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JUNE 2020

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3 steps to getting
your retail
ready for a post-
coronavirus world

IN-HOME CARE
A checklist
for marketing
telehealth
services

Blazing a Path

Meet Andrea Dalzell—
a.k.a. The Seated
Nurse—and other
mobility influencers
you need to know

Plus:
*Protecting
wheelchair
users during
COVID-19*

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Dear HomeCare Readers,

"Honestly, I'm getting a little tired of reading about COVID-19," my boss just said in a meeting. It's a good thing he's not in homecare! I think we're all feeling a little virus fatigue, even those living and working in the middle of it. Fortunately, we're offering you a little break with this month's cover story, where we're introducing you to three young social influencers from the mobility community. They've been kind enough to share their stories—which happen to be really fun to read.

And then it's back to the grindstone. You didn't think we'd really let you escape, did you? We've got tons of new—and some developing—information on how the coronavirus pandemic is impacting the homecare industry and new best practices evolving quickly around topics as varied as retail sales, insurance coverage, marketing for telehealth, rehabilitation and physical therapy, and state budgets and benefits. And our other cover story is a closer look at how users of complex rehab technology are being impacted by the pandemic and what homecare can do to help.

If that's not quite enough, we've also added a third weekly newsletter devoted to the subject; if you're signed up for HomeCare Now, you should be getting the COVID-19 Update on Wednesdays. Plus, there's always more online at homecaremag.com/coronavirus. Stay well and let us know if you have any questions.

Thank you for reading,



Hannah Wolfson



BE HEARD

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

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AAHomecare Creates Third-Party Payer Tracking Resource

As the COVID-19 outbreak continues, third-party payers and state Medicaid officials are developing new policy guidance to allow health care providers to provide effective care and operate more safely under challenging conditions. The American Association for Homecare (AAHomecare) has created a new online resource to track these changes from third-party payers and managed care organizations.

Payers currently covered include: Aetna, Anthem, BlueCross/Blue Shield, CareCentrix-Cigna (several variants), CareCentrix-Florida Blue, Centene, Excellus BCBS, Humana, Molina Healthcare of Michigan and UnitedHealthCare

The new tracking page joins an online compendium of state Medicaid COVID-19 provider resources and Medicaid waivers and AAHomecare's comprehensive COVID-19 Resources & Guidance page as go-to information sources for the home medical equipment (HME) community during the coronavirus pandemic.

aahomecare.org

Certified Homecare Consulting Offers PPE Kits

Certified Homecare Consulting (CHC), a home health care consulting company with offices in Salem, New Hampshire, and Boston, Massachusetts, is pledging to help home health care providers source personal protective equipment (PPE) with limited supply disruptions and cost increases.

The company's standard PPE kit includes a CPR mask, powder-free nitrile gloves, a disposable isolation gown, a biohazard waste bag, an N95/KN95 respirator mask, disposable safety glasses and antimicrobial hand wipes. Certified Homecare Consulting is also offering protective full-face shields, travel-sized hand sanitizer, blood pressure cuffs, stethoscopes and otoscopes to home health care agencies.

In addition, CHC is providing updated documentation in forms and procedures to all new and existing home health care agency clients covering patient admissions

73,990

The number of ventilators expected to be produced and delivered by July 6, 100 days after President Trump's pledge to increase supply, according to an analysis by the Associated Press. In a typical year, U.S. companies produce about 29,000 ventilators. The national stockpile should surpass 100,000 new ventilators by mid-July, the report found. U.S. ventilator manufacturers have bumped up their production from about 700 per week in February to around 5,000 per week in early April, according to the Advanced Medical Technology Association.

and home health care procedures surrounding the COVID-19 pandemic. These new home health care procedures and materials address new methods for patient care, as well as interaction with family and loved ones.

certifiedhomecareconsulting.com

Homecare Homebase Partners With MUSE Healthcare

Homecare Homebase, a software company for home health and hospice, has partnered with MUSE Healthcare of St. Paul, Minnesota, to offer enhanced hospice care. The new product uses modeling and machine learning to better predict, prepare and provide for hospice patients in the last seven to 12 days of life.

The hospice service area offers unique challenges for providers seeking to allocate resources when and where they're needed most. The MUSE solution is designed to address the gap in end-of-life care and

ensure that every patient transitions with dignity, comfort and attention.

Tom Maxwell, co-founder of MUSE Healthcare, said the data science company drew from a large patient data pool that can accurately predict outcomes based on subtle, wide-ranging metrics.

According to Homecare Homebase Chief Strategy Officer Scott Pattillo, patient and family satisfaction is essential in building stronger referrals and long-term business success.

"When we can empower exceptional care during a patient's final days and help our customers better manage their resources, it's a win/win for everyone," he said.

hchb.com

Empath Health Offering Counseling for Health Care Workers

Empath Health announced it is offering free counseling sessions to health care workers who are experiencing stress during

the COVID-19 pandemic. The one-hour sessions are available to those who identify themselves as a health care employee—not just frontline workers. Counselors will work with anyone from physicians to hospital orderlies to home health aides.

Sessions are being conducted virtually (via Zoom, FaceTime, Skype or phone). When staff return to their offices, counselors will see anyone in Empath Health's Pinellas County, Florida, locations—although clients are not required to be Pinellas County residents. The organization will offer up to six free one-hour sessions per client.

"Health care providers often focus on helping others, paying less attention to their own needs," said Dr. Stacy Orloff, vice president of innovation and community health at Empath Health. "We understand the emotional and spiritual toll felt by so many during these extremely unusual times and truly hope people will take advantage of this opportunity for some self-care. This is our way to say 'thank you' for being there for everyone in our community."

To schedule an appointment, health care workers should call (727) 523-3451.

empathhealth.org

FAIR Health Tracks Telehealth Usage by Month

FAIR Health has launched a Monthly Telehealth Regional Tracker, a new feature on its website. Drawing on FAIR Health's database of more than 31 billion private health care claim records, the tracker will offer insights into the month-by-month evolution of telehealth in every region of the country during the COVID-19 pandemic.

Telehealth is expected to expand dramatically as people take precautions against COVID-19. A national, independent nonprofit organization dedicated to bringing transparency to health care costs and health insurance information, FAIR Health is in a unique position to open a window into telehealth.

In the new tracker, an interactive map of the four United States census regions allows users to view an infographic on telehealth in a specific month in each region, or in the

nation as a whole. Each infographic includes a 2019 vs. 2020 comparison for each month of telehealth's:

- Volume of claim lines;
- Urban vs. rural usage;
- Top five procedure codes; and
- Top five diagnoses.

One month can be compared to another month, and regional statistics for each month can be compared to national statistics for that month. The first two months of data, from January and February 2020, are available on the site. Each month, another month of data will be added. Over time, FAIR Health expects that new developments in telehealth's evolution will become evident.

"As part of FAIR Health's mission, we are seeking ways to make our data useful to the public during this time of change," said FAIR Health President Robin Gelburt. "We are privileged to be able to monitor telehealth month by month as this venue of care is transformed, particularly now in response to COVID-19."

fairhealth.org

Moebius Joins VERTESS Team

Mergers and acquisitions (M&A) advisory firm

VERTESS has announced the addition of a new business development team member, Matt Moebius. Moebius has a long history in the HME industry, with experience in all aspects of the business from sales and operations to logistics and business development.

Moebius's addition during the COVID-19 crisis is due to the activity VERTESS and its managing directors have seen over the last month. Recent changes, such as the decision by the Centers for Medicare & Medicaid Services to remove non-invasive ventilators from the competitive bidding program, have changed the future landscape for many health care entrepreneurs.

"I appreciate the opportunity to discuss how to plan for changes in market, as well as



Matt Moebius

UPCOMING EVENTS

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

Please check our special web page, homecaremag.com/coronavirus, to get the latest news about COVID-19, including event updates.

to bring encouragement that there are plenty of options for business owners," Moebius said.

While there was some initial interruption and unpredictability in the market after the state-wide shutdowns began, there has been forward momentum in the past few weeks, VERTESS said. As restrictions gradually lessen, the company is expecting stalled deals to resume and activity to be robust throughout the remainder of the year.

"Although the M&A markets have been a bit choppy, we still see great prospects for 2020," said VERTESS Managing Director/ Partner Bradley Smith. "We are excited to expand our team and, thereby, our reach to the health care community. As always, even during this extraordinary period, we are committed to ensuring owners achieve their desired goals and outcomes."

vertess.com

CareCentrix Acquires Turn-Key Health

CareCentrix, a provider of home-based and post-acute care services, announced it has acquired Turn-Key Health, a community-based palliative care company serving health

97%

In a recent survey of more than 500 HME suppliers, 97% said they had delays obtaining personal protective equipment (PPE) and 80% said they had difficulty

receiving oxygen and ventilators; those categories also cost more since the public health emergency began. Around half said there were delays for hospital beds, CPAP devices and nebulizers, which might be used for COVID-19 patients. The survey was completed in late April, with results summarized by health care research firm Dobson DaVanzo & Associates.

plans, hospitals and physicians. As a result of the acquisition, Turn-Key's proprietary Palliative Illness Management (PIM) program, which leverages data analytics and artificial intelligence to deliver personalized palliative care plans, will be fully integrated into CareCentrix's platform. Turn-Key's home-based palliative care model aligns with CareCentrix's mission of supporting patients by addressing their clinical and non-clinical needs.

"Health plans and patients are looking for home-based palliative care that honors the hard choices that patients and families need to make as well as gives them the opportunity to remain at home," said CareCentrix CEO John Driscoll. "The acquisition of Turn-Key is the next step in CareCentrix's commitment to provide more home-based services for all patients as delivering care at home becomes the new norm."

A 2019 peer-reviewed study published in the Journal of Palliative Medicine highlights TurnKey's community-based palliative care program, which reduced the total cost of care by 20% and decreased intensive care unit admissions and hospital

admissions by 38% and 33%, respectively. The company's proprietary end-to-end PIM solution identified high-risk members for over-medicalization and supported providers in delivering a highly personalized palliative care plan.

CareCentrix said the acquisition follows a successful partnership with Turn-Key over the last year. Going forward, the company will integrate the PIM solution into its overall suite of products, allowing CareCentrix to identify patients who could benefit from palliative care and those at risk of overmedicalization.

CareCentrix said that with the new acquisition, the company will also be able to enhance communication and improve care coordination across all stakeholders, including the patient's health plan, provider, and care team, to drive down medical costs associated with palliative care.

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

Pride Mobility Opens New German Subsidiary

Pride Mobility Products has announced the launch of its newest international subsidiary, Pride Germany.

Although Pride has been providing products to the German market for more than 20 years, the new Pride Germany is a stand-alone subsidiary.

Located in the town of Hövelhof in central Germany, the company's new facility features 16,000 square feet of space. In addition to a large warehouse, the building includes a showroom, training room, four offices, a repair shop and a technical service area. Twelve people are employed there.

"It was in the fall of 2019 when discussions began between Scott Meuser, CEO, Chuck Finn, COO, and me about opening up a stand-alone subsidiary in Germany," said Tim Murphy, vice president of European and Middle East operations and sales at Pride Mobility. "We had to locate an appropriate facility, hire knowledgeable staff and create a top-notch sales force. It has been with much help from staff at Pride Corporate, Pride Netherlands, and our German management staff to see this come to fruition."

Daniel Buck serves as the managing director of Pride Germany, a role in which he oversees all operations and manages the sales staff.

"There are 83.1 million people in Germany and over 17.5 million are 65 years of age or older," Buck said. "The number of people ages 65 and up is expected to double by 2029. The target of Pride Germany is to make the company the largest and most successful wholesaler in Germany, and to make the Pride Mobility and Quantum brands even better known. We will achieve this by our experienced team."

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



GET MORE NEWS

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Competitive Bidding Check-In

What has changed with Round 2021 during COVID-19?

By Kristin Easterling

Round 2021 of the Competitive Bidding Program is still on. Advocates with the American Association for Homecare (AAHomecare) and others are pushing for a delay in the program, citing increased costs due to the coronavirus pandemic.

In a recent survey of 500 home medical equipment (HME) providers, 80% of respondents said they had difficulties receiving oxygen supplies and 86% cited increased costs in obtaining personal protective equipment.

“These survey findings drive home the point that the HME sector is subject to a new operating environment and cost structure as a result of this pandemic, and some of the safety requirements and new business practices we are seeing are likely to be with us even after the crisis fades,” said Tom Ryan, president and CEO of AAHomecare. “Holding the HME community to a reimbursement schedule for 2021 and beyond based on a bidding competition completed in the fall of 2019 clearly isn’t sustainable or reasonable under these circumstances.”

What’s Changed?

There has been some relief. The stimulus package that passed in March changed reimbursement rates for non-bid and rural area suppliers. The reimbursement rate for items that have been receiving 100% of the competitive bidding adjusted fee schedule are getting a blended rate of 75% adjusted and 25% unadjusted (2015 fee schedule) rates. This marked a 32% increase in reimbursement across the board for suppliers.

In the biggest victory, noninvasive ventilators (NIVs) were removed from the program. NIVs were new to the program for 2021, but advocates pointed out issues with the addition of the category, including the need for oversight by a respiratory therapist. Now, for bidders whose only bid in a competitive bidding area or areas (CBA) was for the NIV product category, the bid surety bond for the applicable CBA does not meet the forfeiture conditions and will not be collected by the Centers for Medicare & Medicaid Services (CMS). CMS will issue appropriate notice to the applicable bidders and sureties.

MEDICAL NECESSITY

Following the publication of an interim final rule, CMS eliminated the requirement for certificates of medical necessity for oxygen claims. This will last until the end of the public health emergency. Providers should use the CR modifier (CATASTROPHE/DISASTER RELATED) with the HCPCS code(s) billed. Suppliers are also instructed to enter “COVID-19” in the NTE 2400 (line note) or NTE 2300 (claim note), in order to avoid an audit.

DID YOU KNOW?

Further review of the new rates released by CMS shows:

- **a 39% increase for E1390 (oxygen concentrator);**
- **a 41% increase for E0601 (CPAP); and**
- **a 9% increase for E1392 (portable oxygen concentrator).**

» LEARN MORE Visit dmecompetitivebid.com for more information.

HME: ACCREDITATION



By Sandra Canally

Preparing for the Worst

8 accreditation categories to be on top of in the time of COVID-19

Harrowing times? You bet they are. The COVID-19 crisis is straining health care delivery systems worldwide. Not since the influenza pandemic that swept the globe in 1918 have we faced anything like it.

At first, it seemed to be little more than a common cold. We know better now. Hundreds of thousands have been so seriously sickened that they need to be hospitalized with constant care. So far, the disease has killed tens of thousands and is likely to continue doing so for the foreseeable future.

It is apparent now that the disease is a looming, seemingly ever-present danger. Many who have contracted COVID-19 experience minor symptoms or none at all. Yet they can still pass on the contagion to others, and it can move from patient to provider or provider to patient.

Eventually we will get a handle on the testing needed to corral the novel coronavirus and then stamp it out, but until that time comes, the takeaway for providers of durable medical equipment, prosthetics and orthotics and supplies (DEMPOS) is to

assume that any patients needing routine in-home care, equipment and supplies may be contagious and not know it. Therefore, appropriate precautions need to be taken.

What does accreditation have to do with all of this? The short answer is everything! The following are accreditation quality standard categories that will reflect your readiness when the time comes.

1 A Strong Business Plan

Leadership of the company needs to have a strong business plan that is utilized in daily practice. All employees need to be aware of the policies and procedures that govern their jobs and the processes involved. The business should have robust orientation and training requirements to ensure that employees are screened, qualified and competent in the jobs they perform and have overall knowledge of the company's service lines and offerings.

2 Handling Orders

Order intake and disbursement is at the helm of any home medical equipment

(HME) operation. The operational flow of handling and confirming each order is key before disbursement from the warehouse takes place. An HME business is only as good as the equipment and services it provides. Also, a provider cannot function effectively without good equipment management policies and processes.

3 Equipment Management

One of the keys to adhering to any accreditation standards for equipment management is following manufacturer guidelines, including but not limited to: cleaning, storing, handling, preventive maintenance and repairs, as well as the proper use, setup and tracking of equipment. This ensures that every piece of equipment that is delivered is in good working order before delivery.

Note that accreditation standards vary between the delivery of a manual wheelchair and an oxygen concentrator. Patient needs are completely different in those instances. Product-line specific standards provide clarity about what is needed when delivering different products and services.

4 A Quality Improvement Plan

Quality Improvement (QI) plans serve vital roles at times like these. If you don't know where you are operationally today, your chances of acting fast and thoughtfully in time of a crisis are compromised. During normal business cycles, your QI plan will help you identify areas in need of improvement and then fix them.

Every DMEPOS provider needs to have a written QI plan that is developed and implemented by key personnel representing management, the warehouse and service delivery teams. The plan should include the following:

- Plans for new products or services if appropriate
- Goals for improving patient outcomes (e.g. patient satisfaction and equipment failure as appropriate)
- Operational areas in need of improvement
- Monitoring of human resources, including

Leadership of the company needs to have a strong business plan that is utilized in daily practice.



- staff development and training
- Patient satisfaction and dissatisfaction

5 Risk Management

Risk management is of the utmost importance. Every business needs to maintain a safe working environment and have processes in place to prevent both patient and employee injury. Keeping your vehicles in good working order for delivery is part of the day-to-day practices that should be routine, for example.

6 Infection Control

Infection control techniques should relate to the type of patient served, equipment provided and staff risk for exposure and should protect patients and employees from the spread of infection. If a public health crisis like COVID-19 occurs, your organization will have already put in practices to prevent the spread of infection.

7 Patient Services

Your business is there to meet the needs of your community with the types of equipment you provide to the type of patient population you serve in the environment the patients reside. Based on these factors, equipment setup and delivery and education on its use are what patient services are all about—and that's an area that accreditation organizations look at closely.

Things to consider include:

- Assessment of the environment for safety factors and hazards is always reviewed.
- Patient follow-up is not only good customer service, it also guarantees that the equipment is operating as it should and that the patient is using it correctly—ensuring a better outcome.
- Other regulatory preparedness, such as compliance with the Occupational Safety and Health Administration rules for bloodborne illnesses and tuberculosis, are applicable in certain settings with risk

to blood and bodily fluids and patients in need of respiratory protection.

8 Emergency Preparedness

Emergency preparedness is no longer just about fire safety, hurricanes or tornadoes. We are now dealing with a national public health crisis unlike any before. First and foremost, preparedness is about preventing disruption of services, especially if the equipment you are delivering is life-sustaining like oxygen. Personnel and resources, along with triage and contingency plans, need to be in place to handle the next big one. **HC**

Sandra Canally, RN, is the founder and CEO of The Compliance Team, the country's only certified woman-owned health care accreditation organization to be granted deeming authority by the Centers for Medicare & Medicaid Services to accredit Part A Rural Health Clinic and Patient-Centered Medical Home clinicians as well as Part B DMEPOS providers. She is the principal architect of the company's accreditation programs. For more information, call (215) 654-9110 or visit thecomplianceteam.org.

IN-HOME CARE: STRATEGIC PLANNING

By Gary W. Patterson



A Simple Plan

3 priorities to focus on as you prepare for the future

Almost a year ago, I wrote in these pages about making a plan for 2023. How much closer have you gotten?

Three years may seem like a long time, but to arrive at a reasonable level of proficiency by 2023, you need to start now. And the best place to start is by identifying your version of three crucial initiatives for 2023, then estimating both where you are and where you want to be.

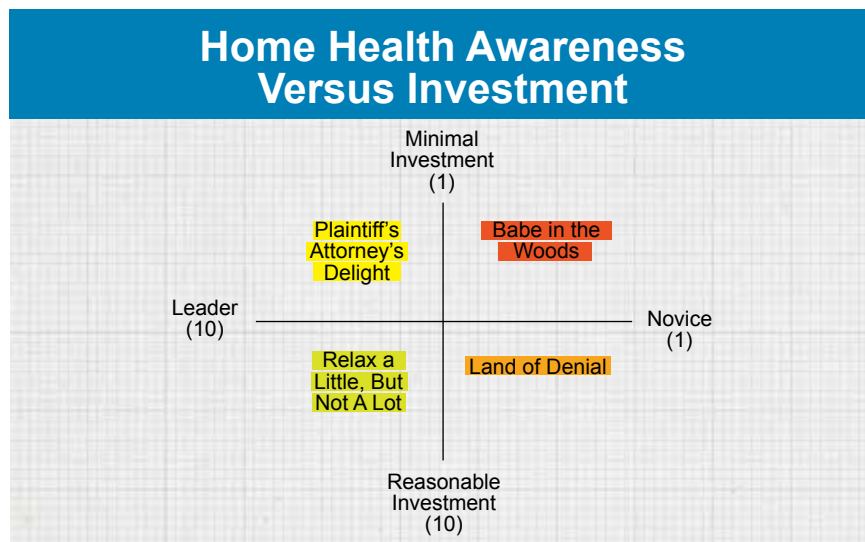
Why a top three list and not a top 10? First, who really has time for 10 priorities—or even five? It's always tough to prioritize in this world of limited resources (money, people, time).

Second, these three top issues are based on confidential interviews conducted at the 2020 Care Coordination and Technology Congress held in January of this year in Atlanta. Note that a key consideration is providing value-based rather than volume-based results.

Recommended Areas of Concern to Focus on for 2023:

1 *Better “hospital-at-home” and virtual care availability for longer time periods*

The expectations for expanded remote monitoring of patients can no longer be ignored. What will be required is something less than an intensive care unit in every home—but better than what you currently



provide. New initiatives must acknowledge the balance between valid patient needs and the ability to pay using commercial insurance, Medicare and personal funds or a combination of the three. Examples might include “killer” telehealth or even home doctor visits.

2 *Improved build-versus-buy options for fewer departmental silos and islands of data*

All is not lost. More options are becoming available. The marketplace is producing effective solutions, particularly due to recent changes in Medicare reimbursement that incentivize preventative and high-quality

care. Examples might include remote monitoring of one or more critical care categories and interventional analytics.

3 *Coordination of required social determinants of health*

The need to serve populations who have fewer means and social support has grown significantly. The perceived role of health care providers has expanded into traditional social service areas. Examples might include collaboration with local nongovernmental or charitable groups, particularly those serving the homeless.

Next Steps Process Overview

Once you outline your priorities, here are the next steps:

- Strategically flesh out one or more specific areas to focus on within each of the three recommended areas of concern. You can use the recommendations to choose priorities from the longer list your organization may have created through strategic planning sessions.

Three years may seem like a long time, but to arrive at a reasonable level of proficiency by 2023, you need to start now.

- Evaluate where you are today, using the four-quadrant graph on p. 12. (For more detailed information about the graph, see Homecare's August 2019 issue).
- Decide which of the four quadrants you can realistically reach by 2023 for each issue. Acknowledge that it will be almost impossible for many organizations to be at the top of the industry in all three areas by the end of 2023.

Update Your Home Health Framework

Use this simple two-minute exercise to assess where your organization is today in each of the three areas of concern, and then determine where you want to be in 2023:

1 **Mark your answers on the two axes in the Home Health Awareness versus Investment graph.**

Mark your numerical answer for Awareness on the horizontal continuum from Leader

to Novice, and your answer for Investment on the vertical continuum from Reasonable Investment to Minimal Investment.

Draw a line between these two points to spotlight your current position and suggest where to begin a strategic review.

2 **Rinse and repeat.**

For each of the three areas, follow the steps above to select what is a reasonable quadrant status by the end of 2023.

3 **Determine your current status versus end-of-year 2023 requirements.**

Acknowledge where you are with top management and your board of directors and begin moving toward your targeted higher-value delivery.

If you are one of the fortunate few who is well ahead in terms of knowledge and action to address risks and opportunities, use this approach to determine your present

situation and unearth your next opportunity. If you're not so lucky, consider the Call to Action below. Either way, you will have estimated your 2023 ranking and identified the most crucial shortfalls.

A Call to Action

Execute the steps above through a process of quarterly check-ins and reevaluations to stay on course. You still have time to get started on effective improvements by 2023. Take advantage of time rather than procrastinating. Your actions will benefit your patients and your organization—and may even save your job. With a focus on the three top issues above, your organization will be well-positioned to meet the increased demands of 2023. **HC**

Gary W. Patterson is CEO of fiscaldoctor.com. He helps health care leaders make more money by creating opportunities and keep more of their money by reducing risk so they can make better decisions.

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ROAD MAP: HUMAN RESOURCES



By Brian Evans

Every Day I Write the Book

3 steps to creating a great employee handbook

It is often said that employees are a company's No.1 asset. The homecare business is a prime example of this; tasks cannot be performed without people who are able to help other people. That means it's difficult to run a successful homecare company with high levels of employee turnover. The best way to curb turnover is to have a great company culture.

Most people know that elements of a great culture often include a thorough onboarding process, specialized training and development programs, great benefits and open-door communications policies. While these approaches are important and necessary to help build a great culture in the homecare industry, one element is often overlooked by businesses as a key factor in defining a company's culture: the employee handbook.

Every homecare company needs a well-written employee handbook. It's more than just a long list of workplace rules and regulations. Think of it as your company's "constitution." The employee handbook is an introduction to your culture and a road map for how to approach sensitive topics. It can serve as an important tool of defense in workplace disputes. Plus, it can communicate patient privacy policies and act as a guide for your employees to refer to on an ongoing basis. While handbooks don't necessarily address health industry guidelines, they do shape accountability for employee expectations.

Here are three things you should do as you work to create an employee handbook that's engaging, up-to-date and accurate.

1 Understand why handbooks are important.

The primary purpose of handbooks is to satisfy state and municipal work environments' laws and rules for notifications of workers' rights. Additionally, and for environments that don't require them, handbooks are the best place to begin collecting and managing information about policies meant to comply with federal and state laws.

A strong employee handbook can show employees how you embody your mission statement and values, what the patient experience means to your company, what tone you set for employees and patient relationships, etc. Handbooks also help both employers and employees by establishing expectations for what is or is not permitted in the workplace and providing guidance on how to address difficult situations.

When a company fails to keep its handbook in compliance with the required language in any given state, it becomes increasingly difficult to enforce the baseline rules of the workplace. Most notably, states and cities are amending paid and unpaid leave benefits on a near-monthly basis. And during the COVID-19 crisis, federal law has changed how health care providers are offered paid sick leave (see the May issue of



KNOW WHAT TO INCLUDE

1. Culture, mission and values
2. Orientation and onboarding procedures
3. Disciplinary actions
4. Code-of-conduct policies
5. Employment expectations
6. Pay and benefits
7. Hours and break times
8. Drug and alcohol policies
9. Patient privacy policies

HomeCare for more information). This makes it increasingly important to be sure that policy updates to handbooks are accurate and prompt.



A great employee handbook should be a reflection of what you're trying to accomplish as an employer.

2 Know what to include.

There's no one-size-fits-all approach when it comes to crafting an employee handbook. Manuals should be customized specifically for your homecare business. As you develop your handbook, you may want to consider including the following:

- Culture, mission and values
- Orientation and onboarding procedures
- Disciplinary actions
- Code-of-conduct policies
- Employment expectations
- Pay and benefits
- Hours and break times
- Drug and alcohol policies
- Patient privacy policies

While a bulk of the decisionmaking is up to you and your leadership team, some items are mandatory. This is where an expert opinion on legal and compliance factors,

as well as operational human resources guidance, is helpful. Human resources (HR) experts are positioned to measure the goals and practices of your handbook and can help you develop one that provides useful information.

HR can ensure your guidelines accurately communicate your open-door policies, payroll procedures, how to access employee personnel files, overtime pay, and adherence to policies set out by the Americans With Disabilities Act or Equal Employment Opportunity Commission. You might also want to consider going through an independent audit to be certain you're on the right track as you develop your employee handbook.

As you're deciding what to include in your employee handbook, know that your first version won't be your last. As laws and regulations evolve for professionals in

the homecare industry, your handbook should, too.

3 Make it your own.

A great employee handbook should be a reflection of what you're trying to accomplish as an employer. Anyone who's reading your handbook—whether they're a registered nurse, home health aide, psychologist or speech therapist—should be able to understand the tone your company is setting. This is also your opportunity to capture new employees' interest and show that you're prepared, professional, and have plans in place to help them flourish in their new roles and lay the foundation for collective success. **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.



Three Major Mobility Influencers You Should Know

Marketing advice from top
social media users

By Kristin Easterling

This July marks the 30th anniversary of the passage of the Americans with Disabilities Act (ADA). The act, signed into law by President H.W. Bush, was intended to ensure that people with disabilities would have equal participation in all aspects of society.

Today, modern society includes something that wasn't even on the radar then—social media. While social media platforms started out as a fun diversion, they have evolved into an important way to communicate with friends and family, especially during the current COVID-19 pandemic. That may be even truer for members of the disability community who are stringently self-isolating to avoid dangerous infection.

Social media can present challenges for the disabled. Many videos lack captions for the hearing impaired, and photos often don't have clear, descriptive alt text for those with low vision. However, platforms like Instagram and Twitter have proven to be a source of connection, strength and education for members of the mobility community—and have helped bring awareness of disability rights to the broader public.

Young mobility activists have taken the social media universe by storm, sharing their lives with others online. Their feeds offer homecare practitioners a window into the needs of the disability community. After all, you can't market home medical equipment (HME) or home health services to someone if you don't understand them.

On the following pages, you will meet three social media influencers: Andrea Dalzell, Chelsie Hill and Shane Burcaw. HomeCare is grateful to them for sharing their experiences and stories.

ANDREA DALZELL, BSN, RN

Where to find her:



Instagram @TheSeatedNurse



Facebook @AndreaDalzell and @MsWheelchairNY2015



Andrea Dalzell, the first registered nurse in a wheelchair in New York state, works for the Montefiore Health System; these days she is getting attention for her role tending to coronavirus patients in New York City, the epicenter of the pandemic. Dalzell was diagnosed with transverse myelitis when she was five and was using a wheelchair full-time by age 12. She received her degree from the City University of New York, College of Staten Island.

WHO IS YOUR PRIMARY AUDIENCE?

I have both a traditional community from ages six to 50 and nurses ages 18 to 42.

HOW DOES SOCIAL MEDIA HELP TELL YOUR STORY?

I focused my Instagram around my time at nursing school, and what that was like going through it in a wheelchair and the message that nurses with disabilities can belong as well. I tagged every nursing

handle out there. And now it's focused on my experience as a nurse on the frontlines of the pandemic.

WHY DID YOU WANT TO BE A NURSE?

I didn't always want to be a nurse. I wanted to be a doctor! Well, actually, I wanted to be a lawyer. I always told my doctors I would sue them for all the pain they put me through. Then I decided I would be a doctor so I wouldn't have to inflict pain on people. But I got through a couple of classes and didn't like the way doctors learned. They learn to treat the disease and not the person. Someone mentioned that nursing is about treating the person and not the disease. I am finding that to be true. You definitely treat the whole person, whether that's medically or holistically.

WHO INSPIRES YOU?

Every trailblazer before me inspires me. There are women in wheelchairs who went

before, and they may not have the limelight I'm getting, but they are setting the bar for me. They gave me the motivation to finish. My mom is also my biggest inspiration. If she hadn't had the guts to believe that my disability didn't define me, I wouldn't have had the power to believe I could be a nurse or doctor. She enforced that at every milestone.

WHAT ARE SOME OF THE OBSTACLES YOU'VE FACED AS A WHEELCHAIR USER IN THE MEDICAL FIELD?

The biggest one is acceptance. I rolled into nursing school and they told me I couldn't be a nurse and that I didn't belong in the class. I knew what the ADA meant and that they couldn't turn me away. It's about having the guts to fight back. The industry doesn't see me as being capable of being a floor nurse. [During the current pandemic] they told me I was an infection risk. But I've learned the same infection control protocols as everyone else. I just do things differently.

HOW CAN HME DEALERS BETTER REACH YOUNG WHEELCHAIR USERS? ANY MARKETING THEY SHOULD AVOID?

Use social media to reach out and find people. A lot of young people are using social media. HME dealers can be in rural counties with 50 followers, but that helps. People are leaving rehab hospitals using HME products. Get into these hospitals and let them know you're there. Attend events that wheelchair users attend. Show up and let the community know you're there, because we get tired of just seeing our sponsors. Show us your products, demonstrate them to us. We want that personal connection. Maybe we don't need that product, but we want to be able to help a friend who does.

Don't falsify anything. We see through that. Don't put an able-bodied person in your wheelchair and use it in an advertisement. Not only can we tell, no one in the community has ever seen that person before. No one has ever tagged them on social media. Pick an advocate who best represents your brand and product and market that way. **HC**



SQUIRMY & GRUBS

Where to find them:

 Instagram @shaneburcaw and @hannahayl

 Facebook @SquirmyandGrubs

 YouTube Squirmy and Grubs

Shane Burcaw and Hannah Aylward are the duo behind YouTube's Squirmy and Grubs. As well as his social media, Burcaw is the author of several books. He has spinal muscular atrophy and has been in a wheelchair since he was two. The pair met four years ago while living 1,000 miles apart, and Aylward reached out to Burcaw via email. The two started FaceTiming nonstop. They are now engaged and live in Minneapolis.

WHO IS YOUR PRIMARY AUDIENCE?

Our primary demographic is women between the ages of 18-30. Many of our viewers have a disability or know someone who has a disability.

WHERE DOES THE NAME SQUIRMY AND GRUBS COME FROM?

We chose the name Squirmy and Grubs for our YouTube channel because we didn't want to pick a wheelchair or disability pun. We wanted something unique and special to us. These names have been our nicknames for each other since early in our relationship. Squirmy is what Shane calls Hannah because she never stops squirming around in her sleep at night. Hannah calls Shane Grubs because his hands are always sweaty and "grubby."

FOR BURCAW: HOW DID YOU CHOOSE THE TITLE "LAUGHING AT MY NIGHTMARE" FOR YOUR BLOG AND BOOK?

Throughout my life, strangers often assumed that my life must be a "nightmare" simply because of my disability. The exact opposite is true, so the title is a tongue-in-cheek reference to this assumption.

HOW DOES SOCIAL MEDIA HELP TELL YOUR STORY?

Our goal is to normalize interabled relationships, and to show that people with disabilities can have wonderful, fulfilling lives. By sharing our lives on social media, we have been able to give people a concrete example of these two truths.

WHY DID YOU CHOOSE TO ENTER THE MOTIVATIONAL SPEAKING CIRCUIT?

Our speaking engagements are definitely not intended to be "motivational," but rather funny and illuminating. We talk about the same topics that we address in our social media posts: ableism, inaccessibility and our interabled relationship. We got into the speaking circuit to be able to connect with people in person. It's a totally different experience than uploading a video to YouTube, and we've enjoyed both aspects.

WHO INSPIRES YOU?

Both of us recently watched the movie "Crip Camp" (about a summer camp for disabled teens) together, and we are feeling very inspired by all of the activists in that documentary who fought so hard for disability rights in America.

HOW CAN HME DEALERS BETTER REACH YOUNG WHEELCHAIR USERS? ANY MARKETING THEY SHOULD AVOID?

We feel that using more young wheelchair users in marketing will help other young wheelchair users connect with your products. We sometimes see only elderly people featured in HME advertisements, but this overlooks all of the disabled young people who use the same equipment.



HOW ARE YOU HANDLING QUARANTINE? WHAT OBSTACLES ARE YOU ENCOUNTERING AS A WHEELCHAIR USER?

We're often on the road for speaking engagements, conferences and other events, so staying home for the past two months has been an adjustment. We've learned to be more creative when coming up with ideas for videos. One big obstacle is the threat of the virus itself. Because Shane is especially vulnerable to a respiratory illness, it's been an anxious few months for us. We get really scared when we see people protesting social distancing orders, because it's those orders that are keeping Shane safe.

FOR AYLWARD: ANY TIPS FOR CAREGIVERS OF YOUNGER PEOPLE WITH DISABILITIES?

In our relationship, communicating about caregiving activities is important. Caregiving is pretty seamlessly woven into our days, so we usually don't think about it too much. However, it's important for us to check in with each other every once in a while about how both of us are feeling. **HC**

CHELSIE HILL

Where to find her:



Instagram @chelsiehill and @Rollettes_la



Facebook @ChelsieHillPage



YouTube Chelsie Hill



Chelsie Hill is the founder of the Rollettes Dance Team and the Rollettes Experience for young women. The Rollettes is a wheelchair dance team based in California. Hill is a dancer, choreographer, and coauthor of the book “Push Girl.” She became a T-10 paraplegic at age 17 as the passenger in a car accident.

WHO IS YOUR PRIMARY AUDIENCE?

People in the disability community are a huge part of my audience but I also have dancers and content creators, too.

HOW DOES SOCIAL MEDIA HELP TELL YOUR STORY?

I was the face of SmartDrive for about 4.5 years. During that time, I realized that people started asking other questions. The more open I am on social media, the more I can answer those questions. On Instagram stories, I can show my day-to-day life. I can also share other influencers and collaborators. I bring followers along on my day-to-day journey working on the (video blogs); I show them the process from draft to upload to computer issues and everything in between. I can also keep them a part of the planning process of the Rollettes Experience that grew from seven girls to 200 girls and women. They are part of my family.

YOU WERE ON THE SUNDANCE TV SHOW “PUSH GIRLS.” WHAT LED TO YOUR DECISION TO DO REALITY TELEVISION AND WHAT WAS IT LIKE?

I was newly injured and the other girls were pitching the show. And they asked me to be a part of it. They wanted me to meet with the main producers and told me I was the

missing link. I was maybe 19 or 20. I got blasted across the internet and pushed into the limelight, and there was a lot of cyber bullying by people who thought they knew my life. But it gave me the chance to reach out to the girls who are now part of the Rollettes, so I’m thankful for the experience.

WHAT PROMPTED YOU TO FOUND THE ROLLETES?

In the beginning, I had this idea of starting a dance company for my home town. I reached out to other girls who were young and newly injured. Some local restaurants in my home town of Monterey, California, sponsored us. We did a few car washes to help cover hotel costs and we traveled around for different performances and events. And then it became this big reunion every year, which eventually turned into the core dance team and then, years later, the Rollettes Experience.

WHO INSPIRES YOU?

One of my best friends, Ali Stroker. I met her early after my injury. She always told me, “You are beautiful. You can wear whatever you want.” She gave me a lot of confidence.

What really motivates me is that I work really hard to make the Rollettes Experience everything it can be. All of the little ones who come to our dance classes inspire me. The Rollettes Experience functions like a nonprofit even though we aren’t. We try to keep tuition low so it can be accessible to as many people as possible. Our sponsors are everything to make the event happen. Maybe one day I will be able to pay the team for all of their time but for now we rely very heavily on donations and sponsors.

HOW CAN HME DEALERS BETTER REACH YOUNG WHEELCHAIR USERS? ANY MARKETING THEY SHOULD AVOID?

Social media, social media, social media. The HME world is starting to come around, and all the mom-and-pop business may not feel like they are big enough, but they can benefit from it if they invest in social media correctly. But the biggest suggestion I can give is find real users who use the product. Don’t put an able-bodied user in your power chair. I can’t see myself in that. I can’t see myself reaching for a high cupboard when the person is leaning way over and obviously has full leg movement. Create genuine relationships and make authentic content. Strategically reach different areas of the disability community.

WHAT ARE YOUR BIGGEST OBSTACLES AS A WHEELCHAIR USER IN DANCE?

I think the first obstacle is: Is the building accessible? These old studios have flights of stairs. Do they have elevators in the back? I’ve been turned away so many times. I’ve worked my way up to these advanced classes but it’s taken a long time.

My biggest advice to other wheelchair users is to start in a beginner class so you have the freedom to explore your body and chair to get comfortable. Also, it’s so important to find the right choreographer so you don’t end up on the side doing your own eight count; someone who knows how to incorporate you and your chair into the dance. **HC**

Kristin Easterling is managing editor of HomeCare magazine.



Mobilizing Around COVID-19

Working to protect & serve CRT users during and after the pandemic

By Hannah Wolfson

Day by day.

That's how users of power wheelchairs and other complex rehabilitation technology (CRT) are taking things during the COVID-19 pandemic. It's also how advocates are approaching their efforts to make sure that CRT users stay safe and get the services they need.

"We're going to be dealing with this for a while," said Don Clayback, executive director of the National Coalition for Assistive and Rehab Technology (NCART). "It's a balance. There still are the day-to-day challenges everybody's dealing with, but there are some things we need to turn our attention to."

On the one hand, he said, advocates have been working hard to interpret federal guidance, get payers on board, and ensure that users have access to supplies, services and repairs. On the other, the group and its advisors are working to set up long-term priorities for new regulations and protocols to stay in place after the public health emergency ends.

Here & Now

Members of the disability community—many of whom are immunocompromised or at greater risk of developing serious respiratory issues—are experiencing a lot of fear and anxiety during the pandemic, Alexandra Bennewith, vice president of governmental relations for the United Spinal Association, said in a recent webinar.

"They're very scared ... scared about a lot of things related to access to their equipment and their supplies and getting the care they need," she said. "Caregivers don't show up. Maybe the caregivers are sick themselves,

[and] they don't want to put their customers or their loved ones at risk. So that's a huge challenge."

In addition, Bennewith said, members are having difficulty getting personal protective equipment and other medical supplies and finding there is some price gouging. They're worried about losing their jobs, especially if they can't go to work. They're concerned about medical rationing—that is, the crisis standards of care in some states that may exclude some disability diagnoses from

getting care for COVID-19. And the list goes on: transportation is limited; coronavirus testing isn't always accessible and even some who have driven to testing sites have been denied because they're not in the front seat of the car; rehabilitation options are limited; and even getting groceries is a struggle when delivery slots are booked up and caregivers unavailable.

"We've heard stories of people literally running out of food," she said.

For NCART, Clayback said, the first priority



has been making sure that people who use complex wheelchair and seating systems have the equipment that they need in good working order.

Perhaps they're waiting for a new chair ordered months ago to be delivered, or a component like a cushion. Or something breaks on their existing chair and suddenly needs repair. Either way, it's critical that they are able to get support from equipment providers.

"That's their day; that's their life," he said. "Their day starts when they're able to get in that wheelchair and go about their normal activity. If there's a problem with their wheelchair, with their seating system, then that impacts them—without even getting into all the complications COVID-19 brings."

On the positive side, he said, policymakers, payers and providers have been quick to respond to the need to make broad changes to health care. CRT users are a small part of that and may not always be top of mind, however. That has left advocates sifting through guidance from the Centers for Medicare & Medicaid (CMS) to see how it applies in this arena.

"Overall, we think the policymakers have done a good job—we've certainly been appreciative of the monumental task they have," Clayback said. "In some cases there was no guidance and we had to request it; in other cases there was some guidance, but it wasn't sufficient. There's been a lot of time spent on that."

Some of the items NCART has asked for is to:

- Waive face-to-face requirements
- Allow remote technology for clinicians and assistive technology practitioners, including for some forms of specialty evaluation and home assessment
- Develop relaxed provisions if a person has an urgent need for new or replacement equipment
- Allow repairs without prior authorization and without physician confirmation of continued need.

One success, Clayback said, is that physical therapists (PTs) and occupational therapists (OTs) are now being allowed to bill for telehealth under Medicare. Another is that CMS has added CPT Code 9742 "Wheelchair Management" to the list of Medicare telehealth codes.

The New Normal

But while telehealth and remote servicing may be a help to home medical equipment (HME) and home health providers, it can be tricky when talking about complex rehab equipment, which requires extensive fitting by a technician working in close contact with the user. A poor fit can cause serious therapeutic problems, including bedsores.

"You can't simply drop off a wheelchair—you have to have the person sit in it and there are going to be adjustments to be made," Clayback said. "The whole social distancing thing doesn't apply when you're fitting someone for a wheelchair."

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At the same time, clinicians and others are trying to adapt to a new reality.

"We are dealing with opening up clinics, trying to do so safely: Do we have space, do we have the ability and resources and time to clean in between patients? And how do we screen and get the appropriate equipment?" said Cathy Carver, executive director of the Clinician Task Force, a national group of PTs and OTs; she also works in the Wheelchair and Seating Clinic at the University of Alabama at Birmingham. "We call it the balance between risk and resources—you talk individually with each patient and help them decide. Is it best that they come to clinic, should we sent out a home health specialist, do you need repairs and should we get a technician out?"

She said that the choice ultimately comes down to each patient's comfort level during these uncertain times.

"You can have two people with the exact same diagnosis and the exact same medical history and one is going to be more fearful

than the other," Carver said. "The one who's more fearful is going to stay home and only let a few people in and the other is going to come down to the clinic. Every one of those fear levels should be considered and respected."

She said many clinicians have developed spreadsheets and check in regularly with their patients to see how they're faring—a practice homecare agencies can adopt.

And she said that from an HME perspective, providers should ensure they're developing a long-term relationship and working with each customer to meet their unique and evolving needs.

"I think the people who are going to do best from the clinician side, manufacturer side and supplier side are the ones who are already considering every patient as an individual, as a new set of goals," she said. "The people who are going to struggle are the ones who say if they need a folding chair, they get X chair. If they were not always in the mindset of seeing everyone as an

individual, they will struggle during this pandemic time."

For example, she said, HME providers can act as a liaison between a CRT company, clinic or therapist and customer to make sure the patient is getting the support they need. And it could be as simple as making sure a piece of rental equipment doesn't automatically re-up just because they haven't heard from the user.

"It can be a really crucial place they can serve these patients," she said. "We'll be undoing all that over the next three to five years if ... we're not working together."

For the Future

Clayback praised CRT manufacturers and dealers for their quick response so far.

"It's been encouraging to see how quickly the providers have been able to modify their processes and adjust to this new environment," Clayback said. "It's an ongoing process, I think companies are still learning and adjusting in a relatively short period of

You can have two people with the exact same diagnosis and the exact same medical history and one is going to be more fearful than the other.

time when you think about how the environment changed over a period of only a few days.”

For the long-term, he said, one goal is to keep some form of telehealth or remote access in place.

“Customers, patients, suppliers and manufacturers will all tell you how it’s proven to be a very positive option,” Clayback said. “If somebody is remote, sometimes transportation can be a problem for people with disabilities. There are tangible and credible benefits that will improve outcomes.”

Just what that looks like is still in question. Carver said it’s important not to lose the face-to-face option, but that she can imagine utilizing remote initial interviews or pre-evaluations post-COVID-19, perhaps with the ATP and customer in their home. She said it has been useful to see her patients in their homes to understand the reality of their day-to-day lives, and it would be a helpful way to get to know caregivers.

“I do think there will be some plusses that come out of it,” she said. “I don’t think there’s ever going to be anything to take away from the in-person eval of a brand-new patient.”

Some of the positive changes, however, are only in place temporarily during the public health emergency. NCART hopes to make those changes permanent. The group and others who serve the disability community are also working to develop protocols for care in this new era and have been holding weekly webinars to share updates and ideas.

Competitive bidding—and an effort to push it back at least a year after the public health emergency ends—is another priority. NCART is part of a broader group that is urging CMS to make a call, and will otherwise work with Congress to do it with legislation.

“The whole medical equipment community has been thrown into a tizzy because of the pandemic,” Clayback said. “Thankfully, people have been able to respond but these responses have come with great sacrifices. You don’t want to throw another payment cut and regulatory challenges to the companies that are really keeping people safe at home.” **HC**

Hannah Wolfson is editor of HomeCare magazine.

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STATE PRIORITIES

E. Pluribus Not Quite Unum

Pushing states & payers to provide relief in the midst of a pandemic

By Kristin Easterling

Home medical equipment (HME) providers are on the front lines of providing care during the coronavirus crisis. While some people may be delaying the purchase of mobility devices, lift chairs, or other retail items, others cannot live their daily lives without this equipment. The Centers for Medicare & Medicaid Services (CMS) has lifted many restrictions on HME providers to make supplying Medicare patients easier during the public health emergency, including not requiring certificates of medical necessity for oxygen devices.

Now Laura Williard and David Chandler of the AAHomecare Payer Relations team want state Medicaid agencies and commercial payers to follow suit.

They've been poring over documents from states and from private insurers and working closely with AAHomecare's Payer Relations Council—a committee of providers, vendors and other stakeholders—to get a clear view of the COVID-19 landscape and determine next steps.

"It's been a whirlwind," Williard, vice president of payer relations, told HomeCare. "We've been busy trying to understand everything published by the payers and the state Medicaid programs."

The Payer Relations Council created a list of requests for the commercial payers, including a template that providers can send to their payer partners. As of press time, the council had contacted at least 33 different payers, said Williard.

Other things on the wish list include common-sense decisions on proof of delivery such as waiving signature on delivery, flexibility on medical documentation, flexibility around prior

There is a need for oxygen for the acute conditions that stem from coronavirus infection.

approval documentation when physicians aren't available, and coverage of short-term oxygen.

Most private plans and Medicaid programs cover oxygen for chronic conditions, Williard said—but right now, there is also a need for oxygen for many of the acute conditions that stem from coronavirus infection.

The virus is also causing concern around supply chain management and a shortage of needed supplies, said Williard. State Medicaid agencies indicated they would allow 60 to 90 days worth of supplies, but it is possible those supplies wouldn't be available in those quantities. AAHomecare put together a letter for governors asking them to refrain from making changes because it would disrupt the supply chain, meaning patients would maintain 30-day quantities of their supplies.

A survey conducted in late April confirmed their fears. More than 500 HME providers indicated they were getting hit with disruptions to their supply chain and increasing costs of equipment, especially equipment needed to treat COVID-19 patients. In the survey, 97% of respondents had trouble obtaining personal protective equipment and 80% cited problems obtaining ventilators and oxygen.

The payer relations team also developed a series of letters on the Medicaid front, said Chandler, director of payer relations. He and

Williard sat down for a recent episode of The HomeCare Podcast.

"The initial letter has gone out to nearly every agency," he said. "We cobranded with state agencies, (the National Coalition for Assistive and Rehab Technology) and (the VGM Group). I'm aware of at least 46 states having active discussions with our asks. We also crafted a followup letter that highlights some of the recent guidance from CMS."

Chandler noted that CMS has responded faster than most state Medicaid agencies, which he said is unprecedented. Recent updates from CMS give AAHomecare a chance to go back to state agencies and ask for some leniency on clinical indications on respiratory equipment, proof of delivery, prior authorization and audit activity, Chandler said.

Leadership in Action

The AAHomecare Payer Relations Council—now just over a year old—was a goal of Williard's from the time she started with AAHomecare; adding Chandler to the team helped set the final pieces in place. The council named Jason Morin of Home Care Specialists, Inc. as chair and Ryan Bullock of AeroFlow Healthcare as vice chair. The group was designed to:

- advocate for fair, commonsense regulations that help put patients over paperwork;
- work with state and regional association



leaders on Medicaid rates and other managed care payers;

- work with Medicaid plans and managed care organization (MCO) plans to eliminate administrative costs for providers; and
- continue to grow the resources to fight for HME interest in Washington and at the state level.

In response to the COVID-19 emergency, the council has stepped up to build the requests for the industry.

“It’s been a relief to have a group of people to help come up with these requests and the items we needed to go after for the private payers and Medicaid programs,” said Williard. “We had to shift focus, unfortunately, but we are still looking at what we need to do for the future.”

Crisis or not, the council is looking to show the value of HME in the health care spectrum. As the public health emergency begins to play out, the council is working on its messaging to show how HME providers and manufacturers have worked to keep patients at home and healthy; it is also partnering with payers to back the message up with data. Obtaining this data from Medicare Advantage plans, commercial plans, MCO plans and Medicaid plans is difficult, Williard said, but helps point to the

return on investment and the savings that are being provided.

Educating both payers and providers is a goal moving forward. Private payers have policies that don’t always align with guidance from CMS, Williard said. Ensuring that providers are aware of those guidelines is important to the success of the industry.

Beyond the Pandemic

The payer relations team had been focused on urging states not to lower rates on HME products for the Medicaid program based on the 2016 CURES Act. In 2019, six additional states matched Medicare rates, joining the 11 that matched rates in 2018. Six states were already at Medicare rates when advocacy began. In 2020, Oklahoma announced they would be changing rates on July 1. The council is pushing for a delay in the midst of the pandemic.

Continued focus lies on third-party administrators (TPAs), which deliver administrative services on behalf of insurance plans. Some TPAs have their own HME companies, and while there is an open network, referrals are sent to their preferred company. Work is continuing, particularly in Florida with the office of insurance regulation, to gain insight into the TPAs and move forward with issues the industry faces.

Narrowed networks continue to be a headache, said Williard. Preferred provider arrangements are growing, instead of sole-source contracts. The concern is that companies will switch to sole-source contracts at a later time.

Resources for the Industry

Chandler advised payers to stay informed of changing regulations during the pandemic. The payer relations team has created a tool to track MCOs and third party payers to keep providers updated on policies and changes. The tool is updated as payers communicate with the advocacy group.

“Make smart choices not only for your business but that also protect the patients you serve,” said Chandler. “We have to be a part of the solution. They need us as much as we need them.” **HC**



LISTEN TO EPISODE 12 OF THE HOMECARE PODCAST

to hear the full interview with Williard and Chandler.

homecaremag.com/podcasts

Kristin Easterling is managing editor of HomeCare magazine.

Start Training Now

3 steps to getting in shape for a post-virus sales environment

By Ty Bello

If you set a goal to be able to bench press 300 pounds, how will you reach that goal? One pound at a time—and with more than just bench presses in your training.

So, how do we take our current sales routine for home medical equipment (HME) and make a difference for the future? How do we begin our training in a post-COVID-19 environment? First, we need to take into account the past and the present to be ready when we come out of this.

Our best predictor of future success is our current behavior. To not prepare is to assume the following:

- Nothing has changed about our business
- The referral community will have little to no changes moving forward
- The message brought to the community will not need to change
- The consumer of our products and services will not change

The key word in all of these is “change.” If these are your assumptions, you may be drastically wrong.

The following is a training guide that will help you prepare for the future sales



Don't press the referral community for referrals during this time. Their world has been turned upside down. This is not a time to sell but a time to serve.

environment. The disclaimer is that there is no easy way to predict exactly what will happen or what the marketplace will be like on the other side of this pandemic. There has been careful consideration built into this training program that should lend to flexibility and adaptation to what the market will actually reveal.

Here is your three-step training guide for the post-coronavirus HME sales environment.

1 The Warmup: Understanding Sales Strengths, Successes & Routine

Before you can achieve your goal of positioning sales efforts for a post-coronavirus environment, you must have a deep understanding of where your base business and referrals were before the public health emergency began. You must know the number of referrals, base accounts and prospects that you were working on. You must also know the strengths of your sales territory management process and your weaknesses. You cannot reach your goal without establishing this grounding of the business.

Now is not the time to embellish what



was really accomplished and what accounts gave you business or not; you must be realistic. This may not look very pretty, but transparency at this point will define the next step in the process. Take some time to gather this information and study it thoroughly. Look for patterns in referral trends and for accounts that have gone dormant and or exceeded expectations. This will be useful data as you plan your workout.

2 The Workout: A New Sales Routine & Messaging

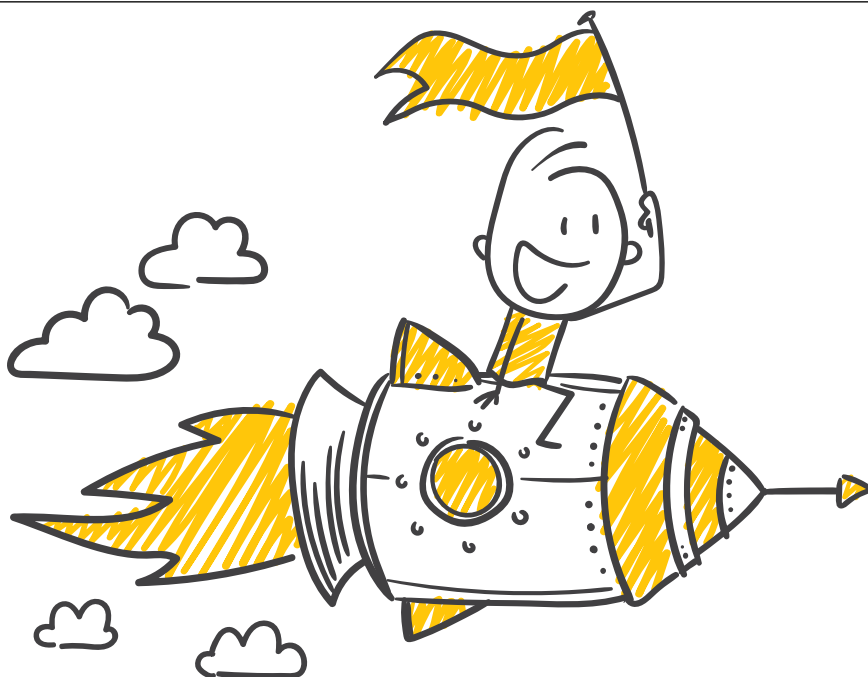
This is where real strength is built. Take the information you gathered in the warmup and build a plan for how you will be top of

mind with the referral community during each encounter or sales calls every day.

The sales day in this current environment has changed from a normal routine of face-to-face sales calls. We now need to adapt to this environment in a way that exceeds our current level of sales strength. The daily workout must consist of variety; just as when lifting weights, you don't do the same routine every day because the muscle will get used to it and not respond. Muscles are like the referral community—they need a different routine to grow and see results.

Presently, providers cannot make face-to-face calls and have adapted and used other avenues to penetrate the marketplace and help stay visible. They have incorporated phone calls, emails, texts and even social media. By using these “exercises” of the sales routine, they have stayed top of mind with the referral community. Changing up the daily workout by rotating calls, emails and texts with each referral source provides the variety and stimulation that differentiates you from the competition.

Remember the purpose of the workout is to build strength. Be careful not to put too much weight on the bar—there can be repercussions that impact the goal. In other words, don't press the referral community for referrals during this time. Their world has been turned upside down. This is not a time to sell but a time to serve. Stick with the plan and routine for the workout. The encounters will be consistent and help keep you top-of-mind, and this will help build the strength



you will need to achieve your goal and reach the cooldown section of the training guide.

Consider this great quote from legendary business coach Brian Buffini, which makes this effort of serving real: “Give it out in slices and it will come back to you in loaves.”

3 The Cooldown: Reviewing Each Sales Encounter

After every good workout you need time to cool down and allow your muscles to recognize the impact of the workout and notch short-term achievements. This must also happen after every sales encounter.

For those who have used a customer relationship management (CRM) system in the past but weren't fully on board, now is the time to embrace your CRM. The CRM is like a weight lifter's training records. Every serious weight lifter can review their training book and know exactly what happened during the last workout. The CRM is the training book for sales professionals.

First, record every encounter that you make and notate its type: phone, email or text. This record is valuable as you attempt to change the routine from encounter to encounter. Also, make notations as to what content was sent or shared. This, too, is valuable for future encounters.

Also, monitor referrals coming in during

this time and contact the referral source soon after setup has been completed. Thank them and ask how you can serve them—and remember to also ask them how they are doing.

Through the reports provided from your software and CRM, review your numbers. This is going to be part of your new routine moving forward and will benefit you greatly as you strive to reach your goal.

The warmup is about the past, the workout is about the present, and the cooldown is both the present and future. Acting upon this sales training guide will ensure that reach your goal.

And what is your goal? Throughout this time, it is to stay top of mind, to serve rather than to sell, to be grateful for the referrals you get and to plan for when we come out of the pandemic.

Make all aspects of this training guide count while we are in the COVID-19 environment. **HC**

Ty Bello, RCC, is the president and founder of Team@Work, LLC. He is an author, communicator and registered coach. The team at Team@Work 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. Visit teamatworkcoaching.com for more information.

Shoring Up Your Defenses

Insurance considerations in the time of COVID-19

By Tracey Forde

This year started out on a positive note for most homecare businesses—and then COVID-19 threw an ugly left hook. In the wake of the country's "new normal," homecare business owners and management teams are faced with making a myriad of significant business and operating decisions at the spur of the moment. The creation of new policies and procedures to address working from home is high on the list, but so are how to effectively, efficiently and fairly deal with layoffs and/or furloughs, on-site and off-site working conditions, infection control protocols, pay cuts, client retention and other issues.

It is not surprising that many businesses are looking to their insurance program providers to help them manage, minimize and mitigate potential and actual losses as they weave their way through the haze of uncertainty and maze of confusion during this unprecedented time.

Loss of Income

One of the biggest areas of concern is the loss of business income due to government-mandated shelter-in-place orders. Sadly, many business owners found out that their policies did not cover business interruption due to a pandemic. However, there may be a

loophole: coverage provided due to business interruption by an order of a civil authority. This coverage ensures that a company will receive all or a portion of income lost over the period of time that the government (i.e., the civil authority) prohibits access to the business. Although this coverage is provided in most policies, it is important to note that every policy is different and there are certainly exclusions that may include viral outbreaks, communicable diseases or pollution. Therefore, it is imperative that business owners review their policy with their agent or broker to determine if coverage is applicable during this time.

Furthermore, this coverage usually has specific criteria on when it will be triggered. The waiting period could be a set number of days, weeks or months before it kicks in. The policy may also require the policyholder to meet other requirements, such as submitting a notice or meeting a deductible. Again, a review of the policy with the agent or broker is imperative to understand the availability of coverage and requirements to be met.

Workers' Compensation

The second major area of concern is the payment of workers' compensation claims

for those employees who contract the coronavirus in the course of their duties on behalf of a homecare employer. Since ordinary life illnesses such as the common cold and flu are excluded from workers' comp claims, this illness could very well be treated the same.

Arguably, homecare workers fall under the 'essential workers' category and are considered to be health care workers in every sense. As such, it would also seem that their workers' compensation claims would be paid. However, that is not always the case. Here is why: many states are still requiring claimants to shoulder the burden of proof that they in fact contracted the virus while performing their job and due to the inherent nature of their job.

In other words, the sick employee must be able to provide specific information as to which patient gave them the virus and when in order for their claim to be compensable. It is obvious that this information is impossible to nail down when dealing with a highly contagious illness that is both airborne and transmitted via contact.

Thankfully, many states have removed this barrier for homecare workers and claims are being paid. However, this change will translate into an increase in carrier rates, which will mean higher annual premiums for workers' compensation coverage for homecare businesses in the near future.

Some state legislatures are also providing some level of protection for employers due to potential negligence and wrongful death civil lawsuits under the "workers' compensation exclusivity doctrine." This doctrine states that an employee who received workers' compensation benefits

Coverage usually has specific criteria on when it will be triggered. The waiting period could be a set number of days, weeks or months before it kicks in.



cannot file a lawsuit. Please keep in mind that each state has its own statute on this doctrine.

Employment Liability & Potential Lawsuits

COVID-19 is also impacting employment liability practices (EPLI) and lawsuits against employers are on the rise. Several areas of concern are:

- ***Negligence and wrongful death claims:*** These claims have arisen primarily due to claims that the employer did not take COVID-19 warnings seriously enough and failed to implement and actively engage in carrying out actions that would reduce the likelihood of their employees, customers, vendors and others contracting the coronavirus.
- ***Whistleblower claims:*** Some employees will feel that they were retaliated against for reporting health and safety concerns related to COVID-19. It is important to keep in mind that retaliation is illegal under the National Labor Relations Act and several other laws. Additionally, many states have whistleblower protection statutes in place.
- ***Occupational Safety and Health Administration and Family Medical Leave Act claims:*** Claims that employers failed to implement proper procedures and policies to reduce their employees' exposure to COVID-19 and help reduce its spread will be on the forefront. Additionally, those who felt their rights were not granted under the Families First Coronavirus Response Act will submit claims.
- ***Wrongful termination claims:*** In light of layoffs and furloughs spurred by government mandated shelter-in-place orders and shutdowns of non-essential businesses, former employees may feel that they were singled out for one reason or another. With the loss of income, they may feel that suing is their only recourse, whether warranted or not.
- ***Third-party employment claims:*** Customers, vendors and family members of employees may file lawsuits claiming negligence, wrongful death, etc. Not all EPLI policies provide coverage for third-party claims. Hence, it is imperative to review your policy with your agent or broker.
- ***Wage and Hour and Fair Labor Standard Act claims:*** Many employees are working remotely to slow the curve. As a result, record-keeping and time capture of actual hours worked has changed. Additionally, new work schedules may have been created. These changes may give rise to wage and labor disputes.

EPLI insurance provides a level of protection in the event any of these claims are made against your business.

Cybersecurity

A final area of concern is cyber security. Cybercriminals are taking advantage of the fact that companies' operations and management teams are focused on responding to the plethora of COVID-19 changes. They are also acutely aware that a large majority of employees are working remotely, which demands many organizational network changes. Hence, agencies are even more vulnerable to heightened cyber-attacks in the form of phishing emails, ransomware and other malicious acts.

Take a moment soon to speak with your agent or broker to discuss your current coverages to make sure you have the protection necessary to protect your assets and reputation. It could mean the difference between staying in business or closing your doors. **HC**

Tracey Forde is the principal of Asset and Reputation Protection, a full-service independent insurance agency specializing in insurance for allied health care organizations and businesses. She has more than three decades of experience in commercial lines of insurance. Visit assetreprotect.com.

MEDICATION MANAGEMENT

Keeping a Closer Eye on Prescriptions

Why medication compliance is critical & how to achieve it

By Martin Cooper

Taking prescribed medication on a set schedule is crucial to managing a patient's health. Failed adherence to prescription medication is a problem that too often goes unnoticed. According to a Harris Interactive and Wall Street Journal Health Care Poll, two thirds of adults who have been prescribed medicines in the past year say that they've simply forgotten to take their medications. Of those polled, 20% failed to take prescription medications because no one reminded them to take or to refill their prescriptions, and 15% said they didn't take prescriptions because they were confused by all the drugs they were required to take.

The typical Medicare beneficiary sees a median of seven physicians—two primary care doctors and five specialists—over the course of a year, according to the World Health Organization. Without a coordinated strategy to tackle medication compliance, confusion often overwhelms patients. This confusion can lead to medication errors, relapses, more hospital visits and eventually a loss of independence.

This was something I learned on my own. Many years ago, my brother David and I realized that our parents' medication mismanagement was prompting emergency room visits, hospital stays and doctor appointments. Our background informed how we might solve the problem. My father, Al Cooper, founded Cooper and Company in 1945 with a single store that offered small appliance and watch repair; over the years, it became Cooper's Watchworks and

When a patient understands their meds and the schedule they are following, that confidence leads to a sense of independence and increased compliance no matter who is administering the medication.

eventually the Dakota Watch Company. With a lifetime of experience in the world of timepieces, it made sense for us to develop a system that incorporated talking alarms to assist our parents. After helping our family, we took the concept to market in 2007 as the MedCenter System.

Medication compliance is paramount whether a patient is alone at home in charge of their own medications, being seen by care providers or living in a care facility. The confusion associated with a variety of medications can lead to unseen complications regardless of the setting. When a patient understands their meds and the schedule they are following, that confidence leads to a sense of independence and increased compliance no matter who is administering the medication. Even when a patient is not in total control of their medication because they are in a full care facility or are seen regularly by in-home care providers, they should still be able to understand and track their daily

regimen. Those who do often develop more independence by overseeing the administration of their meds by their care providers. This inclusion in their own care can also lead to improved compliance.

The simplest means of promoting medication compliance is through a pill organizer. There are several options on the market that range from a simple weekly unit divided into four compartments per day to complicated monthly organizers that coordinate and dispense medication via integration with an app on a smartphone. These high-end organizers require a large unit connected to the internet and monthly fees to be part of the program.

It's important to remember that each patient's medication needs vary. Each patient's understanding of their meds varies as well.

Homecare providers often benefit from the use of medication organizers. These units can be filled by the care provider so the patient can administer their own



medications between visits, or they can provide an organized system for the provider to maintain compliance through round-the-clock care. In either case, the patient's understanding and assistance in maintaining their daily regimen can lead to increased compliance.

Without a system in place that's easy to follow and use, even patients with simple schedules can find themselves off track, missing doses or doubling up on medication when left without assistance. A simple but effective medication organizer and reminder system can be an effective solution with the added benefit of patient independence, well-being and quality of life.

When looking for a suitable medication organizer and reminder for patients, consider the following:

- **Ease of use:** Complicated systems can be overwhelming.
- **Size:** A smaller unit can appear less intrusive in the home.
- **Dexterity requirements:** Units with small

compartments or lids that are difficult to open can be more difficult to operate for patients who may have limited dexterity and strength.

- **Volume:** If the unit incorporates an audible alarm or reminder, consider the patient's hearing ability.
- **Simplicity:** A unit that simplifies the task of taking daily medications on time every day with minimal teaching is the goal.

Medication compliance can be a deciding factor in patient outcomes. With 66% of those polled by Harris Interactive admitting to noncompliance within the last year, most patients are more frequently noncompliant than they are dedicated to a medication regimen. Twenty percent of the United States' population will be 65 years of age or older by 2030, and research in American Family Physician points out that half of all prescribed medications are for that same demographic.

Knowing that this is a widespread

problem can help care providers prevent medication errors and promote adherence through simple and cost-effective medication organizers and reminders. Not only will this not help maintain a patient's health through a set schedule for meds, but will also promote a better quality of life through a sense of independence and understanding of their own care. **HC**



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Martin Cooper was born into a family that has serviced quality timepieces since 1945. He oversees the development of new products at Cooper and Company with a focus on finding solutions for the everyday person. In 2005, he expanded Cooper and Company into medication organizers under the MedCenter brand.

Don't Let Intake Drag You Down

How to break through pharmacy intake bottlenecks

By Jennifer Keiser

Intake is essential to the homecare pharmacy business; after all, it determines whether your new business is won or lost. Yet the time-critical process can be riddled with challenges, miscommunications and lost information. Because multiple staff members are often working on a new intake simultaneously, managing information from many sources and dealing with paper records that add extra steps, the intake process presents many opportunities for critical information to be lost or miscommunicated.

Not only does this create frustrating and potentially dangerous lags for patients waiting for treatment, an intake process that isn't streamlined can also cause challenges down the line in other departments, like billing, if critical information is missing. And, of course, as the first step of working with a new patient, intake is critical to growing a successful business; bottlenecks in the process will prevent you from responding in the expedient manner required to keep referral sources happy and to ultimately reach your full business potential.

I've outlined the top contributors to these intake bottlenecks and ways homecare pharmacy and home infusion providers can use technology to solve them. By eliminating manual paper processes, improving coordination between staff members, patients and prescribers and engaging patients in their financial responsibility, you'll experience fewer intake headaches all while improving the satisfaction of your key constituents.

With the right technology solution, intake bottlenecks can be a thing of the past.

1 Challenge No. 1

The typical paper process of scanning, uploading and filing information is costly, time-consuming and presents multiple opportunities for essential patient information to be misplaced.

Solution:

Look for technology that digitizes this process and integrates information directly into a document management system. Referrals come in from many sources and in myriad ways, so incorporating integrated technology such as efax and electronic referral capabilities allows you to channel incoming referrals directly into your software platform. This eliminates the paper shuffling often required to get physical documents all into the same place, dramatically streamlining the process.

With a technology solution that addresses multiple aspects of the pharmacy business in one place, you can also use the intake process to set yourself up for success down the line. When referrals are delivered directly to a document management module—or even imported directly into a patient record—the front-end process is streamlined and results in a single, robust medical record for each patient. As a result, billing and other back-end processes will be smoother and more effective experiences,

with all the documents those employees need available at their fingertips.

2 Challenge No. 2

Coordinating between multiple employees as well as with your patients and prescribers can create gaps where essential information may be lost.

Solution:

Find a technology provider with workflow functionality built to support multiple people working with a single document or new patient referral. Strong workflow tools will create full integration between each step of the intake and other pharmacy business processes, eliminating opportunities where that information might otherwise slip through the cracks.

An effective workflow should be designed to support the movement of tasks from person to person. For instance, everyone—from the intake coordinator entering patient information and following up with referral sources to the staff obtaining signatures on orders—needs easy access to up-to-the-minute patient information. Speed and the ability to hand off efficiently are essential; some companies even set goals for themselves by defining the number of minutes until someone begins working on a new referral or the number of minutes until

they provide an answer to the referral source.

Technology is available to support these workflow and visibility needs. These include tools such as interactive work lists, which facilitate handoffs of tasks; patient engagement apps to simplify patient-provider communication; and electronic prescription support to easily exchange information with your prescribers for faster, more accurate processing.

3 Challenge No. 3

Intake is an essential opportunity to quickly assess a patient's financial responsibility and to set clear expectations, but with so many moving parts, this moment can be handled inaccurately or lost altogether.

Solution:

To support a successful conversation with patients around financial responsibility, providers need accurate records of insurance coverage as well as the ability to verify eligibility and obtain details about copays and deductibles. For prescription drug plans, the ability to submit test claims allows immediate insight into the amount a payer will reimburse for a given product (and, if appropriate, equivalent substitutes) and what a patient will owe. And the ability to produce and obtain patient signatures on documents such as financial responsibility forms is necessary to make sure everybody is on the same page.

With a technology solution that automates these processes, you can more easily transition to the industry model where the patient is more aware of their responsibility for medical costs. Functionality such as electronic eligibility verification and test claims allow you to make sure these crucial steps for intake are accurately handled.

Additionally, integration between form generators with electronic signatures and document management software ensures that you not only have the necessary patient signatures but that all the documentation is stored in one place for easy access. Finally, patient engagement technology gives you the ability to automate your communications with patients regarding financial responsibility.

With the right technology solution, intake bottlenecks can be a thing of the past. Homecare pharmacy and home infusion providers who harness technology to eliminate manual paper processes, improve communication and coordination and assess financial responsibility can reap the benefits with far fewer intake headaches and far greater satisfaction among staff, patients and prescribers. **HC**

Jennifer Keiser is senior director of pharmacy product management for Brightree LLC. She is responsible for product strategy, feature prioritization and product roadmap for the pharmacy offerings within Brightree's cloud-based post-acute care solutions. Keiser has more than 25 years of experience managing health care software development, support and implementations, but her true love is designing exceptional pharmacy software. She previously held positions at Mediware and at CVS Health.

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If You Offer It, They Will Come (Virtually, That Is)

A marketing checklist for launching telehealth services

By Rachael Sauceman

Between shelter-in-place orders, social distancing guidelines, and the devastating statistics showing that one in five COVID-19 deaths are linked to nursing facilities, the home health industry can provide a critical option right now for seniors and their families, made even more appealing through virtual care services.

More than a quarter of home health agencies reported that they planned to launch telehealth services in the next two years, according to Definitive Healthcare's Home Health Agency Study from December 2019, and 42% reported they were already utilizing remote patient monitoring. Recent changes from the Centers for Medicare & Medicaid Services (CMS) have opened the door for home health agencies to provide more remote and virtual care than ever before. And adoption of these services has likely accelerated as home health agencies work to protect staff and provide safe, quality care for patients.

Whether you've implemented telemedicine or other virtual care services or you're considering doing so, ensuring that patients, their families and referring

providers are aware of this new offering is just as crucial as implementing the technology. Here is a checklist to help your agency get the word out about your new telehealth services.

1 Update your website.

We are living in a digital age—and that is more true than ever during the COVID-19 pandemic. Your website is your front door, so it is crucial to outline the benefits of telemedicine and remote monitoring on your website. Some caregivers or providers may be looking for these options to limit a loved one's exposure to COVID-19, but others may worry about quality of care or isolation. Here are some ways to alleviate their fears.

Answer questions & explain value.

Be sure to add a prominent link or graphic on your home page promoting your virtual health services and create a dedicated page on your website to explain your telehealth services and answer common questions.

Here's a short list of things you may want to address in a "frequently asked questions" section about your new virtual services:

- What telehealth or virtual care services are you offering?
- How does telehealth/remote monitoring help you improve the quality of care for your patients?
- What services are provided in person and what steps are you taking to ensure the safety of your patients?
- Does telehealth or remote monitoring cost extra? (Include insurance information if it is applicable.)
- How do patients use your telehealth or remote monitoring services? What if they have obstacles to using the technology?

Integrate chat to address other concerns.

If you are getting a high volume of questions or patients, caregivers and others are calling you for more information or troubleshooting help, consider a chat feature or a chatbot.

Telemedicine is new for many patients, and we are currently in an uncertain time. An easy, quick chat feature can give caregivers for prospective or current patients a low-pressure way to get their questions answered. Just be sure to dedicate a person on your team to answer questions on chat, and ensure that he or she is equipped with the right information.

If you find you are getting the same questions over and over again about COVID-19 or telemedicine, you can introduce a chatbot to answer common questions with pre-programmed answers. It's kind of like an FAQ, but it can easily pop up on your homepage or other pages throughout the website as you choose.

It is important to let your potential referral sources know that you have new care options available that will improve outcomes.

Google has even released free resources to help you build a chatbot. Just remember that any chat features you use need to be HIPAA-compliant.

2 Get the word out.

While your website is important, the vast majority of caregivers, patients and referring physicians may never make it there if you don't help them find you. Here are some easy and inexpensive ways to promote your business while highlighting the benefits of your newly introduced telehealth or remote monitoring services.

Update your local listings.

Promote your new offerings in your business description and services on Google, Bing and Yahoo! Maps, and don't forget third-party listing services like Yelp, Healthgrades, and ZocDoc. Certain platforms, like Google My Business, even allow you to create a small promotion or post for free.

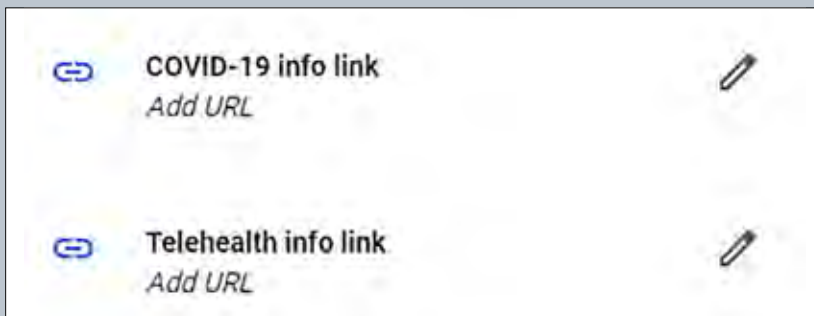
In this current climate, Google My Business has also enabled some custom fields for health care organizations. By updating your "COVID-19 info link" and "Telehealth info link," you can stand out from your competition and ensure that people searching for a home health agency know about your new services.

These features can be found by signing into your Google My Business account, choosing a specific listing, and then updating the "Info" section.

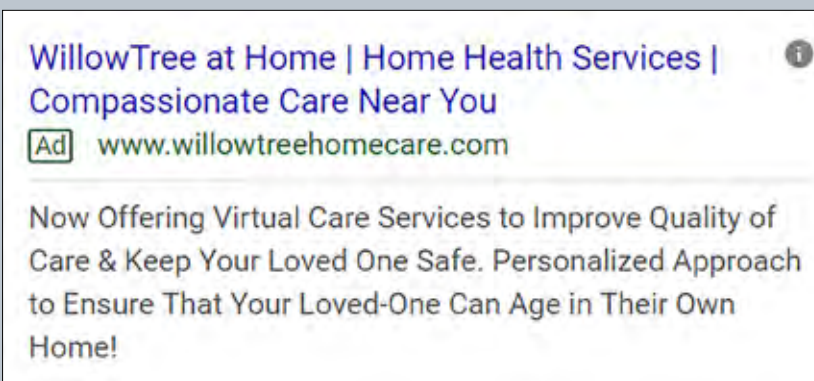
Email your network.

Send a quick email about your new services to facilities and providers that commonly refer to your agency. While consumer choice does play a role in home health selection, many simply take the recommendation of the hospital or in-patient care facility they are leaving.

It is important to let your potential referral sources know that you have new care options available that will improve outcomes and help keep seniors safer from exposure to COVID-19. Your sales and marketing team should be able to put together a quick email and blast it out to their contacts.



Google My Business has enabled custom fields for health care organizations. (Provided by author.)



Running ads on Google search is an effective way to bring in new patients.

Post on social media.

Statistics show that social media usage has spiked during the COVID-19 pandemic. A recent global study found that social media engagement is up by 61%. Social media is a great way to reach your network and caregivers for your patients, but be aware that posting to your Facebook business page only reaches 6.4% of your followers.

Using the "Stories" feature on Facebook and Instagram can help you reach more people without having to invest in advertising. In addition, a small spend on social media can go a long way. By investing even just \$10 in an ad on Facebook, Instagram or Twitter, you can reach more of your following.

Advanced audience targeting can also be used to connect with people in your community who don't already follow you on social media.

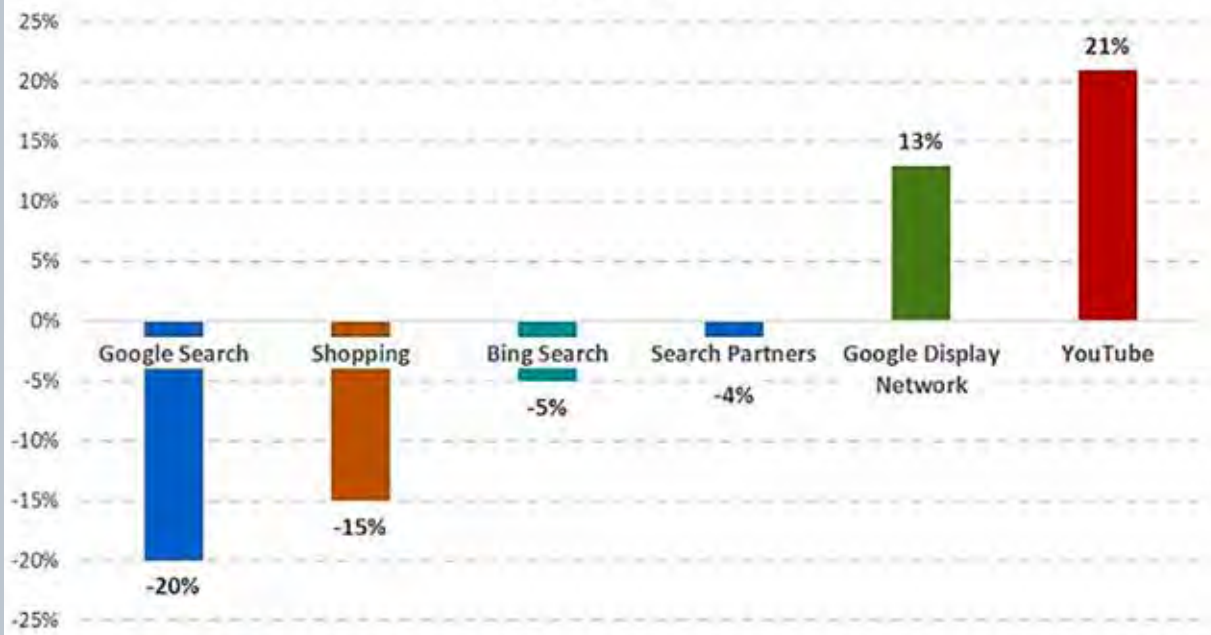
Boost your Google presence.

Running ads on Google search is one of the most effective ways to bring new patients to your home health agency. Why? Because you can put your agency in front of patients or caregivers at the moment they are searching for you.

Consider running two types of campaigns on Google:

- Ads focused on people searching for your brand. Create a keyword list that includes your agency's name. This will ensure that whenever existing patients are searching for your practice on the web, you can put your best foot forward as a home health agency offering innovative options to improve care.
- Ads focused on people searching for your services. Create additional campaigns focused on search terms like "home health agency" or "home health service"

Change in Ad Traffic Since Beginning of March due to COVID-19



Users are searching less but taking in more content, especially videos. (Source: Wordstream.com.)

and be sure to promote remote monitoring and telehealth in your ads.

3 Reach your broader community.

Digital advertising tends to be much less expensive than traditional advertising, and it is more important than ever while people are staying home.

People are consuming a vast amount of media right now—Netflix consumption rose by 72%, and news viewership on YouTube has peaked. The usage of search engines has dropped, and so has online shopping. Meanwhile, content consumption has jumped as people search for ways to entertain themselves at home. This presents a real opportunity for businesses willing to spend ad dollars where consumers are.

By utilizing Google display or YouTube ads, you can reach potential patients and their caregivers where they are spending an unusually large portion of their time.

Google display ads can appear on articles throughout the internet, including mobile apps and games, news websites, lifestyle blogs and videos.

YouTube usage has been especially high, and advertisers can run image and video ads on youtube.com and YouTube Tv.

Here are some tips to get some display ads up and running quickly:

- Create simple ads and messaging. A display ad that is 300x250 works across mobile and desktop devices. Google Ads provides more help for gaining the most impressions.
- Use Google's responsive display ad creator. With this, you simply upload some images and your logo and input your messaging. You can be up and running with a new display campaign in about 30 minutes.
- Google has a new video builder tool to create a video without needing to pay for high-end production.

4 Consider the future of telehealth.

We are continuously adjusting to a “new normal.” Shelter-in-place orders have required changes to almost every aspect of our daily routines, and it's safe to say that when regulations loosen, many people will continue to seek virtual services that have become more commonplace as a result of the pandemic.

Even as communities begin to reopen and transition back to pre-COVID-19 normalcy, be sure to continue adapting your marketing and messaging to demonstrate how your new telehealth services help promote health and safety now and in the future. **HC**

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 digital marketing capabilities within the health care space, including website design, online advertising, search engine optimization, patient experience optimization and analytics.

Why Increased ICU Stays May Mean More Physical Therapy

Exploring rehab in the COVID-19 world

By Kristin Easterling

The coronavirus pandemic is changing many aspects of health care. Hospitals are not allowing visitors, patients are delaying or refusing routine care and many services are switching to digital formats through the end of the public health emergency. This includes physical and occupational therapy services (PT, OT). However, as COVID-19 patients return home from the intensive care unit (ICU), many need PT in order to return to normal life.

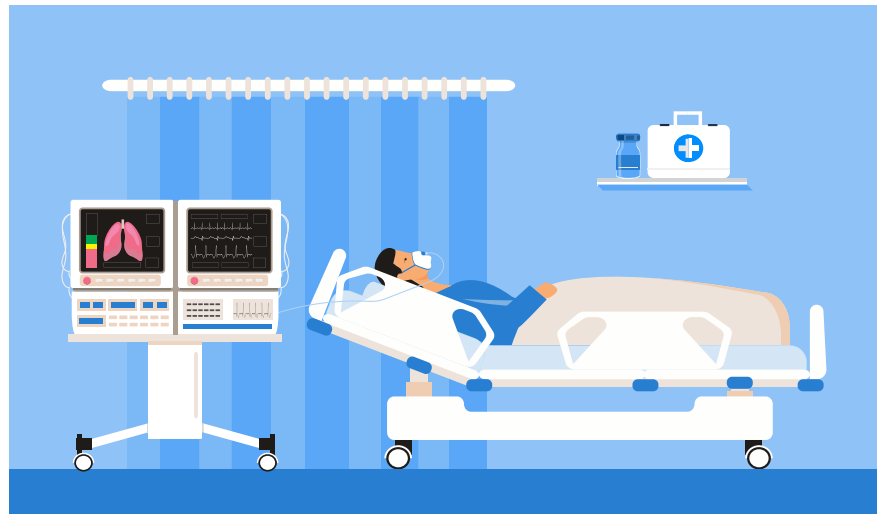
Post Intensive Care Syndrome (PICS) is a term coined in 2012 to describe the illnesses people experience after a stay in the ICU. PICS can manifest as problems with physical function, cognition and mental health. PICS cases are expected to increase as a result of the current pandemic.

“The average age for an ICU patient is 45 to 55,” James Smith, a physical therapy professor at Utica College in Utica, New York, said in an interview with HomeCare. “This is an age group used to working and playing with their kids. More seniors are passing away from COVID-19, but as the disease progresses, they will also need care.”

A Host of Issues

Before COVID-19, more than 4 million adults were released from the ICU each year. Intensive care survivors may have problems with walking or driving, cognitive issues with memory and executive function or with symptoms of depression, and post-traumatic stress disorder.

These issues associated with PICS track with problems Vinod Somareddy is seeing



A stay in the ICU should be a “yellow flag” for physical therapists.

with patients entering the Reddy Care Physical and Occupational Therapy practice in Great Neck, New York.

“They have a lot of fatigue, a lot of weakness; a loss of function. They cannot do things that they could do before. They have a lot of respiratory problems and loss of endurance,” Somareddy said. “And because of their comorbidities, some of their other issues are exacerbated. So if you have a person with a previous fall injury, their balance is affected more. They are less able to move on the stairs, and they don’t want to after they get home. Those complaints don’t go away.”

For a patient recovering from any critical illness, not just COVID-19, rehab is vital as they work to regain the ability to perform the activities of daily living. A stay in the ICU should be a “yellow flag” for physical therapists, said Patricia Ohtake, associate professor in the department of rehabilitation science at the University at Buffalo.

Ohtake and Smith and other colleagues recently published a study, “Home and Community-Based Physical Therapist Management of Adults with Post-Intensive Care Syndrome,” in the *Physical Therapy Journal*. In it, they reported that after a patient is in the ICU, physical therapists

need to look for physical and cognitive problems that may affect how the person communicates or performs recovery tasks, Ohtake said.

“Get a baseline of where a patient is after a hospitalization,” Somareddy said. “It could be a head injury, a fall—whatever. With COVID-19, you’re going to assume the patient has been immobile. This is going to center around the patient’s safety. Measure their baseline. The endurance may not be there. They may have a really good day one day, but we want to make sure we use those functional outcome scores as a tool. As we know, if they have a medical issue, we address and deal with that. But our job is to make sure we get them back to their normal activities of daily living (ADLs). We want to work every day to improving those baseline ADLs. It’s one thing for a patient to say I feel good, and the therapist to say you look good, but another to see that the functional score has improved and they can walk 300 feet to their kitchen.”

Problems and issues associated with PICS may not go away in a few weeks or months following an ICU stay, even with physical therapy. There is a baseline of recovery in the first year, Ohtake said, but she cited studies that showed some patients walking at only 60% to 70% of their normal capacity after the first year.

So what should physical therapists and others do following an ICU stay?

“The primary goal surrounds making sure the patient is safe and gets back home. And is safe and functional in the home,” said Somareddy. “Some family members are concerned that if the patient goes to a nursing home or assisted living facility and [another injury] happens and they can’t see their family, what happens? We are seeing a concerted effort to get the patient home and able to do their own activities of daily living. That means they can do the self-management activities, the sit-to-stand activities, and other ADLs.”

The Centers for Medicare & Medicaid Services has penalized hospitals and post-acute care settings when patients returned to the hospital within 30 days of release.

With a focus on patient safety following an ICU stay, Smith recommends focusing on compensatory strategies such as adding walkers and toilet lifts to the home. Therapy provided in the home setting allows therapists to better compensate for barriers to recovery.

“In the hospital, you see patients can use a walker, but in the home, the walker doesn’t fit through the door of the bathroom. The homecare therapist will take the door off the hinges and put a shower curtain up to keep people out of the hospital. It’s not a unique pandemic issue. I think homecare providers have been dealing with that for decades, but now the challenge is if a surge of people are coming home to provide the care they need,” Smith said.

Family Caregivers

PICS can affect family members, as well.

“These physical, cognitive and mental health problems continue,” said Ohtake. “They may need help feeding, dressing, getting off the toilet. This will add to the physical and mental issues for the family. It can be overwhelming.”

Family caregiver participation in therapy is vital to the recovery of a patient post-ICU stay, however.

“Most people don’t have a lot of time to devote to be a therapist to their mom or dad,” said Somareddy. “But if there are three exercises that are essential, encourage and be involved. A key to the therapy working is how motivated the patient is.”

“I would encourage families to reach out if therapy hasn’t been part of the discharge processes,” said Ohtake. “Reach out to primary care providers. 90% of these patients have been discharged, but they haven’t had physical therapy, and they don’t realize our providers can help.”

Pulmonary Recovery for COVID-19 Patients

Many patients hospitalized with COVID-19, have been ventilated and sedated. It’s a respiratory illness, and many patients with respiratory illnesses benefit from pulmonary rehabilitation to help strengthen the lungs.

“Pulmonary rehab is usually classified for chronic obstructive pulmonary disease and emphysemas and other respiratory illness,” Sommareddy said. “You have to build into the treatment model therapy to build up the lungs. It’s about knowing how to build up breathing and build up capacity.”

Sommareddy acknowledged that some patients with pre-existing respiratory illness are concerned that if infection does occur, they will be sicker. The tools of pulmonary rehab can help build up endurance and build confidence to prevent the illness, he said.

Moving Forward

Many physical therapy practices were closed at the beginning of the pandemic due to the close contact patients have with their providers. Many offices switched to a telehealth model for those patients who would benefit from it.

“Some patients are doing very well with it, and trying to get the best therapy they can get,” Sommareddy said about telehealth. “They know they need to do something to address their issues. For some patients, it’s been helpful. But for some, it’s not been something that helps. They need more intervention.”

Sommareddy said only a small percentage of Reddy Care’s patients have benefitted from telehealth therapy.

“Having the personal interaction with your therapist is something that many value. But also, they want to create a safe environment. We do have to use it and we do have to be cognizant that we need to do whatever it takes to get therapy to the patient,” he added.

On the advocacy front, Ohtake and Smith pointed out, patients that needed care last year need care this year as well. In the age of the Patient Driven Groupings Model, homecare agencies need to prove their value, including in the therapy realm. And, therapy services will continue to be needed to keep patients healthy and at home. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

INCONTINENCE

Just a Walk in the Park

Managing incontinence during warmer months

By Mica Phillips

Spring is officially here and, along with an increase in temperature, it can bring anxiety and stress for those living with incontinence. Over the next several months, as states reopen and social distancing guidelines lift, planned outdoor events and activities may begin to proceed as normal. Many states have also opened parks and hiking trails for those wishing to spend time outdoors. This means limited access to restrooms, while the warmer weather will also necessitate fewer layers of clothing—making it harder to hide an accident.

These changes, along with the daily struggles that people living with incontinence often face, can lead to people avoiding certain situations and activities altogether, ultimately creating feelings of isolation and depression. There are several steps and preventative measures, however, that caregivers can take to help lessen the anxiety, stress and negative feelings that can arise for their patients with warmer weather.

Planning Ahead

What comes first: anxiety or incontinence? Incontinence can cause stress and anxiety just as much as stress and anxiety can increase the likelihood of accidents. To help reduce anxiety and stress, and in turn, accidents occurring, plan ahead for events, trips and outings.

The day before heading outdoors, check your destination for available restrooms, both during the drive and once you arrive. There are several apps you can download, such as Bathroom Scout, that not only advise where restrooms are, but also how clean and accessible they are to help you plan appropriately.



Be sure to also schedule bathroom breaks during your outing. Unexpected leaks and accidents can come on quickly, but allotting five to 10 minutes every two hours for a quick break can help prevent unforeseen issues from arising.

Appropriate Supplies

A key step in successful outings with your patients is to ensure that you have the products and supplies you need. You are probably familiar with the daily incontinence products your patients use, but be sure to bring extra supplies (briefs and/or pull-ons) to account for multiple changes

throughout the day. You'll also want to pack a few pairs of gloves and sanitary wipes to allow for mess-free changes, along with small trash bags to dispose of soiled items. If visiting a nature preserve, be sure to take out what you bring in; don't leave soiled items for other visitors or park employees to dispose of.

For the drive to and from an event or outing, especially trips over an hour, bring some chux pads for your care partner to sit on. This will help ease their mind about potential leaks in the car. In case of an accident or leak in the car or at the event, pack an extra change of clothes as

Incontinence can cause stress and anxiety just as much as stress and anxiety can increase the likelihood of accidents.



well—something that looks similar to the outfit they are wearing will help keep any necessary wardrobe changes as discreet as possible.

Diet & Hydration

As you may already know, diet goes a long way in helping to manage incontinence. Foods filled with fiber, as well as certain fruits, vegetables and healthy carbs, can help to promote a healthy, regular bladder while spicy foods, caffeine and dairy can increase the likelihood of accidents.

A balanced breakfast of oatmeal and berries is a great start to any event-filled day. Follow this with a protein-packed sandwich on whole grain bread with a side of veggies for lunch, and your patient will not only be full and satisfied, but have less risk of any unexpected accidents.

It's important to also consider diet in the days leading up to an event. Meals loaded with dairy or spice can affect the bladder for extended periods of time and could cause repercussions for outings and trips several days later. To help with managing incontinence on a daily basis and not just for specific events, talk with your patients

about entirely removing these bladder-irritating foods from their diets—and offer replacements that can be swapped in.

While it may seem counterintuitive, staying hydrated is an important part of managing incontinence. It's especially important during warm summer months and when spending time outdoors, when dehydration is more likely due to increased activity. Opt for water and steer clear of drinks that might aggravate the bladder, such as coffee and tea. It's important to stay consistent in water consumption throughout the day instead of drinking large amounts at once, which can quickly fill the bladder and cause accidents.

If your patient tries to avoid drinking water in an attempt to decrease accidents, remind them about the importance of staying hydrated to reduce urinary tract infections (UTIs). UTIs are often more common in individuals living with incontinence and pairing this heightened risk with dehydration will ultimately cause more issues.

Discuss Your Plan

Possibly the most important piece of your

plan for the day is discussing it. Letting your patient know what steps you have taken to plan ahead for an event or outing can go a long way in easing their mind.

Advise them on the schedule you have outlined, the products you have packed, restroom locations and the best food and beverage choices for the day. This will not only reduce stress and anxiety, but will also help them feel more comfortable. Additionally, it can help facilitate future conversations around incontinence rather than causing potential embarrassment or attempts to hide an accident.

While it can be tempting for those living with incontinence to avoid outdoor situations, these simple steps can help to ease stress and anxiety that may be associated with warmer temperatures. With the right preparation, spring and summer months can again bring joy and excitement into your patients' lives. **HC**

Mica Phillips is director of urology at AeroFlow Healthcare.

RAMPS & LIFTS

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

RAMPS

Access4U, Inc.
Pittsburgh, PA
(800) 355-7025
access4uinc.com

Handi-Ramp
Libertyville, IL
(847) 680-7700
handiramp.com



ALUMIRAMP

Quincy, MI
(800) 800-3864
alumiramp.com

Harmar
Sarasota, FL
(941) 308-7366
harmar.com

National Ramp
Valley Cottage, NY
(877) 884-7267
nationalramp.com

Prairie View Industries, Inc.
(PVI)
Fairbury, NE
(800) 554-7267
pviramps.com



AMERICAN ACCESS

Bartlett, TN
(888) 790-9269
aaramps.com



RAMPIT USA

Coldwater, MI
(800) 876-9498
rampitusa.com



EZ-ACCESS

Algona, WA
(800) 451-1903
ezaccess.com

Roll-A-Ramp
West Fargo, ND
(866) 883-4722
rollaramp.com

LIFTS (VERTICAL AND INCLINE)

Amramp
South Boston, MA
(800) 649-5215
amramp.com

Bruno Independent Living
Aids
Oconomowoc, WI
(262) 567-4990
bruno.com



EZ-ACCESS

Algona, WA
(800) 451-1903
ezaccess.com

Harmar
Sarasota, FL
(941) 308-7366
harmar.com



MAC'S LIFT GATE, INC.

Long Beach, CA
(800) 795-6227
macshomelif.com

Savaria
Brampton, ON
(800) 661-5112
savaria.com

Stiltz Home Elevators
(610) 443-2282
stiltzlif.com

LIFTS (STAIRLIFTS)

Acorn Stairlifts
Orlando, FL
(866) 873-6574
acornstairlifts.com

Amramp
South Boston, MA
(800) 649-5215
amramp.com

Bruno Independent
Living Aids
Oconomowoc, WI
(262) 567-4990
bruno.com

Handicare US
Allentown, PA
(866) 276-5438
handicare.com/us

Harmar
Sarasota, FL
(941) 308-7366
harmar.com

Merits Health Products
Cape Coral, FL
(800) 963-7487
meritsusa.com

Savaria
Brampton, ON
(855) 728-2742
savaria.com

Stannah Stairlifts
Franklin, MA
(800) 877-8247
stannah-stairlifts.com

NEW ON THE MARKET

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

1



1 Home Health Care Planning App

MARRELLI & ASSOCIATES, INC.

Marrelli & Associates has announced the availability of the Home Health Care Planning App. This app supports simple, comprehensive, on-the-go development of care plans to help clinicians care for homecare patients and their caregivers. The key feature of the app makes creating care plans quick and efficient while still incorporating the best evidence-based practices for optimal, individualized care. The app also helps practitioners compose multi-condition plans to fit patients' and families' individualized care needs. Visit marrelli.com.

Check 200 on index.

2



2 2-in-1 Leg Relief Wedges

CONTOUR PRODUCTS

The 2-in-1 Leg Relief Wedge promotes healthy circulation and helps to relieve swelling, comfort knee and leg injuries, and soothe sciatica. Perfect for pregnancy. Three sizes available. Choose the right size to help provide relief from a range of health issues such as acid reflux, congestion, snoring and more. Eye-catching, condensed packaging keeps displays neatly and attractively and saves shelf space. Hand pump included. Visit contourproducts.com.

Check 201 on index.

3



3 CopperTouch

COPPERTOUCH LLC

Copper is antimicrobial, and when you apply friction and warmth, it kills germs almost instantaneously. CopperTouch is a natural product made of 99.9% pure copper. Rub it on your hands for 60 seconds, reaching the backs, between fingers and palms, and you will be up to 94% germ free. No soap or water needed. CopperTouch can go anywhere you go. Just throw it in your purse or put it in your pocket. Visit coppertouch.com.

Check 202 on index.



4

4 Hi-Low SL

FLEXABED

A luxury alternative to hospital beds for home, the Hi-Low SL's base can be raised and lowered vertically with a touch of a button. Sleep next to a loved one with the dual-king option; also available in twin, full and queen. Optional side rails are available. The bed is 13.25 inches high and can be raised with hand control to 20.75 inches. Visit flexabed.com.

Check 203 on index.

BATH SAFETY

1



1 Splash Defense Transfer Bench With Curtain Guard Protection

DRIVE DEVILBISS HEALTHCARE

The Splash Defense Transfer Bench features a u-style cutout that keeps the shower curtain inside the tub to prevent falls caused by spilled water. This design allows the curtain to close so the user can bathe independently and privately, and it provides a stable and comfortable seat for those with limited mobility and balance. Capable of supporting up to 400 pounds, the white bench is reversible to complement almost any bathroom design. Other features include dual-column extension legs that are height-adjustable in half-inch increments, a-frame construction, pinch-free lever and tool-free assembly of the backrest, legs and arm. Visit drivemedical.com.

Check 204 on index.

2



2 Lumex Multi-Position Open Padded Raised Toilet Seat

GF HEALTH PRODUCTS

The Lumex multi-position open padded raised toilet seat features a unique design to facilitate bowel training and perineal cleaning. The seat can be rotated from front- to side- or rear-mounting, and is angle- and height-adjustable to maximize comfort and reduce patient bending. The comfortable, thick, heat-sealed padded seat is ideal for patients with circulatory problems and those who need additional comfort. The seat fits most toilets and comes with four heavy-duty VersaGuard coated locking brackets (an optional extra-wide bracket is available for extra-wide toilet bowls). Maximum weight capacity is 300 pounds. Visit grahamfield.com.

Check 205 on index.

3



3 BELLA Wood Folding Shower Seat

PONTE GIULIO USA

The BELLA Wood Folding Shower Seat brings a beautiful spa-like aesthetic to every bathroom. The stainless steel frame is designed for strength and to eliminate finger pinch-points. The 1-inch thick finished African okoume wood seat and back are durable water resistant hardwood. This seat will support a 600-pound load and measures 20 inches wide and 16 inches deep, providing comfort and support in the shower. Mounting flanges are 16 inches on center for easier installation. Visit pontegiulio.com.

Check 206 on index.

4



4 Safe-er-Grip Balance Assist Bar—12 Inch All White

MHI (MOMMY'S HELPER, INC.)

MHI's Safe-er-Grip claims the design of the original suction cup balance assist bar. Now with 16 items, including balance assist bars and bathroom accessories, the original 12-inch bar is newly available in all white. The suction cup design of these products makes it possible for them to be placed on any smooth, flat, nonporous surface. With a simple push or release of the tab they are easy to attach, remove and relocate in places that are accessible and convenient. Visit safe-er-grip.com.

Check 207 on index.

OXYGEN

1 Roscoe OTC Finger Pulse Oximeter

COMPASS HEALTH BRANDS

The Roscoe OTC Finger Pulse Oximeter allows users to monitor and maintain pulse and oxygen saturation levels on the go. Ideal for spot-check monitoring and with no prescription required, this device is a must-have for anyone from sports enthusiasts to those pre-screening for “silent hypoxia.” When used in tandem with the company’s Infrared Thermometer, it is a useful tool for the early detection of COVID-19 in asymptomatic individuals.

Visit compasshealthbrands.com.

Check 208 on index.



2 Soft Cannula

SUNSET HEALTHCARE SOLUTIONS

The Soft Cannula features highly flexible material and a pliable design to ease pressure and friction on the skin. The easy-open packaging makes it simple to start treatment. Select standard or high flow, with or without six-channel supply tubing. The Soft Cannula offers the same value, quality and pricing you’ve come to expect from Sunset. Visit sunsethcs.com.

Check 209 on index.

3 Portable Oxygen Concentrator

OXYGO

Reduce COVID-19 contamination risks for patients, caregivers, and your employees with OxyGo’s Portable Oxygen Concentrator. Ship the OxyGo to the patient’s home or have OxyGo ship for free instead. Every unit comes with an easy-to-read quick setup guide that easily explains (with pictures) how to set up the OxyGo. Each guide is designed for patients or caregivers to set up the unit themselves—without help from or contact with the provider. Visit oxygo.life.

Check 210 on index.

4 Live Active Five Portable Oxygen Concentrator

PRECISION MEDICAL

The Live Active Five is designed for your patients’ ease, comfort and peace of mind. It starts with the touch of a button. Convenient top access makes battery changes quick and easy. The long-lasting battery fully charges in two hours. It has a simple LCD screen with easy-to-understand language. The dual curve design is comfortable to wear on either side. Visit precisionmedical.com.

Check 211 on index.

5 FreeStyle Comfort Portable Oxygen Concentrator

CAIRE INC.

Manufactured by CAIRE Inc., the FreeStyle Comfort is a lightweight, five-setting pulse flow portable oxygen concentrator with wireless connectivity and proprietary smart oxygen delivery features that delivers a maximum output of up to 1050 milliliters. Weighing only five pounds and designed with patient comfort in mind, it has an ergonomic curved shell, LCD display screen and battery pack options offering up to eight hours of charge. This oxygen therapy solution is ideal to build your fleet. The device meets Federal Aviation Authority guidelines for travel and connects to CAIREview, which allows providers to track device location and troubleshoot alarms remotely. Visit caireinc.com.

Check 212 on index.

6 Portable Oxygen Concentrators

PHILIPS RESPIRONICS

Philips offers a wide range of oxygen concentrators that can offer 24/7/365 support to patients on the go or for at-home care. With portable, powerful performance, SimplyGo and SimplyGo Mini offer reliable therapy via compact design. The EverFlo stationary oxygen concentrator delivers a sleek, small and stylish choice that’s user-friendly and still lightweight at just 31 pounds. The Millennium M10 is designed to be the highest performing and most reliable 10-liter oxygen machine available. To request more information, visit philips.com/concentrators.

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PERS & HOME MONITORING

1



1 Belle

FREEUS

The Belle mobile medical alert offers your patients confidence and peace of mind at home and away. With the press of one button, your patients can speak with efficient and compassionate operators 24/7. Operators can send emergency personnel or caregivers to assist, depending on the situation. Belle mPERS allows health care organizations to expand their offerings and provide more value to patients. It also improves long-distance caregiving for families and patients while reducing hospital readmissions as patients age in place. Belle offers location services and a battery life of up to 30 days per charge. Belle is certified on the AT&T and Verizon 4G LTE networks nationwide. Visit freeus.com.

Check 214 on index.

2



2 Clear Touch

CLEAR ARCH HEALTH

Clear Arch Health's Clear Touch has an easy-to-use interactive touchscreen. It provides users with access to help, health management tools, photo sharing, virtual visits and more. Available with an optional fall button and with activity tracking and medication reminders, this unique base station can be easily branded to keep your organization top of mind with the end user. Clear Arch Health serves a variety of health care providers, as well as non-medical homecare organizations. They offer products through referral program opportunities to homecare agencies, hospitals, health plans and authorized dealers. Visit cleararchhealth.com.

Check 215 on index.

3



3 Mobile LTE

LIFESTATION

LifeStation's Mobile LTE leverages the speed and reliability of AT&T's 4G network for continuous operation anywhere in the United States. In addition to a fully owned monitoring center that was recognized as the Monitoring Association's Monitoring Center of the Year, LifeStation offers location services, custom voice prompts and optional fall detection and is fully waterproof. For caregivers who need confidence staying connected with loved ones, customers can access a range of services including real-time location on-demand, account access and tracking through Amazon Alexa, and a suite of concierge services designed to assist with ongoing daily needs. Visit lifestation.com.

Check 216 on index.

4



4 Affiliate Program With Belle+

RESPONSENOW

Earn up to \$150 for every referral and provide your patients with help any time, anywhere through the ResponseNow Affiliate Program. Your patient receives a free month of service; your company earns up to \$150 for each new patient referred. Mobile systems provide coverage anywhere in the United States, and it is available on 4G LTE AT&T or Verizon networks. ResponseNow handles all technical, billing and general support inquiries. There is no inventory for dealers to maintain because the product is shipped directly to the patient. Visit responsenow.com.

Check 217 on index.

GET FREE INFORMATION

HomeCare

READER SERVICE

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

ONLINE

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

FAX

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

MAIL

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

Expires
90 days
from
06/20

ADVERTISERS

Advertiser Name	RS#	Page
AlumiRamp.....	<input type="checkbox"/> 101	23
American Access.....	<input type="checkbox"/> 102	IBC
Board of Certification/ Accreditation	<input type="checkbox"/> 103	13
Brownmed	<input type="checkbox"/> 104	1
Comfortek Seating.....	<input type="checkbox"/> 105	47
EZ-ACCESS	<input type="checkbox"/> 106	IFC

Mac's Lift Gate Inc.....	<input type="checkbox"/> 107	23	ResponseNow		
Masimo	<input type="checkbox"/> 108	BC	Medical Alert Systems.....	<input type="checkbox"/> 112	47
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National Association for Home Care & Hospice		3	Shipp Cleaning Systems.....	<input type="checkbox"/> 113	47
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			Tranquility.....	<input type="checkbox"/> 110	33

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PRODUCTS

Company Name	RS#	Page
Care Inc.....	<input type="checkbox"/> 212	44
Clear Arch Health.....	<input type="checkbox"/> 215	45
Compass Health Brands.....	<input type="checkbox"/> 208	44
Contour Products.....	<input type="checkbox"/> 201	42
Coppertouch LLC.....	<input type="checkbox"/> 202	42
Drive Devilbiss Healthcare	<input type="checkbox"/> 204	43

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Freeus.....	<input type="checkbox"/> 214	45	Philips Respironics.....	<input type="checkbox"/> 213	44
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Lifestation	<input type="checkbox"/> 216	45	Precision Medical.....	<input type="checkbox"/> 211	44
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- ☐ 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
- ☐ 21 Manager, Supervisor, Controller, Accountant,
Purchasing Agent
- ☐ 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab
Specialist, Other Licensed Medical Professionals
- ☐ 19 Sales/Marketing Rep, Mgr, Dir
- ☐ 20 Other (Please Specify) _____

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

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

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

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

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INNOVATION IN ACTION

The Beat Goes On

Music company with HME subsidiary pivots to PPE production

By Kristin Easterling



Necessity truly is the mother of invention.

At least that's the case at Dynatomy, a therapy and rehab product manufacturer based in Farmington, N.Y. New York state has arguably been the hardest hit by the novel coronavirus outbreak—and that spurred creativity from Dynatomy and its parent company, the musical instrument manufacturer D'Addario.

Dynatomy's products developed from a line of hand exercisers for musicians and have found a home in retail home medical equipment (HME) stores, physical therapy offices and more. With the COVID-19 pandemic, D'Addario's factories were closed as non-essential businesses by the state of New York.

But the company, rather than shutting down, wanted to help protect health care workers on the front lines. The solution: a new line of face shields created from the clear film D'Addario uses to make its popular Evans G2 drum heads.

"We are a vertically integrated, innovative company with a lot of bright, creative minds," said Pat Zerbo, Dynatomy's vice president of new business development. "When we were facing the prospect of our factories being closed due to the pandemic, a team of our engineers, determined to help with the shortage of personal protective equipment (PPE) here in New

York, decided to design a simple, low-cost medical face shield out of raw materials we commonly use for the production of acoustic drumheads."

The team came up with a prototype in three days. Because Dynatomy was already Food and Drug Administration registered for level 1 products like face shields, the company was able to attain an essential service classification, open its drumhead facility in Evans, N.Y., and quickly begin production with a plan of producing up to 100,000 shields per week.

"We have already received hundreds of thousands of requests and we are working feverishly to produce shields and fulfill orders," Zerbo said.

They dubbed the effort Project Excelsior after the New York State motto, which means "Ever Upward."

"It captured the extraordinary determination, ingenuity and can-do spirit of our small team of engineers and product designers," Zerbo said. "It also typifies our music company's current credo during COVID-19 crisis: #wewillplayon."

Zerbo said that, while his company has shifted gears for now, he sees things both changing and staying the same for the HME sector going forward.

"I think you will see far more video-based treatment and consulting, that is for sure!"

he said. "But I also see the same tried and true methods continuing, although I see that coming with many changes in order to protect the health care worker and their patients."

He also said his company is working hard to maintain its standards even during the public health emergency.

"The short-term relaxed regulatory scene is positive, as it allows companies such as ours to shift gears to help a common cause," he said. "However, this can also cause issues as a lax regulatory process can result in issues, including quality inconsistencies and/or predatory companies taking advantage of others. We are following the regulatory process as if there was no outbreak."

As for future plans, right now Zerbo says Dynatomy plans to keep making the face shields as long as they're needed.

"We've watched the incredible efforts of our health care and essential services workers all across the world with great admiration," he said. "While we cannot match the immeasurable efforts of these selfless heroes, we feel an immense responsibility to do our part in overcoming the COVID-19 crisis." **HC**

Kristin Easterling is managing editor of HomeCare magazine.

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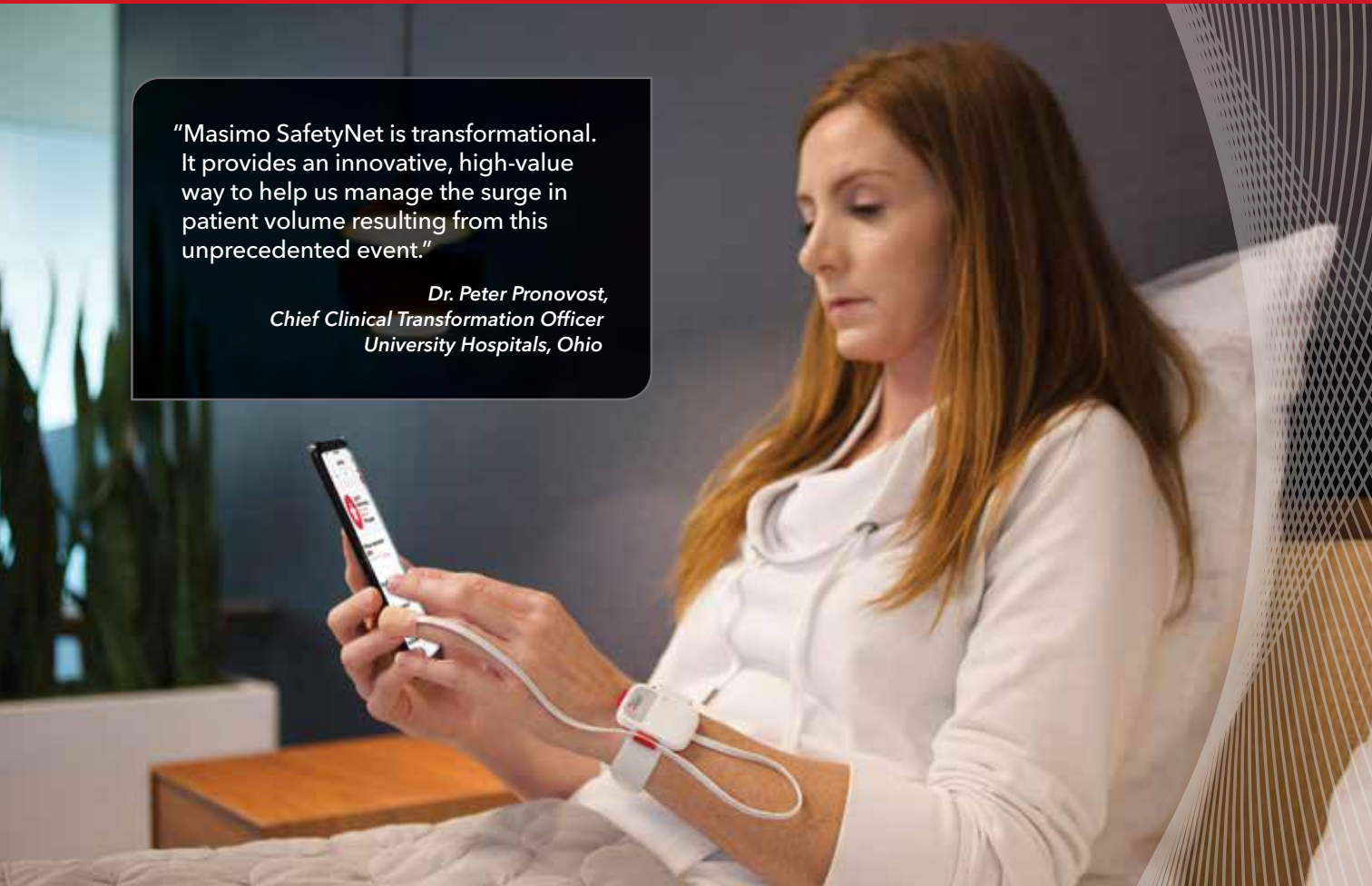
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