

HomeCare

A portrait of Helen Adeosun, a Black woman with short, dark, curly hair, smiling. She is wearing a dark blazer over a patterned top. The background is dark.

APRIL 2022

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HME

Doctor says bracing
is broken

IHC

Rural vs. urban
agency outcomes

SEEKING STAFFING SOLUTIONS

CareAcademy's Helen Adeosun
on training new workers to
join the industry

Plus:

- » Strategic onboarding
for retention
- » Finding fixes through
technology
- » Reaching multi-
organization workers

2022
Salary
Survey

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Check 103 on index.

We had our Home Infusion Therapy **ACCREDITATION.** ***Simplified.***

By The Compliance Team.



Byron Yoshino, Pharm.D.

President & CEO Pharmacare Hawaii Inc., Honolulu, HI

*Community Pharmacy, HIT, LTC, Sterile Compounding,
DMEPOS, Specialty Pharmacy*

The Compliance Team is a CMS approved DMEPOS and Home Infusion Therapy (HIT) accreditation organization. Our provider centric approach to accreditation was developed over 25 years ago and is designed to save you time and money without compromising quality. It is our genuine commitment to deliver **Accreditation. Simplified.** that sets us apart from other accreditation organizations.

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Dear HomeCare Readers,

Let me guess: Staffing is the No. 1 thing keeping you up at night.

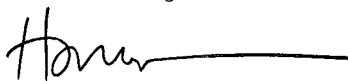
It's something we've heard over and over; it was true well before the pandemic but is now top of mind for everyone in every industry.

This month, we dig deep into this most pressing of topics and offer up some fresh approaches. Our cover series includes a look at how to help employees from outside of health care make a smooth transition to the industry; great tips for strategic onboarding—which begins even before you hire; straight talk about how remote patient monitoring and other care technology might relieve the caregiver crisis; and advice on choosing your words well to speak to employees who work for more than just your organization.

We're also bringing you the results of our Salary & Staffing Survey, which we've run every year since 2014. For the first time, this year we asked whether our readers are changing their approach to recruiting and retention due to the intensity of the job market. The answer was a resounding yes. The survey results start on page 14 and the rest of the staffing articles follow.

We know you need other information as well. So this month we're also bringing you a report from the National Home Infusion Association conference in Nashville (I learned so much!), an orthopedist's opinion on better bracing, a road map on mergers and acquisitions, and info from our experts on care quality, medication management, nutrition and more.

Thanks for reading!



Hannah Wolfson



BE HEARD

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

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

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EDITORIAL

Editor

Hannah Wolfson | (205) 278-2825
hwolfson@cahabamedia.com

Managing Editor

Kristin Easterling | (205) 314-8267
keasterling@cahabamedia.com

CREATIVE SERVICES

Art Director

Elizabeth Chick

Digital Project Manager

Greg Ragsdale

Web Developer

Greg Caudle

CIRCULATION

Audience Development Manager

Lori Masaoay | (205) 278-2840
lmasaoy@cahabamedia.com

Subscription Changes & Inquiries

customerservice@cahabamedia.com

ADVERTISING

Associate Publisher

Jim Harmon | (205) 933-0333
jharmon@cahabamedia.com

Sales Development Representative

Jill Kuerner | (205) 961-3378
jkuerner@cahabamedia.com

Client Services Representative

Kimberly Holmes | (205) 212-9402, ext. 210
kholmes@cahabamedia.com

EDITORIAL ADVISORY BOARD

Cara Bachenheimer

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

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Publisher

Matthew G. Conroy

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Greg Meineke

Creative Director

Terri McVey

Controller

Brandon Whittemore

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

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WellSky to Acquire TapCloud

WellSky, a global health and community care technology company, announced that it intends to acquire TapCloud, a patient engagement technology company that helps patients, caregivers and clinicians communicate crucial information in real time to achieve better health outcomes.

Frequent communication between patients, clinicians and payers is critical to providing quality care and delivering on value-based care. TapCloud's interoperable, artificial intelligence-driven platform provides real-time patient-generated insights, enabling providers to deploy care interventions aimed at reducing preventable hospital readmissions and emergency care.

Using TapCloud's electronic health record-agnostic patented technology, patients can share their symptoms and other pertinent data with providers using virtual visit technology, secure messaging and remote symptom screening protocols. The

combination of TapCloud's technology and WellSky's experience in predictive analytics opens new possibilities for providers and payers as they seek to better coordinate patient care.

WellSky will integrate TapCloud's platform into its health care technology solutions that more than 5 million caregivers use each day. Over time, WellSky will expand its clinical dataset to include TapCloud's patient-generated data, enabling the development of new models that allow providers, payers and other risk-bearing entities to better predict patient risk factors and deploy interventions.

[wellsky.com](https://www.wellsky.com)

Nationwide Partners With Labrador Systems

Columbus, Ohio-based Nationwide and Southern California-based Labrador Systems have announced a multi-state pilot program that will explore the capabilities of the Labrador Retriever, a new personal robot designed to empower individuals to live more independently as well as provide support to caregivers.

Labrador's Retriever robot serves as an extra pair of hands to help move large loads and keep smaller items within reach. Featuring advanced 3D vision, obstacle sensors and navigation capabilities, the Retriever is designed to support a variety of users' needs. The robot can operate either on demand or on a pre-set schedule by automatically delivering items at a specific time and location.

Nationwide's 2021 Long-Term Care Consumer Survey found that 88% of respondents agreed that it is more important than ever to stay at home for long-term care. Additionally 69% would prefer to rely on their family in their own home for long-term care if they need it, while 66% are worried they will become a burden to their family as they get older.

Nationwide's innovation team is sponsoring Labrador's cross-country tour to study the use of the Retriever in a variety of use cases, including senior living communities, post-acute rehab programs

and individual homes. Working together to extend the reach and impact of Labrador's pilot programs, the two organizations will learn how to better support Americans with a variety of health needs and their families to help them live in their homes as independently as possible.

labradorsystems.com

CareAcademy Expands Training Library

CareAcademy, a care enablement platform for homecare and home health organizations, announced the release of 240-plus hours of continuing education units (CEUs) for state-licensed occupational and physical therapists. This offering deepens CareAcademy's training solution for the home health industry—a critical component to recruiting and retaining health care workers as staffing needs continue to accelerate.

According to the most recent Bureau of Labor Statistics report, the health care industry added an estimated 18,000 jobs in January, up from 14,300 added in December.

"Home health nurses, as well as occupational and physical therapists, are frequently on their own to find CEUs to maintain licensure. Agencies who offer continuing education benefits will set themselves apart as an employer of choice," said Adrianna Ware, nurse educator at CareAcademy.

With CareAcademy's new courses, home health agencies can now offer state-required continuing education for a wider variety of licensed health care professionals while tracking compliance from within the CareAcademy dashboard. CareAcademy's comprehensive home health training solution includes initial training and certification for aides, continuing education for nurses, occupational therapists, physical therapists and administrators, as well as advanced disease-specific certifications for ongoing specialization across the home health industry.

CareAcademy's course library contains more than 300 training hours accredited by the American Nurses Credentialing Center,

UPCOMING EVENTS

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

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

MAY 1–3 Focus: The Essentially Women Conference
Clearwater Beach, FL
focus.essentiallywomen.com

MAY 1–3 ATA 2022
Boston, MA
gotelehealth.org

JUN 13–15 VGM Heartland
Waterloo, IA
vgmheartland.com



FINANCIAL MANAGEMENT CONFERENCE

MARK YOUR CALENDAR

The **2022 Financial Management Conference** — sponsored by the Home Care & Hospice Financial Managers Association (HHFMA) — is tailored for financial professionals in home health and hospice and attracts top executives in the industry.



Learn
FROM EXPERTS
& LEADERS



Empower
A COMMUNITY
OF ADVOCATES



Strengthen
YOUR NETWORK WITH
DECISION-MAKERS



Registration opens in April
NAHC.org/FMC2022



18%

In 2019, 18% of Medicare beneficiaries were also enrolled in Medicaid.

which is accepted by nursing boards in all 50 states. More than 240 hours are now further approved by the American Occupational Therapy Association, the National Board for Certification in Occupational Therapy and the Physical Therapy Board of California.

CareAcademy's in-house compliance team works directly with agency administrators to determine a curriculum that satisfies state requirements for each role and license type.

careacademy.com

Dave Kazynski Retires From VGM

Dave Kazynski has retired from VGM Group, Inc., after 30 years in leadership roles with the company. Kazynski served as president of VGM HOMELINK from its inception in 1993 until March 2021. Since then, he has overseen a structured transition in leadership, with Matt Waller ascending to the role of HOMELINK president.

Part of founder Van G. Miller's original leadership team, Kazynski built HOMELINK from an idea to give medical equipment providers access to closed insurance networks into a vibrant VGM business unit employing more than 550 people. Today, HOMELINK provides a health care network and coordination of care for more than 30 million covered lives served by 100,000 health care providers and is part of 1,200 payer networks. HOMELINK's mission is to improve the lives of everyone it serves.

Miller recruited Kazynski to launch HOMELINK in 1993. Before that, he was a financial executive in several hospitals, and had worked for Miller at Miller Medical, a home medical equipment provider based in Waterloo, Iowa.

Under Kazynski's leadership, HOMELINK grew by focusing on helping injured workers get the equipment and services they needed to get healthy and return to work.

vgmgroup.com

Humana Rebrands Kindred at Home

Humana Inc. has started to transition Kindred at Home's home health division to the CenterWell Home Health brand.

The brand transition represents a major step in the full integration of Kindred at Home's home health operations into Humana. Last August, Humana announced that it had completed the acquisition of Kindred at Home (KAH) to reinforce its commitment to invest in home-based clinical solutions that can improve patient outcomes, increase satisfaction for patients and providers, and create value for health plan partners.

KAH's home health locations will transition to CenterWell Home Health over the course of 2022, beginning with seven states—Washington, Oregon, Idaho, Nevada, Arizona, New Mexico and North Carolina. Rebranding all KAH home health locations as CenterWell Home Health will be phased, with other locations transitioning later this year.

CenterWell Home Health will maintain care continuity throughout the brand transition, so patients and providers should notice little change in their experience.

The rebranded KAH locations will now display new interior and exterior signage reflecting the CenterWell Home Health brand. Employees in these locations will receive new uniforms, apparel and other branded materials to help bring the brand to life.

When the rebranding is finished, CenterWell Home Health will support patients from more than 350 locations across 38 states.

As the rebrand continues during 2022, CenterWell Home Health will focus on reinforcing its commitment to improving patient health outcomes and making sure people have access to the affordable, quality care they need.

centerwellhomehealth.com,
humana.com

Axxess Launches Palliative Care Software

Organizations providing palliative care to patients can now use a standalone software that is custom-built specifically for the delivery of this evolving type of care. Axxess has developed and launched a fully independent palliative care software solution. Axxess Palliative Care is the latest innovation in Axxess' suite of solutions developed for organizations that provide care in the home.

Axxess Palliative Care was developed in partnership with Heart of Hospice, an Axxess client that worked closely with the Axxess product development and engineering teams. Workflows can be customized to fit the specific needs of each organization and are built with the needs of physicians and nurse practitioners in mind; documentation is centralized to help with hospice and palliative care caseloads.

Billing for Medicare Part B claims is possible through Axxess Palliative Care because of Axxess' direct connection to Medicare as a network service vendor. As organizations expand the type of palliative care provided, the software is integrated with Axxess' revenue cycle management solution to enable billing for all payers.

axxess.com



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Putting Choice Back in Seniors' Hands

HR 3322/S 826—The Medicare Patient Empowerment Act of 2021

By Kristin Easterling



Too often, public and private insurance programs include barriers to care that result from unnecessary regulatory, legal and payment policies. This can mean that Medicare beneficiaries sometimes lose access to their physicians and other providers. Physical therapy, including in-home therapy, has been particularly impacted because many providers are listed as nonparticipating.

The Medicare Patient Empowerment Act of 2021 would allow Medicare beneficiaries to select the health care professional of their choice and enter into a contract with that professional—regardless of whether the professional is a participating or nonparticipating provider. Current policy allows providers to contract with individuals, but they must opt out of the Medicare program for two years. If passed, the act will remove that requirement.

A Medicare beneficiary must sign a contract stating that they will pay for a Medicare-covered item or service, and they must also submit a claim for Medicare payment. However, a beneficiary may negotiate to have the professional file claims on the beneficiary's behalf.

If a professional is considered nonparticipating, payment will be made as if the professional were participating.

Dual-eligible beneficiaries are excluded from the act.

The bill was introduced by Rep. Pete Sessions (R-Texas) and Sen. Paul Rand (R-Kentucky) early in 2021. It is currently in committee.

WHAT
HAPPENS
NEXT? »

The American Physical Therapy Association is urging members to contact their senators and representatives to cosponsor the bill. More information and advocacy language can be found at apta.org.

LEARN MORE » [Track this bill at congress.gov.](https://www.congress.gov)

ELIGIBLE PROFESSIONALS

- Physician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Certified nurse-midwife
- Clinical social worker
- Clinical psychologist
- Registered dietitian
- Nutrition professional
- Physical or occupational therapist
- Qualified speech-language pathologist
- Qualified audiologist

DID YOU KNOW?

In 2019, the average total payment for an inpatient hospital stay was **\$14,234**, based on **Medicare reimbursement** and **beneficiary cost share**.

Source: cms.gov

HME: REIMBURSEMENT

Avoid the Mistakes That Hurt Revenue Cycle Management

Training can help prevent future issues

By Kit Shellhouse



KIT SHELLHOUSE has more than 20 years of experience in business operations management. She speaks on a national level in the HME industry and has conducted numerous training webinars and personal client consultations on business operations and medical documentation process development. As part of ECS North's support for the health care industry, she travels to Washington, D.C., to partake in grassroots lobbying efforts on Capitol Hill. Visit ecsbillingnorth.com.

Adapting to multiple disruptions and encountering obstacles throughout the day has become a regular occurrence because customer and payer behaviors have changed. These changes force home medical equipment (HME) business owners to upend their business practices—including their revenue cycle management (RCM)—to stay ahead of the game. There are valid reasons why these disruptions are more prevalent, but most are due to ineffective management practices. Conducting a root cause analysis to define the areas of neglect can be helpful. Taking a deep dive into your RCM is a good place to start.

Lack of Training

The reality is that every department in a home medical equipment business is affected by a lack of training or inconsistent staff education. As employee turnover continues to climb and more experienced employees make their exit, more attention is drawn to training and staff education deficits. This highlights the necessity training plays in the overall functionality of the business. Identifying any inefficient training processes currently in use will usually uncover even more issues with your operations. It is even more disheartening to discover inaccurate reporting and analytics as a direct result of those inefficiencies. This creates false data and trends that are then used to manage the business. The next step is to determine what process changes can be implemented to counter the identified inefficiencies.

It Starts at Intake

The intake department, better known as the “gatekeepers,” is the first line of defense in capturing solid data from the patient. “Garbage in, garbage out” is a common phrase in RCM. Knowing what can be affected and changed or altered before submission is a best practice that you can train for. Understanding the components of the process for each claim is like putting together a puzzle, where you need to have all the correct pieces to create a positive result that is acceptable to the payer.

Respecting the purpose of the intake department is essential. To avoid the garbage theory, create a program that contains the meat of the claims protocols, as well as the cause and effect for the intake staff to know and use. Provide not only the steps necessary to process a claim, but also the details, such as the local coverage determination website, scenarios and what can occur if a claim is not handled correctly. Gain input from the team on what is not working and other data that may be overlooked by management in the daily operations.

In many cases, the information provided by the patient is not always factual and important details get lost. This can occur when other providers are involved and there is coverage by another payer source, or when the patient provides incorrect demographic information. These issues can cause havoc, especially with a high-dollar piece of equipment. All relevant data and information should be confirmed at intake

before dispensing to avoid lost equipment and future lost revenue from the equipment.

Monitoring the Data

There is a positive effect in areas of the revenue cycle when you institute a monitoring protocol to catch and correct errors before billing. The immediate result is a decrease in denials and an increase in revenue. Your training materials should be updated to reflect the new protocols, including an effective date and a schedule for process changes. An example would be to include a scrub as part of the protocol that allows the billing team to monitor, correct and add necessary information to claims that otherwise would be denied. If enforced, many opportunities will present themselves in that scrub, including chances to catch and correct claims requiring prior authorization, modifiers, missing note field information, date spans or primary explanations of benefits.

Unfortunately, a lack of protocols can result in continued denials. The above examples can be controlled. With accurate payer knowledge, including confirming payer requirements, application of a payment or denial for trending purposes will enable the extraction of data on the back end. As the errors are recognized during the scrub, issues that impact revenue collections can be resolved. Finding that error should turn into a training moment with that employee (typically the system will identify the employee who made the error) and a solid education protocol is established for future reference.

Working Denials

Life would be too easy if we could control everything. Denials such as “documentation attached not received by the payer,” even though it was attached, are a constant battle. This denial has forced providers to go old school by faxing and tracking the confirmation of transmission or finding a workaround to submit and receive payment. The additional steps result in delay of payments and increased labor costs, which

directly affect budgeting and the long-term growth of the business.

Some denials are inevitable and require additional attention, such as noncovered and billing for the denial. Allowing the denial to be worked as inevitable saves time and unnecessary research to confirm the “why.” As mentioned, HME providers rely on the intake team to gather solid data. Even with a focus on accurate data collection, there are things that can’t be controlled. Problems still occur when a patient switches insurances during a rental or doesn’t update their coordination of benefits with their insurance. These issues are addressed once the denial is received, but that shouldn’t stop providers from educating patients to update all insurance information as soon as it changes.

Payer Contracts & Audits

Just like solid training program, payer contracts hold the key to payer accountability. Each payer contract must be understood and monitored to ensure it is being upheld; the payers will not contact you regarding the renewal time frame or underpayments.

A positive trigger is the report extracted from your billing software alerting you to hot spots, giving you the ability to recognize negative payer behavior. Use that data to ask yourself if any particular payer is part of the profit or loss for the company, then act on it. That behavior includes payer processing time frames, timely filing deadlines, handling patient balances and the renewal terms. The ability to cancel a contract on your terms allows you to start researching new payer contract possibilities and stop the bleeding. Knowing the difference between accurate and inaccurate information can be the difference between ending your month in the black or in the red.

Some providers are dealing with payer audits, which can be a hassle, but can provide data that can assist in determining behavior. Organizing the initial receipt of those letters is essential so as not to cause a delay in processing. Assign the responsibility of audit activity to an employee—reviewing

and managing the results will provide great insight for your next move. Based on those details, the data is used to create specific protocols in your training program in the trouble area. Each payer has its own required response time, request types and grading based on submissions; those determine how long you will receive audit requests and from what payers. There may be a lag in receiving documentation from physicians when responding to an audit. The hope is that the relationships with your referral sources are solid for ease of documentation receipt.

Because bottlenecks are inevitable in the revenue cycle, proactively preventing future held revenue is the goal. But first, determine the activity of your held revenue, primarily why it is holding, the dollars associated, the number of claims involved, and, more importantly, timely filing guidelines, which can be a detriment if not addressed as a priority. When timely filing deadlines are confirmed with each payer, document and make all information accessible to the entire staff for reference. The information must be at their fingertips and managed accordingly.

When examples of past mistakes and errors are outlined, including the lack of proper training protocol, inefficient processes and controllable denials, providers can act immediately. Some issues fall on the patient, the commercial payers in particular, Medicare or Medicaid.

Working insurance balances over one year is a waste of valuable time—most, if not all, will be uncollectible due to timely filing limits. Again, the importance of payer education must run parallel with the development of new protocols in your RCM. Based on the data, determine what is required for success and profitability as you move forward by identifying your top payer behaviors.

The application of solid process-based trends, continuous analysis of payer behaviors and the maintenance of those new payer protocols will result in factual reporting. Obtaining true and current trending behaviors allow you to conduct your own internal audit proactively. **HC**

IN-HOME CARE: TECHNOLOGY

Leveraging Technology to Drive Your Company's Growth

5 questions to ask current & potential vendors

By Robin Gladwill



ROBIN GLADWILL is the director of operations at Cooperative Home Care. Gladwill's responsibilities extend to all aspects of the organization's readiness to grow and prosper, as well as ensuring outstanding care experiences for clients and staff. The agency operates five offices with six business lines and plans to expand. Visit cooperativehomecare.com.

As health care organizations struggle to grow despite challenges presented by the pandemic (and less expected consequences such as the "Great Resignation"), technology is no longer just the best solution. It is the only real solution.

Take it from me. When I joined my current organization, it was losing money and I could not begin to stop the bloodletting until a deep dive into operations determined the team was not properly leveraging technology. The back-office staff was larger than it needed to be to compensate for the inefficient use of technology, and care workers in the field were frustrated by the lack of tools to help them do their jobs.

By automating recurring work processes, capturing real-time data, and streamlining billing and reimbursables, the right technology helps the entire organization run like a well-oiled machine. It lowers labor costs and allows organizations to reduce back-office expenses and re-direct resources toward critical frontline workers. In addition to the bottom-line benefit, organizations that provide their caregivers immediate access to all the information they need for patient visits can deliver the best care.

Being a tech-enabled organization also benefits recruiting. Care workers—especially now in this competitive employment market—are prioritizing job satisfaction and increasingly demanding state-of-the-art technology to help them do their jobs more

efficiently and to deliver a higher level of care more confidently.

5 Questions to Ask

As you plan for the remainder of 2022, reassess and make sure you are leveraging every technology tool you can to lower expenses, maximize efficiency and be more attractive to a high functioning workforce. Here are five questions to ask current and potential vendors to make sure you are taking advantage of all the features the technology has to offer.

1 Will your solution service all lines of business & make the transition to a single system, enabling the agency to meet billing compliance across all payers?

Many care agencies have one platform for their Medicare division, another for Medicaid-reimbursed services and a third for other payer types. Making the transition to a single system across all payer types is strategic for agencies to maximize reimbursement and decrease overall operating expenses through consolidation of information technology platforms.

2 Can I use this platform as a main & stack on all my systems?

Make sure the platform you select is compatible with your billing and payroll systems. You want to be able to build and stack your technology. You do not want a



platform that cannot speak to your other systems. So, if you do all your financials with QuickBooks, make sure it will integrate before you have signed on the dotted line.

3 Does the platform offer mobile solutions that are compliant with electronic visit verification (EVV)?

Mobile solutions play a big role in boosting efficiency and caregiver satisfaction and experience. Meeting the strategic imperatives to attract and retain staff is critical for any agency; what needs to be a part of this strategy is assessing whether the platform will meet the unique EVV and compliance requirements in each state in which you practice.

4 Does this platform offer a variety of ongoing training options to support end users?

“Set it and forget it” is not a lasting solution. You will need a certain amount of onsite and virtual (given current public health considerations) hand-holding. You also want

As you plan for the remainder of 2022, reassess and make sure you are leveraging every technology tool.

to make sure the training materials that are delivered as part of an ongoing support program are offered in multiple formats (text, video tutorials, visual guides, etc.) to guide different learners through work flows.

5 What role does your team play in helping us respond to any new regulations?

You need a partner who is a step ahead of you and proactively provides solutions to help you do your job better. A big part of this is monitoring and constantly adjusting for new requirements. Make sure any system you select will proactively inform you of

the impact of new regulations in the states where you operate.

By prioritizing the issues outlined in the questions above, my organization was able to bounce back from hundreds of thousands of dollars in losses and, within a year, deliver a profit that has since doubled year-over-year. Most importantly, the technology empowered us to find ways to shift resources from administrative back-office work to the mission critical front-line caregivers and provide them with the tools to increase their job satisfaction and consistently deliver a higher quality of patient care. **HC**

ROAD MAP: MERGERS & ACQUISITIONS

What's Driving Value?

Industry headwinds don't make up for buyers' concerns

By Bradley Smith & David Coit

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 (480) 285-9708 or dcoit@vertess.com.

The market value of durable medical equipment (DME) companies and home health care agencies (HHAs) is currently at record highs. There is a convergence of factors driving up market values in the field—even as both industries face significant headwinds and uncertainties.

These uncertainties aren't stopping the mergers and acquisition (M&A) market. We are witnessing robust transaction activity, with buyers eagerly gobbling up well-performing DME and home health organizations. This may be the best time to sell if you're looking to secure the highest price at the best terms and with a well-suited buyer.

Why are buyers so eager to acquire DME companies and HHAs? What do owners need to understand about their current market? A look at the state of each industry and future projections provides valuable insight.

DME Industry at a Glance

To gain a better understanding of the DME market, let's look at some key facts and figures. According to Grand View Research, the United States' DME market size was valued at nearly \$53 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 a range of chronic diseases such as cancer, diabetes, cardiovascular diseases, neurological disorders and mobility disorders. In an April 2021 article for HomeCare, we examined some of the growth predictions around these diagnoses. Check out that article ("Homecare's Value Is Up—Should You Sell?") for more discussion.

Meanwhile, Medicare competitive bidding has gone away for the most part. Competitive bidding greatly contributed to consolidation in DME. Now we are starting to see new entrepreneurs coming into the space as they look to take advantage of the end of competitive bidding, recent increases in reimbursement rates almost across the board and noteworthy reductions in regulatory paperwork. These are also positive developments for operators already in the space—and they are contributing to increasing valuations.

But not everything is coming up roses. There's uncertainty about the future in terms of competitive bidding, reimbursement and regulatory requirements. It's not unusual to see dramatic regulatory changes reversed or at least minimized.

DME companies are also working to navigate several significant and difficult developments. Existing supply chain challenges facing health care—and every other business sector—have been further magnified for the DME industry due to major recalls, including the Philips Respironics recall of certain CPAP and BiPAP machines. When products become available, suppliers are more apt to send equipment to larger DME companies to keep their biggest clients happy. With products in such high demand and inflation rising, manufacturers are increasing their prices—but reimbursement rates, while increased, are not keeping pace. These developments are straining DME companies, especially smaller ones.

We would be remiss if we didn't acknowledge another significant challenge facing DME: the labor shortage. DME companies are competing for talent and needing to pay more to hire and retain staff.

Larger companies are weathering the supply chain and labor storms much better than smaller businesses.

Home Health at a Glance

Now let's take a look at the home health industry. It's among the fastest growing health care industries in the United States, fueled by an aging population, the prevalence of chronic diseases, growing physician acceptance of care in the home, medical advancements, a movement toward cost-efficient treatment options from public and private payers, and patients embracing the cost savings associated with receiving treatment in their own homes instead of hospitals. Industry revenue has grown at an annualized rate of 3.3% to about \$110 billion over the five years to 2021. Despite the COVID-19 pandemic's initial reduction in demand for industry services, sicker patients coupled with strong government support for HHAs have kept the industry growing.

Consolidation is forecast to continue over the five years to 2026 amid continued reimbursement cuts and a shortage in skilled and nonskilled personnel. Considering labor is easily the largest expense for HHAs, increased competition for staff and rising expenses associated with hiring and retention represent considerable risk for these agencies. Tightening reimbursement and staffing challenges will likely continue to constrain profit growth, causing industry profit to decline further over the next five years.

To spur new demand and maintain pricing, industry operators are expected to focus more on chronic disease management, which is a system of coordinated health care interventions and communications with an emphasis on patient self-care. This area of health care is anticipated to grow over the coming years, which will likely provide the industry with the opportunity to effectively compete with institutional care providers, such as hospitals. With the pandemic expected to subside, industry revenue is forecast to grow at an annualized rate of 5.1% to nearly \$141 billion over the five years to 2026.

Industry revenue has grown at an annualized rate of 3.3% to about \$110 billion over the five years to 2021.

Selling Your DME or HHA: Key Things to Consider

If you're thinking of selling your homecare business, there are some important developments to be aware of as you consider moving forward. As HHA companies have consolidated, they have also begun focusing on providing specialized services. Homecare providers continue to benefit from an aging population. The good news is that Medicare, Medicaid, other government payers and contracted private insurance or commercial payers are increasing their support for the industry. However, Medicaid reimbursements—the second-largest source of industry revenue—have been subject to federal reductions.

Recent health care reform has expanded access to insurance for some patients, but many states have not yet expanded access to federal health care.

High demand for staffing is projected to increase nurses' and physical therapists' ability to pursue positions they view as more desirable and command higher wages and better benefits.

Buyers' Concerns

Smart buyers weigh risks versus rewards when considering the purchase of a company. There are a number of perceived risks in the DME and HHA sectors, some of which we have already noted. Despite strong growth, industry profit has been under pressure. Reimbursement for HHAs has declined each year since 2014, stifling operating profit growth.

While HHAs have often struggled with caregiver retention, the pandemic made growing a workforce nearly impossible—especially for smaller agencies that lacked the ability to pay higher salaries and offer the increased benefits staff are looking for and believe they can find in the

marketplace. HHAs must also learn how to recruit and onboard workers remotely—another difficult task.

There are increasing hospital competitors. This is fueled, in part, by the Center for Medicare & Medicaid Services (CMS) recently approving a handful of new hospitals under its rapidly growing hospital-at-home initiative.

Then there's the matter of regulators defunding mandates that home health agencies electronically verify the services they deliver in the field. This translates into more unpaid work and more labor costs.

What Buyers Are Seeking

The most crucial feature buyers are looking for in a company is profitable growth, even in the face of all the challenges discussed earlier. Buyers want to know that they can take what you have created and build on it without needing to resolve substantial issues in areas such as supply chain and labor. In their risk/reward analysis, buyers want to see that your strengths far outweigh your weaknesses, and that there are more opportunities for improvement than challenges to overcome.

Typically, buyers go through their risk/reward analysis with a checklist mentality, and come up with an offering purchase price (find that checklist in the previously mentioned article). The offering prices are usually based on a multiple of normalized or adjusted EBITDA and/or percentage of annual revenue.

Primary Takeaways

Owners of DME companies and HHAs who have prepared their organization for sale will find a robust market of eager buyers willing to pay for value. Despite some noteworthy headwinds, market conditions are currently very favorable to sellers/owners. **HC**

SALARY & STAFFING SURVEY 2022

Staffing issues aren't new to the homecare industry. We've been running our Salary & Benefits Survey since 2014, and back in 2015, we reported in these pages about a survey of home health agency owners that found that almost 63% said caregiver shortages were one of their biggest obstacles to growth.

But we've not seen hiring pressures reach the pitch they have in 2022 in all industries, and especially in health care. According to the American Hospital Association, job vacancies for nurses increased by 30% from 2019 to 2020, and respiratory therapist vacancies jumped by 31%. EMSI reports there will be a shortage of up to 3.2 million health care workers by 2026.

When we ran our salary and benefits survey last year, we asked a new question about how COVID-19 impacted staffing for home health and home medical equipment providers. For 2022, we've added yet another, this time looking at how the current hiring environment is impacting salaries, approaches and more. And it turns out that it is having a huge effect, driving both home medical equipment (HME) providers and home health agencies (HHAs) to offer more money to retain and recruit workers and also to go without filling some open positions.

In the following pages, we take a look at the staffing and salary trends in the homecare industry. We hope this report helps you see how your agency compares to others. Thank you to all who participated.

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



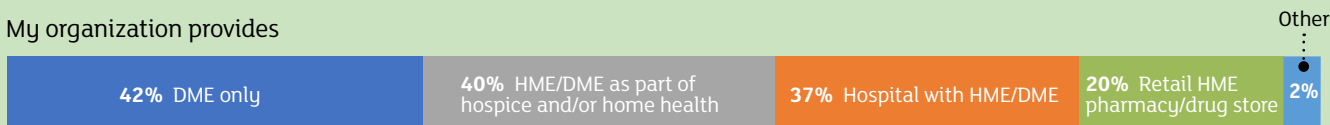
SURVEY INDEX

Page 15	Organizational Profile
Page 16	Individual Profile
Page 17	What Changed
Page 18	Organizational Profile
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Page 20	What Changed

2022 SALARY & STAFFING SURVEY: HME

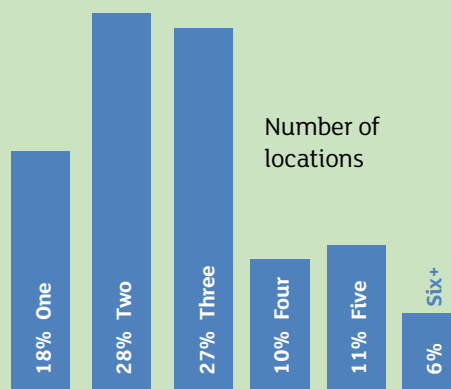
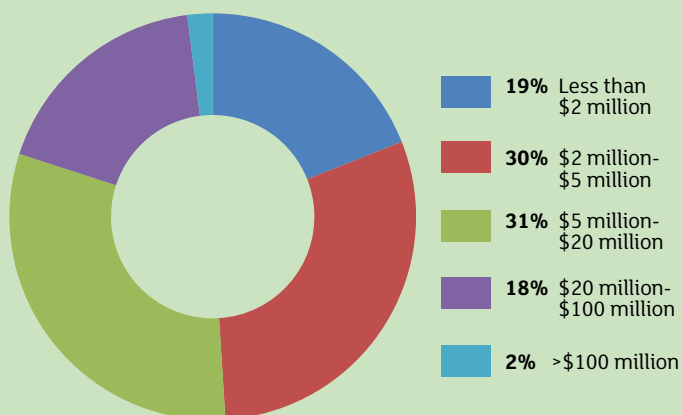
ORGANIZATIONAL PROFILE

My organization provides

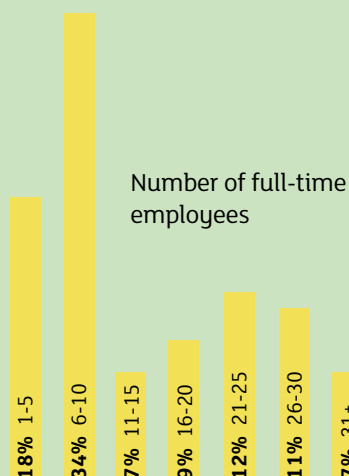
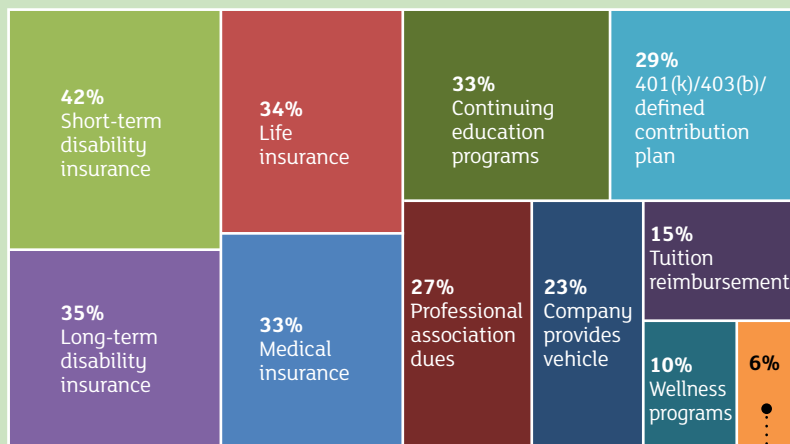


Respondents could choose more than one.

Annual gross revenue in 2021



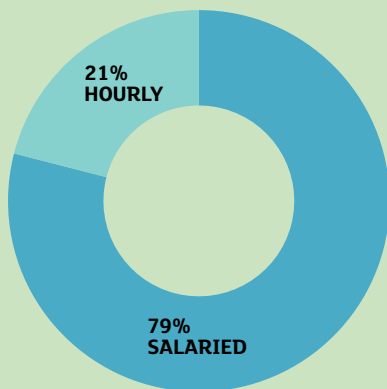
What benefits does your company/organization offer?



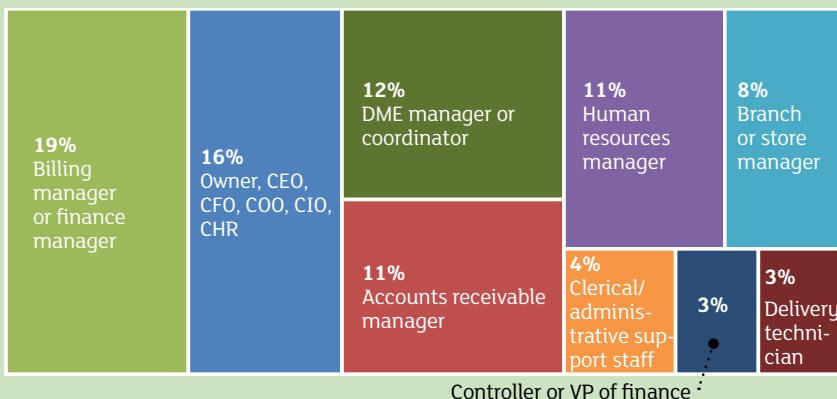
2022 SALARY & STAFFING SURVEY: HME

INDIVIDUAL PROFILE

Are you salaried or hourly?



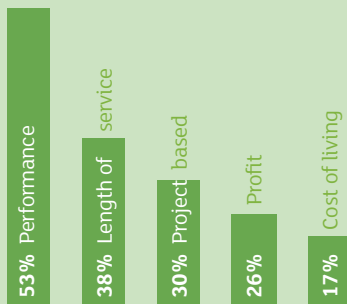
What job title best describes your salaried position?



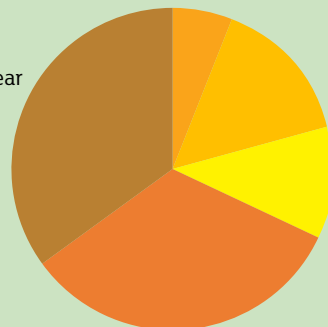
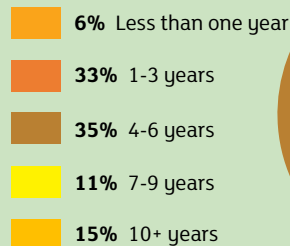
Did you receive a raise in 2021?



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



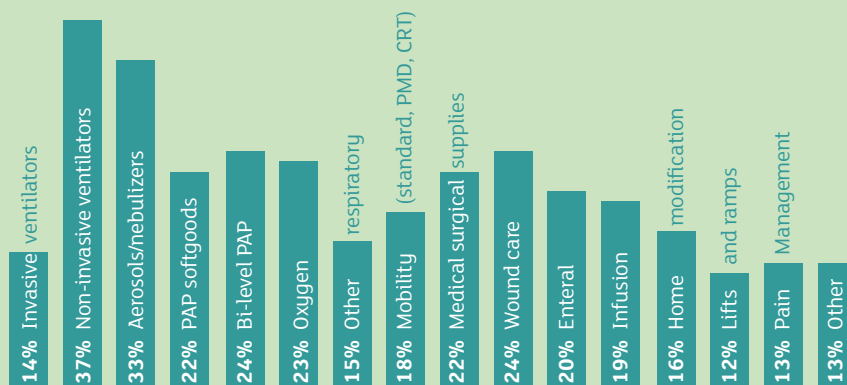
How long have you been in your role?



Does your company pay commission or sales incentives for specialty product categories?



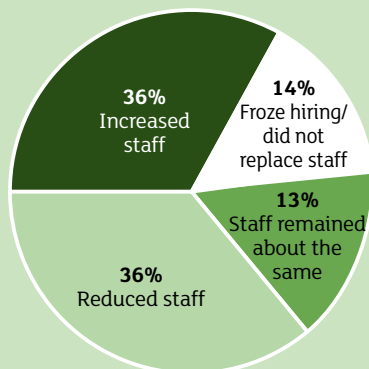
Which specialty product categories receive commissions or incentives?



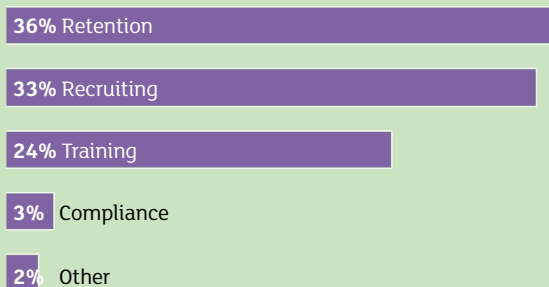
WHAT CHANGED?

We asked whether home medical equipment providers changed their staffing approaches due to pressures of the current market—and received a resounding “yes” at almost 80%. About the same number made staffing decisions due to COVID-19, up from 46% last year. Most turned to money as an answer to hiring pressures: 45% offered raises to hold onto current employees and 33% boosted salaries for advertised positions.

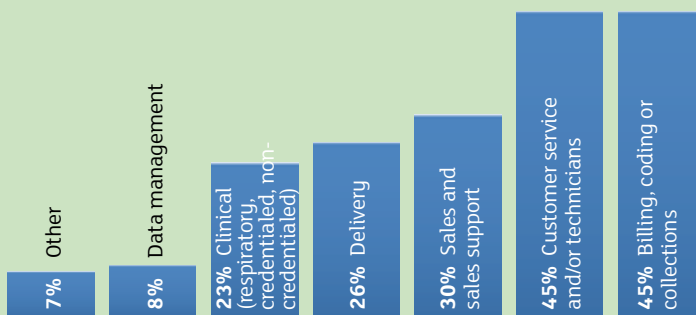
How did staffing change at your organization in 2021?



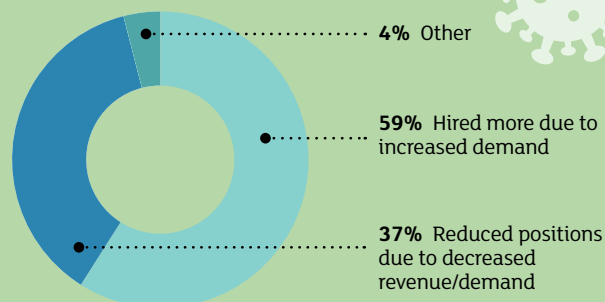
What's your biggest staffing challenge?



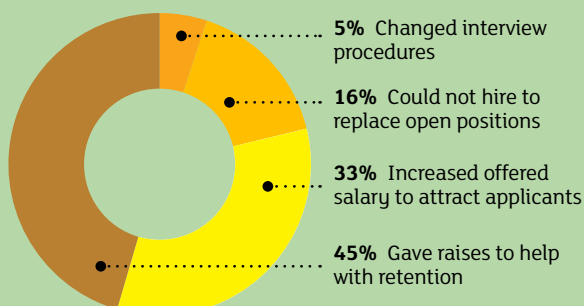
If you are adding new or increasing staff in 2022, in which areas do you plan to do so?



Were any of your 2021 staffing changes partly or completely a direct result of the ongoing COVID-19 pandemic? If yes, how?



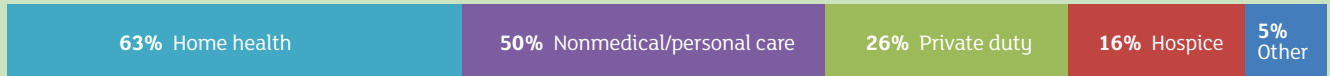
Were any of your 2021 staffing changes partly or completely a direct result of the competitive job market? If yes, how?



2022 SALARY & STAFFING SURVEY: HHA

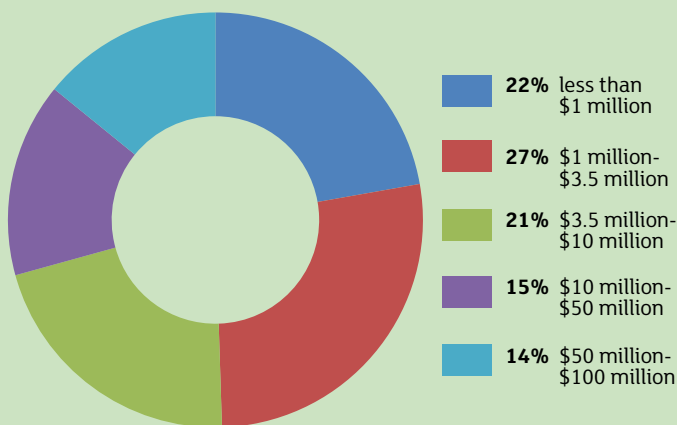
ORGANIZATIONAL PROFILE

My organization provides

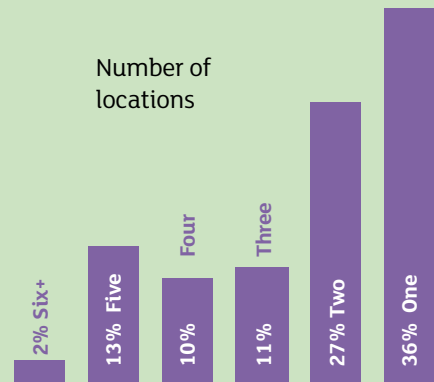


Respondents could choose more than one.

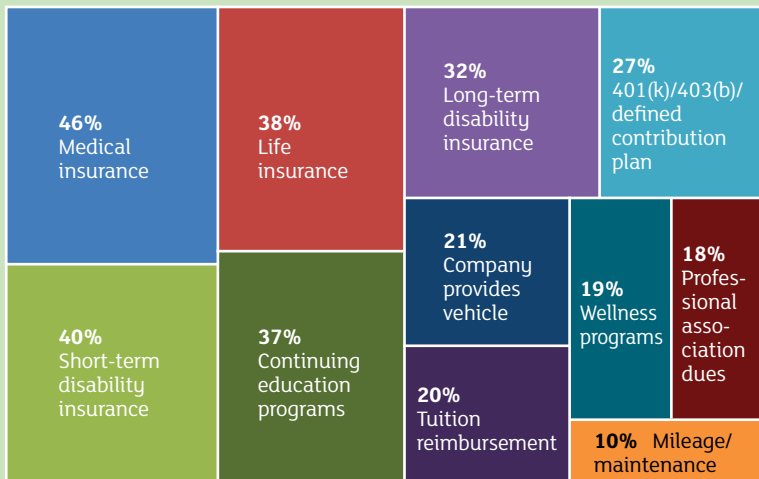
Annual gross revenue in 2021



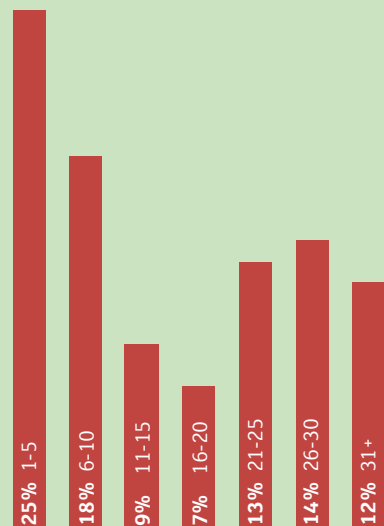
Number of locations



What benefits does your company/organization offer?

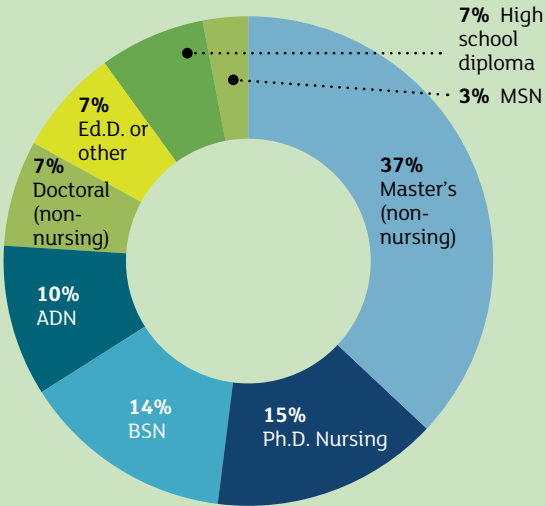


How many full-time employees (more than 32 hours per week) do you have?



INDIVIDUAL PROFILE

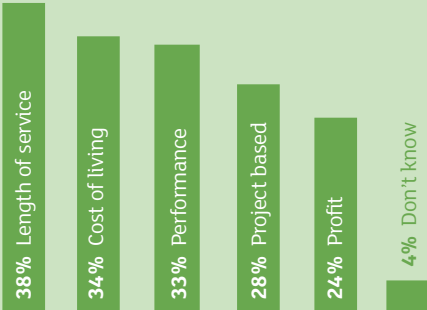
What is your highest degree?



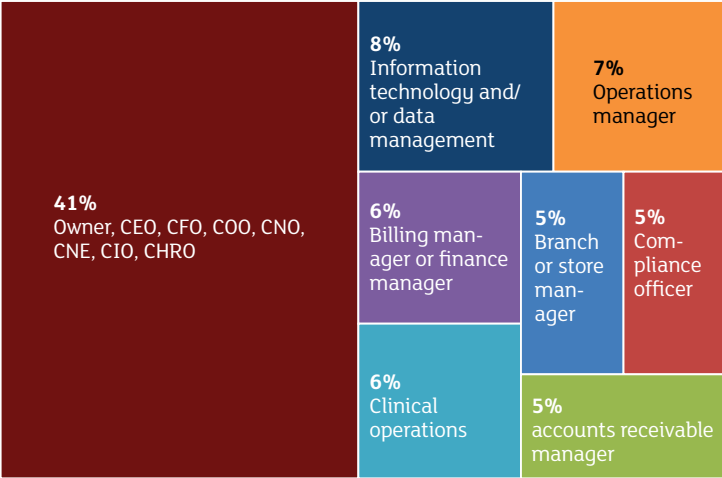
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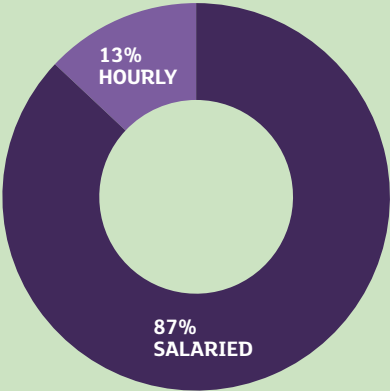
If you received a raise, what was it based on?



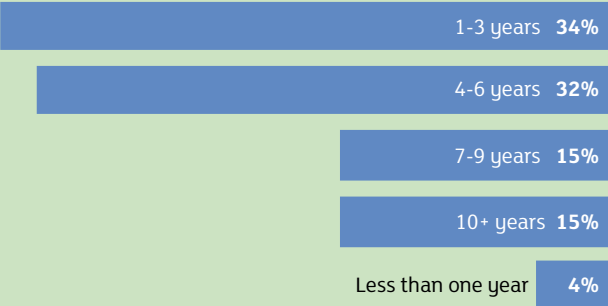
What job title best describes your salaried position?



Are you salaried or hourly?



How long have you been in your role?

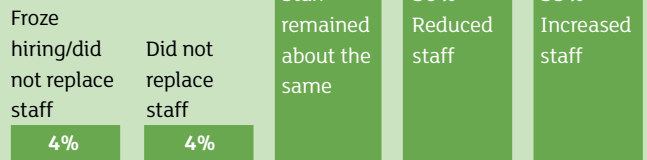


2022 SALARY & STAFFING SURVEY: HHA

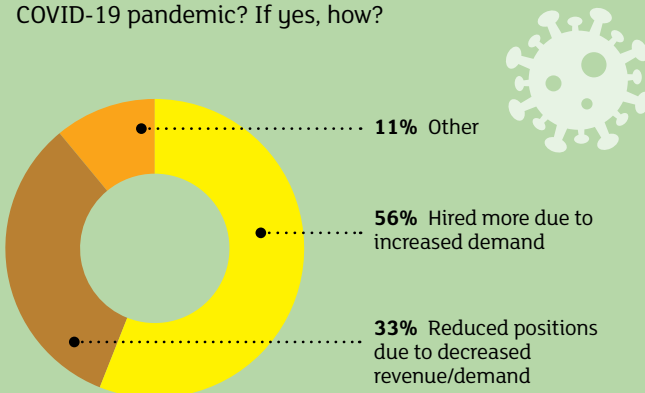
WHAT CHANGED?

Like HME providers, 79% of home health agencies changed their hiring approaches due to pressures in the current market, and more than half of those who said the pandemic affected their staffing had to hire more people due to COVID-19-related demand. Almost 45% gave raises to help hold onto existing employees and 25% boosted salaries for advertised positions. Another 25% found they couldn't hire to replace open roles.

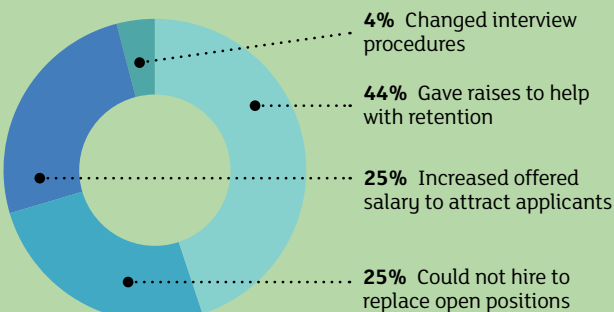
How did staffing change at your organization in 2021?



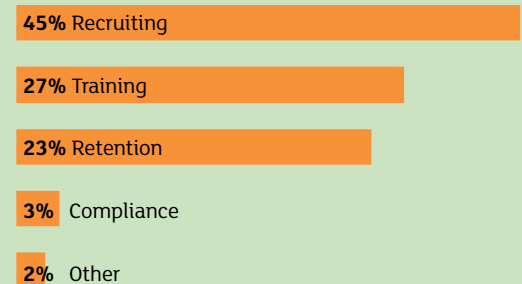
Were any of your 2021 staffing changes partly or completely a direct result of the ongoing COVID-19 pandemic? If yes, how?



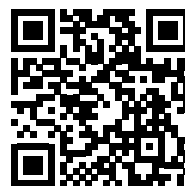
Were any of your 2021 staffing changes partly or completely a direct result of the competitive job market? If yes, how?



What is your greatest staffing challenge?



EXTENDED SALARY & STAFFING SURVEY 2022



We've got more data, including detailed salary reporting, at homecaremag.com/salary-survey.

STAFFING

It's Time for a 'Great Pivot'

Staff from other industries can help ease homecare labor shortage, but it will take on-the-job training

By Helen Adeosun & Pete Morrissey

While the United States' economy continues to add jobs, the unemployment rate still rose to 4% in January 2022, according to the U.S. Department of Labor. As a rule, job seekers usually explore opportunities that they believe are available to them—and they may be unaware that the homecare industry can provide them with job security and ongoing support, such as continued education. Home health has more projected job opportunities than any other occupation because of the rapidly aging population, 77% of whom want to age in place, and because of a dramatic caregiver shortage that impacts how the industry can support this choice. With more than 800,000 families already on wait lists for care, this sector has significant opportunities available to job seekers.

Homecare agencies typically focus on potential employees who are already familiar with caregiving and have the required licensing—but this pool of talent is very limited and can't begin to meet the nation's need for in-home care. By engaging workers beyond those with direct experience in homecare or a related field, agencies can expand their candidate pools and overcome the caregiver shortage while decreasing turnover and unemployment. By recruiting nontraditional workers and providing them with the resources they need, agency owners will be more successful in filling vital roles and better suited to focus on ensuring quality care for patients.

Recognizing Transferable Skills

A key component to revising recruiting strategies is to understand that as long as



the individual possesses the right skills, they can be trained on specifics for the role, such as how to provide hands-on care to patients. A transfer of skills—management capabilities, responsibility, dependability and more—can be much more valuable than a transfer of experience, especially with the right training. Recruiting for the skills needed to succeed in homecare provides access to wider pools of applicants and individuals who are open to learning how to apply their existing skills to a new line of work.

For example, when looking for a scheduler, agencies need someone who is familiar with working in a fast-paced environment, even if their background is

not in health care or homecare. Instead, the front-running candidate may come from a fast-food environment and be familiar with working efficiently with high callout rates.

Recognizing these transferable skills and providing tailored educational opportunities and certification is vital to developing strong recruiting practices. Still, learning should not stop there, and staff should also receive on-the-job training from other direct care workers at the agency whom they can shadow during onboarding.

Optimizing Onboarding & Ongoing Support

Recruiting alone is not enough. Many agencies don't have reliable onboarding

As long as the individual possesses the right skills, they can be trained on specifics for the role.



and training processes, which are critical to building a strong and competent workforce. Training standards for direct care workers vary widely by job title, care setting and even state; seven states currently have no training requirements for personal care aides. Yet it's vital to implement high-quality, competency-based training programs to enable workers to deliver the highest quality of care across the board, and that training should be integrated right into the onboarding process.

Advertising your training program in your job posting tells an incoming caregiver that the agency they are joining will be helpful throughout the onboarding process and beyond. In just one example, the Area Agency on Aging of Northwest Arkansas instituted this practice—and saw its applications double year over year. Agencies should set a goal to provide a better and more supportive onboarding experience to maintain a competitive edge and explore ways to improve processes that are already in place.

By determining what is most important to caregivers who have recently been onboarded, employers may learn that flexibility in the process is very important to their new employees. For example, while some may have challenges with scheduling multiple calls, they might be more receptive to receiving texts throughout the day, which allows the agency to keep in close contact with them. This information can allow an agency to identify new ways to provide greater flexibility.

To be an employer of choice in this labor market—to both compete for talent within the industry and attract workers from other fields—employers must offer job benefits that are meaningful to caregivers, including education and upskilling pathways. It's important to go beyond initial or compliance training to offer ongoing skill development classes and tuition reimbursement for certified nursing assistant (CNA) programs, nursing certificates or higher education to allow caregivers to stay engaged and invested in their own professional development.

Education's Impact on Retention

Once agencies have established their workforce, they must actively engage in retention efforts for new and existing caregivers alike. Given historically high levels of turnover within the industry, it's safe to say that past retention efforts haven't proven to be enough, making it important to both understand and support what matters to caregivers in order to keep top talent. In CareAcademy's recent study, "Education Pathways for Caregivers: an Untapped Opportunity for Employers," 94% of caregivers who responded said access to further education is an important consideration in accepting a job offer, and 85% stated that they were more likely to stay with their current employer if offered resources to further their education.

Offering educational benefits is an untapped opportunity for agencies to materially impact their recruiting and

retention efforts. It can also help maximize caregivers' value and improve satisfaction in their careers.

For example, after implementing many of these tactics, Right at Home in Gainesville, Georgia, has seen an increase in the retention of highly engaged caregivers. With revenue up 67% in 2021 and a continued focus on improving retention, 90-day turnover has improved by over 30% and the agency has demonstrated significant growth in an increasingly difficult environment, demonstrating that attracting the right talent is achievable.

Education and support go hand in hand when recruiting nontraditional workers in a volatile labor market. By expanding who's being recruited, listening to staff and figuring out how to best support them from the first point of contact, homecare agencies can work to attract new talent that can provide exceptional patient care while meeting the nation's growing homecare needs. **HC**

Helen Adeosun is CEO and founder of CareAcademy, a care enablement platform providing high-quality, state-approved training for homecare and home health organizations. She serves on the board of the Caregiver Action Network. She is a frequent industry speaker and a fierce champion of homecare and an advocate for the direct care worker. Visit careacademy.com.

Pete Morrissey is the owner of Right at Home Gainesville, Lawrenceville and Northeast, Georgia. He has a Bachelor of Science from the United States Military Academy at West Point and has worked across his career at Pfizer Pharmaceuticals, IBM Life Sciences, and Columbia University. He is a former U.S. Army officer and helicopter pilot and has a particular passion for working with veterans. Visit rightathome.net.

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Start at the Very Beginning

Why strategic onboarding & orientation are critical for retention

By Deb Martin

How a company conducts new employee training and orientation can influence how long a staff member stays, as well as their on-the-job work ethic. It's crucial for the future of a business to ensure these training practices are done correctly.

Before establishing tips for a smooth new hiring process, it's important to differentiate between the concepts of onboarding, orientation and training. The onboarding process begins the first time a prospect is contacted, whereas orientation and training are processes included throughout the onboarding process and. An employee's orientation is typically held the first day or week an employee starts. Training continues

throughout the tenure of the position as deemed necessary.

Importance of Strategic Onboarding

Employee retention truly begins before the new hire is selected. Before hiring, it is essential to evaluate the goals for the position and ensure the job posting articulates them accurately. New hires need to have a clear idea of what they are signing up for when they accept a position. If these goals and job duties are clear from the start, they will know immediately what is expected of them.

Retention also begins the instant the new employee signs their paperwork.

How someone is trained in their first few days determines their mindset about the company. There is a strong correlation between proper orientation and staff retention rates.

Studies from the Society for Human Resource Management (SHRM) show that organizations with a set-in-place onboarding process experience 50% greater productivity with new hires than companies without standard protocols. SHRM also found that 69% of employees are likely to stay for at least three years if they experience a great onboarding process. This data proves the importance of thought-out, strategic orientation for employee retention rates.



Employee retention truly begins before the new hire is selected. ... New hires need to have a clear idea of what they are signing up for.

Orientation & Training Save You Time

Orientation lays a strong foundation for an employee's future within a company. Without proper training, an employee will not start off feeling comfortable in their position. This means it will take longer for them to grow and progress within their role.

Training from the start also decreases the need for constant supervision. A properly trained employee is more likely to work both confidently and independently. These are important attributes in a new hire because it saves time throughout the workday for both the new hire and supervisor. Additionally, independent work inspires creativity and development within a position.

With a solid orientation, an employee is less likely to make mistakes that could affect not only their work, but the company's security and reputation.

Tips to Make Strategic Onboarding & Orientation Work for You

Although an onboarding and orientation process should be catered to specific company needs, there are strategies many businesses find helpful.

1 Mentorship Program

Creating a mentorship program between senior and new employees encourages support, reassurance and socialization. A peer mentor does not need to be in the same department as the new employee. Ultimately, this helps both the senior employee and the new employee create a solid support system to grow in their careers.

2 30/60/90

Many businesses utilize this type of onboarding plan. It consists of goals the company sets for the employee surrounding their first 90 days, with measurable targets at 30 and 60 days. This helps a new hire understand the company's expectations of them right from the start.



Skills



Knowledge

3 Team Bonding

When a new hire starts, a company lunch or bonding activity can help them get accustomed to the culture and allows other employees to get to know the new team member.

These are just a few examples of strategies to introduce new hires to the company. There are many other company-specific alternatives a business could adapt to encourage a strong onboarding process.

Training Never Ends

LinkedIn research shows that 94% of employees are more likely to stay at a company longer if the employer invests in their careers. This is done by encouraging employees to expand their knowledge through attending conferences or webinars or by providing them with educational training opportunities.

Continuous training provides crucial skills and information that help an employee better understand where they fit and why they are a key member. A strong business should be constantly adapting its culture to suit the industry. As a company evolves, the employees should too.

This may look like more diversity, equity and inclusion education or training on COVID-19 protocols. Some companies have educational guidelines their employees

must follow; however, the learning should not stop there.

If all employees are trained as a company evolves, the workplace will continue to grow and thrive. This creates a positive work environment that encourages productivity and makes an employee feel valued.

Regardless of what position an employee holds, training is a fundamental aspect. It improves employee knowledge and skills, leading to a more effective team. In fact, Harvard Business Review research found that employees who are inspired are 125% more productive than employees who are merely satisfied with their jobs. Inspiration in the workplace is created by building upon an employee's existing strengths through workshops and trainings. Incorporating training that includes the employee's supervisor can also help to inspire collaboration and productivity.

No matter what specific orientation or training a business adapts for new hires, it's important to encourage employees to always learn and grow within their position from their first day forward. **HC**

Deb Martin, RN, BSN, is an account executive for VGM Education. She has worked in the hospital setting, skilled nursing management and for a leading pharmaceutical company. Currently, Martin provides course content and serves as the nurse expert as well as one of the clinical authors of Infection Compliance Solutions.

Technology Can Help Solve the Caregiver Shortage

Deploying connected care products can make staff happier

By Rosemary Kennedy

The health care industry is currently faced with a sizable caregiver shortage that is only expected to worsen in the coming decades. A report released in July by the Global Coalition on Aging indicated that there will be a national caregiver shortage of 155,000 workers by 2030 and a shortage of 355,000 workers by 2040.

Even before the outbreak of COVID-19, the caregiver shortfall hit patients and providers. A Genworth survey conducted in 2019 found that costs of homecare services rose more than 7% year over year, due in part to the scarcity of caregivers. This dynamic was accelerated by the pandemic, which strained the already tight health care labor force and burned out many frontline workers.

The lack of available caregivers has increased the cost of care while leaving senior patients more vulnerable to decline—and to future public health crises.

And controversy around the implementation of vaccine mandates has only added to the complexity of the situation, as thousands of health care workers have been laid off or left their positions. The American Hospital Association warned in early September that the Biden administration's COVID-19 action plan “may result in exacerbating the severe workforce shortage problems that currently exist.”

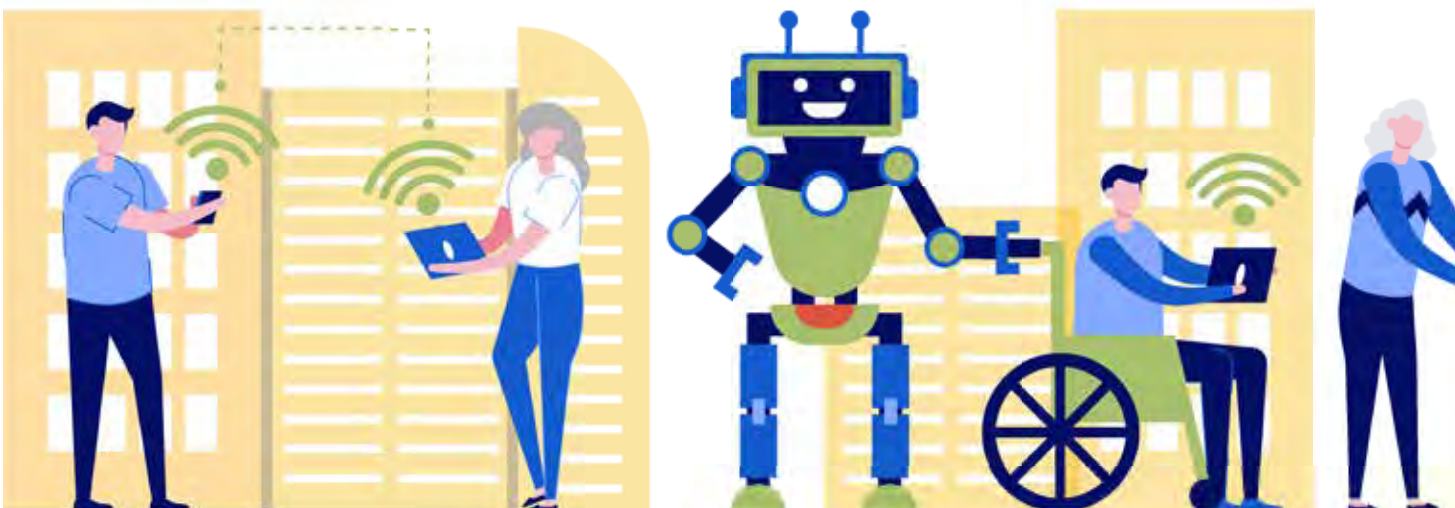
A recent Supreme Court ruling struck down the administration's vaccine requirement for employers with more than 100 employees but upheld the mandate that

health care workers had to be vaccinated by March 15.

This latest development is likely to have a significant impact on the existing workforce issues facing the industry, especially for the homecare sector. Leaders in this area should realize that there are mounting issues facing their operations and that all available solutions need to be considered.

Those providing homecare services with severely limited resources are faced with a long list of labor challenges they can't simply raise employee salaries to repair. However, deploying reliable technology could offer a lift in a meaningful way for both providers and patients.

As America continues to endure uncertainty when it comes to the health



care system, executives must recognize that connected care technology can play an important role in mitigating the caregiver shortage while also providing crucial care to vulnerable patient populations.

A Trusted Platform

Having a connected care platform such as a remote patient monitoring (RPM) program or personal emergency response service (PERS) that links patients in their homes to their providers or caregivers is critical going forward, even in a post-COVID-19 world. It's important to have a care delivery model where an individual can remain in their home safely and receive the timely care they need.

While some may wonder how feasible these care solutions could be for reducing the burden on health care, they underestimate how popular technology already is among senior adult patients.

In 2019, two health professors at Texas A&M University and one from the University of California, Berkeley published an article titled "How Technology Could Be a Solution to Caregiver Shortage for Seniors." In the piece, the authors note that senior patients

are more dependent on technology than ever before and enjoy using these innovative services to connect with friends and family.

Since all baby boomers will be age 65 or older by 2030, according to the U.S. Census Bureau, and the number of caregivers is unlikely to keep pace with the retirement growth rate, the authors suggest investing in technological solutions. They contend that this strategy offers health care organizations the best chance to get ahead of the curve with services that are already popular with their targeted patient populations.

"What forces will propel more attention to technological solutions for addressing the needs of older persons? Certainly, it's the sheer numbers of projected older adults worldwide, and a recognition that technology will be needed to help maintain older people's health and independence given the shrinking population of available caregivers," the authors write.

By leaning into a known commodity that has popularity among targeted populations, health care executives can implement a reliable remedy in short order.

Proven Track Record

One of the most welcome benefits to RPM, PERS or other connected care products is that they aren't emerging technologies. These are established, proven methods for interested health care organizations to better connect their patients to treatment and manage caregivers more efficiently.

Instead of solely trying to secure homecare workers, which can be a time consuming and expensive proposition, connected care technology complements this effort by allowing health systems a reliable pipeline into the home, where patients are most comfortable. Connected care is also not as complex as other technological solutions, streamlining information in a way that ensures it remains accessible and easier for providers and patients alike.

A recent survey conducted by PricewaterhouseCoopers' Health Research Institute found that more than 75% of patients would like to receive care in their homes. RPM, PERS and telehealth make these care preferences possible while also relieving organizations of an expensive hunt for additional talent.

Connected care not only benefits the patients who are receiving treatment but also the paid, professionally trained staff and clinicians who use it. By having real-time insights into a patient's health, decisions can be made and treatment can be administered without requiring return trips to the hospital or a clinic. This has a meaningful impact on the clinical side of the equation as well as on the bottom line, reducing the number of costly readmissions or visits to the emergency room.

In the absence of available in-person care in the home, technology can fill the gaps to ensure that treatment isn't being sacrificed. Vitals are monitored and staff can take a more proactive approach to care.

It's difficult to understate the importance of caregivers for homecare and hospice, which is why executives should empower them with adequate tools and resources. The potential remedies for the larger caregiver shortage will take significant investments of time and money to be effective, but connected care technology offers an immediate solution with proven results. **HC**



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Rosemary Kennedy, Ph.D., RN, is chief health informatics officer for Connect America. Connect America is a provider of digital health and connected care solutions dedicated to improving access to care, safety, independence and quality of life. She can be reached at rosemary.kennedy@connectamerica.com.



Choose Your Words Well

How to win over caregivers working for more than one organization with world-class communication

By Laura Barnett

Mark Twain said, “The difference between the right word and the almost right word is the difference between lightning and a lightning bug.”

When you find the right word to describe your organization, it is as impactful as a bolt of lightning on a pitch-black night. When you use the wrong word, its impact is like that of a lightning bug. While novel and cute, it lacks true impact.

But finding the right words to capture an audience’s attention and keep them engaged is difficult. Organizations often do not realize the impact each word has and how easily a message can be lost. As caregivers work for multiple organizations that are all competing for their time, providers need to learn to effectively communicate to highlight why they are an ideal place to work, identifying and promoting what sets them apart and why

the caregiver should pick up shifts for them instead of their competitors.

Why Caregivers Work for Multiple Organizations

Caregivers who work in home health care often work for multiple organizations so they can make more money have more freedom and flexibility and maintain a level of continued employment when cases end or when patients are hospitalized. In fact, many caregivers cannot meet their personal financial needs by working for just one homecare organization.

Home health aides made a median salary of \$25,280 in 2019, so working for another organization can make a big difference to their bottom lines. If a certified nursing aide (CNA) making \$22,000 a year is able to grow their salary to \$25,000 or more, that is a significant impact and the difference

between new shoes for their child or new tires for their car.

Choose Your Words Carefully to Help Your Company Stand Out

Communication is one of the most powerful tools to educate and inform your audience, grow your business and win over these caregivers. When you want someone to tell others about your organization—the quality of care you provide and the type of people you hire—what does that conversation sound like? What are the words being used?

Ask yourself if you are using these words routinely and if you are using these same words when you communicate with your team. Is your team using these words as well? If not, prioritize improving this area of your business.

Words such as “patient-focused,” “caring,” “excellence” and “professional quality” are



20.2%

of 2021 with Simitree, 20.2% said turnover in their organization was linked to poor communication. Survey respondents worked in a wide range of positions at agencies of varying sizes.

In a survey of 1,800 home-based care providers Axxess conducted in December

things any organization is going to want to say about themselves and using them does not necessarily help your company stand apart from all of the others. Many organizations will use these words—and then it seems as if the the same message is copied and pasted repeatedly.

Because people pick up and repeat the words others use, begin using the strongest unique and authentic words that truly describe how you want your organization to be viewed by others.

Telling Meaningful Stories

Stories include several significant elements. You must have characters, action, conflict and resolution. Below is an example.

A home health care clinician visits her patient during the afternoon, and as she prepares the woman's lunch, the patient exclaims that she would like some cookies to go with her meal. After exchanging a few words, the patient explains that her son recently went to the grocery store for her and left some in the pantry, but upon checking,

the clinician could not find any. Upon hearing this news, the woman grew visibly disappointed.

Seeing this, her clinician offered her the cookies she had brought in her own lunch. A look of surprise flashes across the woman's face, and she waves her hand saying, "No, I can't possibly take your cookies."

The clinician smiled and said, "It's going to mean more to you than it is to me."

The day then passed, and the woman's son learned of the clinician's generosity. He went straight to the executive administrator of the agency providing care for his mother and said, "I need you to know that you have a spectacular nurse taking care of my mother." That story then set the organization up for marketing success for years to come.


Why Some Stories Succeed

In this story, you have the clinician, the patient, the son and the CEO as the characters. You also have the conflict, which was the lack of cookies in the pantry, and a resolution—the caregiver shares her cookies and the son is thrilled with his mother's care.

You may never know how a story is going to impact your organization or help differentiate yourself from others. When it comes to explaining the heart of your business, these stories will be magical.

Ensure that you understand the fundamentals of all those ingredients that are needed to paint a picture that will resonate with your audience and make it a point to regularly gather stories that illustrate your organization's culture and how your caregivers interact with their patients and clients. Then, tell them regularly and widely to promote what sets your organization apart—creating an impact like lightning. **HC**

Laura Barnett serves as a vice president on the Interoperability team at Axxess. She helps create and execute strategy for interoperability partnerships with Axxess products and services.



As caregivers work for multiple organizations that are all competing for their time, providers need to learn to effectively communicate to highlight why they are an ideal place to work.

BRACING

Better Bracing, Better Healing

The future of off-the-shelf braces

By Scott Fried

The mail order durable medical equipment (DME) industry as we've known it is dead. From my viewpoint as an orthopedic surgeon who spends much of his day talking people out of surgery and into more conservative care, this is a tragedy.

In its initial inception, access to and distribution of braces via mail order helped millions of people find relief from pain and heal. The medical community has long known that the appropriate use of braces, splints and medically indicated devices helps patients improve—often without surgery—so that they can have a better quality of life.

As a surgeon, I have a unique opportunity to view orthotic bracing and the use of braces and splints in a different way. The nature of orthopedic injuries is that the underlying problem in many cases is inflammation and/or soft tissue or ligament injury. Braces work wonders in helping patients avoid surgical intervention. This is especially the case for customizable dynamic, semi-flexible, step-down braces. This type of brace not only protects from further injury but also ensures the ability to live life in the brace, progressively decreasing the amount of rigidity and support as healing progresses.

The Upside

The downfall of the mail order DME industry presents a golden opportunity for providers. Thanks to new rules and regulations, instead of using braces that have been designed to fit a code, providers are now able to use braces that are designed to fit their patient. Doing what is right and doing what is profitable are not mutually exclusive. The cost of surgery, therapy, medications and treatment of complications is extensive when compared to the price of a properly fitted orthotic brace. Bracing is not only more humane but also provides better economics for the entire health care system.



However, one glaring problem I see is that many off-the-shelf braces are poorly made and designed. Many of these braces are not indicated for a client's diagnosis and often cannot be customized and fitted by a person with expertise, and the patient is not always shown the proper way to wear and use them.

The good news is that this is a golden opportunity for the DME industry to get it right—and a reminder that providers can do bracing and orthopedics well.

Custom Bracing

The answer is simple—utilize customizable, semi-flexible, step-down braces that can be placed on a patient, then fitted, cut, molded and adjusted to them to fit appropriately and address the issues stated in the diagnosis. This is good medicine and it is good business.

With slight modifications in the delivery system, the industry can move on to a model where patients are appropriately evaluated and diagnosed and given a prescription for a brace that fits the code, is appropriate for the diagnosis and will help treat them. Orthotists, certified fitters and therapists as well as physicians can apply a brace to the patient and be sure that it is appropriate for the medical diagnosis, that it is customized to address that individual's personal anatomy as well as specific medical problems and that the patient understands how to use the brace. This practice also eliminates the question as to whether a brace is reasonable, appropriate and medically necessary for reimbursement. These are key factors to be met to address the concerns of governing bodies who oversee the bracing industry.

In my 15 years in this industry, it has never ceased to amaze me that patients are placed in braces that are clearly not indicated for their diagnosis. For instance, a hand or wrist with arthritis, tendinitis, tennis elbow or ligament injury should indeed be placed in a wrist-neutral semi-flexible, dynamic step-down brace that allows limited motion with appropriate protection and the option of resting the digits if arthritis is present. This brace should also allow the

Doing what is right and doing what is profitable are not mutually exclusive. ... Bracing is not only more humane but also provides better economics for the entire health care system.

patient to function for daily activities such as writing, eating, personal care or typing on a computer. Contrast this with use of intrinsic palsy braces that fit the code but don't allow any hand function. Appropriate braces for the given diagnosis are just good medicine.

The same holds true for shoulder devices. I am bewildered at how a patient with rotator cuff tendinitis, shoulder arthritis or rotator cuff injury and or cervical or brachial plexus radiculopathy can be given an airplane abduction shoulder brace that holds the arm in 90 degrees of abduction all the time. This brace cannot easily be worn on a regular basis. Without the ability to step down and have immobilization progressively lessened with only intermittent abduction through the course of the day, this brace would in fact be contraindicated medically. A progressive step-down brace that allows daily activity and function with the ability to intermittently place the shoulder in airplane abduction can help prevent frozen shoulder. This allows the patient to live their life fully, to heal and to find relief for their pain without having to be completely unstrapped

from the brace and left unsupported to even get through a doorway.

Back braces also need to be adjustable, with easily removable elevated or lowered panels; they should also have the ability to add, remove and heat mold panels that can then be fitted to appropriately support the involved areas of the spine, whether thoracic lumbar sacral orthosis (TLSO) or lumbar sacral orthosis (LSO) brace. The ability to heat mold a brace and have it conform to the patient easily, or to cut the brace to fit for size and use it in a progressive step-down manner, is essential to allowing patients to gain optimal clinical relief.

In essence, what I am offering here is a glimpse at the future of mail order DME and medical bracing. Appropriate braces customized to the patient that allow the option to progressively step down are the future. Braces do not need to be complex designs, just appropriate and designed with medicine, anatomy and the understanding of human physiology in mind, which can be optimally applied through a simple mechanism of connecting each patient with a fitter with expertise.

This brings the bracing and mail-order DME industry full circle to providing superb medical care and alternatives to surgery to patients who are in need. It simply doesn't get any better than that. **HC**



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Scott Fried, D.O., F.A.O.A.O., is board certified in orthopedic surgery and did a fellowship in hand and upper extremity surgery at Thomas Jefferson University Hand Center. He is president of Doctor in the House and chief surgeon at The Upper Extremity Institute. Doctor in the House is dedicated to developing and manufacturing medical products, especially braces and splints to allow patients to heal and avoid surgery. You can contact him (610) 277-1990 x 151 or by email at askdoctorscott1@gmail.com.

SHOW COVERAGE

Home Infusion Takes a Front Seat

NHIA annual conference focuses on future of fast-growing field

By Hannah Wolfson

The COVID-19 pandemic kept members of the home infusion industry from meeting in person for two years, but also highlighted the field's strengths and brought public awareness of home infusion's potential in the health care continuum, Connie Sullivan, president and CEO of the National Home Infusion Association (NHIA), told members and other attendees recently at the organization's annual conference.

"It's inspiring to see how the home and alternate-site infusion community rose to the challenges," Sullivan said at the conference, which ran March 12-16 in Nashville, its first in-person session since 2019. More than 1,200 people and 110 companies attended. "The good news is some stakeholders have developed a new appreciation for home infusion providers and the solutions you provide," she said.

The agency said in a press release that health systems saw a 700% rise in home infusion patients during the public health emergency, including those who received monoclonal antibody therapy at home to treat COVID-19. The industry is predicted to triple in size in the coming years and see annual revenues top \$62 billion by 2030.

There are also opportunities for home infusion to help address health disparities because it can improve treatment access for patients in rural areas, in diverse communities and for those with transportation issues.

But there are challenges, including payment and reimbursement gaps, supply

chain issues, and a need to win doctors and health systems over to home infusion, participants said.

Dr. Neilanjan Nandi, a gastroenterologist at the University of Pennsylvania, said that seeing his patients thrive while receiving home and alternate-site infusions of biologics during the pandemic helped convince him of its importance.

"Home infusion is the epitome of patient-centric care," he said.

Association Priorities

Legislatively, NHIA is focused on the Preserving Patient Access to Home Infusion Act, which has broad bipartisan support in both the House and Senate.

The bill would "fix" the home infusion therapy services benefit by requiring the Centers for Medicare & Medicaid Services to pay providers for professional services each day a drug is administered, remove the need to have a skilled professional present for billing and acknowledge pharmacy professional services.

Other areas of focus include addressing the fact that CMS did not finalize its interpretation of "appropriate for use in the home" as it applies to some external infusion pumps when it issued its durable medical equipment final rule in December. The association is also speaking out about unregulated businesses promoting infusions. Recent successes include updating outdated national coverage determinations for parenteral and enteral nutrition.

"We're taking on the whole system strategically, one law at a time," Sullivan said as she described NHIA's strategy.

The association is also focusing on gathering data and encouraging providers to share their experiences in order to buoy support from Medicare and private payers.

Awards & Honors

NHIA announced the winners of several honors, including:

- Sohail Masood, founder and CEO of KabaFusion and a pioneer in the home and alternate-site delivery of intravenous immunoglobulin (IVIG) treatments, was given the 2022 Gene Graves Lifetime Achievement Award, NHIA's highest honor. KabaFusion is the largest privately held home infusion company in the U.S. with 1,500 employees. He also cofounded Crescent Healthcare, which acquired Apria's home infusion business in 1998 and was purchased by Walgreens in 2011.
- Melissa Leone, executive director of nursing operations at Coram CVS Specialty Infusion Services, received the Lynn Giglione Women in Leadership Award, which recognizes women leaders promoting the mission of National Home Infusion Foundation. Leone is highly involved in the industry and has been a member of NHIA's Education Committee for more than 20 years. The award was created in 2015.
- Cheyenne D. Johnson, a pharmacy resident at Option Care Health, received the 2022 Outstanding Abstract Achievement Award for her poster titled "An Investigation on Empiric Vancomycin Dose Reduction in Home Infusion Patients to Optimize Patient Safety." She presented her poster live at the conference and won a \$1,000 scholarship and the opportunity to turn her poster into a manuscript for future publication.

The association also announced that the 2023 annual conference will be held March 25-29 in Washington, D.C. **HC**

Hannah Wolfson is editor of HomeCare magazine.

QUALITY OF CARE

Location Really Does Matter

Research into performance found disparities between rural & urban home health agencies

By Chenjuan Ma, Andrea Devoti & Melissa O'Connor

Health disparities, which have been exacerbated by the COVID-19 pandemic, have become a growing public health concern nationwide. There are also rising disparity concerns in home health care, one of the fastest growing health care sectors within the United States.

The number of homebound individuals who need care in the home is expected to grow rapidly in size, complexity and diversity in both rural and urban areas. This is anticipated for several reasons: a rapidly aging American population, the strong preference of older adults and their families for aging in place, health policies that encourage the use of home- and community-based services, and the changing demographic profile of the American population, with substantial increases in racial and ethnic minorities.

As the role of homecare in the health care system grows, researchers are working to better understand how quality varies and whether there are disparities in care based on location, with a goal of optimizing home health care quality and reducing health disparities.

In 2018, more than 5 million Medicare beneficiaries received home health care. Of those recipients, about 9% were rural residents that were served by approximately 1,690 home health agencies located in rural areas, according to statistics reported on the home health care sector.

We recently published a longitudinal study analyzing national data on home health quality performance measures from the Centers for Medicare & Medicaid Services over five years (2014 to 2018) to understand

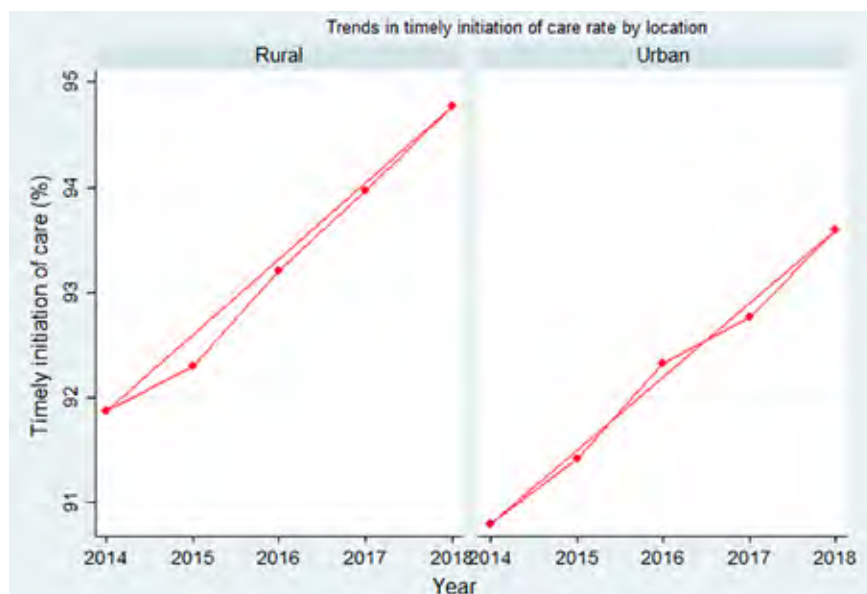
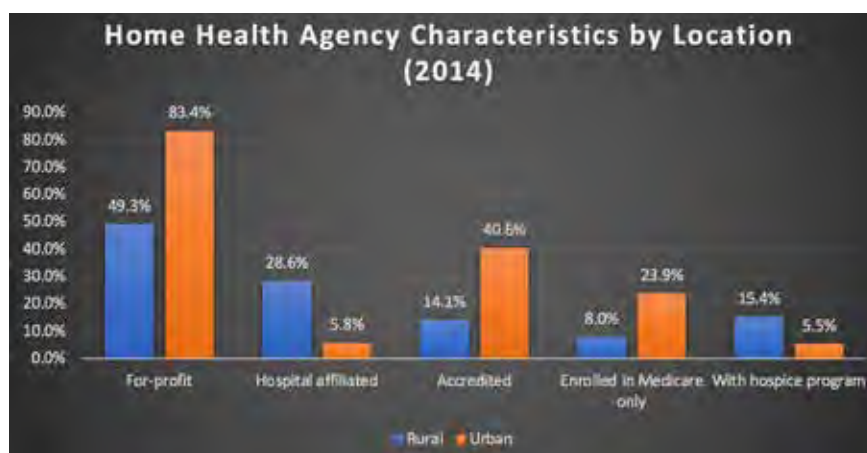


Figure 1. Trends in timely initiation of care rate: urban vs. rural

Rural:
2014: 91.89±6.74, range: 20.80-100.00
2018: 94.78±6.79, range: 44.10-100.00

Urban:
2014: 90.79±8.38, range: 20.00-100.00
2018: 93.65±8.15, range: 17.20-100.00

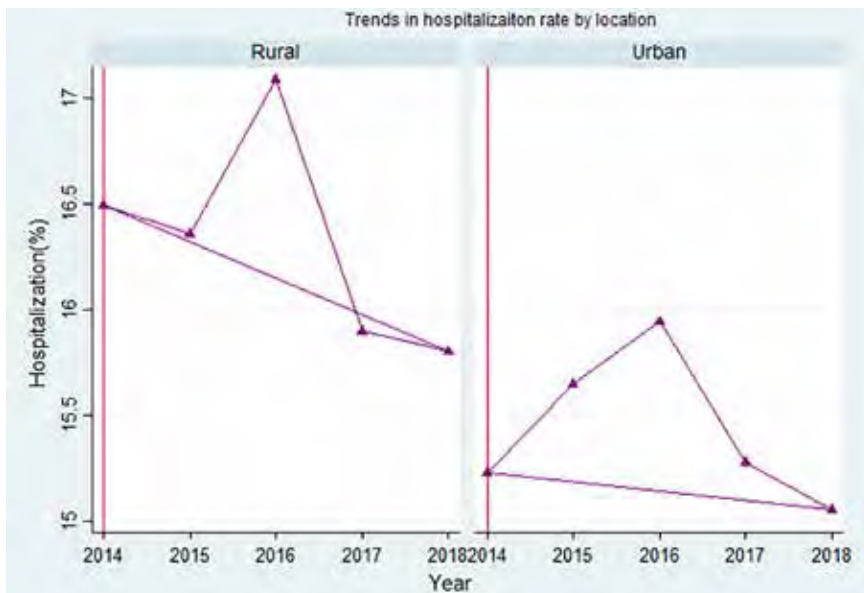


Figure 2. Trends in hospitalization rate: urban vs. rural

Rural:
 2014: 16.52±3.99, range: 3.90-37.20
 2016: 17.05±3.99, range: 1.40-35.50
 2018: 15.79±3.82, range: 2.40-36.00

Urban:
 2014: 15.33±3.62, range: 0.90-40.20
 2016: 15.99±3.68, range: 0.00-41.10
 2018: 15.11±3.57, range: 0.00-38.40

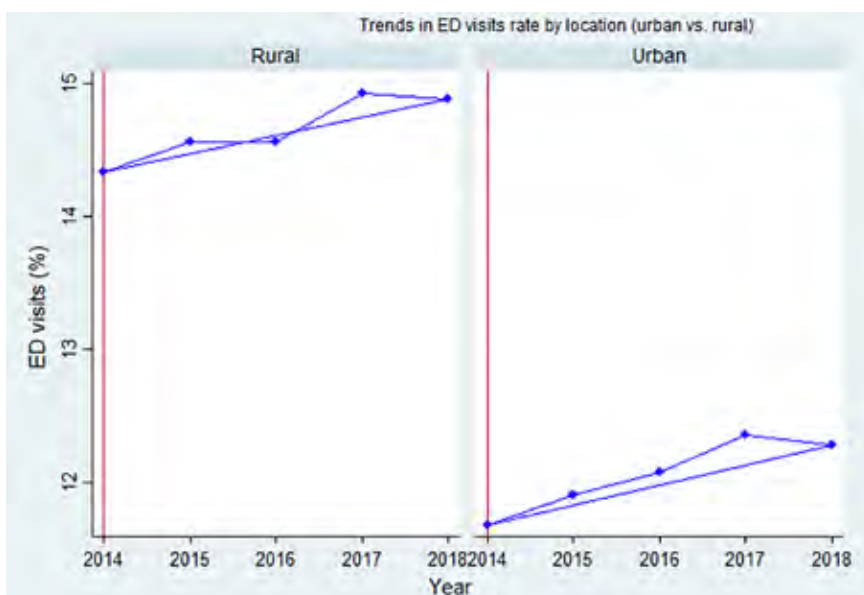


Figure 3. Trends in emergency department (ED) visits rate: urban vs. rural

Rural:
 2014: 14.30±4.17, range: 2.00-45.70
 2018: 14.90±4.15, range: 0.60-38.90

Urban:
 2014: 11.71±3.70, range: 0.00-31.70
 2018: 12.28±3.82, range: 0.00-33.00



differences in care quality between urban and rural home health agencies. The complete findings are published in the Journal of Rural Health.

Data in this study included 7,908 home health agencies nationwide, of which nearly 20% were in rural areas. The study measured home health agency quality and performance by looking at timely initiation of care (a measure of care processes) and hospitalization and emergency department visits (two measures of care outcomes). We discovered a number of differences between urban and rural agencies both at individual points in time and over the five year period that we studied.

As Chart 1 shows, rural agencies were less likely than those in urban areas to be for-profit organizations and accredited. They were also more likely to be hospital based, enrolled in both Medicare and Medicaid programs and to offer hospice programs.

Compared to urban agencies, rural agencies consistently performed better on initiating care in a timely fashion, meaning that they quickly started home health care upon a doctor's order or within two days of hospital discharge or referral to home health care (Figure 1). On average, rural agencies had a 1.05% higher annual rate of timely



This study underscores the persistence of disparities in quality within home health care, related to both care processes and outcomes.

initiation of care, ranging from .88% higher in 2015 to 1.20% higher in 2017.

Urban agencies consistently performed better on preventing hospitalization and emergency room visits during home health care overtime (Figure 2). Across the five years studied, urban agencies had an average of a .90% lower rate of hospitalization, ranging from .62% lower in 2017 to 1.27% lower in 2014. Urban agencies also had an average of 2.6% lower rate of emergency department visits, ranging from 2.48% lower in 2016 to 2.65% lower in 2014 (Figure 3).

Importantly, the differences between rural and urban agencies were steady over time except for the gap in hospitalization rate, which narrowed slightly from a difference of 1.19% in 2014 to .68% in 2018. It should also be noted that the rate of emergency department visits increased over the five-year study period for both settings.

This study underscores the persistence of disparities in quality within home health care, related to both care processes and outcomes. The differences in rural and urban disparities in care processes and outcomes also indicate that agencies may choose different strategies given the resources they have and the care or client populations.

This study highlights the importance of considering the unique geographic, staffing and health challenges facing agencies when making investment to reduce rural-urban disparities. For instance, while rural agencies are more likely to have a better relationship with referring care facilities for faster initiation of care, they are often more restrained by staffing and the long commutes providers must make to reach patients' homes. In addition, rural residents are in poorer health overall compared to their urban counterparts.

It is critically important for policymakers to consider such distinctive challenges to rural and urban agencies when making policies that aim to improve quality of home health care. There needs to be more opportunities for rural and urban agencies to share their strengths and learn from each other to figure out what really works. **HC**



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doi/10.1111/jrh.12642](https://onlinelibrary.wiley.com/doi/10.1111/jrh.12642)

Chenjuan Ma, Ph.D., MSN, the lead researcher and author of this study, is an assistant professor at New York University Rory Meyers College of Nursing. She is a health services researcher focusing on home health care. She is currently working on a project funded by the National Institute on Aging, part of the National Institutes of Health, to identify driven and influential factors of disparities in home health care for persons with dementia.

Andrea Devoti, MSN, MBA, is the executive vice president of the National Association for Home Care & Hospice.

Melissa O'Connor, Ph.D., MBA, RN, FAAN, is a professor of nursing at Villanova University.

WASTE DISPOSAL

One Man's Trash Is Another Man's Trouble

Education needed to ensure medical waste is managed well

By Jim Anderson

The pandemic has created capacity issues in hospitals, pushing more care into the home. Some of those people are cared for by professionals in the industry, and more people have taken on the role of at-home caregiver for their loved ones. But what about those who live alone and are left to care for themselves? Or those patients who live in underserved communities and have limited access to health care resources? Health inequities have created new and often overlooked safety challenges with medical waste generated in homecare settings. Home health providers have expressed concern that their patients may not have a clear understanding of the proper ways to dispose of medical waste.

Building the Case for Medical Waste Disposal Education

There are significant health and safety challenges and risks to any type of in-home health care delivery. Patients or others who live there can be easily injured or sickened by hazardous waste in the home if they do not know how to dispose of it properly. Stericycle's Healthcare Workplace Safety Trend Report found that the majority of health care providers say a core challenge of providing care in the home is properly disposing of medical waste. Waste management may not be an immediate thought for most individuals after receiving care, but it is an important step in keeping themselves and others safe, especially when dealing with hazardous materials.



One in four providers who have worked in a homecare setting say that they are not confident that they know how to dispose of medical waste in a safe manner.

One in four providers who have worked in a homecare setting say that they are not confident that they know how to dispose of medical waste in a safe manner. If trained

professionals have these issues, then people taking care of themselves or their loved ones may really not be prepared to properly handle medical waste. In fact, only about

half of providers believe their patients know how to dispose of medical waste safely at home, according to Stericycle's report. This is a cause for alarm, especially for those patients who do not have a trained at-home care professional or additional household members to support their care.

To protect the health and well-being of patients in homecare settings, home health organizations should work with their waste management partners to arm their caregivers and patients with the training, tools and clear procedures they need to properly dispose of medical and pharmaceutical waste, such as on-site or online trainings with HIPAA and Occupational Safety and Health Administration experts and on-demand compliance resources.

If both home health providers and patients have access to medical waste disposal training and resources, they will feel more empowered to manage waste safely.

Access to Safe Disposal

In formal medical settings like hospitals or clinics, health care providers have access

to designated containers and processes to handle bodily fluids, sharps and pharmaceutical waste. Those resources may not be available in a home health care setting, and that's likely why many homecare providers believe medical waste is a core challenge for their work. The improper disposal of medical waste in the home can have serious consequences, from injuring patients, providers and waste workers to harming communities and the environment.

In-home caregivers may also struggle with the disposal of pharmaceutical waste. Stericycle's study found that more than half of health care workers believe that improperly handled pharmaceutical waste is one of the biggest contributors to the opioid epidemic. And nearly three in four health care workers indicate that COVID-19 has made proper pharmaceutical waste management more challenging. Discarding pharmaceuticals can have a broader impact on the person's community, as improperly disposed pharmaceuticals can end up in the wrong hands or contaminate waterways.

To overcome these challenges, home health organizations should collaborate with

their waste management partners to develop simple, easy-to-follow waste disposal procedures to be shared with patients upon discharge from the hospital. For example, homecare organizations can guide patients to sharps and pharmaceutical mail-back disposal options to help reduce the risk of needlestick injuries. And they can provide containers safe for hazardous materials so that they are not disposing of medical waste in regular trash bins.

Understanding Differences in Patient Needs

There is no one-size-fits-all approach when delivering care. Every patient has their own set of needs and requires guidance to be set up for success when continuing their care on their own. That is especially true of those in underprivileged communities or those who live alone. Underserved communities and patients who live alone often have the most challenges when accessing health care resources, with an estimated 3.6 million people missing care due to lack of transportation. In the U.S., almost a quarter of the population lives alone and over 11% live in poverty. The pandemic has kept much of the world confined to their personal living spaces—leaving most people who live alone and in underserved areas isolated and making it difficult for them to perform safe at-home care.

Safely disposing of medical waste in the home is often the last thing on someone's mind. But it needs to become a priority for homecare providers. By educating and equipping patients with safe disposal methods either before they leave the hospital or during the initial home health visit, providers can improve the quality of care they provide and, in turn, keep their patients and their communities safe. **HC**

Jim Anderson is the vice president of product, strategy and innovation at Stericycle. Stericycle is a leader in medical waste management. Anderson has a strong breadth of expertise across marketing, operations, engineering and finance and has taken on roles of increasing responsibility at Stericycle. Previously, he held management roles at Kearney and Air Products and Chemicals.



NUTRITION

Know What Questions to Ask

Incorporating nutrition can enhance care outcomes & your agency's bottom line

By Amy Rogers



Health care spending in the United States is projected to reach \$6.2 trillion by 2028. While the Centers for Medicare & Medicaid Services (CMS) increasingly recognizes the vital role nutrition plays in the health of patients and its ability to reduce costs, malnutrition is often under-recognized due to the snowballing pressures front line caregivers face. Industry data shows that up to half of all hospitalized patients in the U.S. are malnourished, resulting in significant care challenges as they transition home.

In addition to malnutrition impacting institutionalized patients, 45 million Americans living in their homes experienced food insecurity in 2020 as the country faced its first year of the pandemic. This can significantly impact health care spending, as studies show that chronic conditions are strongly associated with food insecurity.

Factors Affecting Focus

In talking with health care providers, the following factors are mentioned as impacting home health's focus on nutrition:

- Homecare staff often assume the patient has control of their nutrition or that their family makes sure they do, so nutrition is often not incorporated into the care

transition plan and patients don't receive essential education.

- The patient may not look undernourished, so a nutrition screening is rushed through or skipped entirely, resulting in undiagnosed malnutrition becoming more severe and costly.
- It can be difficult to measure nutrition improvement because weight is highly variable and historic parameters generally are not good markers.
- Homecare agencies do not get reimbursed specifically for oral nutrition supplements (ONS), so resources are put toward educating clinicians to identify nutrition issues. This leaves patients financially responsible for obtaining their own ONS, which can be burdensome.

All of these reasons are valid, but focusing on nutrition can positively impact a home health agency's bottom line. A study published in the *Journal of Parenteral and Enteral Nutrition* examined the results of a nutrition-focused program for more than 1,500 home health patients.

The program focused on individualized treatment, including the overall coordination of care with patients' health care providers.

They were first screened for malnutrition risk with the Nutritional Health Screen, a tool used by Medicare-certified home health agencies, and patients with moderate or high risk were flagged for intervention. The customized care plan included ONS and was generated in the electronic medical record. The plan was reviewed at each patient visit, and nutrition status was documented in the patient's chart. Patients were educated on the importance of nutrition and the benefits of ONS. The study found that prioritizing nutrition care reduced costs by roughly \$1,500 per patient over 90 days, for a total of more than \$2.3 million.

While nutrition plays an essential role in the holistic approach to a patient's health, it is not always easy to directly correlate nutrition to the improvement of a patient's health. However, nutrition is an underlining factor for health issues and malnutrition can have a negative impact on wound healing.

Incorporating Nutrition into Skin Health

When thinking about wound care, providers should take a holistic approach to healing. This means focusing on healing the whole person and not just the wound. This starts

INCORPORATING NUTRITION INTO SKIN HEALTH EXAMPLES:

1. The patient is a 65-year-old female with a spinal cord injury and stage three sacral pressure injury. She is in a bed or chair all day and is incontinent, has poor nutritional intake and the amount of drainage and incontinence is requiring changes three to four times per day.

Her stage three pressure injury requires additional protein, calories and micronutrients to help heal. Knowing that she is eating poorly, offering a high protein and high calorie ONS fortified with arginine, zinc and vitamin C will help her meet her increased nutrition requirements and offset the protein lost from the wound drainage.

2. The patient is a 54-year-old male with a diabetic foot ulcer who was transferred from an acute care facility with infection to his left lateral foot. He has a long history of diabetes.

He could be at risk for malnutrition since it's very common for nutritional status to decline in the hospital setting. Since he has diabetes, caregivers will need to get his blood glucose under control and increase protein in his diet to help heal the wound from within.

with a comprehensive assessment that should look at the patient's nutrition status. For example, lower extremity chronic ulcers are often dominant in individuals who are diabetic and over 65 years old. Their age and the loss of essential nutrients from the ulcer's drainage puts them at risk for malnutrition.

All wounds, regardless of the type, need more protein. The National Pressure Injury Advisory Panel (NPIAP) recommends 1.2 to 1.5 grams of protein per kilogram of body weight per day and a calorie intake of 30 to 35 kilocalories per kilogram of body weight per day for acute and chronic wounds. If an individual has a stage two, three or four pressure injury, calories, protein, arginine, zinc and antioxidants are essential. In the box above are two patient scenarios where nutrition is a critical component of wound care.

Tips for Putting Nutrition First

Perhaps your home health organization already wants to put a greater focus on nutrition, or maybe you are starting from the bottom and need to get your staff on board. Regardless of where you are currently, here are tips to help make prioritizing nutrition a success:

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When thinking about wound care, providers should take a holistic approach to healing.

1 Continue educating staff.

Whether part of a big or small organization, educating staff plays a critical role in driving empowerment in delivering high quality care. For example, Medline recently introduced complimentary skin health boot camp courses for post-acute health care providers across the country. Hosted by the company's clinical services team, the boot camps connect the dots on nutrition's impact on skin health.

2 Incorporate patient & family education.

With the average care visit from clinicians lasting less than an hour, collaboration is critical between home health clinicians, their patient and the patient's family. It is essential for home health clinicians to spend time educating clients on what type of oral nutritional supplements work best for the patient's individual care needs and what

malnutrition signs to look out for, and to check in with the patient and their family caregivers every few weeks. Some questions to ask include:

- **What is the patient's appetite like?** People with poor appetite may have trouble consuming larger volume ONS. Low volume with high concentrated protein makes it easier for the person to be compliant with their supplement.
- **Is the ONS recommended financially feasible for the patient to purchase out of pocket?**
- **Has the patient experienced unintentional weight loss or a decrease in appetite?** A yes to either should prompt you to further investigate their nutrition challenges and implement interventions, which can be as simple as recommending an ONS between meals. If the patient or family does not know, you can ask if the patient's clothes are fitting more loosely.

- Asking less traditional questions such as **"Do you struggle to buy groceries every week?"** can reveal a challenge with food insecurity. Providing contact information for area food banks and other community organizations already working to address food insecurity can help optimize the patient's food intake and nutrition status.

3 Leadership must demonstrate support.

Caregivers are spread thin and often have conflicting priorities. For staff to take nutrition seriously, they need to be reassured that they have leadership support to invest in initiatives that can help enhance best practices, like education.

Nutrition is a proven and cost-effective intervention. When caregivers arm themselves, their patients and patients' families with tools to identify malnutrition early, providers can help intervene in time to optimize a patient's nutrition care plan, leading to faster recovery times and overall decreases in the cost of treatment. **HC**

Amy Rogers, RN, BSN, is the senior clinical resource manager for Medline's nutrition team.

CPAP MACHINES, MASKS & CLEANERS

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

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Our 2022 Buyer's Guide is filled with manufacturers' and service providers' contact information to help you find the right mix of products and services for your company. No matter which way you plan to steer your business in 2022, we know that products and services are at the heart of it all, and this comprehensive guide will help you grow and stay on track throughout the year. You can also easily reach these resources online at:

homecaremag.com/buyers-guide.

NEW ON THE MARKET

1 Bidet Toilet Lift—WL1

DIGNITY LIFTS

Dignity Lifts learned some customers who needed a lift were already using a bidet and did not want to give it up. Customers kept asking if a bidet could be installed with the toilet lifts, but movement of the lift did not work with the plumbing of regular bidets. So Dignity Lifts developed the new Bidet Toilet Lift—WL1. The WL1 offers hygiene and convenience features that are unrivaled. From a warm seat to a blow dryer, the WL1 does it all. Visit dignitylifts.com.

Check 200 on index.

2 CPAP Sanitizer+

OXYGO

The new OxyGo CPAP Sanitizer line doesn't just clean CPAP masks and tubing—it can sanitize everyday items like phones, toothbrushes, keys, earpieces, remote controls, glasses and more. With a lightweight, sleek design and large inner capacity, sanitizing has never been easier. Two options offer a model with ultraviolet (UV) and/or activated oxygen (three modes) and a model with UV-only technology. No water, no harmful chemicals and does not interface with CPAP devices. Visit oxygo.life.

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3 Refine Shower Stool

SOLUTIONBASED

Refine is SolutionBased's (formerly ShowerBuddy) newest line of designer shower stools that are a sleek, sophisticated and modern solution to provide safety, comfort and dignity while showering. Refine is available in three different variations and several colors to suit any decor. Refine stools have a 300-pound weight capacity and superb structural quality. Refine requires no assembly, the chairs are easy to clean and maintain, and they will not rust or corrode. Visit sb.care.

Check 202 on index.

4 EZ Click LTC Bed Handle

STANDER

The EZ Click LTC Bed Handle is an institutional bed rail that can attach to any adjustable or articulating bed and overcome all seven Food & Drug Administration-identified entrapment zones. Some bed rails create gaps and areas of entrapment when the bed is articulated, but the patented EZ Click LTC Bed Handle is uniquely designed to eliminate those problem areas. Visit stander.com.

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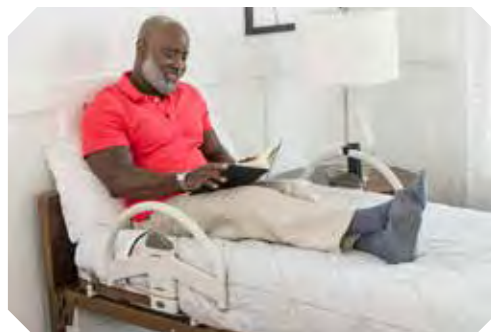
5 Storm Shower Chair

DAVID STORM & ASSOCIATES

The Storm Shower Chair is a patented product that gives total access in cleaning a patient. It offers a better bathing solution to clean with dignity and helps to avoid urinary tract infections. Using the Storm Shower Chair provides a more comfortable experience for the patient and makes the job easier for caregivers. Visit stormshowerchairs.com

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



WOUND CARE



1 HydroAire Air Fluidized Therapy Bed

AURORA MANUFACTURING, LLC

The HydroAire Air Fluidized Therapy Bed will allow your homecare company to take on the most difficult pressure wound patients and provide your referrals with outstanding wound outcomes. This bed has a HCPCS code of E0194 and a monthly billable amount from \$3,400 to \$3,900, depending on the state of service. Visit auroramfg.com.

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2 DermaBlue+ Foam

DERMARITE

DermaBlue+ Foam combines triple action antimicrobial protection with an advanced capillary action micro-pore foam that wicks exudate away from the wound and kills over 99% of bacteria, helping to disrupt the formation of biofilm and aiding in the healing of even the most challenging chronic wounds. DermaBlue+ Foam is easy to apply and is effective for up to three days. Visit dermarite.com.

Check 206 on index.

3 GEMCORE360 Advanced Wound Care

GEMCO MEDICAL

GEMCORE360 Advanced Wound care is a range of affordable dressings indicated for use on a variety of chronic and acute wounds. The GEMCORE360 range provides clinically effective moist wound healing for both chronic and acute wounds. This wound care line includes a variety of advanced dressings including antimicrobial, foams, fibers, thin films and hydrogels. Each product has features to facilitate optimal healing, ensuring that your clients' everyday wound care needs are met with one range. Visit gemcomedical.com.

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4 Noncompression Sleeves

LIMBKEEPERS

Limbkeepers noncompression sleeves provide cushioned protection for fragile, thin skin and are ideal for post-surgical and newly healed skin to protect vulnerable scars. Limbkeepers are also effective in burn aftercare management. These easy-to-wear seamless knit products also have antimicrobial and moisture-wicking features. They are designed with rebound stretch for no-bulk, form-fitting comfort. Offered in different weight thicknesses and assorted colors. Visit limbkeepers.com.

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5 Heel Keeper

ULCER SOLUTIONS

The Heel Keeper is a physician-designed off-loading device to prevent and treat pressure injuries of the heels and ankles. Ulcer Solutions' products are comfortable, cost effective and compliance enhancing off-loading devices used for treating and preventing pressure ulcers. Cost savings is achieved through fewer ulcers, more rapid healing and reduced liability. Visit ulcersolutions.com.

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PERS & HOME MONITORING



1 CarePredict

CAREPREDICT

CarePredict is an artificial intelligence-powered predictive eldercare system that allows homecare agencies to extend their range of support services beyond scheduled services to on-demand services, ensure their clients' well-being by gaining insights into their activities and behaviors, and entrench their agencies as the smart and connected go-to agency. Visit carepredict.com.

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2 RPM With Optional PERS

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By offering a unique combined platform with remote patient monitoring (RPM) and a personal emergency response system (PERS) integrated in the same base station, Clear Arch Health provides a simplified end-user experience. Clear Arch Health solutions engage patients and offer the flexibility to customize and scale your remote monitoring program to suit the health care needs of every patient without incurring extra costs or having to replace equipment. Visit cleararchhealth.com.

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3 Personal Emergency Response Services

CONNECT AMERICA

Connect America's artificial intelligence-assisted connective care platform provides continuous in-home and mobile monitoring—enabling smart interventions that improve outcomes, boost quality of life and lower costs. Connect America's PERS allows individuals to call for assistance 24/7 whether they are at home or on the go. Individuals are immediately connected with professionally trained operators who quickly assess the nature of a call and coordinate assistance. Visit connectamerica.com.

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4 FreedomAlert

LOGICMARK

FreedomAlert is a two-way voice communication pendant with programmable contacts that allows clients to call for assistance anywhere around the home in an emergency or for help from friends and family. Program up to four contacts on top of emergency services. FreedomAlert devices make aging in place possible, with help at the press of a button. Nonmonitored coverage means no monthly fees or servicing costs. These devices are water resistant in the shower or bath. Visit logicmark.com.

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5 MGMove Smartwatch

MEDICAL GUARDIAN

The new MGMove smartwatch is a stylish and simple-to-use device equipped with features that promote the whole health of active adults, including their social, cognitive and physical well-being. The smartwatch features two ways to trigger a medical alert—a red button on the side or a swipe-to-alert feature on the screen. Users can set daily activity goals and pre-loaded apps track the location of users with pinpoint accuracy using 4G LTE networks. Comes with an easy-to-use charging cradle with voice assist feature that allows users with poor eyesight to hear when the device is charging properly. Visit medicalguardian.com.

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6 Jewelry Style PERS Button

MEDICAL CARE ALERT

The Jewelry Style PERS Button improves compliance by making seniors more comfortable wearing their PERS button. The stylish pendant removes the stigma of wearing a "death button." The pictured "Bling Bling" button is available in silver and antique gold. Works with the in-home Home Medical Care alert system and the mobile Home & Away DUO system with GPS. The button weighs less than two ounces, is shower safe and has up to a 600-foot range from the base PERS console. Visit medicalcarealert.com.

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7 Belle

RESPONSENOW MEDICAL ALERT

ResponseNow Medical Alert is one of the largest providers of the 4G LTE Belle mobile medical alert device. The device has a 30-day battery life. There is no daily hassle of charging or downtime waiting for it to reach full battery. The two-ounce, shower-safe Belle features a powerful built-in speaker and microphone to make communicating with operators easy for most seniors. It's also available on both AT&T or Verizon 4G networks. Visit responsenow.com.

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SENIOR JUSTICE

50 Years of Making a Difference

Justice in Aging celebrates a milestone anniversary

By Kristin Easterling

Seniors can face multiple hurdles to aging safely and comfortably at home. Low-income seniors, seniors of color and seniors who are LGBTQ are even more vulnerable due to systematic issues that affect housing and food security, among other areas.

Justice in Aging, which is celebrating its 50th anniversary this month, is a nonprofit senior legal advocacy organization that fights senior poverty at the state and federal level, bringing litigation when advocacy fails. The organization also provides training for attorneys that work in elder justice issues.

“Justice in Aging has litigated and won cases over the years that have returned billions of dollars in wrongfully denied or discontinued benefits to low-income older adults and people with disabilities,” said Vanessa Barrington, director of communications and individual giving. The organization has also secured access to home- and community-based services for low-income seniors, keeping people out of institutions.”

Barrington added that many people are forced into institutional care who don’t want it because of difficulties accessing in-home care. “It often depends on where you live, how much money you have, or whether or not you have the knowledge and privilege to navigate the system,” she said.

Founded in 1972 as the National Senior Citizens Law Center, the organization changed its name to Justice in Aging in 2015 to better reflect its mission and values. According to the organization’s website, Justice in Aging strives for “the opportunity to live with dignity, regardless of financial circumstances—free from the worry, harm and injustice caused by lack of health care, food or a safe place to sleep.”



While the organization has always been aimed at helping low-income seniors age with dignity, in 2020, the organization shifted its focus to place diversity, equity and inclusion at the heart of its mission, launching the Advancing Equity Initiative to ensure all of the group’s advocacy is oriented toward pursuing changes in law and policy that improve the lives of older adults “who are most impacted by racism, ageism, sexism, ableism, homophobia and xenophobia,” said Barrington.

“As the COVID-19 pandemic unfolded, it became crystal clear just how deeply embedded inequities are across all systems of our society. Unequal access to health care, discrimination and implicit bias in the delivery of care, decades of economic oppression and inequitable government policies have placed many older adults from communities of color at a disproportionate risk of contracting and dying from COVID-19,” said Barrington.

She added that home- and community-based service providers can advance equity in their businesses by providing person-centered care that honors the person’s wishes, including accommodating food

preferences. “Equity is about seeing the person as a whole person and accepting them as they are,” she said.

For 2022, the organization is continuing its work with Congress to invest in the homecare infrastructure, expand Medicare benefits and improve the Supplemental Security Income program. The organization has also started working in the affordable housing arena and is connecting older adults reentering society after incarceration with the benefits and services they need to live in their communities.

“We are building a future where we can all experience justice as we age,” said Barrington, looking toward the next 50 years. “We look forward to the day when all older adults—including older adults of color, LGBTQ older adults, immigrants and others who have been systematically denied access to health care, housing, economic security and the opportunity to participate fully in our society—will be able to live and age in dignity.” **HC**

Kristin Easterling is managing editor of HomeCare magazine.

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