals.

## 3 Case Management

Because of their history, the LGBTQ senior is less likely to have a strong understanding of how to manage their health care. Additionally, they are less likely to have the support system to help manage that care, which gives the case management process heightened importance. Homecare services are provided with the primary goal of preventing institutional care, and LGBTQ-sensitive case management can set agencies distinctly apart.

As is the case for many homecare clients, it's not just about clinical care for LGBTQ seniors—it's about maintaining their lives. And there are many opportunities to meet their needs outside of the clinical setting between patient care visits. In fact, case managers are the first to communicate with homecare clients. But to effectively break through complex barriers, a case manager must leverage their interpersonal acumen in a professional and sensitive yet honest manner, all while fostering confidence and hope. The LGBTQ client is looking for understanding and acceptance, and they have done their research. An astute awareness of their historical disparities is manifested daily in the provision of compassionate, optimal and ethical patient care. Listening to their stories, understanding that they have led a hidden and marginalized life, showing concern and providing counseling are essential in successful case management.

There is no question that the LGBTQ senior population presents many opportunities for growth for your client base. With these considerations in mind, your organization can be proactive in its approach to this emerging client population and set itself apart in the market. **HC**

Vince Sanchez is the co-owner and administrator of Angel's Care Home Health Services, Inc., a boutique agency serving five counties in the Chicago area.

Aimee Delaney, Adam Guetzwow and David Alfini are partners at the law firm of Hinshaw & Culbertson LLP and are the leaders of the firm's aging services practice area. Their practice focuses on labor and employment issues as well as client-facing risk management issues.

# ARTHRITIS

## Even Small Changes Can Make a Big Difference

Strategies for improving quality of life for those living with arthritis

By Sara Ochoa

According to the Centers for Disease Control and Prevention (CDC), about 54 million adults in the United States have arthritis. The number of men and women with arthritis is growing and expected to reach more than 78 million by 2040. The long-term sequela of arthritis is significant. Arthritis is considered a normal part of aging and is often not seen as a diagnosis that requires therapy unless a person's function is severely limited.

While it may be a normal part of aging, arthritis impacts the performance of many instrumental activities of daily living (IADL), including balance, which can place a person at greater risk for falls.

### Types of Arthritis

The two more common types of arthritis are osteoarthritis (OA) and rheumatoid arthritis (RA). OA is often referred to as a degenerative joint disease, or DJD, and is caused by wear and tear on the cartilage of joint surfaces due to overuse or trauma. OA is most common in larger joints that support weight, such as the spine, hips and knees, and is often isolated in one joint or area. When OA impacts the hands, it is often related to repetitive trauma. Joint noise within the affected joint, called crepitus, is often heard and may be described as a grating or grinding sensation.

RA is an autoimmune disorder that attacks the cartilage and tissue surrounding joints. Its cause is unknown, but may be related to genetics and environment. RA is more common in women and often starts between 30 to 60 years of age. It is

Restore	Compensate	Adapt
<p><b>Balance:</b></p> <ul style="list-style-type: none"> <li>• Standing on various surfaces</li> <li>• Weight shift activities or perturbation exercises</li> <li>• Maneuvering obstacles during ambulation</li> <li>• Tai chi</li> </ul>	<p><b>Balance:</b></p> <ul style="list-style-type: none"> <li>• Educate on how to utilize a handhold on the counter when standing at a kitchen or bathroom sink</li> <li>• Use of grab bars in the bathroom</li> <li>• Coaching a patient to “wait a minute” after standing up to gain balance control before taking a step to walk</li> </ul>	<p><b>Balance:</b></p> <ul style="list-style-type: none"> <li>• Reduce clutter on the floor</li> <li>• Remove floor rugs</li> <li>• Educate patient to wear supportive shoes with Velcro or elastic lace closure</li> <li>• Educate patient and caregiver on the use of a walker tray/basket to carry items</li> </ul>
<p><b>Strength:</b></p> <ul style="list-style-type: none"> <li>• Eccentric exercises for target muscle group(s)</li> <li>• Marching and tapping a foot up on a step</li> <li>• Proprioceptive neuromuscular facilitation (PNF) or diagonal patterns using a resistive band</li> <li>• Working speed or performing interval training</li> <li>• Electric stimulation to improve target muscle strength</li> <li>• Use of heat or cold to reduce pain</li> <li>• Instruct on energy conservation and pacing techniques</li> </ul>	<p><b>Strength:</b></p> <ul style="list-style-type: none"> <li>• Build up knitting needles, brush or toothbrush to allow patient to manipulate/hold items easily</li> <li>• Placing gel inserts in shoes to support metatarsal heads</li> <li>• Use of a gait aid to increase walking distance</li> <li>• Use of reacher or grabber to pick items up from the floor or reach into the closet</li> </ul>	<p><b>Strength:</b></p> <ul style="list-style-type: none"> <li>• Install a ramp or rail to maneuver stairs/steps safely</li> <li>• Ergonomically arrange cabinets placing frequently used items between hip and chest height</li> <li>• Educate on the use of button hooks to easily manipulate button closure</li> </ul>





symmetrical, affecting joints on the same side or both sides of the body, and usually begins in the small joints of the hands and feet. People with RA can have periods of exacerbation that may be related to diet or an inflammatory process that is occurring elsewhere in the body. A study completed in 2000 found that, within six months of a diagnosis of rheumatoid arthritis, women can have an average of 40% of normal power and pinch strength remaining. Within two years, half of those diagnosed have difficulty completing simple household tasks.

Both OA and RA are associated with inflammation, pain, decreased range of motion and swelling in the affected joint or joints. Although different in cause, both osteoarthritis and rheumatoid arthritis have similar treatment interventions and strategies to address pain, joint stiffness, muscle weakness and fatigue.

Arthritis is an underlying impairment that can impede functional outcomes but may be overlooked—and may not be addressed in the home health environment. Other normal, age-related changes that occur over time include a decline in functional ability and mobility related to diminished aerobic capacity or endurance, as well as muscle atrophy or wasting. When combined with the limitations and restrictions associated with arthritis, a person's ability to maneuver safely at home can be significant.

### Early Intervention

Early intervention by a home health therapist is key to assisting a person achieve their goals. By examining a person with arthritis and focusing on underlying impairment, a therapist can restore function, compensate for any deficits and adapt the home environment for better outcomes.

“Restore, Compensate, Adapt,” also called RCA, is a care model that can be used to ensure an increased focus on underlying impairments that impact a person's quality of life.

- **Restore phase:** The therapist emphasizes a return toward the normal or previous status of the current underlying impairments impacting function. Examples of underlying impairments that may be addressed include balance, strength, range of motion and pain control.
- **Compensate phase:** The therapist teaches the patient strategies to reduce or diminish deficits. In this phase, the treatment focus is on the functional problems impacted by the impairment. Examples of compensation include how to get dressed using techniques that protect the joints, minimize pain and conserve energy.
- **Adapt phase:** Recommendations are made to change the home environment rather than the person to complete a task or activity safely. Examples of adaptation include arranging cabinets to allow the person to access food items, building up grips on doorknobs or using handrails to maneuver stairs. These adaptations can be temporary or permanent. The table on page 48 lists some examples of activities within the RCA phases.

Additionally, the Arthritis Foundation reports that incorporating adjunct therapies such as yoga, mindful meditation and an anti-inflammatory diet have been of benefit in addressing symptoms related to arthritis for some people and should be considered.

### Practice Makes Perfect

As home health clinicians know, when treating in the home environment, therapists must rely on their own creativity and what a patient has available to develop and implement an effective treatment plan. Additionally, a therapist must rely on the patient and any present caregivers or helpers to continue the recommended exercises, compensations or adaptations to the environment to achieve the desired outcome. By educating the patient—and their caregivers—with tactics to address fatigue, pain and range of motion limitations associated with arthritis, a patient may be able to return to their previous pattern of daily living.

It is important for patients and caregivers to understand that arthritis is an underlying impairment that affects many areas of a person's functional performance. Often, a person may think these changes are a normal consequence of aging, and nothing can be done to slow or alter the effects. By considering the implementation of some of the strategies covered in this article, a home health therapist can effectively improve patient safety in their home and allow a patient to once again engage in special interests and activities that bring them pleasure. It is important for home health therapists to remember that even small compensations and adaptations can greatly impact a person's sense of well-being. **HC**

Sara Ochoa, PT, MOMT, CLT, is a physical therapist and advanced practice specialist for Aegis Therapies, where she acts as a change agent for evidence-based practice. She is an active American Physical Therapy Association member with advanced skills in orthopedic manual therapy and geriatric strength training.

# CPAP & ACCESSORIES

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 all things CPAP. Here and on [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide), you can find the essentials to help your business thrive. **HC**

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

APEX Medical  
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(714) 671-3818  
[apexmedicalcorp.com](http://apexmedicalcorp.com)

Bleep  
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[bleepsleep.com](http://bleepsleep.com)

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[mysleep8.com](http://mysleep8.com)

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# 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 Bliss Clinical Feminine Health Line

### ANANDA HEALTH

The Ananda Bliss line of products harnesses the power of CBD as its main ingredient to support the overall reproductive system, which has an abundance of endocannabinoid receptors. All Ananda Bliss products feature CBD-rich full-spectrum hemp extract that works with plant-based ingredients to support the body's natural systems. Everything is formulated without harsh chemicals or ingredients that can disrupt the body's balance. Visit [anandahealth.com](http://anandahealth.com).

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2



## 2 BriteOWL

### OWL POWER SOLUTIONS

Ever wonder why businesses have emergency lighting but homes do not? Maybe it is because they are aesthetically displeasing; many think of those big, gaudy flood lights used in commercial buildings. The new briteOWL is a home backup lighting system that will automatically provide light during a power failure. During an outage, briteOWL provides 50 lumens of light for 90 minutes so that you can safely locate your secondary light source. Once power is restored, the installed lithium ion battery will automatically recharge and to be ready for the next power failure. Visit [owlpowersolutions.com](http://owlpowersolutions.com).

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3



## 3 B142C Full-Electric Bariatric Homecare Bed

### INTEGRITY UNITED

This 42-inch wide full-electric bariatric homecare bed provides a comfortable and convenient sleeping platform for individuals and caregivers. The robust structure can safely handle individuals weighing up to 600 pounds, and its wide deck design provides sufficient room for larger individuals. The B142C bed is made with a split-frame design for easy maneuverability. The hand crank allows the bed to be manually adjusted in the event of power outage and can be stowed away when not in use. The strong casters are able to support heavy weights while maintaining their rolling smoothness. Visit [integrity-united.com](http://integrity-united.com).

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## 4 Rock Steady Cane

### ZIGZAG

The Rock Steady Cane can be positioned to the user's side in two ways or it can be used in front as a modified walker. It's also a rest point on walks and helps users to get out of bed or off a chair. The Rock Steady Cane has a large, comfortable, tactile foam handle. The large footprint of 100 square inches provides stability, yet is maneuverable even in small bathrooms. The cane is lightweight at a little over two pounds. Visit [rocksteadycane.com](http://rocksteadycane.com).

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# PERS & HOME MONITORING

1



## 1 Chirp

**CHIRP Inc.**

Chirp is a new device that uses multiple sensors (radar, thermal, acoustic) to remotely monitor the well-being of aging adults. It's unobtrusive and low-effort for the care recipient, tracking their mobility, detecting visitors and looking for emergency events (such as no movement detected or calls for help). Chirp has none of the inconvenience of wearable personal emergency response devices and is less invasive than camera monitoring. Visit [mychirp.com](http://mychirp.com).

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2



## 2 Belle+

**FREEUS**

Freeus is a wholesale provider of mobile medical alerts. Freeus mobile medical alerts empower patients to age in place safely with 24/7 access to help—patients can receive assistance from loved ones, neighbors or emergency services, depending on need. Learn how to make mPERS a profit center for your organization as you provide lifesaving services to your patients and reduce hospital readmissions. Visit [freeus.com](http://freeus.com).

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## 3 Mini Guardian

**MEDICAL GUARDIAN**

Medical Guardian has officially introduced its newest offering to their product line—the Mini Guardian. This all-in-one wearable technology helps older Americans age independently by offering attractive, discreet, and simple-to-use safety for everyday life. At half the width and weight of other mobile alert systems and the size of a TicTac box, the Mini Guardian is petite enough to fit in your pocket, while also offering advanced fall detection, an HD speaker, and up to five days of battery life. Visit [medicalguardian.com](http://medicalguardian.com).

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3







4

## 4 Thrive 2.0

### PLATINUM HEALTH

Thrive 2.0 is the next generation of mobile medical alerts. Thrive is small, lightweight and offers full coverage with Verizon 4G LTE certified cellular service, Wi-Fi and other location technology. The device also has a long battery life, is shower safe and comes in 14 bold color choices. The monitoring center is staffed with highly trained U.S. specialists to handle any given situation. The Thrive PRO 2.0 adds advanced fall detection capability that prevents false alarms, and families can access internet tracking or emergency location services. Visit [mythrive.com](http://mythrive.com).

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5

## 5 Affiliate Program

### RESPONSENOW

ResponseNow relies on a strong affiliate network comprised of people and companies that have the best interests of the patient at heart. If you are currently referring medical alerts or if you see a high number of senior patients, the ResponseNow Affiliate Program is an excellent fit. The program offers \$150 per referral with no cost to you and no minimum order quantity. Businesses also receive free custom marketing materials, including rack cards and a display stand. Qualified patients receive a free month of service and digital order tracking is available. Visit [responsenow.com](http://responsenow.com).

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6

## 6 Quiet Fall Prevention Monitor to Pager

### SMART CAREGIVER CORPORATION

This low-cost, wireless Quiet Fall Prevention Monitor (TL-2020) is designed to alert a caregiver when a fall-risk patient starts to get up from a bed or chair and steps on the floor mat. Within a range of up to 300 feet, the caregiver is alerted by a pager. With no noise in the room, the alarm will not disturb the patient. This monitor allows the caregivers the flexibility to monitor clients based on their unique needs while attending to other tasks. Visit [smartcaregiver.com](http://smartcaregiver.com).

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# WOUND CARE

## 1 EXTREMIT-EASE Compression Garment

### AMERX

The EXTREMIT-EASE Compression Garment provides 30-50 millimeters of mercury of therapeutic compression and combines a zipper and bungees with large tabs to make independent application and adjustment easy for patients to achieve, even if they suffer from dexterity issues. Patients will appreciate the lightweight, air-permeable fabric that allows for hours of comfortable wear with less sweat, hot spots and pistoning. Each garment comes complete with a mesh laundry bag and one garment liner. EXTREMIT-EASE is PDAC-approved and available in six sizes (XS-XXL) for regular and tall lengths. Visit [amerxhc.com](http://amerxhc.com).

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## 2 Premium Line of Advanced Wound Care Products

### ABENA

Abena has developed a comprehensive portfolio of advanced wound care solutions with ingredients that are clinically proven to support effective skin care and promote healing. The extensive range of dressings include foams (with/without adhesive border), silicone foams (with/without adhesive border), hydrocolloids, and calcium alginates (with/without silver). Dressings are designed to support the treatment of acute and chronic wounds, with options ranging from light to heavy absorption. These products are simple for clinicians to use and easily fit into existing care protocols, helping deliver quality outcomes, including patient comfort and satisfaction, at a competitive cost. Visit [abena.com](http://abena.com).

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## 3 Skin and Wound App

### SWIFT MEDICAL

Swift Skin and Wound is a digital wound care management solution. With the snap of a photo, care providers automatically capture wound measurements with clinically validated precision, while agency-level dashboards show real-time patient data including wound healing over time. Discover how you can realize operational efficiencies, deliver better care outcomes and demonstrate your data-driven approach to referral partners with Swift Skin and Wound. Visit [swiftmedical.com](http://swiftmedical.com).

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# WHO'S WHO IN HOMECARE

## Leading the Charge

Meet the new head of BlueSky Designs

By Kristin Easterling



Mobility design isn't just about making better wheelchairs and other devices; sometimes it means improving the add-ons that adapt to end-users' needs.

Take BlueSky Designs, the mobility design company best known for creating the Mount'n Mover movable wheelchair mount. The mount allows wheelchair users to move their add-on devices out of the way or up and down depending on need. It and a handful of other products fit with the company's model of expanding access for wheelchair users—while also injecting fun into everyday life.

"I believe we're here to have fun and if we're not having fun, it's worth taking another look at what's going on," said Peter Loeffler, the company's brand-new president. He took over when founder and device inventor Dianne Goodwin announced her retirement in late 2020 following 36 years in the field of rehab engineering and assistive technology.

"Diane had been looking at retirement and we'd been talking for a couple of years

about the possibilities for transition and what that might look like, and we came to an agreement," said Loeffler, who has been with the company six years. "I feel really, really blessed and fortunate to receive that trust to take her baby she created and really amazing team that she's gathered to serve our customers, to take that and run with it."

In the future, BlueSky may explore ways to help the gaming industry expand its offerings to those living with mobility limitations; Sony and Nintendo have only recently introduced adaptive controllers for the Xbox and PlayStation consoles. Loeffler said he also wants to build relationships with the home medical equipment dealers who sell BlueSky products.

Loeffler has a master's degree in mechanical engineering from Johns Hopkins University, which he said gave him insight into basic design. He first jumped into the assistive technology market when a friend of his, David Anderson, began battling ALS. Loeffler and his family launched a Kickstarter campaign to raise money for a

rig that would allow Anderson to DJ a New Year's Eve party using only his eyes; BlueSky Designs was brought in to handle the design.

"Diane and her team built a great rig for his computers that he used to control the music. And a couple of years later, we were still talking and I came to work with Diane," said Loeffler.

That inventiveness is part of the company's DNA, with a wide range of wheelchair mounts, trays and stands for almost any purpose, including for cameras, cell phones, tablets and more.

BlueSky Designs leaned on its think-outside-the-box approach during the COVID-19 pandemic, when the virus restricted the company's ability to get hands-on with people.

"We had to get creative," he said. One of the projects the company completed in 2020 was a fundraiser for people in need of accessible systems. The fundraiser helped deliver systems to 12 people in need. "What was really fun about that for us is we got to work directly with such a large group of people and directly with the consumers—the people that are using our devices to change their lives," Loeffler said. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

**One of the projects the company completed in 2020 was a fundraiser for people in need of accessible systems.**



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