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JUNE 2021

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Telehealth Is Here to Stay

What it means for the industry going forward



HME:

The buzz about
vibration therapy

IHC:

How to get caregivers
vaccinated

STAY IN THE GAME LONGER



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Check 118 on index.

Creating a Strong Professional Referral Network



Brought to you by CareCredit®, this column features Dr. Irum Tahir, Owner and CEO, Ignite the Spark, LLC, a global healthcare consulting firm.

Medical doctors are key decision makers when it comes to their patient's health. Consequently, getting referrals from medical doctors can be one of the most consistent and effective ways to get individuals and caregivers in need of home medical equipment in the front door. So exactly how do you create a strong doctor referral network? Here are five things you can do to help build your MD network.

1 Become the “go-to” expert

Is there specific medical equipment or supplies that your business carries or specializes in? Whatever the specific products or equipment, you should embrace them, promote them and communicate your expertise in them so that you are seen as the go-to expert in your area. Becoming the go-to expert will help to differentiate your business from others in the marketplace.

2 Speak their language

One of the biggest things you can do when reaching out to a doctor for the first time is to say something that links you to the same patient/consumer base. For example, a statement like, **“Chances are we’ve provided HME to many of your patients already and I would love to speak with you about what we can do in collaboration,”** will help to foster a connection based on a shared desire for optimal patient outcomes.

3 Implement an effective tracking system

You must have a clear system in place to track doctors who are referring regularly to your business. Start by taking all of the information on a specific practice and place it on an organized tracking sheet. This is a simple system that will help to keep you organized as you reach out to medical practices. I also really recommend you understand the names of all the practice associates so you can correctly address individuals by name when you communicate with them. You can use the comment section of your tracking sheet to record additional information like a follow-up meeting or a scheduled lunch and learn or other important details.

4 Share your knowledge

Many medical doctors may not fully understand the latest products and equipment and how new advancements might benefit their patients. That is

why I think it is important to continue to educate and communicate with them. One way to do this is to send the referring doctor information on new products and updates, in addition to follow-up notes on a regular basis detailing which products are satisfying their patient's needs. Communicating regularly will help to build trust and increase the likelihood that the doctor will send more of their patients your way.

5 Make it easy to pay

As more individuals and caregivers come to you through doctor referrals, make sure you have a system in place that allows them to pay for care. I think one of the biggest things you can do to help is implement something like the CareCredit healthcare credit card in your business. Many individuals coming to your business from doctor referrals may already have CareCredit. They may be using it at their medical doctor to pay out-of-pocket costs, including co-insurance or deductibles. So, having it available can create a seamless transition that allows them to get the home medical equipment they want and need.

There are always people who are going to need medical help. There are always people that are going to need home medical equipment. Building a strong referral network allows you to bridge the gap between your business and the medical doctors in your community to help more people get quality home medical equipment and products. ❖

Scan this QR Code to register and watch the *Creating a Strong Professional Referral Network* webinar with Dr. Irum Tahir.



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Dr. Irum Tahir, Owner and CEO of Ignite the Spark, LLC

Dr. Irum Tahir is the owner and CEO of Ignite the Spark, LLC, a global healthcare consulting firm. Using high energy, focus and passion, Ignite the Spark, LLC combines business and personal development strategies to empower healthcare CEOs to achieve greater success. By streamlining operations and harnessing individual strengths, Dr. Tahir and her team help entities increase revenue and referrals, effectively hire and manage employees and create systems to increase success and achieve business goals.

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Dear HomeCare Readers,

When we wrote about telehealth in the context of COVID-19 in the spring of 2020, many in the homecare industry were wondering if the pandemic could possibly change patients' and providers' approach to virtual care. At the time, only 12% of people 55+ in a survey by the outsourcing and customer relations firm SYKES had ever had a telehealth appointment and 43% weren't sure whether their providers offered a telehealth option.

What a difference a year makes.

Today it looks like telehealth in some format will stick around for good. We dig into what that means for home health and home medical equipment in our cover series. And we'd love to hear from you: How has connected care changed the way you do business?

That's not all when it comes to examining new technology in this issue. We also dive deep into virtual medication management tools and the new vibration therapy devices. As a change of perspective, we also take a look in this issue at how in-home, in-person physical therapy can achieve better patient outcomes, how you can convince caregivers to take the vaccine, and how to fight off reimbursement denials from Medicare Advantage plans. Plus there's lots more inside that will help you navigate the new "near normal" we seem to be entering.

Thank you for reading,



Hannah Wolfson



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

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In this issue



COVER SERIES: TELEHEALTH

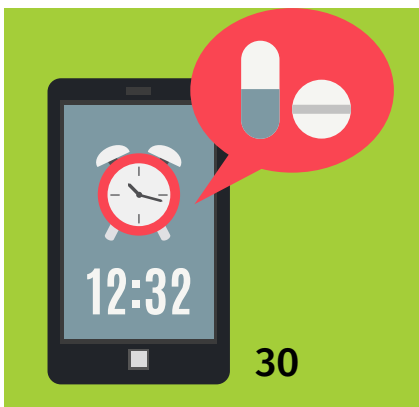
- 18** After a year of change, how will homecare adapt online?
- 22** 3 barriers to telehealth adoption in homecare—and how to hurdle them
- 26** It's time for HME to seize the opportunity in remote care
- 22** Why technology matters to complex rehab providers

HME

- 30** Overcoming tech hesitancy for better medication management
- 32** How vibration therapy can help arthritis patients

IN-HOME CARE

- 34** The benefits of at-home rehab for patients & therapists
- 36** Basics your staff should know about patients with traumatic brain injury



IN EVERY ISSUE

- 6** Industry News
- 10** Government Affairs
- 12** Columns
- 38** HomeCare Directory:
Ramps & Lifts
- 48** Back Page

MARKET-LEADING PRODUCTS

- 40** New on the Market
- 42** Bath Safety
- 44** Oxygen
- 45** Orthopedic Softgoods



Nonin Medical Celebrates 35 Years

Nonin Medical, Inc., a global provider of noninvasive medical monitoring, is celebrating the 35th anniversary of its founding in 1986. During the past three decades, Nonin has introduced dozens of medical monitoring solutions, including the first portable pulse oximeter and first fingertip pulse oximeter. Several new product launches are planned.

"Nonin's history has, and will continue to include, many industry-first devices that have revolutionized patient care, focusing on making pulse oximeters smaller and more reliable, while maintaining best-in-class quality and accuracy for all," said company co-founder Phil Isaacson, who will continue

to serve as executive chairman and chief technology officer.

Nonin is focused on making strong technological investments in long-term, unmet needs, such as chronic obstructive pulmonary disease, high blood pressure and heart failure. One of Nonin's most recent introductions is the CO-Pilot, a handheld device with wireless capabilities that helps emergency medical services, firefighters and military personnel measure five patient parameters after cardiac arrest, traumatic injury, carbon monoxide or smoke inhalation. CO-Pilot received a 2020 Innovation Award from EMS World, which recognizes the industry's most pioneering new devices that have the potential to transform pre-hospital care.

nonin.com

Brightree Wins MedTech Breakthrough Award

Brightree announced that its Brightree Patient Collections (BPC) solution has been selected as the winner of the "Best New Technology Solution for Healthcare Payment" award in the fifth annual MedTech Breakthrough Awards program conducted by MedTech Breakthrough, an independent market intelligence organization that recognizes the top companies, technologies and products in the global health and medical technology market.

BPC is an all-in-one complete billing solution designed to address the most common challenges in home medical equipment (HME) patient collections. It helps providers resolve payment issues before accounts are turned over to third-party collections.

Using interactive voice response (IVR) technology, Brightree Inbound Payment is a new calling service within BPC designed to help providers collect payment. Featuring a simple setup, Brightree Inbound Payment uses either a toll-free or local phone number to correspond with each provider's area code and allows patients to easily provide payments using the IVR system.

The mission of the MedTech Breakthrough Awards is to honor excellence and recognize

the innovation, hard work and success in a range of health and medical technology categories. This year's program attracted more than 3,850 nominations from more than 17 countries.

brightree.com

BrightStar Care Joins Moving Health Home Coalition

BrightStar Care, a national private duty homecare and medical staffing franchise, announced that it has joined Moving Health Home, a coalition of health care companies aiming to change how policymakers think about home as a site for clinical service. BrightStar Care joins founding members Amazon Care, Landmark Health, Signify Health, Dispatch Health, Elara Caring, Intermountain Healthcare, Home Instead, Ascension and Amwell in the coalition's efforts to define what homecare will look like in the future.

Formed in March 2021, Moving Health Home is working to change federal and state policy to enable the home to be a clinical site of care. Moving Health Home will advocate for increased access to high-quality home-based services and will also push for permanent flexibility to transfer patients to or treat patients in their homes when clinically appropriate.

"Based on evidence, we know that it is possible for Americans to receive health care in their homes, and we want to ensure that we work with leaders in the health care industry that can support our mission to change the culture around institutional care," said Krista Drobac, the founder of Moving Health Home.

BrightStar Care has long advocated for homecare to be recognized as an important part of the health care system. BrightStar Care is already working with health systems, post-acute care networks and other leading health care organizations to provide the homecare and staffing capabilities needed for innovative programs such as hospital at home and skilled nursing facility alternatives.

brightstarcare.com,
movinghealthhome.org

UPCOMING EVENTS

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

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

JUL 7-10 RESNA Annual Conference 2021 Arlington, Virginia
resna.org

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

AUG 1-3 NAHC Financial Management Conference 2021 Chicago, Illinois
nahc.org

National Ramp Partners With United Spinal

National Ramp has announced that it launched a corporate sponsorship of the United Spinal Association at the premier level with its sponsorship of the Roll on Capitol Hill advocacy event.

“The United Spinal Association is a great organization for us to partner with. They have a long history of successfully advocating for people living with spinal cord injuries and disorders. We are proud to support their ongoing work and this year’s Roll on Capitol Hill,” said Garth Walker, managing director at National Ramp.

United Spinal Association is a national 501(c)(3) nonprofit membership organization dedicated to enhancing the quality of life of all people living with spinal cord injuries and disorders and providing support and information to them, their loved ones, and care providers and professionals.

Roll on Capitol Hill is United Spinal’s annual policy event that supports key advocacy priorities for its membership and the broader disability community to ensure that legislators include wheelchair users and all people with disabilities in policy debates on Capitol Hill.

nationalramp.com

Better Health Appoints Ku VP of Medical Affairs

Better Health, a medical supplier that provides end-to-end care for patients with chronic conditions, announced that Dr. Rosemary Ku has joined the company as vice president of medical affairs. In her new role, Ku will oversee the build out of a comprehensive care program, the first step of which is launching an innovative peer coaching service to accelerate the company’s efforts to improve health outcomes and quality of life.

Ku brings over a decade of health care experience in clinical care, health care payer innovation, and technology development for chronic disease management systems to the Better Health team. She has conducted extensive research into the clinical application and impact of peer support programs on patient health and well-being. As vice president of medical affairs, she’ll be responsible for the launch, clinical validation and continued development of the company’s care programs starting with the peer coaching program, which offers one-on-one support and practical advice to improve health and quality of life.

Ku is currently chief medical officer (CMO) at UnitedAg and previously served as CMO at Lark Health and Restore Health. She holds an MD from Columbia University’s College of Physicians, an MBA from Columbia Business School and a master’s in public health in health policy and management

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April 22, 2021
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Home Care

April 29, 2021
Humana Acquiring
Remaining 60% Interest in
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April 30, 2021
AdaptHealth Acquires Spiro
Health

May 3, 2021
Permobil Set to Acquire
Progeo

May 5, 2021
Connect America To Acquire
Philips Aging and Caregiving
Business

May 6, 2021
AMN Healthcare Acquires
Synzi

May 11, 2021
OxyGO Acquires LIFE
Corporation

from the University of California, Berkeley, and completed her residency at Kaiser Permanente in San Francisco.

joinbetter.com

Lauryn Estrella to Head TexMEP

The Texas Medical Equipment Providers Association (TexMEP) has announced recent changes in leadership, including hiring an executive director and establishing a new board of directors.

TexMEP brought in Lauryn Estrella as executive director. Estrella has over 10 years'

experience in the home medical equipment (HME) industry with a background in management and administration. She began working for the Home Medical Equipment and Services Association of New England in 2014, then branched out to assist other HME state associations with database management, event and conference planning, organization of committees and congressional meetings, and more.

TexMEP also announced new board members who are eager to strengthen education and advocacy efforts in Texas. Board members include:

- Board President Victoria Peterson of Respiratory & Medical Homecare;
- Board Secretary/Treasurer Mark Gowen of Angel Medical Supply;
- TexMEP Legislative Committee Chair Adrienne Trigg of Apple Homecare Medical Supply;
- Laurie Bachorek of MetroCare Home Medical;
- Josh Britten of BritKare Home Medical;
- David Chandler of AAHomecare;
- RJ Poonawala of Spring Branch Medical; and
- Bob Rodriguez with The VGM Group.

texmep.org

Schneider Joins CareCentrix Strategic Advisory Board

CareCentrix, a provider of health-at-home solutions, has announced the addition of Dr. Jennifer Schneider as a strategic advisor. Schneider is a clinical and business leader who has a deep understanding of the connection between technology and health care. She will support CareCentrix in its mission to empower health plans and providers to deliver more care at home leveraging emerging technologies.

Most recently, Schneider served as president at Livongo Health, where she oversaw the strategic, technical and clinical direction of the company. During her final year at Livongo, Schneider played a key role in executing the company's initial public offering and Teladoc's acquisition of Livongo.

"Dr. Jennifer Schneider's experience implementing new technology to improve

health outcomes will be especially impactful to our emerging product offerings. She shares our values and is a great addition to our team," said CareCentrix Chief Executive Officer John Driscoll.

Schneider has been recognized by Modern Healthcare as one of the 50 Most Influential Clinical Executives and by Fierce Healthcare as a Women of Influence for her success empowering women and modeling diversity in the workplace. Schneider is a graduate of the College of Holy Cross and Stanford University and earned her Doctor of Medicine from the Johns Hopkins University School of Medicine.

carecentrix.com

New Name for Merged Nonprofit Health System

Empath Health and Stratum Health System announced that their merged organizations will be known as Empath Health. The two not-for-profit care organizations have joined together in a merger of equals to create one of the country's largest not-for-profit health systems delivering non-acute care and services through its skilled, medical and holistic programs to individuals with chronic, advanced and terminal illnesses and those experiencing grief.

The naming announcement follows several months of research, including more than 5,000 hours of interviews with colleagues and stakeholders from both organizations. The brand identity and naming for the corporate entities of the new organization is still under review. However, the two legacy hospices—Tidewell Hospice and Suncoast Hospice—will continue to operate under their existing brands.

The combined Empath Health organization will serve over 6,000 individuals a day, creating a bridge between chronic, advanced and terminal care and providing seamless integration based on individual needs.

In addition, it will provide a variety of community-based programs that reflect their commitment to the preservation of their charitable missions.

empathhealth.org

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Congressional Action to Ensure Health Care Worker Safety

HR 1195

By Kristin Easterling

ABOUT THE ACTION

Reports of violence against health care workers are on the rise. A 2016 study from the Government Accountability Office found that the rates of violence against health care workers was as much as 12 times higher than for the overall workforce, and 70% of nonfatal workplace assaults occurred in the health care and social assistance sectors.

Nursing and senior living facilities often have measures in place to mitigate violence against their employees, but for home health workers alone in the field, each day can come with new worries about combative patients or family members.

The Workplace Violence Prevention for Health Care and Social Service Workers Act (HR 1195) will require all health care

providers to create and implement a worker safety plan under the supervision of the Occupational Health and Safety Administration (OSHA).

MAKE A PLAN

Plans must include procedures that identify the individual responsible for implementation of the plan; create a risk assessment informed by past violent incidents, including input from employees; outline hazard prevention and controls to correct hazards; and create procedures to respond, report and investigate incidents of violence. Employees should be provided medical care and counseling.

Procedures for communication and training must be included in the plan. Employers are also required to keep records of violent incidents against employees for at least five years.

THE DETAILS

Under the act, OSHA is required to create an enforceable standard of workplace violence prevention in health care. Home health agencies, hospitals, long-term care facilities and others will be required to formulate and implement a plan following OSHA's standard. OSHA will have to provide a one-year adjustment period for agencies to implement their plans.

Each plan should be developed and implemented with the meaningful participation of direct care employees and should be tailored to conditions and hazards for the covered service, including patient-specific risk factors. They should also be suitable for the size and type of operation and remain in effect at all times.

DID YOU KNOW?

Updates to California's Occupational Safety and Health Act of 1973 have ensured that the state has some of the strongest violence prevention measures for health care workers. HR 1195 will bring federal policy more in line with these standards.

STATUS »

HR 1195 passed the House on April 16, 2021, with overwhelming bipartisan support. It has been referred to the Senate Committee on Health, Education, Labor and Pensions.

LEARN MORE >> [Read the full text at congress.gov.](https://www.congress.gov/bills/116/1195/text/hr-1195-1/20210416)

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HME: PAYERS



By Dan Fedor

Don't Let Medicare Advantage Take Advantage of You

Guide your MA & MCO customers so you can be reimbursed properly

Home medical equipment (HME) suppliers have always had challenges in getting paid accurately and in a timely manner for the items and services they provide to their customers. This is an assumed cost of doing business, and suppliers persist despite the obstacles because of the rewarding nature of taking care of customers.

There doesn't seem to be a greater challenge to the supplier as when a customer has a Medicare Advantage (MA) plan or is under a managed care organization (MCO), which is the outsourcing of state Medicaid programs to private insurance companies. A common theme here is that the two major government health care programs—Medicare and Medicaid—that are supposed to safeguard health care for seniors, low-income adults, children and people with disabilities are allowing private insurance companies to administer health care for this demographic.

Misleading Ads

Seniors are being bombarded with television commercials from these private insurance companies, sometimes posing as Medicare and often using likable celebrities sell their Medicare Advantage plans. When you read the fine print, it becomes clear that these plans are not affiliated with any government program or agency.

Above is a screenshot of one such commercial featuring Joe Namath; it's difficult to read the fine print. Does anyone think a senior can actually read this while Joe is speaking and other text keeps changing? Seniors may believe they are calling a real Medicare representative who



Celebrities like Joe Namath, shown here, represent various Medicare Advantage plans in television commercials; the fine print is hard to read. Image provided by the author.

has their best interest in mind. However, the representative's goal is to convince seniors to select their MA plan over original Medicare by touting that they offer all the standard coverage of Medicare plus additional benefits with a lower out-of-pocket cost.

This leads to many HME providers discovering that they must fight for every claim—and that they face agencies using delay tactics or denying claims. Many plans reimburse at unsustainable rates when they do pay.

How to Combat These Issues

First, if there is a contract offered to be in-network for one of these agencies, review it thoroughly and make sure the coverage criteria, rates and payment processing are acceptable. Ask to see details of how the

plan matches Medicare in writing. If you do not have a contract and a customer comes to you for equipment, verify these details before processing the claim. If you can't accept what a payer offers for reimbursement, don't. At that point, try to negotiate a fair contract. If the insurance company won't accept it, inform the customer why you can't provide them with the items they need.

Second, tell your customers (current and new) where they can obtain unbiased information on the differences between original Medicare and their MA plan. Some MA plan customers may be able to get a gym membership and eyeglasses, but they may not be able to obtain the wheelchair, hospital bed or oxygen they need. Educate your customers and let them know they can

If you can't accept what a payer offers for reimbursement, don't. Try to negotiate a fair contract.

select a different Medicare plan (or switch back) if they find that the MA plan they chose isn't working.

Medicare-eligible seniors can call (800) 633-4227 (that's also 1-800-Medicare) to speak an actual Medicare representative for accurate information about selecting the best plan for them. There are also people who specialize in helping seniors navigate the Medicare marketplace.

Helping Medicaid Patients

Medicaid patients who are moved to an MCO are in a more difficult position because they were placed in the program by the state. They don't have the option to switch back to the state's Medicaid program since the state outsourced this function to the MCO. What can you do when you want to help the patient, but the MCO is using delaying tactics, inappropriately denying claims or paying at a rate that you can't accept?

Contact the MCO to express your concerns and let them know you can't continue servicing patients on their plan if these issues are not corrected. If that doesn't work, then contact your state's insurance commissioner, your state representatives and your congressional representatives. Be prepared to share the details of how their actions are negatively affecting your business and patient care. They will ask for examples, so have them ready: how long claims are delayed, incorrect denials and unacceptable payment rates.

If suppliers keep accepting delays in payment, incorrect denials and unsustainable rates, the Medicare Advantage plans and MCOs will continue taking advantage of suppliers. It's easier said than done, but suppliers must stand up to the bully to initiate the changes needed to ensure fast and accurate reimbursement as well as sustainable rates so they can continue taking care of their customers. **HC**

Dan Fedor is director of reimbursement for US Rehab, a division of The VGM Group Inc. Fedor has been in the home medical equipment industry for over 28 years. He joined VGM in 2014 and before that, was the director of education and compliance for Pride Mobility Products/Quantum Rehab for 13 years. Fedor has presented at numerous local and national events regarding Medicare compliance and reimbursement including Medtrade, the Heartland Conference, ISS, RESNA and multiple state association meetings.



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By Tom Threlkeld

How to Handle Vaccine Hesitancy Among Home Health Workers

Advice drawn from NAHC's vaccine poll

Whether their concerns are about the safety or efficacy of the COVID-19 vaccine, distrust of government and big health care organizations, or simply stems from views about personal freedom and autonomy, some home health workers have resisted taking the vaccines.

This matters not only because it is important for home health workers to be immunized and safe and able to continue working, but also because there is a correlation between a health care workers' willingness to take a vaccine and his or her willingness to recommend it to patients. Delays in the vaccination of health care workers and their patients will delay the acquisition of herd immunity, resulting in more COVID-related illness and death. To

prevent that from happening, it is important that home health workers get on board with the COVID-19 vaccine.

Some concern about new vaccines is understandable. Pregnant women fear it will impact their babies, for example. Others may hear the words "Operation Warp Speed" and worry the vaccine's development was rushed and, therefore, it may not be safe.

Rumors and conspiracies have spread about potential dangers and false side effects related to the vaccine, particularly online and on social media, increasing hesitancy among many—including some home health workers.

Success in convincing these employees to take the vaccine will require communication and action.

Educate & Communicate

Unsurprisingly, education is critical. As one home health care executive told the National Association for Home Care & Hospice (NAHC), "We over-communicated. We had a frequently asked questions document updated almost daily and it was shared with staff." In addition, this company had vaccine recipients talk about their own vaccine experience, emphasizing that it was safe and not unpleasant.

Another home health provider had an all-staff Q&A session via Zoom to answer staff questions about the vaccine.

"We encouraged them to take advantage of the vaccine ... We have been transparent with our staff throughout the pandemic. When we didn't know the answers, we told



Simple commands from company leadership are unlikely to work and may very well increase suspicion, animosity and resistance to taking the vaccine.

them we didn't know and did our best to find out," they said. This approach worked and vaccine uptake increased sharply in the following days and weeks.

Successful Approaches

When NAHC asked our members for feedback on approaches that worked to convince home health workers to take the vaccine, we heard over and over that education was the most important factor, as well as an ability to communicate with their staffs. Creating webinars and seminars to explain everything known (and not known) about the virus went a long way toward convincing concerned employees to overcome their fears.

"We've had frequent town hall meetings, which allowed colleagues to hear directly from epidemiologists, our (chief medical officer) and several other health professionals," one NAHC member told us in their response to the survey. "Allowing the opportunity to ask questions to confirm what they heard and debunk the myths has been helpful."

"Having our medical providers record short videos explaining how the vaccine works and what they can expect after receiving the vaccine" has worked well, another NAHC member reported. "Q&A sessions with our medical director and director of infection control via Zoom for staff to ask questions, as well as weekly emails from the director of infection control that have a 'COVID-19 Vaccine Fact of the Week' were also effective."

Other NAHC members had high-ranking members of the organization take the vaccine publicly to build confidence. Still others had "vaccine parties" where people were encouraged to receive the vaccine with prizes and gift cards. These tactics proved largely successful.

"One of the most effective strategies has been managers working directly with staff to get them scheduled, and answering staff questions individually," says another NAHC member. "It communicates the importance of it."

One homecare company reported that 95% of staff willingly took the vaccine. How?

"I did call all of the staff who originally were not signed up to take the vaccine," this NAHC member said. "I did not ask why they did not want the vaccine, I just asked if they had any questions that I could assist to help them with their decision. The big thing was the leadership team all got the vaccine, and even those that had some slight side effects, we all came to work after the doses to show that we were able to function and set a good example."

She went on to say that her company hosted vaccine clinics and made it extremely easy for the staff to receive the vaccine. Everyone who took the vaccine received a \$200 bonus.

Finding the correct spokespeople is critical to communicating with staff. Simple commands from company leadership are unlikely to work and may very well increase suspicion, animosity and resistance to taking the vaccine. Some "influencers" may be helpful in this regard, but the most important advocates are likely the workers' own peers and contemporaries. If there are people on staff who are not part of management but are highly respected among the workforce, they will be ideal influencers for the rest of the staff. Urging these influencers to take the vaccine and talk to their peers about their decision is likely to be an effective strategy.

Handling Objections

Take objections seriously. Do not belittle people for holding incorrect beliefs about the vaccine, and try not to lose patience with them. Address each objection individually, letting the person know that you take their concerns seriously, and then address those concerns. If you cannot do that immediately, set up a time soon thereafter to address those concerns with someone the objector is likely to regard as knowledgeable, relatable and trustworthy.

One-to-one conversations are highly effective and relationships are crucial. Monitoring social media is also

recommended. Learn about the myths and conspiracies spreading online about COVID-19 and communicate the falsehood of these myths to staff. It is not recommended that leadership simply assume their staff is too wise to believe such conspiracies. It has become apparent that educated and sophisticated people can believe patently false conspiracy theories, so these malign falsehoods must be confronted and debunked. You may feel silly telling people that the COVID-19 vaccine will not alter their DNA, but it may be necessary to do so.

You can also use social media to your advantage. When an employee is vaccinated, encourage him or her to take photos and share their pictures and positive stories on their social media channels. Many NAHC members have employed this strategy and found success with it.

Finally, remind members of your workforce of their duty to their families, friends, neighbors and patients. Widespread adoption of the vaccine will make everyone safer, which is part of the duty of every health care worker. If workers cite religious objections, remember that many religious figures are strongly urging their followers to take the vaccine.

Again, compulsion is likely to be met with resistance and resentment. The best advice is to exhaust all options for encouraging health care workers to be vaccinated before considering other options. **HC**



Find more
COVID-19
vaccine
resources
from NAHC.

Tom Threlkeld is director of communications for NAHC, a nonprofit organization that represents the nation's 33,000 homecare and hospice organizations.

ROAD MAP: ACCREDITATION



By Mary Ellen Conway

Are You Ready for Re-Accreditation?

9 areas to review before your survey

I recently looked back into my old files and found an article that I wrote for HomeCare on re-accreditation back in 2015. For many of us, 2021 is a year of triennial accreditation renewal, and even though 2015 was years ago—and a time when the world was in a different place—the concepts to review for re-accreditation remain the same.

In this pandemic year, many suppliers have opted for a virtual survey in lieu of an on-site, in-person survey. Tim Safley of the Accreditation Commission for Health Care reviews the process of a virtual survey in an article in HomeCare's April issue that you can re-read to get an idea of how it works.

If you do opt for a virtual survey, there will be a few things you must be prepared to provide:

- A stable internet connection
- A designated computer (with that stable internet access) where you can access all files and documents that you will be providing for survey, including access to all personnel files and documentation
- The GoToMeeting, Zoom or other video chat program you will be advised to have available once you agree to a virtual survey with your accrediting organization
- A cellphone or tablet with a camera that will allow you to virtually show the surveyor around your office for mobile live views or a tour of your office showing the exterior and interior, including where your files are stored, your warehouse, etc.

Basic Survey Readiness

Things have changed since you were first accredited, so you should now be accustomed to the accreditation process

and be ready to present a three-year history, whether your re-survey will be virtual or in person. Here are nine tips to get you started.

1 Start early.

Your accreditation expires on your accreditation end date and your accreditor has to file your status with the Centers for Medicare & Medicaid Services (CMS) each month. Even if you are doing a virtual survey, your survey must be unannounced, so you should be ready for an unannounced survey six to eight weeks before your expiration date so that you have adequate time to respond to any deficiencies found and time for your corrections to be accepted. All of these activities should occur as early as possible.

2 Read your last survey report.

That's what your surveyor does! They will check to see what was going on at the time of your last survey, what your deficiencies were and your plans to correct them. Make sure all of those deficiencies have been corrected and that you are compliant with every issue for which you had been previously cited.

3 Clean & organize your delivery vehicles.

Make sure all of your delivery vehicles are clean both inside and out and that they are in good working order. Ensure that your drivers are separating clean and dirty items, that cling stickers with reminders for oil changes are up to date, that wrenches and tools are clean and secure, that alcohol-based hand sanitizer is accessible, and that

all equipment is secured with straps rather than bungee cords. Ensure that private health information is secured and that extra forms aren't scattered throughout the vehicle. If you transport oxygen tanks, be sure they are secure in a cage that is mounted to the floor with netting over the top so they cannot become missiles if the driver were to suddenly stop.

4 Check your human resources (HR) files.

Your surveyor may ask for a staff census or an organizational chart to select files for review, or they might give you the option of pulling files yourself. A virtual survey requires you to be able to upload these files or individual documents securely so the surveyor can review them. The surveyor likes to see the hire date of staff and may ask for the file of a newly hired staff member, so be sure that your HR files are complete for all new hires. You may find that forms haven't been placed into the individual personnel file yet, so make sure these new hire files are complete in anticipation of your surveyor's review.

5 Note your educational requirements.

Make sure you have documentation of all of the educational requirements your staff has met each year. This can be done in a variety of ways:

- An annual calendar showing the dates and title of the classes held that might include the course title, handouts, agenda, speaker, pre- or post-tests or attendance sheets



- Certificates of completion/copies of attendance reports in the individual staff member's file
- Copies of sign-in sheets for a particular class kept together by year

There is no single best way to prove that the staff has completed their requirement, as long as you have the documentation that shows it was completed.

6 Review your on-call & complaint logs.

Surveyors often ask to see your on-call or after-hours log and your complaint logs for two reasons: to make sure you have one of each (it's a Medicare requirement), and to look for troubles or problems, especially repeat problems that are frequent complaints or that occur after hours.

Read your logs as a surveyor would, looking for recurring problems or issues from a particular staff member. In your after-hours log, make sure you have documented the time from the receipt of the call to the time of the response, as you are held accountable to your policy requirements for responding to a call within a certain amount of time. The same applies to your complaint log, which is also required

by Medicare. Check your accreditor's requirements to make sure that your logs show that you are responding to after-hours calls and complaints within the required time limit.

7 Provide patient records.

Make sure that your records are easily accessible and complete, with all of the necessary copies of the patient's acknowledgement of receipt of items, such as a statement regarding (or copy of) the 30 supplier standards, patient rights and responsibilities, the assignment of benefits, instructions for safe use of the item(s) provided, basic home safety information and more. Check your accreditor's standards and use the checklists they provide to review their list of the items you must have on file. Look into digital options for ensuring forms are filed on delivery and easily stored.

8 Update your emergency plan.

Did you change or revise your emergency plan this year? Has it changed because you have people who are now working from home and no longer in the office? Make sure it is up to date and has been checked annually and revised as needed.

9 Document your quality & performance improvement activities.

Stop procrastinating and sit down and summarize all of your quality improvement activities. This is one area where suppliers do not keep up with the data quarterly. Make sure it has been gathered neatly in one place (a designated binder works well) and is ready to be reviewed, whether in person or virtually for each quarter during the last three years.

This is not meant to be a comprehensive list of preparation activities, just a quick reminder of some of the big items you need to focus on. You really should be accreditation-ready every day, but we all gear up when a re-accreditation cycle is approaching. Your accreditor's requirements should be built into your daily practices and, as long as you keep up with them, there shouldn't be a frenzy of activities every three years. Make sure you are ready as early as possible to give you and your coworkers plenty of time to be prepared. **HC**

Mary Ellen Conway, RN, BSN, is chief compliance officer for US Med and a member of the HomeCare Editorial Advisory Board. She can be reached at meconway@usmed.com.



Telehealth Is Here to Stay

After a year of change, how will homecare adapt online?

By Hannah Wolfson

In the earliest days of the emerging COVID-19 pandemic—in a news story published on March 16, 2020, to be exact—we reported that homecare companies were facing a new problem: denials of service. Patients and customers were increasingly refusing to let providers into their homes out of fear of infection, and professionals were declining to go out into the field for the same reason.

“Patients are increasingly hesitant to let nurses into their homes for in-person visits,” Synzi CEO Lee Horner said at the time in an interview that ran on [homecaremag.com](#).

There was an easy solution, however. The past year saw a massive application of telehealth, something homecare had been slowly working toward for decades.

Suddenly, virtual visits weren’t just a nice add-on, they were the only way to reach some patients.

That’s been a catalyst for long-term change, says Horner, who has been in the telehealth industry for about a dozen years, at Synzi and elsewhere.

“With COVID-19 hitting us, health care delivery has changed, especially on the post-acute side, forever,” he said in a recent interview. “I think there was a lot of uncertainty about how video and telehealth would be delivered but I think over the last year it’s been proven to be wildly successful.”

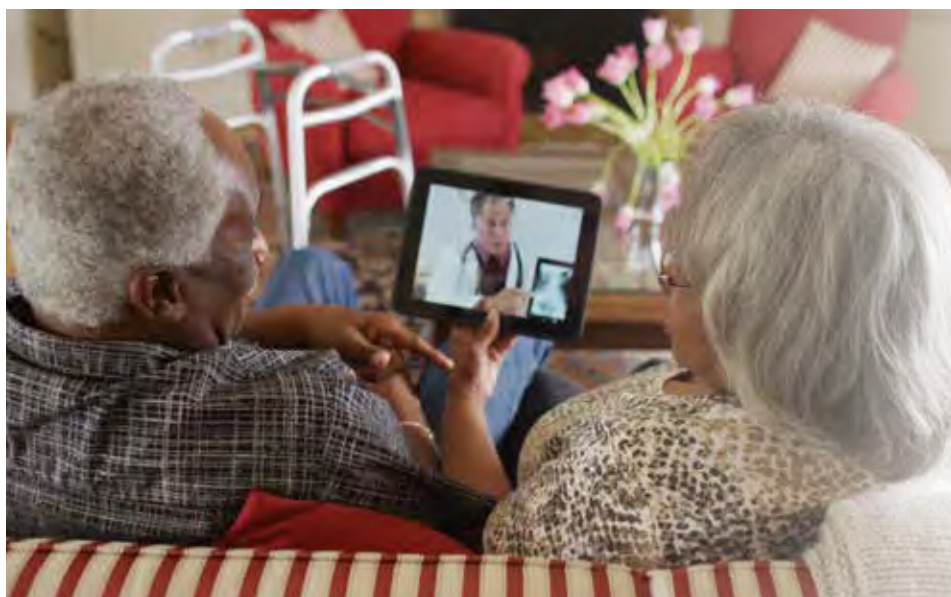
Speedy Adoption

It’s rare in health care to be able to pinpoint the adoption of a new practice to a single

year, much less to a single week. But according to the Centers for Disease Control and Prevention, telehealth visits took off during the last week of March 2020, jumping 154% compared to the same week in 2019. Those virtual visits were mostly patients seeking care for something other than COVID-19.

That was just the beginning. Telehealth services grew by more than 1,000% in March of 2020 and more than 4,000% in April of that year, according to a study of almost 7 million privately insured people that was published in *JAMA Network Open*.

However, a recent report from the nonprofit Fair Health found that telehealth usage dipped 16% from January 2021 to February 2021, indicating a possible



It’s best not to approach telehealth as a replacement for in-person care ... care teams should develop a new methodology that blends in-person and telehealth.

16%

The nonprofit Fair Health found that telehealth usage dipped 16% from January 2021 to February 2021, indicating a possible slowdown in demand for virtual care as vaccinations increase and health practices reopen.

slowdown in demand for virtual care as vaccinations increase and health practices reopen.

That doesn't worry Janet Dillione, CEO of Connect America, which recently doubled down on connected health with its purchase of Philips' Lifeline business.

"I have been in healthcare IT my whole career," Dillione said. "The past year has done for this pre-hospital virtual care space what the HITECH Act did for electronic medical records."

"The pendulum has swung," she continued. "It perhaps won't stay this far, but it's not going back."

On the broader spectrum of health care, Dillione said, much of the systemic change was driven not just by the existence of the coronavirus pandemic but also by the fact that clinicians were suddenly able to be reimbursed for virtual visits in a way they hadn't before. In-home care providers, however, have been partly or entirely left out of that—and the pandemic-spurred waivers allowing broader use of telehealth will likely expire along with the public health emergency.

There are three main bills in Washington at press time that would permanently remove the paused restrictions that keep most Medicare patients from using telehealth services from their home or outside rural areas; one of them would require rulemaking to establish other originating sites, another would also give the Centers for Medicare & Medicaid Services (CMS) the authority to establish newly eligible sites, such as a community center or clinic.



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There's still an incentive to adopt, however, Horner said, if only to keep up with the competition.

One Case Study

Before the pandemic hit, the seven adult day centers run by Element Care PACE in Massachusetts were full each day with seniors visiting their doctors, nurses, physical therapists and other clinicians or enjoying enrichment activities. Then, in March, it all shut down.

"We closed and we had to pivot very quickly," said Dr. Joanna Duby, medical director at Element Care PACE, which serves about 1,000 older adults. "Our nurses had to go out even before we had personal protective equipment; we would go do home visits but we would screen people first. We would call people on a daily or weekly basis to see if they were okay or if we needed to go out and see them."

That wasn't a sustainable system, so the organization provided tablets designed for senior engagement and used it for connected activities as well as for virtual care. Element Care is currently testing a pilot that connects the tablet to a scale so patients' weight can be tracked, and they're looking at other things it might expand to, including measuring blood pressure, oxygen saturation and body temperature.

Virtual visits don't just save the patients time and hassle, they save companies staff travel time and expense.

Right now, about 350 of the group's clients are using the tablets and spend an average of three hours a day on them.

PACE organizations like Element might provide an example of what telehealth could look like in the future. Because PACE acts as both caregiver and payer, the programs tend to take a holistic view of care management for participants, who are usually dual eligible for Medicaid and Medicare. Rather than going into institutional care, they stay home, visiting a PACE day center to get care from an interdisciplinary team including proactive physical therapy, a dietician and behavioral health. There's even a driver that takes them to the center if needed.

Duby said they were surprised to discover that appointment compliance—especially in behavioral health—actually increased with the switch to virtual, so they expect to continue with a hybrid model.

It's an investment, she said, but it's worth it if keeping better in touch with a

member keeps them active and avoids a life-threatening fall, or if someone's not feeling up to traveling to the center, even with transportation provided.

"We don't see this going away now that we've started it," Duby said. "We also are using for enrollment purposes to communicate with potential enrollees."

What Patients Want

As the push for consumers to age in place increases—another trend that's been catapulted into overdrive by the pandemic—so, too, will connected health care in all its forms. After all, telehealth can include telemedicine (that is, clinician visits performed by video or by phone); remotely monitoring patients' vital signs, activity levels and medication usage; and personal emergency response systems, which signal when something has gone wrong.

"If you think about some of the trends the pandemic ended up accelerating, a lot



of us stayed home and ended up ordering groceries from Amazon or whoever and you could see the status of your order,” said Nick Knowlton, vice president of strategic initiatives for ResMed. Telehealth encounters were similar—an encounter with a primary care provider via a video app could lead to a prescribed medicine, a then to a notification from a pharmacy app when it’s ready. Going forward, consumers will want the same ease of use for all their care.

Virtual care and remote monitoring can also be a boon to providers, especially as demand for already-scarce skilled caregivers continues to grow. Virtual visits don’t just save the patients time and hassle, they save companies staff travel time and expense and can also protect vulnerable employees from exposure to contagious disease in someone’s home or threats of violence in the field.

“People are going to stay at home, but there aren’t enough caregivers,” Dillione said. “How do you deliver virtual care? How do you provide that 24/7 stewardship in terms of safety?”

Nevertheless, the experts say, it’s best not to approach telehealth as a replacement for in-person care.

“That’s the wrong mindset,” said Dr. Kurt Merkelz, senior vice president and medical officer at Compassus. “Telehealth should be an additive service—and this is the case with all of health care. Say they’re recovering from a hip fracture and we come into their home and they have chronic diseases, then we look at how we deal with their COPD and their cognitive impairment.”

Rather than try to fix everything at once—or entirely virtually—Merkelz said care teams should develop a new, post-acute

focused methodology that blends hands-on and telehealth. A home check would be face to face, but a medication reconciliation meeting can be virtual, as can wound review. And then clinicians can send clients reminders or even interactive video tutorials to educate them on their condition.

“This is how we can leverage telehealth,” Merkelz said. “This is where telehealth has such an opportunity, not as a replacement, but as an additive service. That’s what I’m excited about.”

And Duby said providers should remember one important thing even as the technology accelerates, especially when working with an older population.

“There is still some use in picking up the phone,” she said. **HC**

Hannah Wolfson is editor of HomeCare magazine.

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Helping Seniors Connect

3 big barriers to telehealth adoption in homecare & how to overcome them

By Tammy Ross

Before the term telehealth was even coined, many envisioned the practice. A 1925 cover of *Science and Invention* magazine featured a patient being diagnosed over the radio, as well as an imagined device that would provide patients with long-distance video examinations.

Now, after hundreds of thousands of people have died from COVID-19 in the United States and many more have been locked in, discussions have moved past what is possible to what is necessary. Complications from the virus have disproportionately affected older communities, and many homecare providers have struggled as fear from patients and staff continues to limit in-person visits. Telehealth offers affordable and efficient care for older populations, and, according to the Centers for Disease Control and Prevention (CDC), it can also support infection mitigation strategies.

As many providers continue to find utility in telehealth and remote care monitoring—a subset of telehealth that allows for the direct transmission of patient data from a distance—it is becoming more evident that the many barriers to these technologies' adoption are beginning to break down.

Let's take a look at them.

1 The Technophobia Barrier

Telehealth's success depends on end-user adoption. Yet technophobia, or a fear of technology, has long been a barrier to implementation.



Introducing older generations to telehealth can be difficult, and, according to the United States Census Bureau, about 10,000 Americans a day have turned 65 since the 2010 census. However, many have aged with a familiarity with technology and the internet since at least their early 40s, and, as technological solutions continue to advance and become more intuitive, many people—including seniors—are becoming increasingly comfortable participating in telehealth services.

But to best combat any remaining unease, communicating the beneficial nature of telehealth as is crucial. A 2016 study that analyzed older users' home telehealth service acceptance behaviors found that a telehealth service's perceived ease of use, functionality and security are leading predictors in how well older users will accept the technology. Therefore, when offering telehealth to patients, it is crucial that homecare professionals clearly convey the technology's security and utility.

2 The Broadband Access Barrier

But before one may achieve buy-in, it is key to first achieve accessibility—and those who most require home-based care are often the hardest to reach.

Through telehealth services and remote care monitoring, organizations can provide care to communities with limited access to needed services. However, these communities frequently include rural areas where broadband connectivity is scarce and where access to other technologies needed for telehealth, such as smartphones, may be minimal. This has historically presented one of the greatest barriers to telehealth.

In 2016, the Federal Communications Commission (FCC) found that many rural areas were behind in mobile broadband rollout. At the time, approximately 14 million rural Americans lacked mobile LTE broadband at speeds required for telehealth services.

However, the digital divide is closing. In a 2020 FCC report, it was found that the number of Americans without fixed broadband access dropped 30% over the course of 2017 and 2018.

Additionally, many who do not have access to smartphones, computers or reliable broadband connectivity can use a landline to consult with their provider.

“We talk about telehealth, and we assume we’re looking at computers and smartphones, but you can also perform telehealth through just a regular telephone, replacing ... virtual business with landline communication,” said Arlene Maxim, a clinical consultant and home health expert.

3 The Financial Barrier

Beside broadband access, there is a financial barrier that has slowed telehealth adoption amongst homecare organizations. Despite physicians’ ability to earn revenue from these technologies under Medicare Part B, the homecare industry has yet to be acknowledged as one to which payments should be made in a broad way.

Some agencies are afraid the dearth of reimbursement will create Low Utilization

A telehealth service’s perceived ease of use, functionality and security are leading predictors in how well older users will accept the technology.

Payment Adjustments (LUPAs) and lose money for their organizations.

“I believe that agencies are looking at this backwards,” Maxim said. “There are ways that telehealth can avoid LUPAs, because you can provide reminders to patients and identify times when the patient needs to be seen.”

As a matter of fact, these benefits to telehealth, as well the sheer amount of data gained during the pandemic, means that “CMS cannot ignore telehealth,” said Maxim. And the Centers for Medicare & Medicaid Service (CMS) has not. CMS leaders have indicated that they see value in telehealth and related technology.

“I believe Medicare is on the cusp of providing telehealth reimbursement for us, and agencies need to know that there’s potential for this to become a reality and that we’re actually going to be able to bill for it,” said Maxim. “When it does, agencies are going to have to decide what kind of remote care monitoring they are going to provide—if any—and what type of telehealth service they are going to choose.”

Maxim explained that, with telehealth and remote care monitoring, there comes an extra expense for the agency, exacerbating the financial barrier.

“I think sometimes agencies don’t understand the expense of using telehealth,” Maxim said. “It can be very expensive because, depending on the size of your staff and the type of program you implement, you’ll have to hire new employees.”

However, if organizations “choose to contract out with a third-party vendor, then it typically is less expensive,” she added.

The Future of Care Is in the Home

The COVID-19 pandemic has shown the importance of in-home care and proven to be a strong catalyst for telehealth adoption. By getting accessible services to vulnerable populations and maintaining patient-provider relationships over distance, providers proved to the CDC that telehealth has become an essential element in maintaining continuity of care.

In fact, according to a recent study observing telehealth in the context of COVID-19, telehealth may see itself further established in health care after the pandemic ends. And though many of the changes experienced during this health crisis may not last forever, telehealth will undoubtedly find its place within the care-at-home industry once it is over.

As the many different barriers to telehealth break and the industry sees rising acceptance and adoption, one thing has never been clearer: The future of health care is in the home. **HC**



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Tammy Ross is the senior vice president of professional services at Axxess, where she oversees the company's professional services division with a focus on practical operational solutions for the home health, homecare and hospice sectors of the post-acute care industry using technology. Visit axxess.com.

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Future-proof Your Company's Telehealth Strategy

It's time for HME to seize the opportunity in remote care

By Nick Knowlton

The ongoing COVID-19 pandemic has drastically shifted how providers interact with and care for their patients. Key to this shift was the acceleration of emerging technology trends that have digitized provider workflows and patient touchpoints and, as a result, contributed to health care that is more accessible, convenient and transparent.

Telehealth is a prime example. The Department of Health and Human Services (HHS) reported that nearly half of Medicare primary care visits in April 2020 were conducted via telemedicine, compared with fewer than 1% in February 2020. One year later, in April 2021, United Health Group subsidiary Optum Health reported in its annual earnings call that the demand for telehealth remains at least 10 times higher than pre-pandemic levels. Looking ahead, consultancy Frost & Sullivan anticipates the total health care market could go over \$2.6 trillion by 2025, largely driven by demand for digital health applications including telehealth.

Adopting telehealth amid the pandemic was a medical and business imperative, as Ernst & Young put it. Mass adoption was made possible in part by eased regulations, as HHS announced in March 2020 it would not impose penalties on provider organizations using telehealth methods that did not comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This move was critical to ensuring that patients could access care during the

50%

Nearly half of Medicare primary care visits in April 2020 were conducted via telemedicine, compared with fewer than 1% in February 2020.

pandemic, but it also led many providers to cobble together technology solutions that may not be viable or efficient in the long term.

With patients newly accustomed to digital provider interactions and consumerism undoubtedly on the rise, telehealth will remain a valuable method of care delivery for years to come. The opportunity for providers today is to reevaluate and be more thoughtful about their telehealth strategy to hedge upcoming regulatory changes and solidify telehealth as a permanent offering once the pandemic is behind us.

Telehealth in HME

Many in the home medical equipment (HME) industry turned to telehealth during the pandemic, and specifically to video interactions with patients to offer remote troubleshooting, patient setups and even

fittings that wouldn't otherwise have been possible. In the sleep market, stakeholders launched step-by-step guides to assist HME providers with remote setups; in one case, that meant a tool to help with mask selection, after a recent survey revealed that 55% of HME respondents felt mask selection was the most difficult task to navigate in remote setups for CPAP therapies for sleep apnea.

Responding swiftly to the changing environment led many HME providers to adopt readily accessible and low-priced video technologies like Zoom, Skype or FaceTime to keep business and patient care moving. While these technologies have been easy to implement and use, they are largely stopgaps, as the workflows are not integrated out of the box to capture discrete data and document interactions or to work seamlessly with other applications.

Not only that, but many of these

technologies are not HIPAA compliant, putting providers at risk when HHS eventually tightens regulations around telehealth interactions.

Playing a Bigger Role

Changing regulations brought on by COVID-19 are accelerating other out-of-hospital care trends as well. In November 2020, the Centers for Medicare & Medicaid Services (CMS) expanded its Hospital Without Walls initiative, creating additional flexibility for health care services to be provided outside of the hospital setting and in a patient's home to increase capacity amid the pandemic. As of earlier this month, 53 health systems and 116 hospitals across 29 states are participating in the program.

Along with this evolving hospital-at-home model is a general desire among seniors and patients to age in place and receive care at home. This has led many organizations to look into delivering more complex care at home, including skilled nursing and palliative care.

With this rise in care-at-home models, HME providers will become even more involved in their patients' care journeys. And the patient interactions they're having and data they're collecting will become even more sophisticated, creating the need for solutions that can scale and sustain the changes ahead.

Additionally, the pandemic has accelerated the expectations of patients for better consumer experiences. Through the pandemic-accelerated rise in ordering groceries for delivery, shopping with next-day expectations from Amazon and other retailers, and scheduling and completing telehealth visits with their physicians—to name a few examples—populations that include HME patients now increasingly expect seamless workflows and visibility into the care process for themselves and their loved ones. This includes expectations around visibility into orders, coordination of scheduling telehealth and other impacts. A smart telehealth strategy increasingly needs



to be integrated to other workflows to meet this rising demand.

Seizing the Opportunity Ahead

Providers today therefore have a new opportunity to create a thoughtful telehealth strategy that optimizes workflows and allows them to be agile even in the face of tightening regulations.

To begin this process, providers should consider where in their business it makes sense to permanently engage in telehealth and in which scenarios face-to-face interactions will be preferred. Once providers have a sense of the optimal workflow for their business, they can source HIPAA-compliant, workflow-enabled, thoughtful solutions to achieve their vision. These solutions will increasingly need to interact with their other information technology systems as well.

As holds true in the rest of the health care space, we recommend that providers speak to their technology vendors and referral sources alike to align expectations and to understand optimal community workflows. Being proactive and making telehealth a long-term, sustainable fixture in business will help HME providers meet rising demand from patients and out-of-hospital care partners, while putting them above the competition as forward-thinking, patient-centric organizations that are poised to thrive amid the changes ahead. **HC**

Nick Knowlton is the vice president of strategic initiatives for ResMed SaaS, the parent company of Brightree and MatrixCare. He leads the company's interoperability initiatives, amongst other areas. Knowlton is also board chairman of the CommonWell Health Alliance and has been involved since helping form the alliance in 2013.



TELEHEALTH

Opening New Doors for Complex Rehab

How technology can help CRT providers

By Ty Bello

Who knew that the importance of telehealth in complex rehab technology (CRT) would have risen to such high prominence over this past year? Surely COVID-19 was the catalyst that pushed this resource to the forefront of care.

As we turn the corner of the pandemic, let's look at how telehealth will be a critical piece of complex rehab going forward.

Telehealth had to overcome its own reality; for many years the question of whether telehealth was even possible echoed in the halls of the largest hospital networks, insurance companies and post-acute providers. The pandemic answered this question in a big way.

MORE INFORMATION ON HR 2168 FROM NCART

Physical and occupational therapists, people with disabilities and family members have reported that telehealth options for the provision of complex rehab technology (CRT) have brought many benefits throughout the COVID-19 pandemic.

These benefits extend beyond the public health emergency, as telehealth can help overcome access barriers relating to travel challenges, lack of qualified providers in certain areas, and concerns about other medical risks.

Telehealth During the Crisis

Prior to the public health emergency (PHE), it was estimated that total revenue for all United States telehealth companies was at \$3 billion. Many are now predicting a seven-fold growth by 2025. To put this in context; for the week of March 7, 2020, only 11,000 Medicare beneficiaries used telehealth. By the week of April 25, 2020, 1.7 million Medicare beneficiaries used telehealth.

While the pandemic brought telehealth to the forefront, the ongoing care of patients will be a driving force to maintain telehealth in the post-acute care arena. Patients have long faced obstacles of transportation, distance, time conflicts and weather that

prevented them from receiving their clinic-based evaluations and follow ups.

Telehealth provided the continuity of care that the pandemic stripped from clients with disabilities. Clinicians have realized this tool and resource will impact future evaluations for clients.

Telehealth was once reserved for rural communities, but has since been adopted across all geographical areas. Using telehealth for clinical mobility evaluations allows an evaluation to be conducted at the patient's home, limiting patient exposure to infection and eliminating the challenges of transportation. With fewer canceled appointments, equipment can be delivered

Unfortunately, certain Medicare telehealth policies are scheduled to expire at the end of the PHE. That is why the "Expanded Telehealth Access Act" (HR 2168) has been introduced in the House of Representatives by Reps. Mikie Sherill (D-New Jersey) and David McKinley (R-West Virginia), who were joined in this bipartisan introduction by 14 other members.

HR 2168 contains important provisions to expand access to telehealth services and specifically adds physical and occupational therapists as permanently authorized telehealth practitioners within the Medicare program.

It is especially important that physical and occupational therapists retain the ability to provide telehealth services to maintain access to care for their clients with disabilities and complex medical conditions who may not be able to get to a clinic or be seen in-person for needed evaluations and follow up.

The National Coalition of Assistive Rehab Technology (NCART) is asking CRT stakeholders to communicate with their Senators and Representatives regarding the importance of these services, and to ask that H.R. 2168 be passed.

Visit ncart.us to learn more.

to the patient more quickly. It has been noted that telehealth is both effective and, in some cases, preferred by clients or patients. Performing an evaluation in the home can be a more holistic service.

Telehealth in the Post-Pandemic World

Does telehealth have life in a post-pandemic environment? The advantages far outweigh the disadvantages; there are significant benefits to telehealth for the families of clients with disabilities. This positions telehealth to take a permanent space in the complex rehab industry.

When the pandemic began, many providers of complex rehab technology were struggling with limited access to patients due to closed clinics and patient fear of viral exposure. Complex rehab providers were challenged with serving these patients.

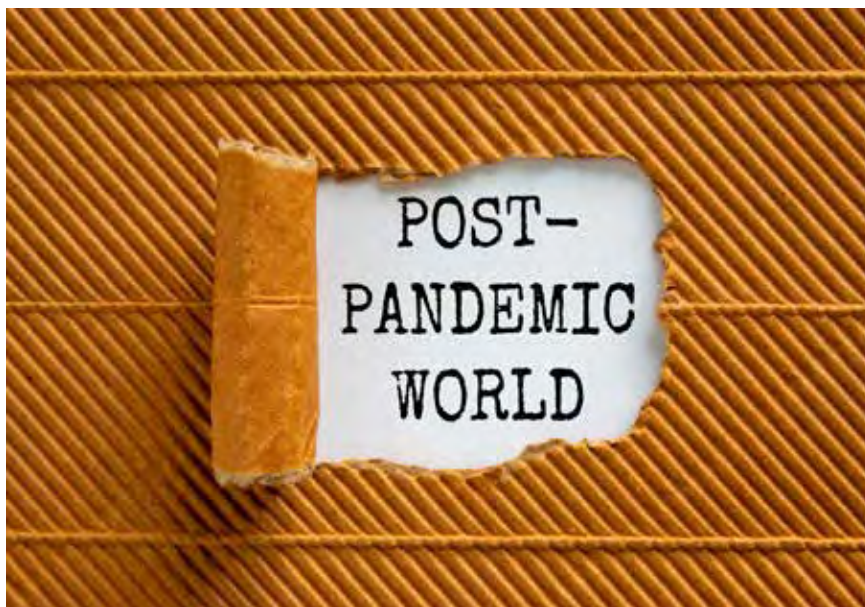
At the beginning of the pandemic, two industry veterans, Bill and Maxine Paul, former CRT providers and owners of ATLAS Enterprise Software, activated a plan they designed many years earlier called telehealth clinical evals. This is a platform for complex rehab providers to systematically address the pain points that providers experienced during the pandemic.

One of the obstacles during the pandemic was getting patients qualified through a medical evaluation for the equipment. A remote mobility evaluation service for CRT was not feasible until telehealth for therapists could be reimbursed as part of the public health emergency rules.

During the pandemic, clinicians could not get access to patients. The industry as a whole came to a screeching halt. Telehealth allowed providers to get access to the patients via audio/video conferencing. In this way, telehealth enabled patients to get equipment in a timely way and permitted complex rehab professionals to earn a living.

Advocacy for Reimbursement

At press time, two bills are making their way through Congress to ensure reimbursement



When the pandemic began, many providers of CRT were struggling with limited access to patients due to closed clinics and patient fear.

continues for telehealth in complex rehab. House bill HR 2168 and Senate bill S 1074 would, at a minimum, permanently allow physical and occupational therapists the ability to provide telehealth services to clients with disabilities and complex medical conditions. This is a step in the right direction toward providing continuity of care for patients across the country.

HR 2168 seeks to permanently allow health care providers designated by the Centers for Medicare and Medicaid Services—such as audiologists, physical therapists and speech-language pathologists—to provide telehealth services through Medicare.

S 826, the Medicare Empowerment Act of 2021, would offer patients their choice of physicians and practitioners when using Medicare benefits.

If you have not made contact with your legislator, it is not too late to let them know how important telehealth is to your patients. Engaging with your legislators should be a top priority for all CRT providers.

So, will complex rehab providers advance the telehealth platform moving forward? Absolutely, and all indications are favorable that telehealth has become an advanced strategy for CRT. If you are currently struggling with missed opportunities due to travel, weather or geographical limitation, the adoption of telehealth will forever change the direction of your business and the lives of the patients you serve. **HC**

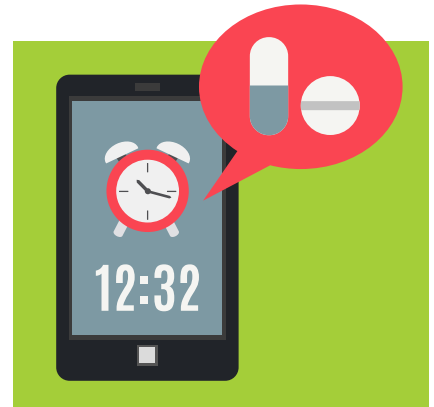
Ty Bello, RCC, is the president and founder of Team@Work, LLC. He is an author, communicator and registered coach. Contact Bello at ty@teamatworkcoaching.com or visit teamatworkcoaching.com.

MEDICATION MANAGEMENT

No Excuses

Help clients overcome tech hesitancy to better manage their meds

By Léa Bourgade & Erin Knitis



Whether the patients you work with take a few pills each day or require several doses on a complex schedule, making sure they take their medication as recommended is probably one of your top priorities. Improper medication adherence leads to about 125,000 deaths every year and can bring about unnecessary doctor's visits or trips to the emergency room.

Making your clients aware of the various medication management solutions available to them is one step to help them avoid these negative and unnecessary circumstances. What options for pill storage and reminders are out there?

The Entry Point: Low-Tech Recommendations

If you're working with someone who only takes a small amount of daily medication, or someone who travels a lot, pill boxes are an easy suggestion. Compact and simple to use, pill boxes help users organize their medications in one place so it's easier to remember what to take and when. Patients with professional or family caregivers might consider monthly pill organizers, as caregivers can sort medications for a month in advance and make sure daily pills are taken consistently.

Still, the trouble with most pill boxes and monthly organizers is that they don't have built-in reminders, so users aren't alerted when it's time for a dose and may forget to take their pills. If these are issues you believe need to be addressed, it may be time to consider a higher-tech solution.

More Tech = More Accountability

Patients who have trouble remembering to take their medications might need more help staying compliant. In this case, reminder apps or pill dispensers can be great choices.

Reminder apps help bridge the gap for those who need more accountability than pill boxes or monthly organizers offer, but don't necessarily need a high-tech option. Medisafe, for instance, not only provides pill reminders, but also collects adherence information that patients can share with their whole medical team, alerts them to potential drug interactions, connects users with caregivers and offers discounts on medications.

If forgetful patients aren't ready to try out the most sophisticated medication management technology, pill dispensers from companies such as e-Pill, GMS or VitaWorks are easy to use and intuitive and offer audio and visual reminders. These still have their drawbacks, of course, such as limits on the number of times they'll dispense medications per day and requiring monthly refilling, which elderly patients or others with dexterity issues might have problems doing.

Cutting-Edge Tech to Manage Complex Regimens

As with all technology that we rely on in our daily lives—think smartphones, coffee makers and even cars—only a few people are early adopters; eventually the technology becomes the norm.

Today, there's cutting-edge technology that takes the guesswork out of medication management. Smart pill dispensers have harnessed rapidly developing technologies to improve medication adherence and tracking for those with complex medication regimens. These smart devices connect to the internet to assist with medication sorting, simplifying routines and tracking pill supplies for timely refills.

Most importantly, they provide users with reminders to take medications via automated phone calls, texts, emails or alerts through a companion app. Those companion apps also allow loved ones, (and sometimes clinicians) to stay connected with the users to make sure they're staying on track taking their medications. Some, such as Hero, also allow users to program reminders for additional medications stored outside the device, which is great for people with injected or liquid medications.

Other solutions, including MedMinder, Pria and MedaCube, present a wide range of technology and features, from basic dispensers to machines with digital displays that users interact with to dispense pills. Each holds up to several weeks' worth of medication, so they don't need to be refilled too often. They also all generate reports on the user's adherence that they can share with their medical team.

Patient Confidence to Go High-Tech

Storing and dispensing medications should be as easy as possible, and helping clients choose what's best for them will ultimately

depend on their needs, lifestyle and preferences. Encourage them to consider high-tech options when the situation is right; they're easier to use than patients may think. Here, we've addressed some concerns about smart pill dispensers that patients may raise:

» ***"It's too complicated to figure out myself."***

Smart pill dispensers will walk users through setting up, loading pills and arranging reminders. In addition, all these companies have customer service departments available to help make patients more comfortable and confident using the technology to the fullest. Some offer help to members 24/7 by phone, email or an online chat feature on their website.

» ***"I don't have a smartphone, so I can't use it."***

Of the smart pill dispensers mentioned above, only Pria requires a smartphone. Hero allows members to use a website or a web app to set up the device, program reminders and access reports. MedMinder and MedaCube don't require a smartphone at all for setup or regular use.

» ***"I don't know if I have the right internet connection for it."***

Each smart pill dispenser has different internet requirements. MedMinder can be used with Wi-Fi or can connect to the internet using a built-in cellular connection. MedaCube operates only when plugged directly into a modem. Pria and Hero require Wi-Fi to coordinate sorting, scheduled dispensing and reminders, adherence tracking and more.

Don't Let Tech Hesitancy Block Better Health

As technology advances and finds wider adoption, we can expect further evolutions in medication management technology. Recommending high-tech solutions to keep patients adherent might seem like too much of a struggle in the short term, but the long-term benefits of proper medication management are numerous.

Across the board, high-tech options have a better track record of helping improve medication compliance. When medication adherence is a major issue for a patient and proper adherence means healthier outcomes, encouraging them to take a chance on a high-tech medication management system may make a real difference, even helping them avoid costly trips to the hospital or unnecessary doctor's visits.

As with other technology that has become a part of our daily lives, your clients will likely adapt quickly and, over time, become thoroughly confident in using medication management technology. **HC**

Léa Bourgade is the content and community manager at Hero Health Inc. Erin Knitis is an award-winning copywriter and creative director based in Brooklyn, New York.





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PAIN MANAGEMENT

Feel the Buzz

Vibration therapy can help relieve pain for arthritis patients & others

By Matt Garver

Vibration therapy is generating a lot of buzz, as emerging research suggests low-amplitude vibration therapy may have more benefits than previously known. Portable wraps that deliver targeted relief at an affordable price are making this type of therapy more accessible than ever.

The Basics

Vibration therapy works by stimulating muscles and ligaments to increase blood circulation, ultimately helping reduce pain and inflammation, promote immune response, and improve joint strength and flexibility, among other benefits. Additionally, the vibrations serve as a sensory distraction, disrupting pain signals that are constantly traveling along the body's nerve endings to the brain. Best of all,

vibration therapy doesn't bring the feeling of electric shock that is commonly associated with TENS units.

The technique was originally introduced as a treatment protocol to maintain bone strength and density in astronauts in the 1960s; today, clinical studies suggest vibration therapy may offer benefits for patients with arthritis, osteoporosis and other ailments. It is also a trendy workout recovery option due to ease of use. A study completed earlier this year indicates that five minutes of low-level vibration therapy was as effective as a 15-minute massage at reducing muscle soreness and improving recovery time after strenuous exercise.

Additional studies indicate that vibration therapy may be useful in muscle rehabilitation after acute injury and also in

those with chronic illnesses such as arthritis and fibromyalgia.

Managing Pain

Millions of Americans live with arthritis, inflammation and other issues that affect the bones or joints. These can be painful and limit ability. Pain-relieving medications may come with side effects and might not be appropriate for mild forms of arthritis and similar disorders.

In these instances, vibration therapy may serve as an important tool for anyone living with inflammation or discomfort. Specially designed gloves and wraps that cover the hands, joints or limbs are designed to gently vibrate in order to reduce pain and improve circulation.

According to the National Institutes of Health, researchers from the University of the Witwatersrand in Johannesburg, South Africa, found that individuals living with rheumatoid arthritis showed improvements in functionality and decreased pain when using vibration therapy over the course of three months. After following up with test subjects, the scientists found that those continuing the treatment showed even greater improvement six months later.

In total, there were improvements to functional abilities, physical activity, body

POTENTIAL BENEFITS OF VIBRATION THERAPY:

- Increased blood and lymphatic circulation
- Reduced pain and inflammation
- A boosted immune response
- Additional joint strength and flexibility
- Increased healing of fractures, strains and sprains
- Decreased stress and increased energy levels
- Assistance in detoxification and removal of wastes from the body
- Safe and effective

Vibrations serve as a sensory distraction, disrupting pain signals that are constantly traveling up the body's nerve endings to the brain.

composition and overall “health-related quality of life.” The scientists concluded that vibration therapy can help individuals living with arthritis become more mobile and active and, in turn, may improve overall health and functionality.

Vibration therapy may have other clinical applications as well. Clinical studies on whole-body vibration therapy have shown that it can help reduce pain and inflammation and improve joint flexibility and strength. Over the years, vibration therapy has been used in clinics and hospitals. Additional research, published most recently in the journal *Disability and Rehabilitation*, found that vibration therapy helped strengthen the bones of postmenopausal women living with osteoporosis.

How It Works

It is now easier than ever to use vibration therapy as part of a treatment regimen. In as little as five minutes, patients can benefit from helpful relief and improved flexibility from the comfort of their home, in the office or at the gym. There are two main product categories:

- **Gloves:** Small vibrating motors embedded within gloves gently work to reduce pain and inflammation caused by arthritis, swelling or other issues. As previously mentioned, the vibrations serve to limit the impact of pain signals before they reach the brain, while mild compression works to enhance blood circulation and limit discomfort. The sensation of vibrating may soothe the body’s pain receptors and work to warm aching joints. The gloves can be turned on and off with a small button and offer an over-the-counter alternative to traditional arthritis treatments.
- **Wraps:** Wraps placed on the knee, back, thigh, shoulder, elbow, calf or ankle can offer similar relief for pain in the limbs. These wraps use an interlocking hub to deliver targeted relief designed for intuitive fit and maximum support. As with the gloves, small vibrating motors contained within the hub work to boost circulation and deliver a host of benefits, including increased blood and lymphatic circulation, reduced pain and inflammation, enhanced immune response, and improved joint strength and flexibility.

The buzz about vibration therapy is real. Adding this option to your store provides an alternative treatment option that may offer benefits for anyone who is suffering from chronic pain or poor circulation or is simply looking to improve muscle strength and flexibility. **HC**

Matt Garver is VP of marketing for Brownmed. Garver has been instrumental in leading efforts for the IMAK Compression and Intellinetix products for Brownmed. IMAK Compression, in particular, is recognized by the Arthritis Foundation for its ease of use. Visit brownmed.com.



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We'll Come to You

Why at-home physical therapy is better for patients & providers

By Palak Shah

When I was a practicing physical therapist, my patients' rehab needs varied: While some were recovering from major surgery, others were using physical therapy as their primary treatment method. Despite their differences, there was one constant theme I heard from all sorts of patients—that while they understood the benefits of physical therapy, the act of coming into the clinic was a huge inconvenience.

Physical therapy is a tremendous commitment; unlike other types of care in which patients may need in-person appointments every few months at most, physical therapy often requires in-person appointments multiple times per week. In the traditional outpatient model, that means patients must make child care arrangements, juggle their work schedules, take time out of their busy lives to travel to a clinic and deal with any number of other disruptions from daily life.

Over the past year, the health care system at large has adopted telehealth and other virtual care solutions so that patients could communicate with their primary care

providers or control their chronic conditions from the safety and convenience of their homes. This care delivery model might not be the right approach for every health care sector or specialty, however. For physical therapy, telehealth doesn't do the job. But there is still a preferable alternative to the traditional in-clinic physical therapy model: at-home rehabilitation.

Improved Quality

Unlike some areas of care that can be provided remotely and then escalated to an in-person visit if necessary, physical therapy requires in-person care. Therapists need to be with the patient to pinpoint their issue, deliver services and assist them throughout their recovery.

Providing in-person rehab is associated not only with higher quality care and better outcomes, but also with increased adherence. Patients are more likely to stay engaged throughout their care regimen when receiving in-person care, preventing the high dropout rates that often plague physical therapy. The benefits of

in-person care compared to virtual therapy are supported by data from the American Physical Therapy Association, which found that the majority of therapists who conducted both telehealth and in-person visits reported lower patient satisfaction and poorer results from the telehealth visits. Patients simply don't feel as supported or productive without a therapist physically in their corner.

Patient Convenience

Anyone who has ever been prescribed an extended regimen of physical therapy in a clinic has experienced the inconveniences and barriers to care. Compare that to receiving therapy in the home and the differences are stark.

There are no waiting rooms, no time wasted on travel and no need to arrange child care. Patients get all the benefits of an in-person visit without the hassle of going to a clinic.

A huge factor in the success of physical therapy is patient adherence, as care won't be effective if patients don't receive it in the first place. To make high engagement as likely as possible, providers need to remove as many barriers as they can and meet patients where they are. In the case of at-home care, we can do that literally, and the results speak for themselves. In fact, under one at-home physical therapy program, patients were found to be 50% more adherent to the treatment plan compared to a facility-based alternative.

Access to Technology

Even though therapists may be conducting visits at a person's home, they still need to be able to access the technology infrastructure available in a clinical setting. Fortunately, this technology already exists and has been adapted to suit the needs of therapists providing care at home.

With these technologies, therapists providing care at home can access tailored rehabilitation instructions so they can provide high-quality standardized care and avoid the fragmentation that might occur in a decentralized setting. They're also able



to access information from the patient's surgeon in the case of post-operative therapy, including precautions and escalation indicators, and have the capacity to log findings and raise any problems to the surgery team.

These sorts of innovations have been critical for making at-home physical therapy successful and preventing therapists from operating in silos. Innovative digital health companies have provided the tools necessary to ensure that at-home therapy isn't just a convenient alternative for the patient, but also that therapists have the support they need to ensure successful outcomes in the long term.

Therapist Benefits

Moving care to the home requires buy-in not only from patients, but also from therapists. While decentralizing care settings may seem like a burden for therapists, who must travel to each appointment, there are models that have shown it works—provided incentives are aligned correctly.

For instance, one company that provides at-home physical therapy allows therapists to sign up for appointments whenever they'd like, meaning they're able to pick up extra appointments in addition to a full-time clinical job. They're able to earn extra income on their own schedules and are able to set geographic restrictions so they never have to travel too far out of their way.

For therapists looking to pay off debt from their studies, which averages more than \$150,000 upon graduation, bringing care to people's homes becomes a tremendous asset rather than a burden.

Benefits for the Health Care System

Beyond all the benefits for patients and therapists, at-home physical therapy also benefits the health care system more broadly. Improving engagement and quality for patients can lead to better outcomes, which in turn increases the value of care and reduces waste.

Health systems also reap rewards. By providing at-home physical therapy services, they're able to expand their geographic footprint without building new clinics. That also means they're able to devote resources to other services, like preventive care, that create long-term value.

The transition to care at home is already underway for so much of the health care system, and physical therapy is no different. That's great news considering the benefits for patients, therapists, and the health care system at large. As we emerge from the pandemic and people feel more comfortable returning to traditional methods of receiving care, we should make sure they're able to choose to continue receiving rehab at home. My bet is that many will. **HC**

Palak Shah, PT, is the head of clinical services at Luna, a provider of on-demand physical therapy. She has nearly a decade of experience as a practicing physical therapist. Visit getluna.com.

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CARE PLANNING

Educating Caregivers on Traumatic Brain Injury

Basics your staff should know about patients with TBI

By Hannah Wolfson

In recent years, those in health care have come to understand a great deal more about traumatic brain injury (TBI), in part due to a spotlight on sports- and military-related head injuries. There are an estimated more than 5 million Americans living with TBI—many of them elderly people who suffered their injury when younger or who are newly diagnosed, especially after a fall. In fact, TBI is responsible for more than 80,000 emergency departments each year for people 65 and older, according to a study published in the *Journal of the American Geriatric Society*.

Having a history of TBI may increase the risk of a dementia diagnosis or early-onset Alzheimer's disease. And those newly diagnosed with TBI in their later years may experience a wide range of cognitive and neuropsychiatric symptoms, including depression, anxiety and post-traumatic stress disorder.

As more Americans strive to age in place, in-home caregivers are likely to encounter patients with TBIs—but may not know how best to work with them. BAYADA Home Health Care recently partnered with the Brain Injury Association of Pennsylvania for TBI Awareness Month and put together a two-part educational series on “Traumatic Brain Injury Across the Lifespan.” More than 235 clinicians from across the country registered for the virtual event. HomeCare talked with organizer Cay Ambrose, RN, CRRN, who is director of BAYADAbility Rehab Solutions, a team of 25 certified rehabilitation registered nurses who work throughout the company.



HomeCare: Why is understanding TBI important for caregivers developing a care plan for home health?

Ambrose: As with anything, the more knowledge you have, the better you can provide care. And that's our No.1 goal.

HomeCare: Are those who attended the presentation well prepared to work with patients with TBI?

Ambrose: My take on this is I've been a nurse for over 30 years, and I don't think there's a day that goes by that I don't learn

The most important takeaway is that we need to treat the person and not the disability.

something new. Education is something [nurses] strive for, even if they have some baseline knowledge. I am a certified rehab nurse, so I have been working with brain injuries and spinal cord injuries my whole nursing career, and I still learn things every day.

HEMOCARE: Are there different approaches when working with someone who is recovering from a recent TBI versus someone who maybe had one years earlier and is a patient because of their age or chronic illness?

AMBROSE: From a caregiver perspective, if somebody is newly diagnosed with a brain injury, there are different aspects that we have to be aware of—and when we're developing a plan of care, obviously everyone in the home is new to this, including the patient. So we're there not only to support our client or our patient, but we're also there to support the family and to provide family teaching and basic family support. They have to learn what the new normal is, whereas someone who's been home for 10 years has their routine down.

As people age with their disability, there can be some increased aspects of care that depend on the level of their brain injury. So, someone who had a mild brain injury in their 20s may not seem any different than you or I as they age, whereas someone who has severe head injury or brain injury may have more deficits as they age.

So really, there is no definitive answer. I think the most important takeaway is that we need to treat the person and not the disability.

HEMOCARE: Is in-home care especially suited to manage complex conditions like brain injuries?

AMBROSE: Yes. Because having people in their own home around their loved ones is the best place for them. Homecare in general is seeing a rise because hospitals are discharging earlier, and hospital lengths of stay are nowhere near what they used to be. So, obviously the best place for anybody to be is in their home, whether it be TBI or any other condition.

HEMOCARE: Are there a few basics that you can share with us that you feel are critical for those in the industry to understand in terms of managing TBI?

AMBROSE: Safety has to come first. The home environment needs to be assessed for all possible safety issues. When the care plan is being developed, safety has to be the No. 1 priority at all times. This is what we do—you don't know what you don't know. And this experience is very scary for the families—they don't know, they're so happy to have their family member home, they're not thinking of all these little things, whereas as a homecare professional we can come in and advise them on what needs to be taken

care of. We can make recommendations in terms of safety tips: Do they have smoke detectors? Do they have an emergency plan to get out of the home in case of a fire? Where are they going to store medications? If there is medical equipment, are there enough outlets or will [the equipment] be plugged into extension cords, and is that safe? If the patient is at risk for elopement, is there something we can do to make sure that they don't—can we put special locks on the door or a pad near the door to make sure that it's alarmed?

HEMOCARE: Some of those suggestions sound like how we talk about working with patients using memory care at home.

AMBROSE: It's not unsimilar. Not all our brain injury patients require that, so I will always go back to treating the person and not the disability. But one of the things I would definitely say is hard for families of a person with a brain injury is that a lot of times they look totally fine. It's different when someone's, say, been in a major car accident, and they have casts on or they're paralyzed or when someone has an obvious disability. Often with brain injury (unless there's been a dramatic accident), it's not as obvious. How do you reintegrate them into society? **HC**

Hannah Wolfson is editor of HomeCare magazine.

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 featuring ramps and home lift products. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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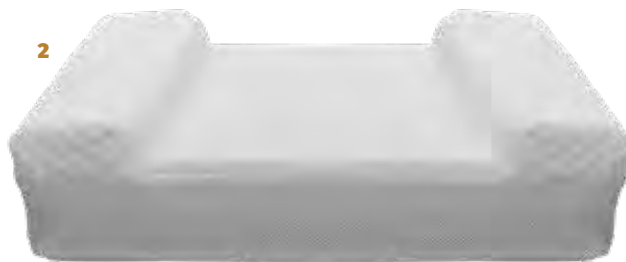


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3 Wheelchair Footrest Upgrade Kit

EASYWHEELZ LLC

The Wheelchair Footrest Upgrade Kit by EASYWHEELZ LLC replaces existing leg extensions on any standard wheelchair. The kit is designed to keep footrests safely up and out of the way. A simple handle rotates them down when needed. The kit was developed for people who use a wheelchair but are not confined to it. The extension offers greater independence and safety and increases convenience for caregivers and medical professionals. The upgrade kit is fully adjustable and is usable on both standard and elevating leg rests with swing-away mounts. Visit betterwheelchair.com.

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4 Travel Mobility Scooter

HANDYSKOOT

The heaviest part of the HandyScoot travel mobility scooter weighs only 29 pounds, making it easy to load into nearly any trunk. It has three speed settings with a top speed of nine miles per hour. With a turning radius of 26 inches, it can handle tight corners with ease. The HandyScoot is safe for airline travel and the rear axle is adjustable to fit narrow doors. The handlebar folds down for easy storage in small places. Features stainless steel construction and a lithium ion battery with a 15-mile range. Visit handyscoot.com.

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5 Bariatric Trapeze Bar

INTEGRITY UNITED

The Bariatric Trapeze Bar can assist patients with getting up from bed. With a safe working load of 700 pounds, the trapeze bar can support a patient weighing up to 1,000 pounds. The position of the grab bar can be moved forward or back to provide the best grab bar position for the patient. The frame is designed with rear casters for ease of moving the trapeze bar. Visit integrity-united.com.

Check 204 on index.



6 Protekt Pilot Upright Walker

PROACTIVE MEDICAL PRODUCTS

The Protekt Pilot Upright Walker is designed to help users walk erect and look forward for a safe, stable and comfortable mobility experience compared to traditional walkers/rollators. The upright design allows improved posture, mitigating pain in the lower back, hands and wrists and enabling users to walk longer distances with less stress—thus leading to a more mobile and active lifestyle. Protekt Pilot features include: adjustable height armrests, lockable handbrakes, a comfortable seat with backrest support, stand assist handles, eight-inch front wheels with 360-degree swivel for easy maneuvering, compact design and a convenience package including beverage holder, safety LED light, personal item bag and cane holder. Visit proactivemedical.com.

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7 J4 HD

QUANTUM REHAB

Quantum's J4 HD Power Chair offers a 400-pound weight capacity and optional Q4 HD Power Tilt. Featuring mid-wheel six-drive design and ATX suspension, the J4 HD is engineered for tight-quarter maneuverability. The J4 HD has a narrow base width of 24.25 inches. Other features include standard five miles per hour motors and seat widths and depths from 20 inches to 24 inches. Optional Q4 HD Power Tilt provides 55 degrees of HD power tilt, standard single post height-adjustable, removeable arms and up to 25-inch back canes. Compatible with Quantum's power articulating foot platform. Visit quantumrehab.com.

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BATH SAFETY



1 Carex Commode Assist

COMPASS HEALTH BRANDS

Commode Assist helps users maintain dignity and independence when they need it most. This lifting commode chair is self-powered to help those weighing up to 300 pounds with up to 70% lift assistance. Sturdy design, height-adjustable legs and non-slip rubber feet help ensure user safety. The commode seat locks in place when you are seated. Use either standalone or over a toilet. Visit compasshealthbrands.com.

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2 DL1 Deluxe Toilet Lift

DIGNITY LIFTS

The DL1 Deluxe Toilet Lift by Dignity Lifts will help people “stand up for themselves.” This automatic toilet lift installs easily over a toilet or can be used independently as a commode. It is perfect for people who need toileting assistance but want to maintain their dignity and independence. Dignity Lifts are safer for both patients and caregivers, as they prevent falls and worker injuries. The Deluxe Lift, Model DL1 is sleek, stable and easy to sanitize. It retails for \$1,499 and is available now.

Visit dignitylifts.com.

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3 PreserveTech Universal Raised Toilet Seat

DRIVE DEVILBISS HEALTHCARE

The PreserveTech Universal Raised Toilet Seat adds up to six inches of extra height for safe toileting and supports up to 350 pounds. This product will not only reduce returns, but will save your customers the headache of choosing the right raised toilet seat the first time. Drive PreserveTech products are manufactured with an antimicrobial agent that helps minimize the growth of stain- and odor-causing bacteria and mold on treated surfaces. Antimicrobial properties are built in to protect the products. These products do not protect users or others against bacteria, viruses, germs or other disease organisms. Visit drivemedical.com.

Check 209 on index.



5



6



7

4



4 EZ-BATHE Body Washing Basin

EZ-ACCESS

The EZ-BATHE Body Washing Basin is an inflatable bathtub that allows patients to enjoy bathing the way it's meant to be—soaking wet! The EZ-BATHE is simply unrolled and inflated around the user, allowing for a convenient and safe bathing experience for both the individual and caregiver. The EZ-BATHE comes complete with all needed accessories for inflating, deflating, filling and draining. Made of heavy-duty vinyl and latex free. Visit ezaccess.com.

Check 210 on index.

5 Safe-er-Grip Portable Shower Arm

MHI SAFE-ER-GRIP

Using suction cup technology, the Safe-er-Grip Portable Shower Arm allows the user to easily place the shower head in a location that is most convenient for them. An easy-to-use tab engages the suction cup securely on any smooth, flat nonporous surface. To remove or relocate, simply flip the tab up to release the suction. Visit safe-er-grip.com.

Check 211 on index.

6 Split Door Shower Enclosure

PONTE GIULIO

The shower enclosure is 36 inches by 36 inches by 77 inches, and the tops and bottoms of the doors open independently to allow a caregiver to assist someone in the shower without getting wet. Doors open wide for easy access. Shower tray sold separately. Visit pontegiulio.com.

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7 Security Pole & Curve Grab Bar

STANDER

The Security Pole & Curve Grab Bar from Stander has a 360-degree rotating curve grab bar that locks into place every 45 degrees, putting a grab bar right where users need it most. It is tension mounted and installs in seconds without drilling holes or screws into walls, so no professional installation is required. The Security Pole & Curve Grab Bar can be used in any room in the home with up to 10-foot ceilings, and comes in two colors, black or white. Visit stander.com.

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STATIONARY OXYGEN

1



1 Stratus 5

3B MEDICAL

3B Medical's Stratus 5 stationary oxygen concentrator offers a slim design with a built-in oxygen monitor at no extra cost. End-user maintenance is one easy-change filter, and servicing is a breeze with a design that is engineered for ease of access. Quiet sieve bed exchange and a specially padded compressor keeps noise to a minimum. Features include clear, easy-to-decipher LED screen, alerts to provide confidence and a three-year standard warranty. Visit 3bproducts.com.

Check 214 on index.

2 Companion 5

CAIRE

CAIRE's Companion 5 stationary oxygen concentrator offers up to five liters per minute in a compact, energy-efficient package ideal for care facilities and the at-home oxygen therapy needs of your patients. Designed with superior quality and with a history of proven performance, the device offers smart O₂ delivery technology to optimize performance and connects to CAIRE's telehealth application. Bundle the Companion 5 with the FreeStyle Comfort portable oxygen concentrator as part of CAIRE's Non-Delivery Program. This program is designed to safely support low-contact ways to set up your oxygen therapy patients and create operational efficiencies for your business. Visit caireinc.com.

Check 215 on index.



2

3 SimplyGo

PHILIPS RESPIRONICS

SimplyGo is an easy-to-use, lightweight, flexible oxygen concentrator that simplifies the care and management of nearly all oxygen patients. Weighing only 10 pounds, SimplyGo offers continuous flow and pulse-dose delivery in a single device; it packs more of what patients need in one device without packing on unwanted pounds. For patients who need a high pulse setting, SimplyGo features a sleep mode that provides increased trigger sensitivity and a softer pulse for exceptional comfort. SimplyGo helps providers meet the needs of their patients, lowering costs and streamlining patient services. Visit usa.philips.com.

Check 216 on index.



3

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ALEX ORTHOPEDIC

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2 Joslin Ultimate Arm Sling

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3 Tri-Core Ultimate Pillow

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4 Back Braces

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5 Thermoskin EXO Wrist Brace

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Company Name	RS#	Page
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HandyScoot	<input type="checkbox"/> 203	41
Integrity United	<input type="checkbox"/> 204	41
MHI Safe-er-Grip	<input type="checkbox"/> 211	43

Orthozone	<input type="checkbox"/> 221	45
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- ☐ 44 Specialty Pharmacy (Compounding/Infusion)
- ☐ 45 Hospital with Home Health Agency
- ☐ 46 Home Health Agency/Nursing (Medical)
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IN MEMORIAM

Remembering a PERS Pioneer

Lifeline founder L. Dennis Shapiro & his philanthropic spirit

By Kristin Easterling

There's a lot of talk these days about the evolution of personal emergency response systems (PERS)—and none of it would be possible without L. Dennis Shapiro.

Shapiro, who died in February at the age of 87, is perhaps best known as a pioneer of PERS technology. After experimenting in radio waves and home security, he led the development of a 24-hour alert system for Lifeline Systems, heading the company from 1980 until he retired in 1988. He stayed on as chairman until Philips acquired the company in 2006.

Lifeline's initial system had three components: a small radio transmitter worn around the user's neck, a console connected to a telephone and an emergency response center to monitor calls. Depending on the situation, the center could send the appropriate first responders to the user's location. By 1996 the company's systems, including Life Alert, monitored more than 125,000 people across the United States, according to an interview with the Massachusetts Institute of Technology (MIT) that same year.

Shapiro earned both a bachelor's and a master's in electrical engineering from MIT in 1955 and 1957. He conducted research on FM radio signals for his thesis. After college, he enlisted in the Air Force and served as a research and development officer.

After receiving an honorable discharge, Shapiro founded Aerospace Research, which became Aritech. The company conducted field measurements and developed prototypes to study the behavior of radio waves as they travel through the atmosphere. After the Vietnam War, he shifted the company's focus



to manufacturing ultrasonic intrusion-detection equipment and alarm products using signal-processing technology.

He sold Aritech in 1975 to home alarm system manufacturer ADT and continued to serve as vice president and director of the company until he joined Lifeline.

Shapiro was a passionate pilot, sailor, ice dancer, fisherman, skier, ham radio operator and more. He is remembered for his philanthropy, particularly his work on behalf of the Institute of Electrical and Electronics Engineers (IEEE).

He founded the Boston chapter of the IEEE Consumer Technology Society and spearheaded efforts in 2016 to revitalize the society. He served on the IEEE Foundation board from 2019 until this year, and he was a member of the IEEE Heritage Circle at the

Alexander Graham Bell level, meaning that he had pledged at least \$10,000 toward IEEE initiatives.

He is also remembered for his passion for historical artifacts. Before his death, Shapiro and his wife, Susan, donated a collection of more than 300 rare items related to American presidential administrations from the 18th to the early 20th centuries to the Huntington Library, Art Museum, and Botanical Gardens in San Marino, California. The museum has created the Shapiro Center, which aims to advance scholarship, knowledge and understanding of American history and culture. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

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- > Adjustable flow rate from 10 to 60 L/min* in 0.5L/min steps to meet the inspiratory flow needs of each patient
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- > Ability to supplement with 0-60 L/min oxygen and up to 100% FiO₂ depending on patient requirements
- > Unique one-piece tubing and cannula design permits heater wire all the way to the cannula nares to reduce condensation

Visit [masimo.com/softflow](https://www.masimo.com/softflow) to learn more.

¹Hasani A et al. *Chron Respir Dis*. 2008;5(2):81-86. ² Roca O et al. *Respir Care*. 2010;55(4):408-413.

* The softFlow is FDA cleared for flow rates up to 50 L/min and in hospital and long-term care facilities. The 60 L/min version and the home use version are being made available in the US under the FDA Enforcement Policy for Ventilators and Accessories and Other Respiratory Devices During the COVID-19 Public Health Emergency.

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



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