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PLUS:

» The future of home sleep testing & CPAP compliance

» What you should know about EPAP

HME: New CRT challenges

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Check 118 on index.

Dear HomeCare Readers.

The cover of this issue hits home; I'm guessing I'm not the only one who has spent many nights tossing in bed until the wee hours of the morning, wondering and worrying about what the pandemic might bring. For those dependent on medical equipment to sleep well (and those who provide that equipment), it's been even tougher. The survey that found that most of us slept far worse in 2020 speaks volumes. You can see for yourself on page 18, along with the rest of our series on sleep.

We've also got a lot of ideas to help alleviate some of the business concerns that may be keeping you up at night, including making sure your marketing is HIPAA-compliant, knowing



what's on the horizon for complex rehab technology reimbursement, making the most of shift planning and how to capture new homecare customers. There are two looks at CBD: what it might provide in terms of health benefits for seniors, and how it can help diabetics. Plus a really interesting interview about managing grief—your clients' families and your staffs'-during these difficult days.

On a brighter note, we've been dusting off our HomeCare trade show booth and making travel plans for the rest of 2021. I, for one, am itching to get out there and see everyone, starting with Medtrade West in Phoenix in July. I hope to run into each of you someday!

Thank you for reading,

Hannah Wolfson



We want to know what you think and how we can serve you better. Send your comments and feedback to Managing Editor Kristin Easterling at keasterling@cahabamedia.com. We'd love to hear from you!

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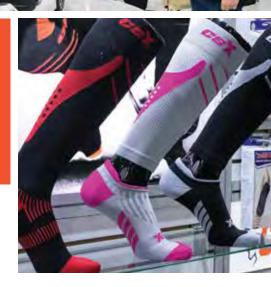
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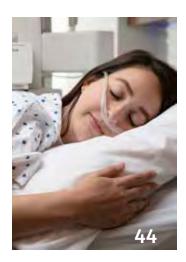


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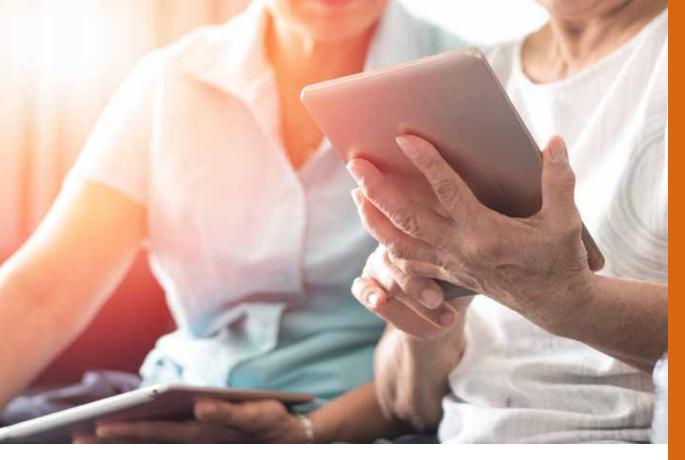
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3 Steps to Create a Digital-first Relationship With Your Patient

Do you know what your patients are thinking? That's a big question, but with digital tools capturing customer data, providers are getting better insight into their patient base and making more effective business decisions as a result.

In this session with Brightree Chief Product Officer Nupura Kolwalkar and Citus Health President Melissa Kozak, we'll discuss:

- How patient experiences have changed as a result of consumer interactions
- What providers can do to track and identify pivotal patient touchpoints
- And how the right communication and payment channels can impact patient behavior

Learning objectives:

- Learn how to map the patient journey
- Find out how to leverage a patient journey to scale up your patient experience without losing staff productivity
- Identify how to select the best communication channels for engaging your specific patient base

June 22 at 1 p.m. Central FREE!





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INDUSTRY NEWS

ShiftMed Announces Next Day Pay for Health Care Workers

ShiftMed, LLC, a provider of on-demand health care staffing platforms, has announced ShiftMed Next Day Pay. Nurses and certified nursing assistants can download the ShiftMed mobile application for iPhone or Android to find shifts on their schedule. Employees complete the onboarding, work their first shift and then are eligible for Next Day Pay.

Most employers cannot do next-day pay. Many require several applications to get money; those extra payment applications also have fees of up to \$3 or more. ShiftMed does not charge a fee, so employees can access free, early payment.

UPCOMING EVENTS

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

JUN 21–23 Association for Home & Hospice Care of North Carolina Annual Conference Virtual ahhcnc.org

JUL 7–10 RESNA Annual Conference 2021 Arlington, Virgina

resna.org

JUL 12–14 Medtrade West Phoenix, Arizona medtrade.com

AUG 1-3 NAHC Financial Management Conference 2021 Chicago, Illinois nahc.org Highlights for ShiftMed employees:

- After working a shift, they can transfer up to 50% of earned pay (gross pay) the next business day.
- The money goes straight into their bank account.
- They get the rest of their pay via direct deposit on payday.

• There are no charges and no hidden fees. shiftmed.com

PlayMaker Health Partners With the Home Care Association of Florida

PlayMaker Health, a post-acute sales enablement and market intelligence platform, and the Home Care Association of Florida (HCAF), a trade association for the homecare industry in Florida, announced they have entered into a strategic partnership to provide HCAF members with exclusive member pricing and priority access to Spark, PlayMaker Health's fully integrated home health and hospice solution. HCAF members will now have access to market data to identify new referral opportunities, expand their books of business and grow competitive market share.

"This is the kind of marketing intelligence that makes the large home health organizations so formidable," said Bobby Lolley, HCAF executive director. "Through this new partnership, this critical data is now available as an exclusive HCAF member benefit so that providers with a smaller footprint have an opportunity to level the playing field."

playmakerhealth.com

3B Medical Named 2021 Health Care Company to Watch

3B Medical was recently recognized by The Startup Weekly as one of the 2021 Healthcare Companies to Watch. This recognition targets businesses that showcased strong growth and excellence in 2020.

This year's awards attracted a record number of applications across company categories in the United States. The winners were selected by a panel of judges comprised of top executives, founders, investors and industry experts. The companies were evaluated based on growth, strength of product or service, impact on the industry and commitment to customer success.

"Winning this award is a testament to the 3B Team's passion for distributing, developing and manufacturing highquality, innovative products that respiratory patients and consumers appreciate in an unprecedented time of need and that promote overall health and wellness via 3B's disinfection, sterilization and sanitization products, which are weapons in the fight against COVID-19," said Justin Smith, CEO of 3B Medical.

3bproducts.com

Connect America Selected to Provide PERS to New York Medicaid Recipients

Connect America, a provider of connected health solutions, announced that the New York City Department of Social Services Human Resources Administration (DSS) awarded the company a three-year contract to provide personal emergency response systems (PERS) and smoke detectors to Medicaid recipients in New York City.

DSS has been seeking ways to provide emergency services to city residents facing poverty, age-related infirmities, physical disabilities and other challenges associated with social determinants of health. Under the agreement, Connect America will provide PERS to approximately 28,800 low-income and underserved residents of New York City who are enrolled in Medicaid.

According to data from the National Council for Aging Care, one in four seniors falls each year, and every 19 minutes, an older adult in the U.S. dies from a fall. The cost of these falls to the health care system is enormous, averaging \$30,000 to treat an elderly victim and an estimated \$67 billion total in 2020. Rapid response times and access to urgent care can help reduce poor outcomes and complications associated with falls and other major health events. connectamerica.com

GF Health Products Wins Manufacturer of the Year for Gwinnett County, Georgia

Graham-Field has won the Manufacturer of the Year award in the 10th Annual Movers & Makers Awards by Partnership Gwinnett, a public-private initiative dedicated to bringing new jobs and capital investment to Gwinnett County, Georgia. Partnership Gwinnett, in collaboration with Gwinnett Technical College, announced the winners of the 10th Annual Movers & Makers Awards during a ceremony at Infinite Energy Forum.

More than 200 community leaders and industry experts attended the 2021 Movers & Makers Awards, both in person and virtually, to celebrate excellence within their field. It is the largest event of its kind in Georgia and the county's annual recognition of Gwinnettbased companies involved in manufacturing, processing and distribution. *grahamfield.com*

Hospice by the Bay Is Now By the Bay Health

Hospice by the Bay, a provider of hospice, palliative care, and in-home health care services, announced that it has taken a new name: By the Bay Health. The name change is designed to more accurately reflect the organization's breadth of services, which include hospice care, palliative care, comfort care, grief counseling, pediatric care and skilled home health care services.

Founded 45 years ago as Hospice of Marin, By the Bay Health is the oldest nonprofit hospice in California and the second oldest in the United States. The organization has since been meeting the rising demand for more options with regards to home health care services beyond its hospice care.

By the Bay Health's affiliation with University of California San Francisco Health has also helped expand its services, allowing the organization to offer one of the highest physician-to-patient ratios in the region. The organization has offices in Larkspur, San Francisco, and Sonoma, California, and serves patients in Marin, San Francisco, San Mateo, Sonoma and Alameda Counties, as well as American Canyon, Napa and Vallejo. They also offer bilingual services in Spanish and Chinese.

bythebayhealth.org

Best Life Brands Acquires PROHealth Home Services

Best Life Brands, LLC, a family of companies focused on the well-being of clients along the continuum of senior care, has completed the acquisition of PROHealth Home Health Services, which provides in-home nursing, therapy and homecare services to patients across the greater Los Angeles area.

The deal marks the fourth brand on Best Life Brands' roster and is part of the parent organization's strategic plan to add





The skin care favorites for oxygen and CPAP are back

RoEzIt Dermal Care and CPAP Moisture Therapy prevent chafing, dryness and cracking from mask or cannula use. Both products are petroleum-free and contain Aloe Vera and Vitamins A & E.



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INDUSTRY MOVES

March 25, 2021 Rich Berner Named CEO of Complia Health

March 30, 2021 Susan Morgan Promoted to Chief Operating Officer of Accra

April 1, 2021 Derek Lampert Named CEO of Drive-DeVilbiss Healthcare

April 1, 2021 Dr. Jeffrey Kwong Named Co-Medical Director of National HIV & Aging Initiative

April 2, 2021 Numotion Appoints Tara Kersten, M.D., as Chief Medical Officer

April 5, 2021 April Anthony Leaving Encompass

April 8, 2021 Golden Technologies Names Alyssa Golden Content Coordinator

April 8, 2021 Madeline Thompson Named Clinical Director of Home Health and Hospice for Wilshire Health & Community Services

April 8, 2021 Vital Care Infusion Services Appoints Brett Dethmers Chief Financial Officer

April 13, 2021 Katherine Schiavino Joins Griswold Home Care as Chief Financial Officer













complementary companies that serve older adults and people with diverse needs in a more effective and holistic way. With plans to begin franchising the concept immediately, the acquisition also marks the company's entry into home health franchising. PROHealth will be rebranded with a new name in the coming months. Best Life Brands will franchise under that new name. The company will hire a new president and vice president to oversee brand development.

Founded by registered nurses with over 20 years of experience in critical care and oncology, Best Life Brands is dedicated to offering compassionate in-home health care by skilled professionals. From providing companionship and addressing basic needs to administering medication and monitoring serious illnesses, the business can tailor its services to fit a patient's specific needs. *bestlifebrands.com*

Sunset Healthcare Solutions Acquires Two Popular Skin Care Brands

Sunset Healthcare Solutions has acquired skin care favorites RoEzIt Dermal Care and CPAP Moisture Therapy from Texas-based brand Lousal Enterprises, Inc.

RoEzIt Dermal Care is primarily designed to combat the side effects of oxygen therapy. CPAP Moisture Therapy is designed to address the side effects of CPAP therapy. The patented formulas are both petroleum free and designed to increase patient compliance.

Patients receiving oxygen and CPAP therapies often face side effects that bring significant pain and negatively impact compliance. Both therapies can cause extreme nasal dryness and irritation due to the continuous flow of air going through and around the nasal passages. With oxygen treatment, patients may experience tissue irritation from the nasal prongs rubbing against the inside of the nose. With CPAP treatment, patients may report skin irritation and skin breakdown caused by nasal pillows or masks rubbing against the skin.

Previous manufacturer Lousal Enterprises, Inc. was founded by Glenn Gist, Sr., in 1990 and named after his wife, Sally Lou. Lousal specialized in petroleum-free emollients to help prevent and treat irritating side effects that often accompany focused therapies.

sunsethcs.com

Advocate Aurora Enterprises Acquires Senior Helpers

Advocate Aurora Enterprises has announced its acquisition of Senior Helpers, a national leader in homecare and wellness offerings for seniors.

The investment is the second for Advocate Aurora Enterprises, recently established by Midwest-based Advocate Aurora Health to invest in businesses that enable people to improve their health and well-being beyond traditional clinical care settings. It is focusing its investments in three key categories: aging independently, parenthood and personal performance.

Maruland-based Senior Helpers has more than 320 franchised and corporate-owned locations in 44 states, Canada and Australia that provide homecare services and wellness services for seniors, including meal planning, grocery shopping, medication reminders, transportation, companionship, assistance with personal hygiene and more. They also offer special programs for chronic neurological disease, especially Alzheimer's and Parkinson's diseases. Their services enhance seniors' ability to remain in their homes and avoid or delay the need for nursing homes.

"Senior Helpers furthers our transformation into a destination health company that goes beyond sick care to provide wellness offerings," said Advocate Aurora Health President and CEO Jim Skogsbergh. "The ultimate goal here is to give people more healthy days within the comfort of their homes doing the activities they enjoy. This aligns with our purpose of helping people live well."

The Senior Helpers leadership team will continue in their current roles. advocateaurorahealth.org

HomeWell Relaunches LEAP Program

HomeWell Care Services, a nonmedical in-home care provider, announced the relaunch of its foundational Life Enrichment & Activities Program (LEAP). The program aims to provide enrichment in clients' homes enhancing care beyond the typical assistance with activities of daily living.

The company was founded with the original LEAP program to proactively address the negative effects of social isolation and

loneliness for all clients. The program is one of the most popular and well-received services the company offers because it helps to build a rapport between the client and caregiver and ultimately increases both client and caregiver satisfaction.

"We want to encourage our clients to experience new things, at whatever level they can participate, to enjoy what they once missed or to continue to do what they love to do, but now with the companionship of a HomeWell caregiver," said Michelle Cone, senior vice president of training and brand programs at HomeWell Care Services.

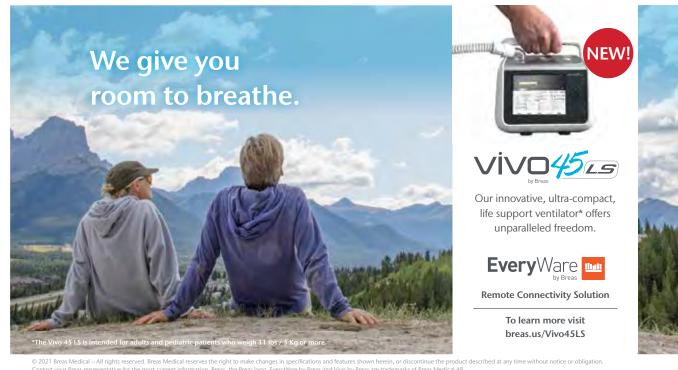
During the COVID-19 pandemic, isolation protocols were enforced by implementing stay at home orders. For the most vulnerable segments of the population, this meant not being able to go to the places they once enjoyed, engaging in activities, or seeing the people for which they are closest.

HomeWell franchisees will be able to leverage tools and resources to assess whether a client is at-risk of social isolation, identify activities they might enjoy, and utilize the company's vendor partnership to purchase activities and games. homewellcares.com





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GOVERNMENT AFFAIRS

The Fragility of the Caregiving Infrastructure

Deciphering the American Jobs Plan

By Kristin Easterling

On March 31, 2021, President Joe Biden proposed a sweeping \$2 trillion infrastructure package dubbed the American Jobs Plan. The proposal includes funding efforts for highways, bridges, transit systems, water supplies, the electrical grid and more. An unexpected inclusion is \$400



billion dollars for home- and community-based care for seniors and people with disabilities; the package would also increase wages for in-home caregivers.

During his presidential campaign, Biden had said he would devote \$450 billion to allow more older Americans to receive care at home; homecare's position in the package is described in a White House fact sheet as an administration effort to "solidify the infrastructure of our care economy."

"It's expanded services for seniors," Biden said in a news conference about the proposal. "It's homecare workers, who go in and cook their meal, help them get around and live independently in their home, allowing them to stay in their homes—and I might add, saving Medicaid hundreds of millions of dollars in the process."

» CARE AT HOME

Fifty-seven percent of Medicaid's long-term care budget goes to home- and communitybased services; this amounted to \$92 billion in the 2018 federal budget year. While all states offer some form of this service, 41 have waitlists totaling nearly 820,000 people, with an average wait of 3.2 years. The American Jobs Plan would expand these services in order to eliminate the wait list—and would treat in-home care like institutional care. One way the plan would do this is by expanding the Medicaid Money Follows the Person program, which aims to move seniors back into their homes.

"The past year has led to job losses and threatened economic security, eroding more than 30 years of progress in women's labor force participation," reads the White House fact sheet. "It has unmasked the fragility of our caregiving infrastructure."

» CAREGIVER WAGES

The U.S. Bureau of Labor Statistics reports that the median pay for a homecare worker was \$12.15 per hour in 2019. Homecare workers are often women and people of color, with immigrants making up nearly one-third of the workforce. Overall, nearly half of the homecare workforce lives in a low-income household, with 43% of workers relying on public health care coverage such as Medicaid. One-third don't have insurance from their employer. A portion of the \$400 billion would help workers receive "a long-overdue raise, stronger benefits and an opportunity to organize or join a union," according to a statement from the administration. Homecare groups have said that Medicaid reimbursement will need to compensate for any increased wages, which the plan addresses.

WHAT'S NEXT >>> The American Jobs Plan needs congressional approval before it can become law.

>> RESPONSE & PUSHBACK

The plan will need to go before Congress to get approval. It faces an uphill battle with Republicans for a variety of reasons, including the provisions allowing workers to unionize.

"It seems like it's a boondoggle to create more union workers and through the unions funnel money back to the Democrats" via campaign contributions, Brian Blase, a former Trump White House health care adviser, said in an interview with ABC News.

The U.S. Chamber of Commerce and other business groups have also come out against the plan, particularly proposed corporate tax increases of 21% to 28%. The White House's stance is that higher taxes would offset concerns about adding to the federal deficit.

Some Republicans have said that home- and communitybased services don't belong in an in an infrastructure package at all. But others have no issue prioritizing inhome care over institutional care.

"It is bipartisan to support people who would be eligible for Medicaid staying at home rather than going into institutions," said Blase. "However, loosening eligibility rules will lead to 'runaway expenses."

Biden recently met with several key lawmakers to work out getting the plan put into legislation, including Sens. Maria Cantwell (D-Wash), Alex Padilla (D-Calif.), Deb Fischer (R-Neb.) and Roger Wicker (R-Miss.); as well as Reps. Garret Graves (R-La.), Don Young (R-Alaska), Donald Payne (D-N.J.) and David Price (D-N.C.). On the Senate side, all but Padilla are members of the Commerce Committee; Price chairs the House Appropriations subcommittee for transportation.

"The president made a compelling case for acting big and broadly when it comes to the definition of infrastructure," Padilla said in an interview with the Washington Post. The freshman senator also said Biden's message was that focusing only on deferred maintenance on roads and bridges would be a significant lost opportunity.

INDUSTRY RESPONSE

Homecare advocacy groups have lauded the proposal for its efforts to improve homecare.

"The president's support for homecare is a monumental advance in the decades-long effort to provide full access to health care outside of an institution. This effort deserves the complete support of the Congress and the American public. ... The benefits of homecare are long established. We all should work to remove any barriers to homecare, including unnecessary care waiting lists and insufficient caregiver compensation. The caregivers should be given the high respect they deserve along with fair compensation for the essential services they provide."

-National Association for Home Care & Hospice

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"We see a tremendous opportunity to leverage and skill the home and community workforce to ensure that Americans receive quality health care and this effort ensures that America is able to meet the need not just now but for generations to come. We fully support the stated intention to work to solve the artificial wage ceiling created by reimbursement rates. This will be a game-changer for an industry in desperate need of quality talent to fill open roles and transform the direct care workforce."

-Helen Adeosun, Founder and CEO of CareAcademy

"The homecare workforce has been undervalued and underappreciated for far too long. PMHC is encouraged by the Biden Administration's recognition of the value of the home care workforce and the proposed efforts to improve access to, and the quality of, home and community-based home care services."

—David J. Totaro, Chairman of the Partnership for Medicaid Home-Based Care

We're pleased to see that the Biden Administration is recognizing the need for a stronger investment in home-based care. The value of home medical equipment and caregiving in the home has never been more evident than it has been during the COVID-19 pandemic, and the need for increased access to quality HME is only going to become more important as the population of older Americans continues to grow.

-Thomas Ryan, President and CEO of AAHomecare

HME: STATE ISSUES



Building Relationships With Payers at the State Level

An update on Medicaid priorities from AAHomecare

AAHomecare's work in payer relations continues to evolve to meet the challenge of protecting home medical equipment (HME) providers and patient interests in dealing with state Medicaid authorities, managed care organizations (MCOs) and insurers. In the five years since AAHomecare made a commitment to developing a dedicated payer relations practice for the association, we've had significant successes in protecting reimbursement rates and maintaining patient access to quality products and a choice of suppliers.

AAHomecare has worked with dozens of states to analyze their Medicaid spending to help prevent reflexive rate cutting to comply with requirements from the 2016 Cures Act. We have also helped pass legislation establishing rate floors and patient access in several states. In 2020, we encouraged MCOs and other payers to adopt flexibilities on the authorization, delivery and use of homebased oxygen to treat patients with acute respiratory conditions to meet the demands of the COVID-19 pandemic.

Now, as the pandemic begins to fade and the HME community prepares to face the challenges of the next five years, we'd like to reflect on what we learned about the importance of building strong relationships and how that knowledge can inform efforts as an industry moving ahead.

Building (& Rebuilding) Relationships Is Essential

In the course of advocating for major rate stability legislation in Kentucky in 2019, AAHomecare and the Kentucky Medical Equipment Suppliers Association (KMESA) reinforced outreach to state legislators with a significant effort to get the state's Department of Medicaid Services (DMS) to drop its opposition to HB 224. Following a series of dialogues with stakeholders, DMS Commissioner Carol Steckel cited the "productive discussions" as helping officials recognize the issues facing providers and "understanding the extent that the 21st Century Cures Act has acted as a serious stressor to your businesses." As a result, DMS provided input and support for amended legislation that passed unanimously in both chambers of the Kentucky legislature.

After new leadership took over DMS later in 2019, we needed to re-engage the agency to ensure HB 224 was implemented properly and to correct miscommunication to MCOs about some of the legislation's provisions. With the support of HB 224 champion Rep. Kim Moser, we educated the new commissioner and staff to help get the guidance revised quickly.

In 2020, that second round of relationship-building bore fruit when the agency quickly adopted 15 of our 19 recommendations to adjust policies and relax requirements to allow HME providers to meet the challenge of treating patients during the COVID-19 pandemic. It also helped us convince the new DMS leadership to keep rates stable when they revisited compliance with Cures Act mandates guiding the state's overall Medicaid spend.

The lessons here are clear: successful legislation requires proper implementation, and building strong relationships with regulators is key to success. To that end, we continue to keep in regular contact with regulators in North Carolina and Virginia to make sure that rate stability bills passed in those states in 2020 are implemented without any complications. Those wins are the result of extensive efforts by AAHomecare members and leaders from the Atlantic Coast Medical Equipment Suppliers Association (ACMESA) in those states and we will make sure they protect HME interests right from the start when both measures take effect July 1.

The HME community also needs to make sure we have the right tools, messages and mindset to engage state regulators and MCO decisionmakers so we can be better equipped to influence how legislation is interpreted and implemented going forward.

Developing the Tools & Approach to Build Stronger Relationships

A smart game plan for this education and relationship-building with Medicaid staff is imperative for ongoing success at the state level. It's also critically important due to the relatively rapid turnover at the top of these agencies as exemplified in our engagement in Kentucky; the average tenure for Medicaid directors is just 18 months. In a similar vein, we also routinely see turnover for top executives at MCOs.

While HME stakeholders should engage these executives on a regular basis, these individuals have major demands on their time and attention. We've gained a strong appreciation for the necessity of strong preparation, well-focused objectives for meetings, and concise arguments with supporting data.

AAHomecare's Payer Relations Council



The lessons here are clear: successful legislation requires proper implementation, and building strong relationships with regulators is key to success.

is playing a leading role in developing materials and messaging to help HME leaders build these relationships and work effectively across a diverse spectrum of legislators, regulators and private payer executives. While the pandemic has taken away the ability to meet in person, the council and its various working groups have continued to update our state legislative toolkit, sharing best practices for working with payers and policymakers and refining how we can better communicate the value of HME to these audiences.

The Work Is Never Done, but It Can Get Easier

State governments are always going to scrutinize Medicaid spending as part of their efforts to tighten budgets. More states are using MCO models to help contain costs and streamline state administrative burdens. Top Medicaid staff and key personnel at MCOs will constantly be in flux. Federal Medicaid policy and provisions from the Cures Act will continue to provide an impetus for states to look at ways to contain their overall spend.

The work is never really done in this environment, but it can get easier as we build on our past experiences. We've seen leaders at our state and regional association partners become more confident and effective in working with payers over the last several years. The HME community is working more collaboratively and adopting a unified approach to dealing with issues that have cropped up in multiple states. Our industry is becoming better at sharing intelligence and best practices.

AAHomecare will continue to work directly with state and private payers to

advance provider and patient interests, but we're also committed to making sure HME leaders are equipped to educate and engage these payers on a regular basis.

The dues support and personal involvement of AAHomecare members in these efforts allow us to protect HME interests in dealing with payers at every level. If you're not part of AAHomecare, we hope you'll consider becoming a member and helping advance this critical work even further. Learn more at aahomecare.org.

Laura Williard is the vice president of payer relations for the American Association for Homecare. Follow her on Twitter @WilliardLaura.

David Chandler is the senior director of payer relations for the American Association for Homecare.

IHC: FAMILY RELATIONS



Avoiding Bad Blood

6 tips to help caregivers & companies manage difficult client & family interactions

When a loved one has a need for homecare, there were probably several events that took place leading up to this decision. For some, it could be due to a disability or a chronic illness; for others, simply the normal process of senescence leading into older age. Since we know that falls are a leading cause of injury for older adults, assistance in the home may be necessary due to a short-term or permanent loss in function.

When a family member reaches out to ask for assistance for a loved one, it can be frightening. Most consumers do not know what to expect with in-home care or what type of services homecare can provide. There are so many levels of care, so many payer sources and so many types of services—and service providers—that decisions related to care for a loved one can be overwhelming. The best way to approach this is to be totally honest and upfront about the benefits as well as the limitations of homecare services in order to avoid miscommunication.

If a family member is coordinating care for a loved one and they work outside of the home, it is important to discuss backup options in the event a caregiver is unable to make a visit and there is not a substitute caregiver to provide care that day.

Keep in mind that the client and/or responsible party has the right to be involved in the plan of care, and be ready to answer to the following questions (even if they are never asked):

- What services are listed on the plan of care and when should they be expected?
- What caregiver background checks does the agency conduct?
- What training and competencies of staff are verified for tasks assigned?



Be totally honest and upfront about the benefits as well as the limitations of homecare services in order to avoid miscommunication.

- Who will provide the required service and how is the family and client involved in the selection of staff?
- How can the family member access the agency supervisor and how are the caregivers supervised?
- How can the family member contact the agency or a state regulatory body with concerns or complaints?
- What is the responsibility of the family or client when it comes to paying for services?

ADVICE FOR DEALING WITH DIFFICULT FAMILY MEMBERS

- **1. Listen first.** Do not try to talk over the family member or argue with them, even if you can anticipate their next response.
- 2. Build rapport through empathy. As you are listening, take the opportunity to build rapport. You can do this by expressing your understanding of their frustration and the pressure they feel to make the best decisions for their loved ones.
- **3. Monitor your voice.** Maintain a slow, low tone so that your calm demeanor can be felt.
- 4.Respond as if others are listening.
 When you respond as if other family members and clients are watching, it can help you control your emotions.
 Also remember that whatever you say may be used in reviews against your organization. It takes roughly 40 positive customer experiences to undo the damage of a single negative review.
- **5. Know when to give in.** There comes a time when it is best to walk away from the situation, particularly if the family member becomes angry or

 What are the family's responsibilities to provide backup care as needed for safety?

• How are staff absences handled and how is a substitute caregiver found?

Managing the expectations of family members requires open, honest, empathetic and continual effective communication by the agency and staff. Keep in mind how scary and overwhelming this process can be, coupled with the experience of watching a loved one arrive at the phase of no longer being independent. There are many heightened emotions involved when someone is trying to find care for a loved one. It would serve an agency well to ensure ongoing staff training in effective communication skills, such as reflective listening and coaching concepts.

Facing Difficult Family Members

When faced with difficult family members, it is important to let cooler heads prevail. As previously mentioned, the family and the patient are dealing with many changes at once and each person manages stress differently. Excellent customer service is not always rendered during smooth transactions. In fact, your best customer service "wins" can occur when your staff is under pressure, when client expectations seem unreasonable, or when a family member is stuck at a crossroads and they are unsure how best to manage the care of their loved one.

Circumstances like these are a chance for your team to shine. Here are some tips for dealing with difficult family members; you'll find more details in the box above.

- Listen first
- Build rapport through empathy
- Monitor your voice
- Respond as if others are listening.
- Know when to give in
- Follow up and outline the next steps

One last tip: you may have heard of mock interviews—why not practice mock customer interactions? Gather your team members and take turns playing the role of the difficult family member, giving the others a chance to think through how they unreasonable. At this point it is best to turn to your team members or supervisor to discuss next steps.

6.Follow up & outline the next steps. If you promise to call back with a solution, be sure to keep that promise. Once you discuss how to proceed with your team, inform the family member of the resolution and reiterate that you want to do your best to ensure they are satisfied with the services they are receiving from your agency. Be sure to document every conversation so you can remember what you have promised and how to proceed.

would react. This gives your organization a way to respond in a uniform fashion, to ensure all team members understand the complaint process, and to think outside the box when it comes to your customer service practices. **HC**

Kathie Smith, BSN, RN, is the vice president of homecare and state relations for the Association for Home & Hospice Care of North Carolina (AHHC). She has worked for the association since 2004. Prior to her employment at the association, she worked with NC Medicaid in the home care policy section. Smith has extensive experience working with the state's Division of Health Service Regulation on homecare licensing rules, laws and regulations as well as with NC Medicaid on policy and billing requirements

Courtney Hodges Penn, MBA, is vice president of marketing, communications and events for AHHC and has worked for the association since 2012. Hodges has 12 years of industry experience in homecare and hospice, having served as branch manager of a hospice agency and office director for a large, national private duty agency. She manages AHHC's and SCHCHA's websites and social media networks, communications, marketing, print and digital publications, public relations and advertising. In addition, Hodges leads the planning, development and coordination of AHHC's conferences, educational workshops, webinars and virtual and in-person events.

ROAD MAP: RETENTION



Stay Ahead of the Workplace Curve

4 ways to better attract & retain employees

Positions in homecare can be equal parts challenging and rewarding. The often grueling nature of the work can be offset by the feeling of making a tangible difference in someone's life. But in many cases, the inevitable hardships of the job outweigh the benefits, and good workers leave their positions.

As with any industry, most homecare employees work because they must. But working for the pay alone usually isn't enough, especially in positions that can come with significant stress and isolation. To make the difficulties of the job worth it, you have to find ways to stay competitive and provide desirable benefits for current and future employees. Making the wrong hire can cost you a lot of money, which is why thoughtful consideration should be given to how to best attract and retain talent.

Here are four ways to help overcome these challenges.

Adapt to workforce needs.

■ The silver tsunami is already rolling in and projections from the United States Census Bureau point to 2030 as a milestone year that will expand the size of the older population—by then, one in every five Americans is projected to be retirement age. The normal retirement age is between the ages of 65 and 67. Today, 17% of the population is 65 years and older; in 2030, that number will increase to 21%.

That means it is imperative for organizations to begin preparing now, if they haven't already, for this continued demographic shift. With more people aging, employers will need to find inventive ways



to entice working individuals to consider homecare as a career option.

2 Prioritize authenticity & transparency from the top down.

By its nature, homecare can be isolating, so regular communication from management is critical. Understanding and buying into the culture helps employees feel included in the organization's mission. When every role is emphasized as important, each employee will feel individually valued and be less likely to leave the organization.

"Home health is about compassion," said Amanda McCollum, human capital management consultant at Adams Keegan. "Workers are encouraged to show compassion and empathy to patients and care recipients, but if that same level of care isn't extended to the workforce, it can be detrimental to culture."

3 Go the extra mile to support your employees.

If COVID-19 has taught us anything, it's that life is unpredictable and can be challenging in ways we could never anticipate. As a business owner, you might not be in the position to show your employees you care through monetary benefits or rewards, but an inexpensive way to show empathy to your workforce is by providing resources to support team members through employee assistance programs. Giving people the resources to feel supported in their role at work, as well as in their personal lives, will build both loyal and resilient employees. Encourage staff to use paid time off to take vacations or personal days. Providing ample time off will help give them a more positive outlook on the workplace.

4 Provide competitive benefits and incentives.

When considering employee benefits, operators should weigh the expense of turnover, as competitive benefits can help keep team members around.

"If you don't know what benefits are important to your workforce, it may be worth utilizing surveys to find out—but if you go this route, be prepared to take action," McCollum said.

In many cases, the cost prevents homecare employees from actually signing up for health-related benefits. However, operators have opportunities to provide benefits and perks that aren't necessarily costly to the employer or employee. Options may include:

• Increased paid time off at earlier levels of service

- Tenure-based bonuses
- Anniversary milestone gifts
- Referral bonuses
- Childcare stipends
- Flexible schedules

While dreaded, turnover is often inevitable. When and if you continue to see valuable workers leave, use an exit interview process to determine where you are missing the mark and be prepared to take action.

Brand reputation is built on caregivers consistently providing optimal care to their patients. Running a successful and viable homecare business cannot be accomplished without reliable, committed employees. HC

Brian Evans is senior care practice leader at Adams Keegan. He has served clients in senior care and home health for more than 20 years. Visit adamskeegan.com.



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the sleep issue

An Epidemic of Sleepless Nights

How COVID-19 affected sleep for CPAP users & everyone else

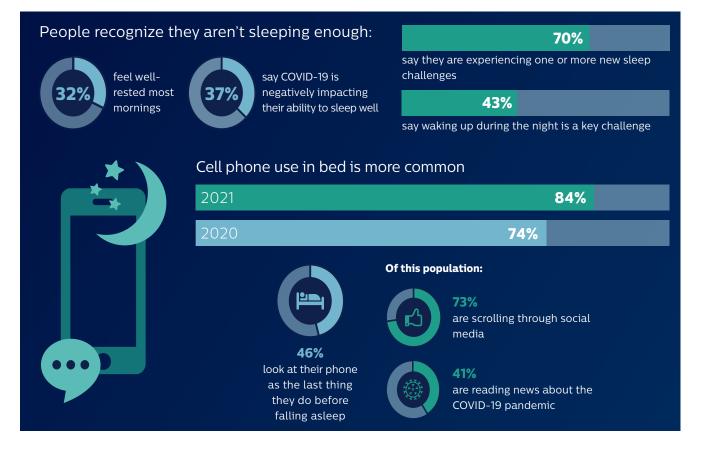
By Hannah Wolfson

In the darkest days of COVID-19, no one was getting much sleep.

Even those without diagnosed sleep disorders found that the stress of the pandemic—coupled with changing routines, new financial and psychological worries, a penchant for "doom scrolling" and even altered sleeping quarters in some cases made it hard to get a good night's rest. In fact, some 70% of people worldwide said they were experiencing new sleep challenges in the past year, according to Philips' annual sleep survey, which queried 13,000 adults in 13 countries about their attitudes and behaviors around sleep. The Amsterdam-based company released the results of its annual survey on World Sleep Day in March.

"A year since the start of the pandemic, sleep issues loom large," the report accompanying the survey reads. "Unsurprisingly, sleep worsened during the past year."

Of those surveyed, 60% reported that the pandemic had directly affected their ability to sleep well, and 43% said they were struggling with waking during the night.



The impact shouldn't be surprising: According to Rachel Manber, director of Stanford University's Sleep Health and Insomnia Program, the two main factors for worsened sleep are changes in stress levels and changes in sleep behaviors.

"In general, worries and anxieties tend to have a negative impact on sleep," she said in an interview published on the university's website. "Distraction and other strategies people use to deal with the stress during the day are not helpful when they go to bed at night."

COVID & CPAP

What does stand out from the survey, however, is that the impact on those with sleep apnea was significant.

Only 18% of respondents reported routinely using their CPAP device during the previous year—a decline from the 36% reported in 2020's survey. The proportion of those who had never used their prescribed CPAP climbed from 10% in 2020 to 16% in 2021.

Those who discontinued their CPAP therapy in connection with COVID-19 cited a range of reasons, from financial challenges to limited access to supplies. Dr. Teofilo Lee-Chiong, Philips' chief medical liaison, said that everything from supply chain pressures to fears of going to doctors' offices may have kept people from getting the treatment that they needed.

"If they had difficulty with their current mask, it was very difficult to provide them with a service, to allow them to choose another mask," he said. "Everything was disrupted."

At the same time, the survey found, 57% of those living with sleep apnea had never been prescribed CPAP at all. Lee-Chiong said that was likely because of shifts in the medical establishment in response to the pandemic.

"We didn't have any personal protective equipment when you're having a test, so a lot of labs were closed," he said. "A lot of physicians were reassigned to the emergency room, to the intensive care unit. So, resources-wise, it was very limited."

HME Can Help

The good news, Lee-Chiong said, is that home medical equipment (HME) providers can play a key role in ensuring that CPAP users get appropriate care both as the public health emergency continues and after it ends.

"They are not an isolated service. They are really part of the service of providing care and they have expertise that is unique; they have things that they can do that I cannot do in my clinic," he said.

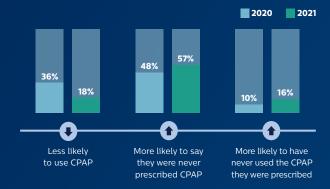
In some cases, he said, they may know their patients more intimately than physicians do, especially if they have visited them at home. And HME providers may be the first to get alerted if something isn't working with CPAP therapy—which they should then document and pass on to the medical team.

They can also advise patients about their options if they're simply unable to get the supplies they need in time. For instance,

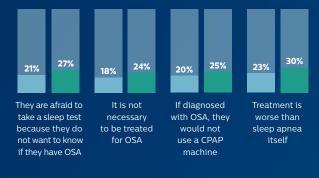
Sleep apnea patients are struggling.

Despite the prevalence of sleep apnea and the variety of solutions to treat this condition, sleep apnea patients struggled to adhere to CPAP therapy over the past year, and previous negative attitudes around the condition are more common.

Compared to 2020¹, people who say sleep apnea impacts their sleep are significantly:



Among those who do not suffer from sleep apnea, consumers are more likely to agree:



Lee-Chiong said, many CPAP masks are actually designed to slightly outlive their published life span. That means that if a reorder has been delayed due to either patient inaction or supply difficulties, it is better to continue to use an older, well-functioning and properly cleaned mask than to abstain from therapy, he said. The same goes for filters—an older filter, as long as it is clean and not torn, is better than none.

Meanwhile, it can help to realize that, even as the pandemic seems to recede, customers still may need extra time or prompting to reorder supplies.

the sleep issue



HEADING ONLINE FOR SLEEP HELP

More than half of survey respondents (58%) were willing to seek help for their sleep issues via telehealth services, although many hadn't done that yet. Seventy percent, however, said they thought it would be hard to find a sleep specialist through a virtual program.

the quality and efficiency of care and provide better health outcomes. In fact, using more technology in conjunction with sleep apnea care would allow providers to work closely with patients whatever setting or phase of life they are in.

telehealth could improve

Lee-Chiong said, however, "1 that sleep-related co

"This year's survey results confirm what we've known

HME providers can also work closely with other members of the care team to ensure that their patients have access to everything they need—and as few obstacles to therapy as possible.

"At the end of the day, they are the patient advocate, they have to work for the

patients," Lee-Chiong said. "And because of that, then there are certain things that they have to do beyond just providing the supplies."

COVID-19."

to be true for a while: with

doesn't have to be defined

by a place, but instead by

and his or her condition,"

tools required to deliver

telehealth efficiently and

Lee-Chiong said. "The

reliably already exist,

and the interest from

consumers is apparent,

particularly in the face of

the needs of the individual

the right solutions, care

"Is there anything wrong with the patient experience?" he continued. "I think they ought to consider sharing that with the

Gender plays a role in sleep discrepancies. Women are...

experiencing a new sleep challenge



66%

currently suffering from insomnia



of 28%

more likely to report that COVID-19 has negatively impacted their sleep routines



and their ability to sleep well



33%

medical team. And if they're unhappy with the reimbursement, ... then they should come together and advocate for better access for the patients."

Hannah Wolfson is editor of HomeCare magazine.

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the sleep issue

Destination: New Normal

The future of home sleep testing & CPAP patient compliance & resupply

By Ty Bello

It's hard to miss the ways that 2020 and the COVID-19 pandemic have impacted the post-acute health care industry. From the front office, operations, fulfillment, the back office, supply chain management and delivery, the post-acute care industry continues to migrate toward a new normal, but the timing and the destination are still uncertain.

Embedded in the durable medical equipment (DME) industry are home sleep testing (HST) and CPAP patient compliance and resupply. While these were once mutually exclusive, 2020 and the coronavirus pandemic have intertwined these services as never before.

The Pandemic Impact

Within days of the declaration of the public health emergency (PHE) in the United States, DME providers observed an immediate drop in CPAP referrals. Physician's offices stopped seeing patients and sleep labs closed. The industry worried about where and when the CPAP referrals would pick back up. There was no clear understanding of when this would take place.

DME providers who were already using a HST program seemed to be in much better shape for referrals than those solely relying on business from sleep labs. The vast majority of labs were closed as protocols and procedures for operating a sleep lab during COVID-19 were in development. Durable medical equipment providers who already had HST in the mix had an opportunity to The increased demand for resupply coupled with patients being more proactive in their CPAP compliance created a need within the DME sector.

strengthen their position as a viable sleep testing solution.

At the same time, many CPAP patients already receiving services found themselves working from home or furloughed. This brought on a virtual shopping spree. The CPAP users found time to invest in the selfmanagement of their health and compliance for their sleep apnea therapy. This surge in online orders occurred in waves across the country as new hotspots for COVID-19 arose. The stressed health care supply chain seemed to push CPAP users to be more proactive in communicating with their DME or other health care provider about their resupply needs.

Muddling Through

The health care community had to figure out how to work with pandemic-induced restrictions in real time. Physicians started utilizing telehealth, and while sleep labs reopened, they did so with reduced capacity. Patients were also reluctant to go to a lab due to possible COVID-19 exposure. The increased demand for resupply, coupled with patients being more proactive in their CPAP compliance created a need within the DME sector. This is where the dynamic of HST and CPAP compliance coaching and resupply was elevated to be not just a viable consideration, but a critical part of the continuum of care for undiagnosed sleep apnea and CPAP patients.

New Trends

Some sleep labs have not been able to ride out the pandemic storm. Several independent non-hospital-owned sleep labs have closed during the past year. Patients also continue to question the safety of going to a lab for a test, and the appointment backlog for some labs is weeks or even months long.

The trend for HST is climbing, with more physicians who were not on board now embracing this process as they see returned sleep analyses in days, not weeks. Payers have also taken a closer look at home sleep testing options.



"Insurance is making it harder for sleep labs to get the test approved, so more physicians are ordering home sleep testing because insurance companies are requesting them," said Amber Watt, owner of BREATHE, a provider of home oximetry and sleep testing equipment.

New Opportunities

In the post-pandemic environment, DME providers who are working with HST can generate increased CPAP revenue. The marketplace is seeking options for sleep testing and the home sleep test is a tremendous solution.

CPAP compliance coaching and resupply also offer untapped opportunities for DME providers. Patients will likely continue to put a high emphasis on their own health and, with the increased demand for CPAP, many who were reluctant to embrace compliance and resupply communication methods are now open and accessible.

CPAP patients are truly seeking a partner for compliance. The DME provider can be more efficient, deliver better outcomes and provide service to these CPAP patients through patient-preferred outreach methods such as live calls, text or email. Text-based communication has gained momentum through the public health emergency and shows no sign of slowing down, so it could be the new standard in direct patient communication for appointments and resupply needs.

DME providers can also implement patient outreach and one-on-one coaching opportunities for compliance. Partnering with the referral source to drive compliance is key to ongoing success and sustainability of patient care.

"'Patient-centricity' can be more than a slogan for a DME provider when they choose a partner to work alongside of them for the continuum of care by integrating compliance and resupply management," said Mark Boardman, CEO of Sleep Coaches, which fulfills resupply needs.

DME providers have a terrific window of opportunity to capture market share by

increasing patient compliance and resupply and adopting a HST platform. Marketing this platform to the referral community is also a process that must be adopted by providers. Targeting the correct referral sources with the right messaging will be the first step to achieve market growth.

But the DME provider should not stop with the sales process. To differentiate this offering, the DME provider must show how these services will impact patient outcomes. Delivering a clear message and data that proves accuracy and compliance will be the key to locking in and sustaining market growth. By doing this, DME providers will be well on the way to the new normal for HST and CPAP compliance and resupply. HC

Ty Bello, RCC, is the president and founder of Team@ Work, LLC. He is an author, communicator and registered coach. The team at T@W has over 50 years of combined experience in assessing, developing and coaching sole proprietorships, sales teams, C-suite executives, individuals and teams in a variety of industry settings. Contact Bello at ty@teamatworkcoaching.com for your sales and management coaching needs or visit teamatworkcoaching.com.



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6000	80060	with cell-on-cell mattress
6000AB	80060AB	with side air bolsters

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4600DX	84600DX	with cell-on-cell mattress
4600DXAB	84600DXAB	with side air bolsters

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<u>Product</u>	Item #	Description
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7000-42	80070-42	bariatric mattress 42"

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86080AB-42	bariatric mattress w/ side air bolsters 42"
80085	bariatric mattress 48"
86080AB-48	bariatric mattress w/ side air bolsters 48"
80080-54	bariatric mattress 54"

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<u>ltem #</u>	Description
81090-36	standard mattress 36"
81090-36AB	standard mattress w/ side air bolsters 36"
81090-42	bariatric mattress 42"
81090-42AB	bariatric mattress w/ side air bolsters 42"
81090-48	bariatric mattress 48"
81090-48AB	bariatric mattress w/ side air bolsters 48"

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<u>Item #</u>	Description
80089	standard mattress 36"

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94001	non-powered self adjusting 35"
94003	non-powered self adjusting 42"
94004	non-powered self adjusting 48"
94001P	powered self adjusting 35"
94003P	powered self adjusting 42"
94004P	powered self adjusting 48"

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the sleep issue

Searching for a Silent Night

Everything you need to know about EPAP but were afraid to ask

By Kristin Easterling

Snoring is estimated to affect 57% of men and 40% of women in the United States. It even occurs in up to 27% of children, according to the Sleep Foundation. And it's estimated that 22 million Americans are living with sleep apnea, many of them undiagnosed.

These conditions are classified under the umbrella of sleep-disordered breathing, which can disrupt not only the sleep of the person with the condition, but also their bed partners, who have a more difficult time entering REM sleep. Also, as many as 6,000 fatal crashes each year may be caused by drowsy drivers, according to the Centers for Disease Control and Prevention. With the consequences of sleep deprivation so dire, treating snoring and sleep apnea is important for overall health, wellness and safety.

While continuous positive airway pressure, or CPAP, is the gold standard in care for sleep apnea, a new category of device is making headway in the market for the treatment of snoring and mild to moderate sleep apnea: expository positive airway pressure, or EPAP. Let's take a look at what these devices do and what opportunities they present for home medical equipment (HME) providers.

What Is EPAP?

As the name suggests, CPAP devices provide continuous airflow to the patient, which can make adjustment to therapy difficult. EPAP, in contrast, only increases pressure in the airway when the user exhales. The pressure created by either type of device is designed

to keep the airway from collapsing while the person sleeps.

Many EPAP devices use one-way valves to generate pressure. The patient breathes in through the valve and, on exhale, air is expelled from the sides of the device, which creates pressure in the back of the throat. Snoring is estimated to affect 57% of men and 40% of women in the United States. It even occurs in up to 27% of children.

There are a number of EPAP devices available retail and through a prescription. Some examples have been approved by the Food and Drug Administration (FDA) for mild to moderate sleep apnea; others are approved only to treat snoring. Most manufacturers highlight the fact that their The patient breathes in through the valve and, on exhale, air is expelled from the sides of the device, which creates pressure in the back of the throat.

models are easier to tolerate, less complex and more portable or discreet than CPAP.

Two well-known devices, the over-thecounter Theravent and prescription-only Provent, stopped manufacturing in June 2020, citing problems with the pandemic supply chain. OptiPillows is a newer entrant on the market and is FDA-certified for the treatment of snoring, although the company received a warning from the agency in 2020 accusing it of misbranding it as an apnea treatment.

"I see the benefits of it from a consumer standpoint," said Tyler Riddle, CEO of MRS Home Care, a Georgia-based HME provider with 12 branches. "Hey, I don't want to go full CPAP just yet. I want to try this device.' But from a clinical perspective, the [clinical study] data is not there to support it."

Finding a Fit

One of the biggest issues facing CPAP users is compliance. A range of issues—dryness, poorly fitting masks, machine noise, claustrophobia and more—can mean the machine ends up stuck in a closet unused. Innovations have occurred in mask fitting in recent years to help alleviate discomfort in that area, but other issues remain. Since EPAP fits over the nasal passages, it can be more comfortable with less effort than a CPAP mask. The devices are also portable and don't require a power source, making travel much simpler.

Michelle Skimas, director of sales and business development for OptiPillows, added that EPAP isn't for everyone, such as people with severe sleep apnea or central sleep apnea. People who breathe with their mouths open may also struggle with the device, since it requires the mouth to remain closed.

"I know people will say, 'well, I'll just use a chin strap,'" said Skimas. "And I usually say, 'how much stuff do you want on your head when you go to bed at night?"

EPAP also isn't for people with cardiovascular or respiratory comorbidities, Skimas said. But it can help people get a better night's sleep by reducing snoring. And for OptiPillows, the company "lets the pressures [generated] speak for themselves," Skimas said. In clinical trials, OptiPillows generated 1.5 to 15 centimeters of H2O.

"If CPAP doesn't work for you, it can be a really dark time for people who aren't sleeping. So, at the end of the day, it's important that this works for somebody and they're getting that sleep that they need," Skimas said.

Selling EPAP

OptiPillows has recently entered into distribution deals in Texas and Canada with the goal of supplying the HME market with an easy cash-sale device.

"In looking for partners, it makes it easier for us if we go through distributors," said Skimas. "But we are talking to a lot of dealers. I always say the best HCPCS code is C-A-S-H. It's a simple product to carry and to provide for their communities."

Riddle said that MRS, which counts around 10,000 CPAP patients including resupply, doesn't push EPAP but does carry the devices for customers who ask.

"Our goal is to use CPAP more effectively rather than look at things like EPAP as an

initial entry into sleep," said Riddle. However, he does point out that customer service is a must when it comes to HME retail.

"I mean, we're not Walgreens, where you just get to wander the aisles until you find what you're looking for," he said. "It's one of those things that we always take the good/ better/best approach when we have a retail item like EPAP. ... EPAP is one of those things that fits into our current sleep sales, but it's not the primary thing. It's there if the customer requests or if the customer is a good candidate for it. But I don't like to lead with it. I like to lead with, 'Have you spoken with your physician?"

Kristin Easterling is managing editor of HomeCare magazine.

COMPLEX REHAB

New Challenges in Complex Rehab Technology

A look at industry priorities for 2021

By Don Clayback

As we move through 2021, the impact and consequences of the COVID-19 pandemic are still significant factors in the provision of complex rehab technology (CRT) to people with disabilities. Thankfully, the policy changes put in place in 2020 to help ensure continued access remain in place and will be maintained through the end of the public health emergency (PHE).

While it is hard to predict what lies ahead, the Department of Health and Human Services (HHS) has formally extended the PHE declaration and indicated that the PHE will likely remain in place until the end of 2021. HHS has also indicated that it would provide 60 days' notice prior to terminating the PHE or allowing it to expire. Accordingly, the emergency provisions that are in effect should remain in place to the end of 2021 and potentially longer.

While the year ahead holds uncertainty, when it comes to CRT issues and advocacy, there is a full plate of initiatives underway to protect and improve access. Here are some of the priorities.

Stop July 1 cuts to CRT manual wheelchair accessories.

The prospect of July 1 Medicare payment cuts to CRT manual wheelchair accessories looms as a threat to reduce access for individuals with disabilities who depend on these specialized mobility systems.

The National Coalition for Assistive and Rehab Technology (NCART) is continuing to urge the Centers for Medicare & Medicaid Services (CMS) to "make permanent" the congressionally mandated 18-month suspension that stopped CMS from inappropriately using Medicare competitive bid program payment rates for standard durable medical equipment (DME) items to set payment rates for the more specialized items used with CRT manual wheelchairs. To make this suspension permanent, CMS must take action before June 30.

NCART and other CRT industry stakeholders have provided analysis and recommendations to CMS as to the pathway to implementing a permanent policy change. Unfortunately, CMS has yet to come to a decision on whether or when it will take the necessary action. This process has been complicated by the change in



administration and the delays in seating the new HHS secretary and CMS administrator.

Industry groups are in discussions with congressional champions regarding reaching out to newly appointed HHS Secretary Xavier Becerra to urge CMS to prioritize making the current policy permanent, just as CMS did in 2017 for CRT power wheelchair accessories.

2Prevent Medicaid payment cuts to CRT.

The potential of Medicaid payment cuts was identified as a 2021 risk to CRT access given the financial impact that the COVID-19 pandemic was projected to have on state budgets. Accordingly, NCART has been monitoring state budget announcements and working with state associations and other stakeholders to minimize this threat.

To strengthen these efforts, NCART has developed a "No Cuts to CRT" toolkit for communicating with state legislatures and health departments. The toolkit includes a position paper with key CRT talking points, infographics with state Medicaid information, a summary of the CRT delivery process, and other information supporting the need to protect CRT from rate reductions that would reduce access. For more details, email Mickae Lee at mlee@ncart.us.

3 Get coverage for power seat elevation & standing systems.

The work of the work group led by the Independence Through Enhancement of Medicare And Medicaid (ITEM) Coalition continues regarding the formal request to CMS for Medicare coverage of power seat elevation and standing systems. NCART's collaboration with the ITEM Coalition remains in place as consumer, clinician and industry stakeholders continue the process of securing long-overdue coverage for this medically necessary equipment.

The ITEM workgroup recently met with Lee A. Fleisher, Medicare's chief medical officer, and provided an overview of the application for coverage and the clinical evidence and support of the medical necessity and benefit of these systems for individuals with disabilities. It is expected that CMS will be announcing soon that the National Coverage Determination (NCD) has been formerly opened for reconsideration. Upon this notice, there will be a 30-day public comment period, during which organizations and individuals can respond to CMS in support of establishing Medicare coverage.

In addition to encouraging the submission of supportive public comments, the work ahead will involve further dialogue with the CMS review team and responding to questions or requests for additional information.

Establish permanent CRT telehealth services.

While current COVID-19 telehealth policies will remain in effect through the end of the PHE, there is a need for telehealth to be remain available as a permanent option. For this to happen, congressional and CMS actions will be required.

Telehealth has been generating much discussion in the new session of Congress. Of particular significance, in March the House of Representative's Committee on Energy and Commerce's Subcommittee on Health held a four-hour hearing called "The Future of Telehealth: How COVID-19 Is Changing the Delivery of Virtual Care." The hearing presented a robust discussion from committee members and invited witnesses to talk about needs, pathways and concerns regarding making telehealth options permanent beyond the PHE.

Of special importance to the provision of CRT, the "Expanded Telehealth Access Act" (HR 2168) has been introduced in the House of Representatives by Reps. Mikie Sherill (D-N.J.) and David McKinley (R-W.V.). HR 2168 contains important provisions to expand access to telehealth services and specifically adds physical and occupational therapists as permanently authorized telehealth practitioners within the Medicare program.

It is important that these clinicians be designated as authorized telehealth practitioners after the end of the PHE so they can continue to provide services and care

BECOMING AN NCART MEMBER

The need for a strong national CRT advocacy association focused on protecting CRT access has never been greater. If your company manufactures or provides CRT, now is the time to join NCART and support the national association dedicated to protecting access to CRT. To meet the challenges, support is needed from every organization in the CRT industry. For information on becoming an NCART member, please visit the membership area at ncart.us or email dclayback@ncart.us.

to their clients with disabilities who require CRT and may not be able to get to a clinic or to be seen in-person for needed evaluations and follow up. The legislation also includes speech language pathologists.

NCART and other CRT stakeholders continue to meet with congressional staff to discuss the benefits of telehealth for individuals using CRT and requesting that any final congressional legislation include language directing CMS to include physical therapists and occupational therapists as permanent authorized telehealth practitioners.

CRT stakeholders should contact their members of Congress requesting action to support telehealth and CRT access. People can visit protectmymobility.org and use the links to email their members asking for passage of HR 2168. **IC**

Don Clayback is the executive director of the National Coalition for Assistive and Rehab Technology (NCART), the national association of complex rehab technology (CRT) providers and manufacturers. He has over 30 years in the industry and has responsibility for monitoring, analyzing, and influencing regulatory policies and legislation at the federal and state levels. He can be reached at dclayback@ncart.us. Visit ncart.us.

New Hope for Diabetes Patients

How CBD may help manage symptoms

By Kristin Easterling

In 2018, 34.2 million Americans, or 10.5% of the population, had diabetes, according to the American Diabetes Association (ADA). The ADA estimates that 7.3 million of those experiencing symptoms are undiagnosed. Managing diabetes, especially Type 2 diabetes, can be a struggle for many. And while not all people living with Type 2 diabetes require insulin therapy, many of the medications to manage the condition can have adverse drug interactions that cause dangerously low blood sugar.

There may be a new alternative on the market in some cases: cannabidiol or CBD oil. The hemp-derived oil is available in a variety of delivery methods, and animal studies have shown that it can help with some of the struggles that come with diabetes, from glycemic control to dry, sensitive skin.

Alex Capano, a doctor of nursing practice and chief science officer for Ananda Health and Ananda Professional, shared some of the research around CBD and diabetes. Ananda Professional is a Kentucky-based company providing CBD oils, edibles and more for humans and animals.

HOMECARE: Do both Type 1 and Type 2 diabetes benefit from CBD?

CAPANO: Yes, but in different ways. CBD can help both Type 1 and Type 2 diabetics prevent or manage neuropathic pain and improve sleep disturbances or anxiety that may come with the disease. CBD reduces systemic inflammation, which is important



Animal trials have shown that CBD improves pancreas function and insulin resistance.

for all diabetic patients, but we see different opportunities in Type 2 versus Type 1. For example, animal trials have shown that CBD improves pancreas function and insulin resistance. And in Type 1, the pancreas isn't producing insulin at all. Now, there are some subsets of Type 1 where it's still producing a little bit, but generally, if you have Type 1 diabetes, you're just not producing insulin. And with Type 2 diabetes, you're not responding to the insulin you produce. So you want to protect the pancreas in both states. For Type 2, you want to help the pancreas produce insulin and respond to it as much as possible, for as long as possible. That's where we see a benefit from CBD.

HOMECARE: How might CBD help with glycemic control?

CAPANO: We're not sure about the mechanism in humans, but again, animal

trials have shown a reduction in blood glucose when CBD is used regularly. In theory, it should also help humans, but we are still looking for that data.

HOMECARE: What is hemp protein and what components of hemp protein help in nutrition?

CAPANO: Hemp protein comes from the seeds of the plant and doesn't contain any CBD or THC. You can either eat the seeds or it comes ground up. And then I use it in oil form. It's a little nutty in flavor.

There's a specific protein called edestin that's only found in hemp. It is a globular protein, so it's similar to the immunoglobulins that we make in our bodies that are really good for us and create antibodies. And because it's so similar, it is really easily digested and is considered to have a comprehensive amino acid profile, which they call the backbone of cells. Edestin is really unique and, again, only found in the hemp plant. If you're trying to have the healthiest immune system possible, you suddenly want all those immunoglobulins, you want to be able to produce antibodies, and edestin is something that certainly will help optimize your own immune system.

Beyond that, hemp also has a good amount of glutamic acid. That's a neurotransmitter that helps deal with stress, anxiety, any sort of negative psychological symptoms. Those two proteins—the glutamic acid and the edestin—are unique but abundant in hemp proteins. So you get something different from this protein that's easily digestible, is plant-based, is really sustainable to grow and then also has the great omega fatty acids as well.

HOMECARE: How can topical CBD help with skin protection and with neuropathic pain?

CAPANO: In a couple of different ways. When you use a topical CBD product, it is going to deliver CBD to the outer layers of the skin, which has quite a lot of receptors to receive that CBD. [The skin] is really like a magnet for CBD, but topical application doesn't really have any systemic take-up. So you'll get that localized relief, that local anti-inflammatory effect, a little bit of that local antinociceptive effect. And what I meant by antinociceptive is that it reduces your perception of pain. If you take an antinociceptive, it doesn't actually reduce the [inflammation at the] source of the injury, but it makes you not feel it so much. CBD does both.

You're treating the actual underlying cause of the inflammation, but you're also reducing your perception of the pain through that antinociceptive effect. And then, if CBD is coupled with a topical product with something like hemp seed oil or other highly emollient carriers, that is going to moisturize the skin and reinforce the protective function that the skin has, and it reduces flaking, reduces dryness and reduces risk of breakdown. CBD does that as well, but I wouldn't just put only CBD on the skin because it is pretty sticky on its own. And then. CBD—or at least we know this about Ananda's CBD extract specifically because we did test it through a third-party lab—is antimicrobial. So you're getting rich. deep moisturization and relief. But you're still getting that antimicrobial effect on your skin and that protection from infection.

HOMECARE: Is there a certain type of CBD that's better for people living with diabetes? Or are there any that they should avoid?

CAPANO: You want a CBD product that is what we call full spectrum. Full spectrum that means it has that trace amount of THC in it that's found in a hemp plant and has other cannabinoids, terpenes and flavonoids. The reason that matters is when you use a full spectrum product, you can use less and actually get a better therapeutic outcome. And it's also about finding a quality product. You want something that has been tested for potency—so you're getting what you pay for—and also has been tested for purity, so you're not putting anything in your

body that could be damaging. The hemp plant actually leaches things like heavy metals from the soil. Sometimes people use pesticides on plants, or they blow over from another farm, and solvents are used to manufacture these products. You need to make sure that the end product has no pesticides, no heavy metals, no residual solvents. Quality and transparency are really the important parts.

And then another thing that's particularly important for people with diabetes is the carrier oil. CBD, the actual extract, is really sticky, which requires it to be dissolved in some sort of carrier. Ideally that carrier oil is going to be something that is rich in omega-3 fatty acids, is a healthy oil and is not in something that is full of sugar and artificial flavoring. If the carrier is full of sugar, it's just going to make their blood sugar spike. That would be something to consider for this population, but it's really just about a quality product.

HOMECARE: How often should CBD be administered for diabetes?

CAPANO: At least every day. These positive outcomes that I mentioned, it's not like they happen immediately. Certainly, someone can get improvement in their neuropathic pain from their first dose. To prevent further injury, to maybe even help repair that injury, you want to be using it every day. And the studies in humans that have shown the best outcomes are using it two to three times a day.

You are not going to overdose on CBD; it's well-established as safe. And what we see in the research is (that you want to take) 20-45 milligrams at least twice a day, ideally three times a day if you can tolerate it. We are doing a phase two clinical trial right now looking at neuropathic pain and we are using three-times-a-day dosing.

Kristin Easterling is managing editor of HomeCare magazine.

HIPAA

Is Your Marketing Putting Patient Data at Risk?

Follow private health information coming in & going out

By Rachael Sauceman

Whether you've worked in the homecare space for decades or have joined the ranks more recently, you've certainly learned about the Health Insurance Portability and Accountability Act (HIPAA). After all, HIPAA requires adherence to a very specific set of privacy-related standards that are designed to protect patients and their private health information (PHI).

When you think of HIPAA, the details of a homecare patient's health file probably come to mind. You recognize and understand the importance of keeping that clinical record secure and away from the eyes of those who are not authorized to see it.

But you might be surprised to know that HIPAA's purview goes well beyond day-to-day clinical practices or even in-office information. Your homecare organization's digital presence—including your marketing efforts—must also maintain HIPAA compliance.

Why & How HIPAA Affects Marketing

When it comes to marketing, "storytelling" has been a buzzword for a few years now. Odds are you've included a patient testimonial or two in your marketing efforts, whether in print or on your website.

After all, telling a patient's story—and even sharing their family's experience with your company's homecare services—makes a compelling case for what other prospective customers could expect.

When you use a patient testimonial or patient photo in your marketing materials, you likely know that you need



Even an address and phone number are considered private health information.

to have the patient sign off on appropriate documentation allowing you to share that information.

But it's important to note that you need this authorization even if you're not sharing health-related details about the patient. The simple act of including them in your marketing collateral identifies the person as a potential patient, which is considered PHI.

More Than Meets the Eye

Although sharing patient information feels like the most obvious way in which HIPAA compliance overlaps with marketing, there's more to it than that. In fact, most HIPAA violations that emerge from marketing efforts aren't related to the content you're creating. Instead, marketing-related HIPAA infractions usually occur due to the information you're gathering as part of your marketing efforts, rather than information you're giving out.

What does that mean—and, more importantly, where should you focus your attention to prevent any compliance mishaps? First, think about where you're collecting information, such as contact forms or event signups. In particular, we recommend evaluating:

- Your website. Websites are one of the most common sources of HIPAA marketing violations. After all, that's where you spread the word about what sets your homecare organization apart— and it's where you seek interaction from your audience. Any portion of your website that solicits information can present a potential HIPAA pitfall. After all, even an address and phone number are considered PHI. To combat any potential issues, check with your website vendor to be sure all of your forms are encrypted and the website itself is secure.
- Any data collection tools you use. If you're collecting information through tools on your website or in other marketing efforts, that's a potential HIPAA hazard. This would include patient satisfaction surveys, user experience tools and even your analytics system. While mainstream tools like Google Analytics are usually secure, if you're using other data collection tools, it's worth talking with the vendor about how data is handled.
- The people touching the data. This component of HIPAA compliance in marketing is often overlooked but is extremely important. All data related to patients, regardless of whether it's health related or not, is considered PHI. That means it must be protected to remain in HIPAA compliance. Carefully review all sources that provide you with data and determine who within your homecare organization actually needs to see that information. Make sure the data can only be accessed by those with permission—and end that permission when a person's need for the information ends.
- The length of time you're keeping data. It's unlikely that you need to hold on to most data you're collecting for a long period of time. Patient information shouldn't be stored past when it's useful, so having some sort of system that destroys data once you're past a certain point is important. This could come in the form of a digital process that can remove old information, or it could be as simple as a manual process performed at set intervals to ensure only currently relevant and necessary information is stored.

While it may feel as though staying on top of HIPAA compliance rules is an ever-evolving task, HIPAA-compliant agency partners can help you ensure that your efforts are within bounds. There are numerous HIPAA-compliant marketing tactics that can drive measurable gains for your business, while still protecting your patients and your business.

Rachael Sauceman is the head of strategic initiatives for Full Media, a Chattanooga, Tennessee-based digital marketing agency specializing in health care. Full Media offers a full spectrum of HIPAA-compliant digital marketing capabilities within the healthcare space, including website design, online advertising, search engine optimization, patient experience optimization and analytics.



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OK to Use

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There's No Age Limit for Using CBD

10 potential health benefits for older adults

By Brett Shay

Cannabidiol or CBD oil has become increasingly popular in the United States as a remedy for a variety of ailments. Many older adults have also embraced CBD to treat everything from depression to chronic pain.

Cannabidiol, otherwise known as CBD, is derived from the Cannabis sativa plant, also known as marijuana or hemp. More than 80 chemicals called cannabinoids have been identified in the Cannabis sativa plant. THC, the chemical that causes a "high," is the active ingredient in marijuana. However, cannabidiol is most often obtained from hemp, and contains just trace amounts of THC.

There have been few side effects noted in CBD use studies, but they do occur and can include dry mouth, diarrhea, reduced appetite, drowsiness and fatigue. CBD can also interact with other medications, such as blood thinners.

The benefits of CBD are increasingly being researched and documented. Here are 10 areas in which CBD use has potential benefits for seniors.

Anxiety

■ CBD may have the potential to help manage anxiety. Researchers think that it might change the way that the brain's receptors respond to serotonin, which is closely associated with mental health outcomes. In one study, social anxiety sufferers were able to give a speech more easily with the help of CBD. Additionally, research done with animals has shown decreased expression of anxiety with CBD. CBD can help promote stress reduction and lead to fewer physiological effects from anxiety, like increased heart rate.

2 Neurodegenerative Disorders CBD might be a promising product in the fight against neurodegenerative diseases. A loss of neurons in different parts of the nervous system leads to a corresponding decline in cognitive and motor functions; these conditions, such as Parkinson's, dementia and stroke, cause the brain and nerves to deteriorate over time. Researchers are actively studying brain receptors to uncover the ways that CBD could help.

We discussed how CBD can lower inflammation. Because inflammation can actually make neurodegenerative symptoms worse, CBD can promote good brain health through this mechanism, too. Keep an eye out for more studies to come on this subject. CBD could evolve to become a useful tool to turn to in the fight against neurodegenerative diseases.

3 Mental Health & Mood-related Disorders

As people age, they experience major changes as a result of getting older. Health usually declines and people are more likely to deal with loss and grief. Additionally, social isolation, depression and loneliness may all play a factor in decreased mental health. CBD has been shown to help with these and other related conditions. CBD may interact with brain receptors that are involved in mood regulation. CBD can promote stress reduction, mindfulness and improvement in cognitive function. This powerful combination can strongly contribute to how the mind perceives its situation while enhancing mood.

4 Sleep Quality Sleep issues and insomnia challenge many individuals, and older adults are no exception. This may be caused by changes in sleep patterns as individuals age. Additionally, medical conditions and prescribed medications further complicate things.

Prescription sleep medications can be effective. However, their use comes with long-term concerns. They may lead to dependence, addiction and even worse sleep quality over time.

CBD can help promote calmness and relaxation. Higher quality sleep can be the end result. This can be a natural way to lead to more regular and helpful sleep for older adults. Plus, it can reduce the need to take prescription sleep medications.

🗖 Pain Management

J Around half of the older adult population lives with arthritis. Compared to traditional pain medications, CBD can be a compelling alternative as a natural and potentially safer remedy. Studies have indicated that CBD can reduce inflammation while alleviating pain. Conditions improved include joint pain, arthritis and multiple sclerosis.

Bone Health

O Keeping bones healthy can be a challenge, especially for seniors living with osteoporosis. Bones become more fragile and vulnerable over time, making them more prone to breaking. For these reasons, seniors often experience significant pain and a propensity for fractures when falls occur. In addition to reducing inflammation and promoting cell repair, research shows that CBD may aid in strengthening bones. It can also promote the body's ability to heal. While more research is needed, results in this area so far are promising.

Addiction & Dependence When older adults are confronted with an illness, prescribed medication will usually follow. Tolerance may build for many medications that are taken over time. In some cases, addiction or dependence can be the end result. This can cause permanent damage to the body.

CBD has been shown to alleviate some conditions that involve opioids, generally without significant side effects. On top of that, CBD can aid in combating developed dependencies that grew out of the use of prescribed medications. It appears that CBD has the potential to help fight relapses and assist in overcoming withdrawals that develop during this time.

O Heart Health

• Heart disease is the leading cause of death for older adults. A top contributor to heart disease is high blood pressure. CBD has shown to be very promising as an alternative and natural treatment for high blood pressure. One recent studu determined that it lowered the resting blood pressure of the study's participants. Additionally, researchers administered stress tests and found a positive stress response in individuals evaluated in the study. Another study suggests that antioxidant properties of CBD can aid in lowering cardiac inflammation and deter the death of related cells that results from oxidative stress.

Cancer Treatment

CBD may help alleviate the symptoms of cancer along with the side effects stemming from treatment. In fact, CBD has shown a reduction in tumor growth in animals. It may even help the body absorb medications better or increase their potency.

Here, CBD may positively manage inflammation and change how cells can reproduce. CBD could also have the capacity to inhibit the growth of some types of tumor cells and stem their ability to reproduce efficiently.

Appetite Stimulation

U A major health concern for seniors is malnutrition due to loss of appetite, whether due to medicaiton or age. This can lead to unnecessary and unwanted weight loss, muscle and tissue weakness, and other health issues. Marijuana has been studied extensively in this area, and is proven to enhance appetite in its users. CBD can stimulate appetite as well, according to some studies. In this way, it can be beneficial for seniors combating malnutrition and appetite loss.

Conclusion

Scientific research takes time and effort. With a broad range of CBD brands exploding on the market and the potential health benefits of the product coming to light, researchers have only just begun to scratch the surface on the ways that cannabinoids can promote wellness in seniors. In early studies, CBD has been shown to be very promising in improving a variety of ailments and conditions.

CBD is readily available over the counter in many forms. Older adults should talk to their doctor, pharmacist or home health provider before starting a CBD regimen. It's important to determine if CBD treatment is the right option and make sure that no drug interactions or concerns exist. Also the stigma of marijuana and CBD use can be powerful; family members or the physician may harbor some negative associations to CBD and related products. Home health providers can step in to advocate for their patients who wish to use CBD to manage pain or anxiety. Providing educational materials and promising research on CBD to family members and skeptics should be a goal if you are offering CBD as an option in a home health regimen. HC

Brett Shay is the CEO of CareBridge Academy, a certified nurse aide and home health aide training school located in Philadelphia. He also leads Chosen Family Home Care, which is one of the nation's only agencies dedicated to addressing the needs and challenges of the LGBTQ community and provides culturally competent care to the diverse local population.

IN-HOME CARE SCHEDULING

5 Common Problems With Shift Planning in **Homecare Agencies**

Fixing them may help with retention & outcomes

By Derek Jones

Shift planning in homecare agencies is not an easy task. Business managers who want to provide quality care must learn how to juggle many tasks: They have to set up schedules, assign shifts, deal with call-offs and handle overtime-all while making sure they meet staffing needs and fix attendance issues. Each step can bring on a wide range of problems that can make the whole process inefficient.

To help homecare business managers set up an efficient scheduling process, let's review the five most common shift planning mistakes and how to fix or avoid them.

Built-in Overtime

Many homecare businesses that operate on a 24/7 basis have built-in overtime. In most cases, this is to ensure that there is enough coverage to keep the agency running, even at full capacity. For health care business managers running a tight ship, built-in overtime can complicate a planned schedule and budget.

Previous studies have found that longterm health care providers are already facing low overall margins; that has gotten worse with the COVID-19 pandemic. Considering this situation, homecare managers should refrain from including built-in overtime in the master plan that they use to schedule staff. Unless it has been scheduled intentionally and there is a real need for it, avoid scheduling overtime by default.

Research has shown that working one or more on-call nights per week can lead to significant health issues, such as anxiety.

Relying on built-in overtime in your schedule template increases the chance of spending your already-tight budget on something you might not even need. Moreover, if certain employees are getting extra hours more often than their peers, it could be seen as favoritism, which saps staff morale and satisfaction.

Using Physical Logbooks or Spreadsheets

If you are still manually managing your agency's schedule using the traditional pen and paper, logbooks or spreadsheets, you are definitely missing out. While these systems worked in the past for shift planning, they are completely outdated in a world where real-time data is crucial.

Additionally, physical logbooks or spreadsheets can be a headache to manage. It's a time-intensive activity that leaves the door open for errors.

One smart way to simplify your homecare shift planning is by using staff scheduling software. Most scheduling apps give you greater control over your workforce by helping you manage last-minute replacements and accurately recording time worked.

Scheduling software also often offers automatic shift planning and can even be used to manage more locations. Using dedicated scheduling software can help you achieve ideal staffing levels for optimal patient care and can thus make your homecare business more efficient. In the long run, it will save you time (and money) on administrative work.

No Scheduler Backup Plan

3 One of the most common shift-planning mistakes that health care businesses make is not having someone in place to prepare schedules and make last-minute changes to the schedule that can arise when the main scheduler is absent.

That means that when your dedicated scheduler is out of the office, your administrative team is left scrambling to pull the pieces together.



The easiest way to tackle this problem is by training several alternative schedulers. Ideally, you would have a designated scheduler for each shift, plus back-up staff members who are responsible for handling shift planning needs when the main scheduler is off.

Hiring multiple back-up schedulers may look like the easiest way out, but to make your operations even more efficient, invest in training some members of your existing staff. Cross-training a few key individuals to create employee schedules would ensure that there is always someone available to deal with the scheduling process when your main scheduler cannot make it.

4 Not Posting Schedules Far Enough in Advance

Employees frequently realize they need a specific day off or will have to come in later than usual after they actually see their schedule. When this happens, accommodating their last-minute changes can become difficult due to the tight timeframe. You're then left scrambling to find a last-minute replacement, draining your administrative resources and potentially providing less-than-optimal patient care.

Consider making it a policy to prepare and post staff schedules at least a couple of weeks in advance. This gives employees enough time to notify schedulers about possible clashes with their personal timetable and also increases the likelihood of finding a replacement in time.

This can even increase employee retention and engagement because your workforce can get a better grip on work/life balance. As previously discussed, using a scheduling software can considerably ease the process by enabling you to find the best possible last-minute arrangements with a couple of clicks.

5 Relying on On-call Scheduling Since staffing needs strongly depend on

✓ Since staffing needs strongly depend on patient volume and needs, some businesses rely on on-call or standby employees. In general, this involves getting your staff to call in before their shifts begin to confirm whether they should come in or not. If a shift appears to be relatively calm and staff already on the job can handle it, the worker calling in could be told they are not needed and shouldn't come in.

This practice can be extremely frustrating for employees as it does not allow them to properly plan their home and work life. A study by the International Labor Office revealed that workers employed under these conditions are more likely to be absent or quit their job compared to those who have a schedule to follow. Other research has shown that working one or more on-call nights per week can lead to significant health issues, such as anxiety. If your homecare business relies on stand-by or on-call employees, you should strongly consider reviewing your employment policies. Many early adopters of this concept, including Starbucks and Abercrombie & Fitch, have pledged to drop this practice.

Off You Go

At the end of the day, properly planning the shifts for your agency comes down to organization and communication. Tapping into technology will help you with both, and can even give your business a boost in productivity and patient care. Homecare businesses should focus on the long-term game instead of short-term fixes. **HC**



To get more advice on managing employees, visit homecaremag.com/ tags/human-resources.

Derek Jones spearheads key initiatives at Deputy, a global workforce management platform for employee scheduling, timesheets and communication. With a focus on health care, Jones helps business owners and workforce leaders simplify employment law compliance, keep labor costs in line and build award-winning workplaces. He has more than 16 years of experience in delivering data-driven sales and marketing strategies to SaaS companies like MarketSource.

TRAINING

Your Staff Can Help Promote Your Business

3 tips for educating potential clients about their options

By Carl McManus

It happens to almost everyone: We notice physical and mental changes in our aging parents—sometimes subtle, sometimes sudden, but always difficult to accept. We are then faced with the inconvenient truth that we need to find care for the very people who cared for us our whole life.

To add to these challenges, the COVID-19 pandemic created unprecedented circumstances for seniors who found themselves alone or isolated at home, without the ability to safely visit family, friends and loved ones. As people return to in-person gatherings, they are starting to notice signs of decline in their aging family members. They often do not know whom to turn to for help—particularly with travel restrictions and limitations on some nursing facilities. Your homecare agency can step in to offer support and guidance.

The Rising Demand for Homecare

As baby boomers age, the demand for senior care continues to increase. Even before the pandemic began, demand for in-home caregivers was on the rise as people felt comforted with the idea of remaining in their own residence instead of adjusting to assisted living centers or nursing facilities.

According to a 2018 AARP study, three in four seniors preferred to stay in their homes as long as possible. Many people choose in-home care over nursing facilities because they can enjoy the freedom of being on their own in familiar surroundings. When routine tasks and activities become difficult or impossible, seniors need consistent care.



And being safe at home can deliver a greater quality of life and peace of mind.

The COVID-19 pandemic brought this demand for homecare to the forefront especially given how significantly nursing facilities were hit by the virus. With facilities instituting no-visitor policies to help prevent the spread of the virus, many families turned to in-home care to stay in touch with their aging loved ones.

With the onset of the pandemic, the industry saw a sharp decline in the use of nursing facilities, with the Bureau of Labor Statistics (BLS) reporting a loss of 13,000 nursing and residential care jobs in December 2020. In contrast, the demand for in-home care continues to rise; the BLS predicts a 41% increase from 2016 to 2026—outpacing the average growth for other occupations. At Comfort Keepers, we saw a 45% increase in inquiries for our caregivers in the first quarter of 2021 compared to the fourth quarter of 2020.

With the pandemic hopefully coming to an end, we are expecting this demand for homecare to continue. Homecare leaders have been tasked with helping family caregivers understand their options before the situation becomes serious. Here are three ways your staff can help prepare the "sandwich generation."

Know the warning signs.

The first step is knowing the warning signs that aging seniors may need help, including: falling down, not bathing or changing clothes, mobility challenges, significant changes in weight, routine housework not getting done, and being verbally or physically abusive. The pandemic has made in-person visits more challenging, but having virtual chats with video features can also work well to identifu anu potential issues in terms of appearance, mannerisms or the home setting.

Include the senior.

When a family member notices the signs, it's important they initiate a conversation with the senior to discuss their needs. Your staff can help facilitate this discussion, either as a single conversation or as an ongoing series of chats. Remind family members that the process will take time, diligence and patience. Family members should choose a time and a place that is relaxing, nonthreatening and comfortable for everyone. It's also important to have these discussions early enough to allow the senior to fully share their wants, needs and preferences. Teach your staff to be an advocate for what is best for the senior. Ultimately, it is best to offer options while posing guestions, actively listening and providing different solutions.

3 Present the options. The next step is to help the family and the senior understand their options. Often the first thought is to move loved ones into a facility, but the pandemic has made many people fearful of assisted living and nursing homes. Not only that, a sudden move to an unfamiliar environment can lead to more fear and depression. In-home caregiving is a valuable option to allow people the ability to seek help in the comfort of their own homes. Not only does in-home caregiving pose significant cost savings compared to a facility, it helps people live fuller and happier lives.

Comfort Keepers works to shift the paradigm so clients can see what they are gaining through homecare services. For example, for clients who are upset about having to hand over their car keys, staff say that they are gaining a chauffeur. For those needing assistance with bathing and dressing, they are gaining a personal stylist who can choose their clothes and give them options. When it's time to leave the cooking to someone else, caregivers become a personal chef and a companion at the table.

COVID-19 presented new, extraordinary challenges never before seen by in-home caregiving services, our clients or their families. But, even as a sense of normalcy returns and vaccines roll out, it is important to help potential clients maintain the same diligence and close attention to the health and well-being of their aging loved ones. Then ultimately through open dialogue, patience and thorough research, they will set their lives up for success. HC

Carl McManus is the CEO of Comfort Keepers North America. McManus joined CK Franchising, Inc. in 2014. He began his career in public accounting in New York with Arthur Andersen and Co. as a certified public accountant. He has spent the last several years working with private equity, focusing on company operations, franchise development, and strategy. McManus earned a Bachelor of Science from the University of North Carolina-Chapel Hill and an MBA from the Harvard Business School.



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BEREAVEMENT SUPPORT

Lost Lives & Lost Connections

Ideas for managing a wave of pandemic-related grief

By Kristin Easterling

Grief can be described many ways and affects people differently—from sadness to anger to regret. The last year saw an increase in grieving as the COVID-19 pandemic swept the world. The virus has claimed some 3 million people worldwide and more than 500,000 in the United States. People not only grieved lost loved ones, but also their lost connections. And regular mourning rituals were stymied by lockdowns and social distancing.

Robin Fiorelli is the senior director of bereavement and volunteers at VITAS. She has 30 years' experience in the homecare and hospice industry and has been on the bereavement steering committee for the National Hospice and Palliative Care Organization for 12 years. In her role at VITAS, she oversees 50 bereavement and volunteer programs. Fiorelli also contributed two chapters to "20 Common Problems: Endof-Life Care" by former VITAS Chief Medical Officer Barry Kinzbrunner.

At the start of the pandemic, VITAS shifted 400 in-person bereavement support

groups into remote sessions via Zoom and phone. Anyone can access the free groups at vitas.com/grief. Fiorelli talked with HomeCare about how the pandemic has complicated the experience of grief.

HOMECARE: CNN recently reported on a "wave of grief" about to hit the United States, and the Hospice Foundation has urged action on the issue. What problems can unmanaged grief cause?

ROBIN FIORELLI: That's a great question. By way of background, the Centers for Disease Control & Prevention recently reported that there's an average of nine bereaved for every life lost to COVID-19. So we're looking at 4.5 million mourners and growing in this country, right now, who specifically had a COVID loss—and that doesn't even include those that lost a loved one to other causes. Mourners who lost a loved one during the pandemic haven't been able to mourn in traditional, in-person ways nor have they been able to have final rituals like funerals and memorials. So, the Hospice Foundation of America, the National Hospice and Palliative Care Organization and many other organizations are actively urging action because of these outstanding numbers to create a national campaign to really shore up bereavement services nationwide and to train health and mental health professionals about how to manage the longer-term grief affects from this pandemic.

We view grief as a normal process that everyone goes through who loses a significant loved one. But grief can become more complicated if there are concurrent stressful events—like this pandemic, the loss of employment, maybe being ill or elderly yourself, or the inability to access your typical support network. This pandemic compounds the normal grief process.

More complicated and unprocessed grief can certainly impact a mourner's overall functioning, including their ability to sleep well, to eat well, to rest well. A few studies have actually looked at the impact



of more complicated grief on work performance and have shown that unprocessed grief can impact employee absenteeism and even lead to injuries on the job related to just being distracted, fatigued, emotionally overwhelmed and the like.

HC: How can home health and hospice agencies help?

FIORELLI: [VITAS Healthcare] actually has extensive and longterm experience in providing community-based bereavement support. Medicare requires that we take care of our own [family] caregivers for a year after the loss, but we also believe that our mission is to open up to our communities and offer bereavement support to mourners whether they received VITAS services or not. So, we've been able to leverage our bereavement care in several natural disasters and public tragedies throughout our nation.

For instance, we were—and still are—very involved in providing bereavement support to the Parkland and Sandy Hook school shooting survivors. So that's an example where hospice agencies can really be of fundamental importance, because we have that experience of providing community-based bereavement care.

The other thing that hospices can do—that we certainly do in the community—is provide care to frontline health care workers. Because of the pandemic, they're experiencing tremendous compassion fatigue and grief and loss in the workplace. Most health care professionals are focused on treating their patients and making them better. They were ill-prepared to medically manage sick COVID-19 patients without medical treatment at their disposal. And they certainly were unused to providing the end-of-life support and presence to their patients because families were unable to be at the bedside. We launched an effort in all of our communities to really provide them bereavement services.

HC: What gaps do you see in caregiver training to provide for grief-stricken family members?

FIORELLI: I think one of the most important things that we do and the most important care that we provide to families of patients that are dying is to help them understand what to expect during the dying process and what to expect afterwards for their long-term grief process. I think that education just reassures them that they're going to be able to do it. It's amazing how far that support and education really goes as far as validating after the death that what you're feeling is normal—it's called grief and you're not going crazy.

The other thing that we did at the very beginning of the pandemic was to launch a call to action to volunteers all over the country, including nursing schools. We ended up onboarding over 3,000 students and volunteers to provide support and check-in calls both to our patients and our caregivers nationwide. Both patients and caregivers were feeling isolated or feeling lonely and worried about being infected, etc. Those calls were incredibly

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Grief can become more complicated if there are concurrent stressful events.

effective at just mitigating that anxiety and being that listening ear that provided support during such an uncertain time.

HC: What kind of support services are needed for grief? What can ease the mental pain?

FIORELLI: First, most of us have our own internal sort of reserves and coping strategies that we develop—especially if we've had a prior loss—we sort of know how to do it. We know that we're going to get through to the other side. But in addition to that, we rely on our social network, maybe our faith institution, our spirituality, etc., to get us through hard times. What we've learned is the way that hospice can be most helpful is to provide a variety of opportunities to mourners, to assist them in their grief process. Because not one size fits all; everybody's grief experience is unique to that individual.

In addition to the virtual bereavement groups and caregiver groups, [VITAS] also has a very robust Facebook bereavement support page—because we know that for some people that's the means or the medium that they're going to use to get that support. But for those whose grief is a little more complicated, or if it's impairing their ability to function, we do provide individual one-on-one support. We also do referrals to very experienced grief therapists in the community.

HC: How is VITAS Healthcare managing grief and bereavement during COVID-19?

FIORELLI: On top of the support groups, the Facebook page, the one-on-one counseling and more, we're providing grief support to frontline health care and mental health providers. We're also leveraging what we know about grief care and successful grief coping strategies and we're teaching those to health and mental health professionals in the community so they, in turn, can help their clients. We're also providing grief education to schools so teachers and counselors can be on the lookout for kids that might be experiencing more complicated grief from a COVID-19 loss or any loss. We also train mortuaries in the community on how to provide bereavement support. And, finally, we train emergency medical personnel on how to provide that sudden, traumatic grief care.

Kristin Easterling is managing editor of HomeCare magazine.

OXYGEN

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 oxygen tanks and concentrators. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive.

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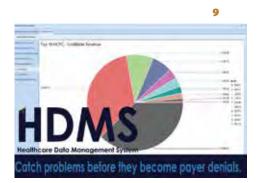


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NEW & NOTABLE

Dancing With Granddad

New picture book aims to educate children on Alzheimer's

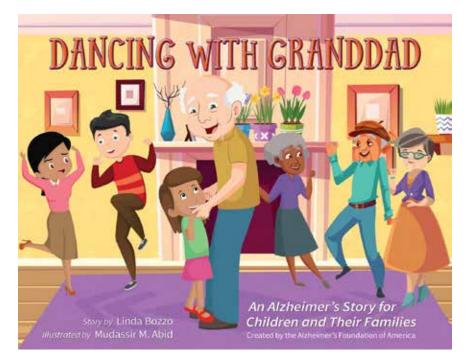
By Kristin Easterling

Stories are a way for people to process difficult topics—and that's especially true when it comes to children's books. Now, to help adults discuss Alzheimer's disease with young children, the Alzheimer's Foundation of America (AFA) has published "Dancing with Granddad: An Alzheimer's Story for Children and Their Families."

"When Alzheimer's enters a family's life, it often brings many questions children especially may not understand what is happening or why their loved one is behaving a certain way," said AFA President and CEO Charles J. Fuschillo, Jr. "This educational tool gives adults a way to explain Alzheimer's disease to a child in an age-appropriate way, answer questions and show them that love is a bond that Alzheimer's can never break."

"Dancing with Granddad," which is available in English and Spanish, takes young readers on an age-appropriate journey with Nia, a seven-year-old girl whose grandfather has Alzheimer's and will need to move to a new home where he will be safer.

The book gently introduces Granddad's behavioral changes (such as repeating himself, wandering and confusion) while sharing the constant of the wonderful



The book deals with Alzheimer's in a global sense, making it applicable for any family trying to explain a loved one's changed behavior.

relationship between Nia, her grandfather and her loving parents, who are caring for him. At the end of the book, Granddad enters a memory care facility, "an emotional decision that just drains families when they get to that point," especially if they've exhausted other options for at-home care, Fuschillo said.

The book also includes a message from the AFA about how to open conversations with children about Alzheimer's disease including sample questions to ask a child and tips to help them better understand. The book deals with Alzheimer's in a global sense, said Fuschillo, making it applicable for any family trying to explain a loved one's changed behavior due to dementia.

"We spoke to many authors and the one chosen had experience in dealing with

disease states and explaining it to children as well," he said, of the proccess of choosing Linda Bozzo to tell the story.

The foundation plans to make the book available to home health providers providing memory care, as well as to schools and to public libraries. A Chinese language version is also in the works. The AFA is also working on a second book, "Gardening With Grandma," in an effort to reach more children and families, Fuschillo said.

"Dancing With Granddad: An Alzheimer's Story for Children and Their Families" can be purchased at AFA's e-store at shop.alzfdn.org. HC

Kristin Easterling is managing editor of HomeCare magazine.



Available on demand!



Healthcare Technology:

Creating a New Normal for Human Care

With Zoom, texting and more, technology has transformed our everyday human interactions and what we define as "interpersonal communication." Between value-based care models and these advancements in technology, health care is also being redefined and moving steadily into the home. COVID-19 has accelerated that trend and become a catalyst for virtual and remote care.

Now, 2021 looks to be the year of the home. Seniors are more comfortable than ever with moving health care visits to their living rooms and caregivers are more comfortable incorporating time-saving technology into their workflows.

The result? An improved experience for patients and caregivers, including less time, money and worry wasted on travel, waiting and visit logging, and more investment in what truly matters: the health and wellbeing of the patient.

In this webinar, we will discuss the advantages of technology and hybrid, value-based care models and how they have can help providers with:

- Improving patient engagement & satisfaction scores
- Optimizing workflows and staffing to reduce burnout
- Reducing ER visits and 911 calls
- Maximizing reimbursements and revenue



Mike Oliver Executive Vice President of Business Development and Strategy, CareXM



Laurie Nelson Clinical Advisor, CareXM

Mike Oliver has worked in the health care industry for more than 15 years, driving strategic development and growth with a focus on value-based care through health care technology. Oliver has worked with teams to create strategy, define tactical planning, and to create results. For him, the reward is the success along the way with the individuals and the final business outcomes that are achieved to transform patient and healthcare provider experience.

Nelson received her BSN from Wichita State University in 2001. Her first job out of nursing school was in a hospital intensive care unit; she then made a dramatic career shift to hospice, where she found her love of supporting and empowering those taking their final journey out of this life. Today, Nelson is the clinical advisor at CareXM, where she has worked for 12 years helping providers integrate new technologies into their patient care processes, which improve both the patient and caregiver experience.



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