

HomeCare



AUGUST 2021

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Plus:

The latest on the Philips recall
Manufacturers step up abroad

HME:
Medtrade West
returns

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New tactics for
recruiting RNs

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Dear HomeCare Readers,

We started production on this issue when we were in Phoenix for Medtrade West, and you can see the traces of it across these pages.

You'll have to forgive us for sounding a little repetitive if you were there! There was just so much great information shared. We learned so much from the educational sessions—which tackled what's coming next out of Washington and the states and in compliance—as well as the conversations on the show floor and the unveiling of a range of new products. We've tried to recap it in our story, but there's no way we could cover the full scope of it all.

Perhaps the biggest topic of conversation beyond the desert heat was the impact of Philips Respironics' voluntary recall of 3 million to 4 million PAP devices and ventilators. As part of our cover series on respiratory and oxygen trends, we've tried to round up the latest information about the recall, but this is an unfolding issue so there may be some changes by the time you read it. Keep us posted on how it may be affecting your business or any questions you might have.

We've also got great tips this month on revamping your approach to recruiting nurses, improving your e-commerce for customers who now expect to shop online, handling the electronic visit verification mandate coming to home health and lots more. We hope you enjoy it. And if we didn't get a chance to see you in Phoenix, we hope to catch up soon.

Thank you for reading,



Hannah Wolfson

BE HEARD

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

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

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2021 VENDOR PROFILES

PRODUCTS & SERVICES

LHC Group Partners with SCP Health

LHC Group, Inc., a provider of in-home health care services and innovations, and SCP Health, a provider of acute unscheduled care, announced the formation of a strategic partnership to develop and deliver advanced clinical care services in the home. The partnership will cover all aspects of home health care, including skilled nursing-at-home and hospital-at-home programs.

The new partnership will offer these services to hospital and health system partners, allowing them to treat higher acuity patients at home. This clinician-led model will harness the combined talent and experience of the physicians at SCP Health and the nurses, therapists and physician extenders at LHC Group. lhcgroupp.com

Numotion Recognized for Its Disability Inclusion

Numotion, a provider of mobility and health products and services, has been named a “Best Place to Work for Disability Inclusion” after receiving a score of 100 on the 2021 Disability Equality Index (DEI).

The DEI is a joint initiative of the American Association of People with Disabilities and Disability:IN; it is a comprehensive disability inclusion assessment tool that allows businesses to self-report their disability practices and policies.

“Disability awareness is a core part of Numotion’s values and culture of inclusion,” said Numotion CEO Mike Swinford. “The Disability Equality Index provides the necessary tools towards evaluating our ongoing disability initiatives while also keeping us up-to-date on changes and recommendations that can enhance our efforts.”

The DEI, now in its seventh year, is modeled on the Corporate Equality Index that highlights LGBTQ-inclusive workplace policies. It was created by the DEI Advisory Committee. numotion.com

Forcura Expands Executive Team

Forcura, a health care technology company, announced that two new executives have joined the company. Laura Montesantos joins as vice president of product management and David Kerr begins as vice president of engineering. Montesantos and Kerr will work together to build upon Forcura’s Care Coordination Platform and enhance its capabilities.

Montesantos joins Forcura with over 20 years of product management experience and is a lawyer with a master’s degree in health law. She has extensive knowledge of user relations around product deliverables within the health care industry.

Kerr brings a technically focused information technology (IT) and operations background to Forcura, with more than 20 years of experience in IT strategy and enterprise software development. Strategic alignment of resources based on Forcura’s

mission and what clients truly need will be his focus.

With plans to broaden its platform and services in 2021, Forcura is also expanding into the rehabilitation therapy sector while exploring additional health care lines of business and partnerships. forcura.com

ArchCare CEO Named to Notable in Health Care List

ArchCare, the Archdiocese of New York’s health care system, announced that President and Chief Executive Officer Scott LaRue has been named to Crain’s New York “Notable in Health Care” list for 2021. This recognition honors C-suite leaders who have demonstrated a willingness to share their expertise with others in the field.

Under LaRue’s leadership as CEO, ArchCare has grown into one of the nation’s largest health care ministries. He served as senior vice president and chief operating officer before being named CEO in 2011.

As CEO, LaRue has spearheaded more than \$200 million in capital improvements, with one significant area of growth being ArchCare’s development of PACE, a model of nursing-home level homecare. ArchCare’s PACE program has grown from a single site in Harlem to seven PACE centers across New York City and Westchester County, and the growth has been accelerated by the COVID-19 pandemic.

LaRue currently chairs the New York State PACE Alliance and is a member of the Greater New York Hospital Association. He was appointed a member of the New York State Public Health and Health Planning Council in 2016, and serves on its standing committees on health planning and establishment and project review. archcare.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.

AUG 9–13 HIMSS 2021
Las Vegas, Nevada
himss.org

AUG 11–13 Big Sky AMES Conference
Anaconda, Montana
bigskyames.org

SEPT 13–15 VGM Heartland
Waterloo, Iowa
vgmheartland.com

SEPT 18–22 NHCPO Interdisciplinary Conference 2021
Memphis, Tennessee
nhcpo.org



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Moving Toward Federal Long-Term Care Insurance

HR 4289, the WISH Act

By Kristin Easterling

Although Medicaid covers long-term care for Americans living in poverty, Medicare does not cover the long-term care needs of other seniors. Many middle class Americans without private long-term care insurance plans must pay out of pocket.

A 2019 study funded by the National Investment Center for Seniors Housing & Care found that come 2029, more than half of the nation's 14.4 million middle-income older adults wouldn't have the financial resources to pay for senior housing or in-home care. The study concluded that a combination of public and private efforts are needed to address the coming crisis. The Well-Being Insurance for Seniors to be at Home (WISH) Act would create such a program.

LEGISLATION

The WISH Act establishes a federal long-term care insurance trust fund that would pay for catastrophic long-term care for those who need it. It would also allow private insurance companies to offer affordable coverage plans for the initial years of disability. The plan would be fully paid for by a slight increase in the payroll tax: 0.3% of income for both workers and employers, or roughly \$300 per year for a median-income earner.

While the act does not require that long-term care be provided in the home, this support could keep more people at home where they want to be.

WHAT THE INDUSTRY IS SAYING

"The WISH Act takes an important step forward toward ensuring that paying for long-term care and services does not impoverish families," said LeadingAge President and CEO Katie Smith Sloan. "[This act] is a much-needed public-private partnership and an important step toward more equitable access to [long-term services and supports] for all."

STATUS»

The act was introduced to the House of Representatives on June 30, 2021, and referred to the Committee on Ways and Means.

THE INSURANCE

The proposed insurance plan would only pay benefits after the enrollee required a high level of care for a predetermined waiting period. However, unlike private insurance, the waiting period would be tied to a beneficiary's average lifetime earnings. Those with the lowest incomes could receive benefits after one year. A median income worker would be eligible after 20 months, and the highest income workers would have to wait for five years, according to an analysis of the act by Forbes.

Benefits are not taxable and they do not affect access to other federal benefit programs.

DID YOU KNOW?

According to a February 2016 issue brief from the Department of Health and Human Services, more than half of Americans turning 65 will need long-term care and 14% will need it for more than five years.

LEARN MORE [Read the full text at congress.gov.](#)

HME: AAHOME CARE UPDATE

Time to Get Loud

HME's role through the pandemic underscores the need for stronger national investment in home-based care

By Tom Ryan



TOM RYAN is president and CEO of the American Association for Homecare (AAHomecare). Ryan has spent the last 25 years as president and CEO of Homecare Concepts Inc., a respiratory and home medical equipment company founded in Farmingdale, New York.

The value proposition for the home medical equipment (HME) industry has never been stronger. As the COVID-19 pandemic's grip continues to ebb and we move towards a majority of American adults being fully vaccinated, we can be proud of what our industry has accomplished over the past 18 months.

HME suppliers in every part of the country have made outsized contributions to protecting patient health under extraordinary circumstances. To help limit the pressure on overwhelmed hospitals and clinicians, HME professionals treated individuals with acute respiratory conditions in their homes. This support helped speed hospital discharges and kept emergency rooms, intensive care units and other ad-hoc patient care spaces available to care for the most seriously compromised patients.

Beyond these respiratory care efforts, the other most salient benefit of HME—to provide a wide range of products and services that allow individuals with health care challenges to remain at home and lessen the need for more serious clinical interventions—has never proved more important. Think of the hundreds of thousands of seniors and individuals with disabilities who were safer at home during the pandemic rather than in an institutional setting. Imagine all the hospital visits avoided thanks to everything the industry provides, such as wheelchairs, PAP devices, ventilators, wound care products, specialized beds, medical supplies and other essential equipment used at home.

The value of home-based care has been amplified by the COVID-19 pandemic, but

the HME industry's critical role in allowing patients to remain at home and take an active part in their communities is a fact we must continue to drive home with policy makers, opinion leaders and the public.

Rising Costs vs. Status Quo Rates

Congress provided much-needed measures of support during the pandemic, with more than \$1.4 billion in provider relief funds going to HME suppliers, more than \$251 million from the application of 75/25 blended rates for suppliers outside of competitive areas, and \$158 million in relief from the pause of Medicare's 2% sequestration cut through Dec. 31, 2021. The Centers for Medicare & Medicaid Services (CMS) also stepped up with regulatory flexibilities on authorizations, deliveries and other requirements that helped providers serve patients in a challenging environment. Medicaid programs, managed care organizations (MCOs) and other major payers followed suit. Leaders from across the industry joined AAHomecare in successfully advocating for these measures.

This relief helped suppliers cope with the impacts of higher product costs, increased labor and delivery costs, and other expenses associated with new operational requirements stemming from the pandemic—but it's short-term relief that doesn't address the long-term reimbursement challenges for HME.

Even as some of the pandemic-related expenses diminish, others will linger. Product and shipping costs will remain higher for the foreseeable future, thanks to lingering supply chain issues and the

demand for raw materials. Revved-up United States and international economies and potential inflation could even increase these problems. And respiratory suppliers are likely to feel financial impacts from Philips' recent recall of PAP and ventilator products.

Against these headwinds, Medicare reimbursement rates for most HME products remain set at 2016 levels except for small Consumer Price Index adjustments. Medicare suppliers have no way to recoup higher costs and expenses after the public health emergency ends. And, of course, these rates also impact Medicaid and many other payers influenced by the Medicare fee schedule. Higher costs and status quo reimbursement policy can't continue to coexist without further stressing suppliers—and ultimately impacting patient care.

Loud & Proud

So how do we get past the status quo on Medicare (and Medicare-influenced) reimbursement rates? It won't surprise anyone who has taken an active role in HME advocacy over the last 15 years that there isn't a simple solution or an easy path.

When Chiquita Brooks-LaSure was finally confirmed as the new CMS administrator, the industry reiterated the call for a meaningful positive rate adjustment for suppliers in former competitive bidding areas, while also seeking to make the blended rates currently in effect for rural and other non-bid suppliers permanent. While we hold out hope that CMS will make these recommendations part of the currently delayed proposed rule covering reimbursement for durable medical equipment, prosthetics, orthotics and supplies, it's likely that the road to meaningful rate reform will go through Capitol Hill.

AAHomecare has been laying the groundwork for a legislative solution on Medicare rates since earlier this year through calls, e-mails and Zoom sessions with congressional offices, key committee staffers, and leaders in our association and other industry stakeholder groups. In mid-June, I joined AAHomecare's Senior



Vice President for Public Policy Jay Witter for some of our first in-person meetings on Capitol Hill in 16 months.

I've been encouraged in these discussions by the recognition from lawmakers of the HME community's work supporting patients and reducing stresses on hospitals during the pandemic. In addition, our industry still enjoys a high level of credibility on Capitol Hill thanks to the relationships built through sustained grassroots advocacy efforts during the last several years.

However, the potential budgetary implications for legislation that would increase rates remains a major consideration for many of the members of Congress we met with. Convincing Capitol Hill to find the funds needed to achieve meaningful, long-term reform on Medicare reimbursement rates is going to require our most comprehensive, high-energy grassroots campaign yet. Our industry will need to be "loud and proud" in demonstrating the value of HME and the need for reimbursement rates that reflect the operating environment our industry is facing. In short, we need to be united, passionate and all-in for grassroots advocacy.

I've never felt more positive about our industry's role in providing cost-effective, clinically proven and patient-preferred care

that allows seniors and other individuals with disabilities and chronic conditions to remain in their homes and take part in their communities. Our performance during the pandemic, coupled with the growing cohort of Americans living actively into their 80s and 90s, makes it clear that we need to strengthen our nation's investment in home-based care. And there's never been a better—or more critical—time to make that case to policymakers than now.

Sustainable, market-based Medicare reimbursement is sure to be a top priority for HME advocates taking part in AAHomecare's virtual 2021 Washington Legislative Conference, set for Tuesday, Sept. 29. Join fellow HME leaders for virtual meetings with members of Congress and health care staffers to make a case for increasing Medicare payment rates and other key policy initiatives. We will set up your meetings and provide the virtual platform for them, along with issue education, talking points and other guidance to help you deliver a strong message on Capitol Hill. Whether you're a veteran HME advocate or new to lobbying your legislators, this conference is your opportunity to help improve the business and regulatory environment for our industry. Learn more at aahomecare.org/wlc. **HC**

IN-HOME CARE: ELECTRONIC VISIT VERIFICATION

Pandora's Box or Panacea?

How to leverage technology to manage the EVV mandate

By Rich Berner



RICH BERNER is CEO of Complia Health, a home health and hospice technology solutions provider. Berner is a health care strategist and technology executive with more than 25 years of experience building award-winning teams and products in established and emerging markets. Previously he was the CEO of MDLIVE, where he led the industry transition to consumer-focused health care online.

Electronic visit verification (EVV) was mandated by the 21st Century Cures Act in 2016. The idea was to verify home health care visits to ensure that patients were not being neglected and to cut down on fraudulently documented home visits.

According to the mandate, homecare agencies providing personal care services would need to have an EVV solution in place on Jan. 1, 2019, or risk having their Medicaid claims denied. But that deadline was postponed until Jan. 1, 2020. It has been further extended on a case-by-case basis if evidence of a “good faith effort” and “unavoidable delays” can be provided.

On the home health care service side, agencies have until Jan. 1, 2023 until the mandate kicks in. With concerns that it will impose additional stress on systems in states already struggling with current EVV mandates, there is much speculation—and wishful thinking—that this deadline may be extended, too.

That said, EVV becoming a national norm is a question of when, not if. While the process of effectively implementing EVV is complex and riddled with headaches and pitfalls, most states recognize that, once the kinks are worked out, the long-term benefits—monitoring patient visits, increasing the accuracy of billable hours, eliminating fraud and human error, boosting worker safety and allowing for scheduling automation, among others—will become indisputable.

Varied State-by-State Requirements

Recognizing this, some states got an early start before federal mandates were in place. In 2002, South Carolina began piloting its Call Care monitoring system, which went statewide by 2003. In 2007, Texas began using EVV for state Medicaid; in 2015, the Texas Health and Human Services Commission mandated that EVV be used for all home health care visits billed to the state. After 14 years of watching aggregators come and go and troubleshooting with EVV, Texas has cautiously set a goal of 80% compliance by 2022. Taking a more pessimistic view, California threw in the towel in 2019 and announced that it would not meet the mandate by the deadline.

Ohio, on the other hand, began the process of implementing EVV in 2016 and has set the lofty goal of attaining 100% compliance by 2022. In preparation, officials there have started stamping any claims that will not pass muster with a warning that the same claim would be declined in 2022. North Carolina has taken an even more aggressive approach: Unless there was a last-minute change before press time, North Carolina started rejecting claims July 1.

The way the different states define and approach compliance is even more diverse than their EVV deadlines. Some states, such as Arkansas, consider care workers who arrive 30 minutes after the appointed time to be late. In other states, a claim from a health care worker who arrives three hours late is declined as a no-show even though the service was provided. Then there's

Virginia, where claims are paid immediately with no questions asked, but random checks are conducted up to seven months later, possibly resulting in the reversal of paid claims if inconsistencies are found.

Impact on Operations

Running a business in this environment of inconsistent requirements and changing deadlines is like building on shifting sands. Providers must keep track of the requirements, find the right aggregators operating in their states, adopt the best technologies to meet the requirements, train their care providers to follow an incredibly complex set of protocols, and attract and retain administrative staff who can keep track of billing, payroll and scheduling. Providers must figure out:

- how to train their caregivers without bringing them into the office;
- how to manage the real-time nature of EVV (Ohio, for example, requires each visit to be sent within 24 hours, seven times faster than the previous weekly standard);
- how to handle multiple aggregators in one state with different requirements (some states require caregivers to be registered with the state and this information to be sent to the aggregator); and
- how to train the billing staff to break out of the “bill and chase” model to the “fix EVV every hour” model.

For multi-state operators, this all gets even more complicated.

Selecting a Technology Partner

The good news is that with the right technology partner, you can meet these complex requirements and turn this challenge into an opportunity to maximize efficiency and increase your bottom line. Technology companies leveraging GPS, telephony, fixed visit verification, biometrics (using the patient’s voice) and mobile apps can automate your processes and ease your burden by handling point-of-care and claims process management as well as scheduling, clinical documentation, and



time and attendance—all while interfacing on your behalf with multiple aggregators that are using different systems and requiring different processes.

As you look for a technology partner suited to meet your needs, you should start your conversations by asking candidates the following questions:

- In which states do they operate and what are the requirements in those states?
- How will they work with you based on your business mix? If you are only 70% Medicaid, how do you get paid for the remaining 30%? Are you required to send aggregator data and then still bill the Medicaid portion?
- Can the partner handle all your billing requirements, including modifiers and group visits and multiple visits in a day?
- What model are they using: closed, open, hybrid, aggregator?
- Do they offer immediate notification when caregivers don’t check in or aren’t where they are supposed to be?

- Can they work with fixed visit verification devices, old fashioned telephony and true GPS?
- Do they have a store-and-forward model so your homecare workers don’t have to be connected to the internet during their visits?
- How do they secure data? Is it encrypted to avoid expensive fines (for example, \$5,000 per patient if a phone is lost)?

There is more that goes into a good partnership than just technical compatibility, but the questions above are a great place to start narrowing your list of prospective partners.

With everything else going on in homecare, the additional chore of entering a new partnership may seem overwhelming, but it is just a matter of time before the mandates will be enforced. When that happens, the price of inaction will carry hefty penalties on top of missed opportunities. **HC**

ROAD MAP: LEADERSHIP

It's Lonely at the Top

Advice for navigating the unspoken obstacle of being in charge

By Melanie Parish



MELANIE PARISH is a public speaker, podcast host, author and coach. An expert in problem solving, constraints management, operations and brand development, Parish has consulted for and coached organizations ranging from startup companies to the Fortune 50. She is the author of “The Experimental Leader: Be A New Kind of Boss to Cultivate an Organization of Innovators.” Follow her on Twitter @melanieparish.

Leadership is lonely. I have the privilege of coaching top leaders in organizations around the world in many industries and this loneliness is ubiquitous.

In good times, it feels like you are figuring it out and your work stays on an even keel. In difficult times, leaders are stressed out and find it difficult to be fulfilled in anything they do. Sometimes, it feels like you've pushed yourself to the professional edge and stayed there. Whether a leader is frustrated to a breaking point or is hitting it out of the park, leadership is challenging; leadership is difficult; leadership can be lonely. It is lonely work to lead others.

What Makes Leading So Lonely

I have spent a fair bit of time thinking about this question and trying to find an answer—both for myself and for my clients. Being a modern-day homecare leader inherently places you in the role of forging ahead. And by definition, this is an activity you will often do alone.

You may have a team that comes along with you, or you may have a boss who supports you as you walk ahead, but the work of leadership is to contemplate the metaphorical landscape and find your own path. Forging ahead can be exhaustive and taxing. It can sometimes feel impossible.

Often people have a sense of pride as individual contributors. Because they are good at what they do, those contributors are an obvious choice for promotion, and rightly so. But leaders may have a harder time

defining their work, and it may sometimes feel like they shift from company hero to big brother or corporate overlord overnight.

A new leader might have been highly skilled at making their work visible as an independent contributor. Then they find themselves illuminating the work of their team. But there can be a feeling of invisibility as they gain their feet.

This is one of the reasons leadership (especially for new managers) is so difficult. This feeling of invisibility can leave leaders longing for the time when the work seemed so clear. Often, they are left with the compelling question, “Am I providing any real value to the organization?”

What You Can Do to Diminish the Loneliness

In my conversations with leaders, I find that acknowledging the challenges of leadership helps to reframe what they are feeling. New leaders need to first understand the work itself. Thinking strategically takes time and effort, but it doesn't produce visible artifacts of accomplishment.

Developing direct reports is similar in producing value to the organization, but also doesn't have the feeling of accomplishment and completion. I find there is a shift that leaders make from valuing their own work highly to valuing the work of their team more. This can be challenging from the place of new leadership.

Sometimes, leaders need to learn to manage up in order to help make themselves more visible to their own



**Leadership is challenging;
leadership is difficult;
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others.**

managers or bosses, both to help them overcome the feeling of invisibility, and to solidify their own path by confirming they are in alignment with other leaders. These discussions at all levels of the organization help to solidify the work and make the work of the leader visible in both directions.

What Else Leaders Should Be Thinking About

I am a huge believer in self-care being an important part of good leadership. Sometimes the stress of leadership has people reaching for a martini at the end of a long day. This is fine occasionally, but leadership is difficult and can be heavy. A strong regime of regular self-care, nutrition and exercise may be what will help you set yourself apart.

Everyone has to find the self-care plan for themselves that will leave them recharged and ready to give of themselves to further the goal and strategic intents of the organization. Here are a few ideas from various leaders over the years:

- Massage or chiropractic

- Pedicures or spa visits
- Hiking or horseback riding
- Cleaning or cooking
- Yoga or gym workouts
- Travel or conferences
- Swimming or camping
- Happy hours with friends

You won't do all of these. Your leadership journey is your own. But make sure you make the time for regular and sustainable self-care in your life. Make it happen even when you are busy and stressed.

There is a Buddhist proverb that goes something like this: "You should sit in meditation for 20 minutes every day—unless you're too busy; then you should sit for an hour."

The same is true for self-care. The busier you are, the more you need to make time for frequent self-care.

How You Can Make Your Leadership Feel Less Lonely

Finding good coaching and mentorship can help your career be less lonely. In many

cases, new leaders think they need to enhance their performance. Often, they are top solo contributors who are also used to being top performers.

Having support can help them increase the quality of their work, but one of the biggest services a mentor or coach can provide leaders is to stand in the center of their lives with them and be all in for their journey. They can help assuage the feelings of loneliness by standing with them while they figure out their own leadership.

If you are feeling loneliness as a leader, hire a coach. It works. The return on investment for coaching is proven. It may be in a contract negotiation, a job shift or simply a new offering. Coaches or mentors are able to help leaders succeed and also to increase their success financially and professionally.

Being a leader can be incredibly rewarding, but it is intense and sometimes lonely work. Making sure you learn new ways to think about your leadership and shore up your own self-care will help you feel more successful as a leader. Go experiment. **HC**

The Road Ahead for Oxygen Products

Manufacturing & other trends for 2021 & beyond

By Barry Hassett





respiratory & oxygen

Supplemental oxygen has been and remains an essential frontline therapy in the ongoing fight against COVID-19. Here in the United States, much of the country is resuming life as usual with renewed vigor, thanks to wide access to vaccines and a naturally acquired immune response post-infection.

However, in other places—including, mostly recently, India—the need for therapeutic oxygen is continuing to outpace the available supply, putting pressure on the already stressed supply chain and allowing equipment manufacturers and suppliers no chance to take a breath and recover from the past year.

Because of this dynamic situation, oxygen equipment manufacturers are working to assist partners through the crisis in virus hot zones, while continuing to look to future innovations and portfolio expansion.

A new normal has emerged in this paradigm, with the same end goal for the industry—the expanded use of oxygen beyond inpatient acute care, a key component to high-quality patient-centered care after hospital discharge.

This expanded use of oxygen is one of the most important health care trends emerging from the COVID-19 pandemic, and it has put the spotlight on the importance of a reliable, efficient stationary oxygen concentrator (SOC) for at-home therapy and the expanding role of therapeutic, clinically advanced solutions including next-generation portable and transportable oxygen concentrators, especially those offering wireless connectivity to telehealth applications.

SOCs: Oxygen Therapy's Unsung Hero

Stationary oxygen concentrators have maintained their traditional form since coming on the market in 1970s and have been largely treated as commodities—folded into purchases of other devices or equipment as just a necessary add-on in the not-so-recent past.

What has continued to evolve is the approach manufacturers are taking to

creating devices that not only make sense from a cost perspective, but are also able to meet the provider's needs for a proven technology that offers simple maintenance, long-lived internal components, low power draw and ease of use for the patient.

The demand for stationary oxygen concentrators continues to remain high as most providers try to stretch their fleets to the limits. Globally, higher flow models are the most sought after for use in treatment in the COVID-19 cycle, both at home and in health care facilities.

The use of supplemental oxygen is the subject of many studies related not only to the post-COVID-19 patient discharged from the hospital, but also for those individuals—described as long-haulers—who are still substantially affected by symptoms months and, in, many cases, more than a year after acute infection.

A recent study, “Mortality and Readmission Rates Among Patients With COVID-19 After Discharge From Acute

Care Setting With Supplemental Oxygen,” published by JAMA Network, explored the use of home oxygen after hospital discharge for 621 individuals with COVID-19 pneumonia. Participants were deemed clinically stable and able to self manage their care.

The authors found that the treatment of patients with COVID-19 using home oxygen up to 3 liters per minute was associated with low mortality and low 30-day return admission rates. This program of sending patients home with oxygen when applicable could help free up hospital beds and establish emergency department programs that keep oxygen therapy devices and educational resources on hand to ensure patients get immediate access and don't need to wait to resume care at home.

Another study exploring the use of oxygen therapy to improve mental and physical health for COVID-19 long-haulers is currently underway in the New York City area. Patients ages 18 to 55 who contracted



The demand for stationary oxygen concentrators continues to remain high as most providers try to stretch their fleets to the limits.



respiratory & oxygen

COVID-19 from February through July of 2020 are part of the study led by Drs. Noah Greenspan, founder of the nonprofit Pulmonary Wellness Foundation in New York City, and Julie Walsh-Messinger, University of Dayton assistant professor of psychology.

Participants are taking part in treadmill exercises with oxygen therapy to study how it affects their overall health and track any reduction in their long-term symptoms, which can include headaches, fatigue, fever, shortness of breath and loss of smell. The study sprang out of Greenspan's work at the COVID-19 Rehabilitation and Recovery Center at H&D Physical Therapy—the first private clinic of its kind in New York to help treat COVID-19 long-haulers—and his loyal following through the COVID Rehab & Recovery Series of virtual meetings that bring together clinicians and patients for weekly topics and discussions.

Studies around oxygen use will continue to pop up globally, with SOCs at center stage as they are put to work in the clinical environment. The ultimate outcome will influence the future of the 5-liter models able to work in a variety of environments from home to pulmonary rehab environments.



Demand for POCs Is Recovering

While demand for stationary oxygen equipment for at-home use and hospice and long-term care rehabilitation clinics has surged, demand for portable oxygen concentrators (POCs) waned while much of the country was shut down.

As a natural offshoot of the increased usage of oxygen at home and travel beginning to return, demand for portable devices is rising as many people are venturing out and want something beyond a backup cylinder. They want a POC with all the accessories designed to help them regain their quality of life and increase their activity levels.

This sentiment has expanded to include people who have adopted the new technology over the past year after being prescribed oxygen as a part of their post-COVID-19 recovery. Gen Xers affected by the virus are accustomed to finding the gadgets and devices to support their lifestyle—which makes the POC an attractive solution. That means consumer demand will only grow in the future.

In China, where a prescription for POCs is not required, they have seen new usage in high-altitude activities such as hiking and

are considered very much an accessory for an active lifestyle.

With this increased demand will come advancements in and high expectations for POCs, including flow settings that can accommodate a variety of activity levels, a lightweight comfortable form, and accessories to extend time away from home and offer convenience.

Providers want to keep their customers happy and have a robust device that can handle the natural abuse that a POC experiences from general wear and tear. Add to this wireless connectivity around telehealth capabilities to help reduce the workload of teams that are already feeling stretched, and there is an opportunity to create a lot of value in investing in innovation into a premier wearable or transportable oxygen concentrator.

Bundling Down the Road Ahead

What the pandemic has taught everyone is that low-touch solutions that still offer the ability to provide excellence in customer care is the key. The next generation of telehealth solutions can help support this goal by allowing providers to remotely view device data—a true holistic approach at their fingertips to assist them in identifying those oxygen patients that require more touch points and support.

A portfolio including stationary and portable oxygen concentrators that meet these requirements find themselves naturally in the spotlight as the key products to play a large role in improving patient care. This will also solve the marketplace demands coming from the patient referrals and the savvy health care consumers looking to take charge of their care with oxygen therapy that fits their physical demands and lifestyle. **HC**

Barry Hassett joined CAIRE two years ago with responsibility for managing the global marketing efforts for the company's respiratory and commercial businesses. He has more than 20 years of marketing experience in a variety of healthcare sectors, including orthopedics, oncology, neurosurgery, vascular surgery and regenerative therapies.



Wrestling With a Recall

HME providers, industry working out impacts of Philips device recall

By Hannah Wolfson

Up to a year.

That's how long it could take to repair and replace the entire inventory of Philips Respironics PAP devices and ventilators that the company recalled this summer, according to the American Association for Homecare (AAHomecare).

And while patients might be able to switch to replacement models or even other brands if they're concerned about using the affected devices, pre-existing supply chain issues had deliveries of new devices from multiple brands in the sleep and respiratory arena delayed well before Philips announced the recall June 14, limiting options for both replacement devices and new starts—and creating a perfect storm situation for the respiratory and sleep industry.

"I think the reality is that we're not going to have a solution soon," said Tom Ryan, AAHomecare president and CEO, who met with leadership at both Philips and competitor ResMed while in Phoenix in July for Medtrade West. Ryan said Philips informed him it could take eight to 12 months to return to normalcy.

"We'll be out of business well before that," said Nick Blythe, director of operations for Southeast Idaho Sleep in Idaho Falls, Idaho. The independent home medical equipment (HME) provider specializes in CPAP and BiPAP machines and other sleep therapies—he

says about 90% of their business comes from Respironics devices—and is trying to reassure distraught customers, including some who "are referring to their PAP machine as their cancer machine," he said.

Recall Details & Questions

Philips surprised providers and clinicians when it announced the voluntary recall of 3 million to 4 million of its sleep apnea devices and ventilators, saying a foam used inside for sound abatement could break apart and give off possibly carcinogenic materials that might be inhaled by users.

The devices affected include some of the popular DreamStation CPAPs and portable models (but not the DreamStation 2), as well as its Trilogy 100 and 200 ventilators.

"We are working to address this issue as expeditiously as possible," Mario Fante, Philips Global's senior press officer, told HomeCare. "However, given the number of devices currently in use ... and that important elements of the repair and replacement program require regulatory clearances, we are not able to provide an immediate solution at this time."

The initial recall announcement urged users of BiPAPs and CPAPs to "discontinue use of affected units and consult with physicians to determine the benefits of continuing therapy and potential risks." It told those patients using life-sustaining ventilators not to change their therapy without talking with their doctors. The recall also recommended that customers not use ozone-related cleaning products, saying that those could hasten degradation of the foam.

That led to the American Academy of Sleep Medicine (AASM) expressing concern that the recall would disrupt obstructive sleep apnea treatment and also lead

WHICH MODELS?

The following items have been recalled if produced before April 26, 2021. Other devices in the recall are not listed here if they are for facility-only use or not available in the United States.

Non-life supporting continuous ventilators:

- DreamStation ASV
- DreamStation ST, AVAPS
- SystemOne ASV4
- C-Series ASV, S/T, AVAPS

Non-continuous ventilators:

- SystemOne Q Series
- DreamStation CPAP, Auto CPAP, BiPAP
- DreamStation GO CPAP, APAP
- Dorma 400, 500 CPAP
- REMStar SE Auto CPAP

Mechanical continuous ventilators:

- Trilogy 100
- Trilogy 200
- Garbin Plus, Aeris, LifeVent



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patients to fail to meet the Centers for Medicare & Medicaid Services' adherence requirements while waiting for machines to be fixed.

"(We) believe that it is both reasonable and necessary to allow (durable medical equipment) suppliers to repair or replace the recalled equipment without requiring documentation of a new clinical evaluation, sleep test or trial period, and do not think patients should be responsible for the repair or replacement costs," said AASM in a letter.

Then, on June 30, the Food and Drug Administration (FDA) issued a safety communication that softened the initial recommendation to cease sleep apnea therapy, urging users instead to "talk to your health care provider to decide on a suitable treatment for your condition."

The FDA also suggested talking to doctors about using an inline bacterial filter to try to block particles of foam—while also warning that it has no evidence that would be safe or effective in mitigating foam risks, and in fact, that it could possibly impact ventilator performance.

Either way, the FDA said, "you should closely monitor for possible accumulation of foam debris on the filter or resistance-related problems in the breathing circuit after filter placement."

Some HME providers who provide repair services, like Blythe, have said they have opened up clients' machines to check the status of the foam and reassure them it has not degraded, or, in some cases, to pull out the foam altogether.

Fante said that "units subject to the recall must be repaired or replaced by Philips service teams or Philips-authorized service partners."

Market Struggles

The recall looked like it could bring a windfall for ResMed, the next-largest player in the respiratory and sleep market, according to a 2020 survey by Needham & Company. The company's stock rose about 10% in the days after the recall was announced, and analysts

The DME MACS have said reimbursement will continue.

at the financial firm Baird estimated that ResMed sales could increase by \$100 million to \$300 million if about 10% to 20% of Philips users switch to ResMed devices.

ResMed CEO Mick Farrell put out a statement soon after the recall stating ResMed devices are safe to use and are not subject to Philips' recall because they use a different material.

"At this time of considerable increase in demand for ResMed products, we are doing everything we can to increase our manufacturing of sleep and respiratory care devices, so we can get them to the patients who need them most," he wrote.

But providers say it's been hard to get extra ResMed devices, largely due to the microchip shortages impacting many industries, including auto manufacturing.

"There was going to be a market strain where supply did not meet demand back in April," Ryan said. "We were facing a problem and this just made it much, much worse."

Other Questions

Meanwhile, providers had a range of questions regarding the recall, starting with how repairs or refunds will be handled. The recall announcement says that first-generation DreamStation products will be modified with a different foam.

Fante indicated that Philips is still working out the details of the repair or replacement process, which depends in part on the FDA approving use of a new foam to replace the old one. Philips also announced it is increasing production of DreamStation 2 CPAPs, which aren't affected by the recall.

"Philips is currently exploring the possibility of potential loaner devices for

certain affected products, in accordance with local compliance or regulatory requirements," Fante wrote in an email.

Meanwhile, AAHomecare wrote a letter to durable medical equipment Medicare administrative contractors (DME MACs) asking about the affects the recall will have on new Medicare patients, what to do if users refuse temporary replacement devices or warranties, and more.

In a set of FAQs updated in response, the DME MACs have said that reimbursement will continue as usual for supplies and accessories for patients who continue to use the recalled machines.

They also said that the responsibility to replace recalled equipment depends on who originally paid for the device; if the patient owns the equipment and it wasn't paid for by Medicare, HME providers are not obligated to repair or replace it—but if it was a Medicare-bought device, the original supplier is responsible.

Keep in Touch

One other concern providers had is whether they might be vulnerable to lawsuits from patients on the unlikely chance they do become ill. Philips has already been hit with multiple class action lawsuits in the United States—including one filed by a professional truck driver claiming the recall interrupted his work—and Canada.

The best strategy no matter what is to communicate with customers as much as possible and encourage them to register their devices with Philips, said Jeff Baird, chairman of the health care group at Brown & Fortunato.

"Be proactive," Baird told providers at a session at Medtrade in Phoenix. "Tell your patients what's happening, because people who register their devices first will be the first to get them repaired and replaced." **HC**

Hannah Wolfson is editor of HomeCare magazine.

When Need Arose, Oxygen Providers Stepped Up

Manufacturers & more respond to COVID-19 crisis overseas

By Hannah Wolfson

As the COVID-19 pandemic began to recede in the United States this year, Americans watched as other countries without available vaccines buckled under the strain of rising infection rates and deaths.

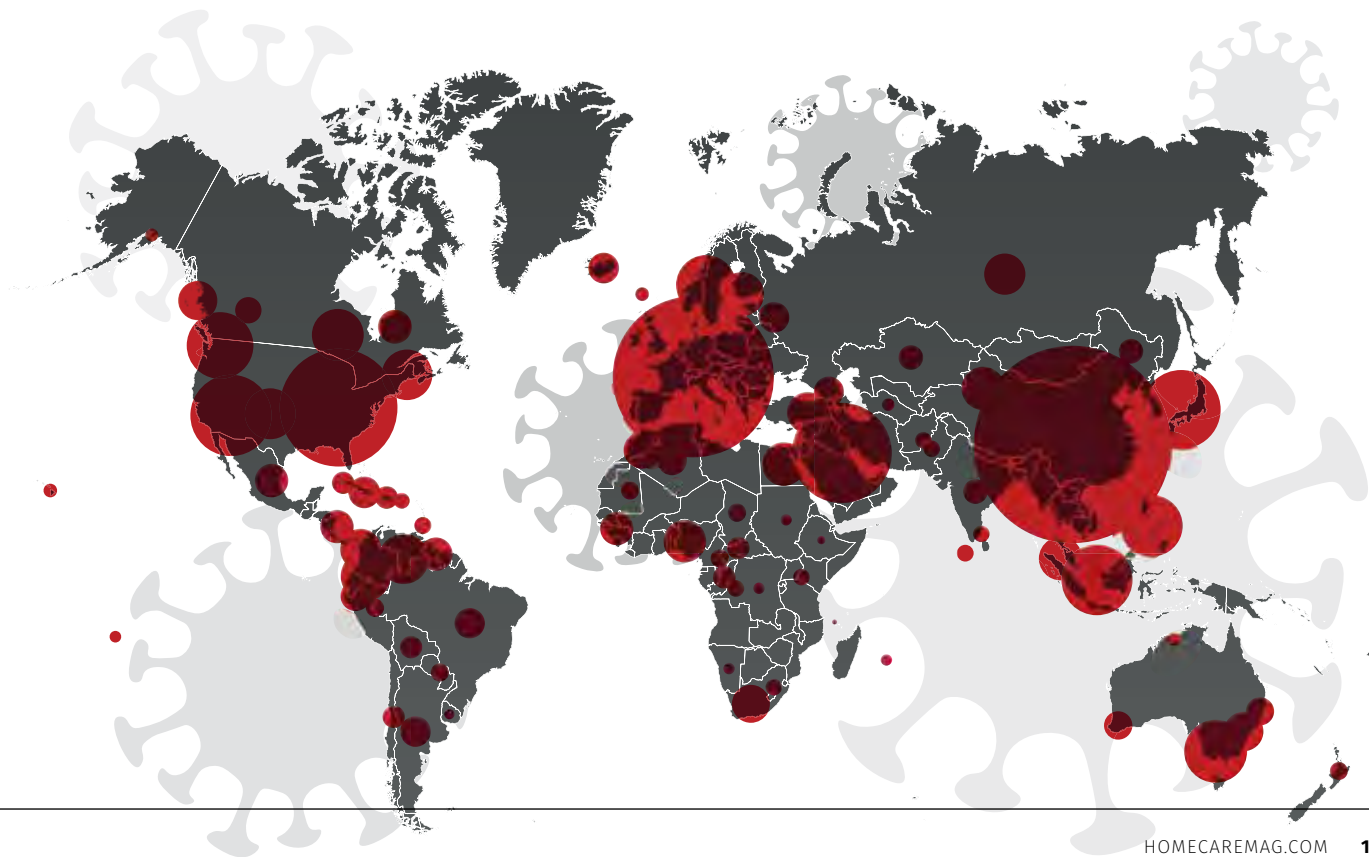
And when the world gasped for air, respiratory and oxygen providers stepped up.

The greatest surge in demand probably came from India, where COVID-19 cases spiked in the spring; by late May, about

27 million infections had been confirmed and more than 300,000 dead—with reports circulating widely that the true numbers were much higher. Compounding the spread in the crowded country where very few people are vaccinated was a desperate shortage of oxygen.

At the peak of the crisis, media outlets reported horrifying numbers: as many as 24 dead after the Chamaranjanagar district

hospital allegedly ran out of oxygen; 12 COVID-19 patients dead after a delivery delay to Delhi's Batra Hospital; an SOS warning from a children's hospital that it might not have enough cylinders for babies in critical care. Stories abounded of families pleading on social media for empty liquid oxygen tanks they could fill up themselves and deliver to their hospitalized loved ones, or use to treat them at home.





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The India Times reported planeloads of oxygen concentrators and supplies being flown into New Delhi from companies and Indian émigrés around the world.

The World Steps In

The U.S. government responded, deploying six planeloads of critical health supplies valued at about \$100 million to the Indian Red Cross in New Delhi. USAID delivered nearly 1,500 refillable oxygen cylinders and nearly 550 portable oxygen concentrators (POCs), and a large-scale deployable oxygen concentration system that can treat 20 or more patients at once. It also included pulse oximeters, courses of the medication Remdesivir, rapid COVID-19 tests and N95 masks for frontline workers.

USAID said that it also provided the funds for local partners to buy an additional 1,000 concentrators; the manufacturer was not specified.

The nonprofit group Sewa International, a Hindu faith-based, humanitarian service organization focusing on disaster relief, also spent more than \$3.5 million to order more than 7,482 oxygen concentrators from vendors in and outside of the United States to ship to India; these were distributed to government hospitals and to local and regional COVID-19 care centers.

As part of that package, Inogen donated 260 concentrators to Sewa, with free shipping donated by UPS. The nonprofit also sent oximeters and PAP machines.

"We got a phenomenal response from all Americans to our 'Help India Defeat COVID-19' campaign," Sewa President Arun Kankani said in a news release. "Many corporations, hospitals and community organizations are calling us to offer help. Sewa volunteers are working hard to connect the dots."

Producers, Too

Meanwhile, the India Times reported planeloads of oxygen concentrators and supplies being flown into New Delhi from companies and Indian émigrés around the world. In one article, it tallied 10,636 Philips-made oxygen concentrators, plus many more from across Europe and Asia.

The Philips Foundation announced in late June that it had teamed up with Prosus, Johnson & Johnson and its foundation to provide more than 800 ventilators to public hospitals in areas of India most impacted by COVID-19; more may have gone unreported. Philips India was to provide training, installation and support to get the equipment up and running.

"We learned from the Indian government and Red Cross that the number of COVID-19 patients requiring hospitalization and critical care had led to a shortage of respiratory support equipment," Margot Cooijmans, director of the Philips Foundation, said in a release. "That is why the Philips Foundation and its partners have come together to help meet this urgent public health need in the most underserved areas of India."

Around the same time, ResMed said it shipped more than 8,000 ventilators to more than 100 hospitals in India.

"We continue to work closely with our partners on the ground to gauge demand and our global teams are working together to build and send thousands more ventilators over the coming weeks," ResMed Asia and Latin America President Justin Leong said in a May statement. In addition, the company said it had expanded the availability of its

cloud-based monitoring solution in India and offered webinars to Indian doctors in order to help them use its cloud-based monitoring product.

CAIRE and its commercial products division, AirSep, said at the time that their requests for assistance from India—including oxygen concentrators and larger systems for the medical gas pipeline in hospitals—more than doubled as cases climbed. They also had U.S. residents desperate to send equipment to friends and family members in India. AirSep distributor Airox Technologies ordered hundreds of commercial-scale oxygen generators to serve thousands of hospital beds in India.

"For CAIRE the key objective of this close collaboration was to leverage our full portfolio of oxygen solutions and find the best ways to serve the people of India—to do the most good for the most people possible," said President and CEO Earl Lawson.

More Work Ahead

But that's not the end of the story, Lawson said. In India, at least, infrastructure changes must be made to guarantee oxygen access in the future, especially in the face of supply chain issues and logistics.

Indeed, the Indian National Medical Commission has now moved toward making captive oxygen plants mandatory for medical college hospitals in the country.

"As the world continues to battle COVID-19, CAIRE continues to be diligent in working with a variety of institutions to establish resources in preparation to meet future health crises—supporting patients with the most essential element of care—a reliable O₂ gas supply," Lawson said. "In particular, the situation in India remains critical and CAIRE continues to work with its partners to alleviate the current shortage and support installation of the appropriate infrastructure to ensure that such a situation does not occur again." **HC**

Hannah Wolfson is editor of HomeCare magazine.

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Outcome studies have demonstrated that SET helped clinicians reduce severe retinopathy of prematurity in neonates² and improve critical congenital heart disease screening in newborns.³ When used for continuous monitoring with Patient SafetyNet^{*} in post-surgical wards, SET was shown to reduce rapid response team activations, intensive care unit transfers, and costs—with zero deaths related to opioid-induced respiratory depression over 10 years.⁴⁻⁶

The rainbow technology allows additional parameters to be noninvasively and continuously monitored, including SpHb, which provides real-time visibility to changes or lack of changes in hemoglobin between invasive blood samples. Rainbow parameters are provided alongside SpO2 and pulse rate through advanced sensor technology.

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- **Masimo SafetyNet**, a secure, cloud-based platform that combines tetherless oxygen saturation, respiration rate and temperature measurements with a patient surveillance platform.
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- **MightySat**, a fingertip pulse oximeter powered by the same SET technology trusted by hospitals around the world.
- **Masimo SafetyNet-OPEN**, a suite of integrated turnkey tools to help businesses, governments and schools reopen safely and stay open responsibly during COVID-19 and beyond.
- **Masimo Sleep**, a simple but powerful sleep monitor that collects a user's

physiological data overnight to provide information that may help them take steps to improve their sleep health. **HC**

^{*} Use of the trademark Patient SafetyNet is under license from University HealthSystem Consortium.

[†] Masimo SET Measure-through Motion technology includes SpO2 and PR.

SpHb monitoring is not intended to replace laboratory blood testing. Clinical decisions regarding red blood cell transfusions should be based on the clinician's judgment considering, among other factors: patient condition, continuous SpHb monitoring and laboratory diagnostic tests using blood samples.

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

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



Protekt® Gel Cushion HCPCS E2603

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

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

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



Protekt® Supreme Cushion HCPCS E2605

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

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

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



Protekt® Ultra Cushion HCPCS E2607

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

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

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



Protekt® Foam Bariatric Cushion HCPCS E2602

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

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

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



Protekt® Gel Bariatric Cushion HCPCS E2604

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

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

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



Protekt® Supreme Bariatric Cushion HCPCS E2606

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

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

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



Protekt® Ultra Bariatric Cushion HCPCS E2608

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

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

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



Protekt® Back Cushion HCPCS E2611/HCPCS E2612

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

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

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

FOR MORE INFORMATION, PLEASE CALL OR VISIT:

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Seating and Positioning Needs



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

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

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



Protekt® Adjustable Tension Back Cushion HCPCS E2611/E2612

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

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



Protekt® Foam Coccyx Cushion

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

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



Protekt® Gel Coccyx Cushion

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

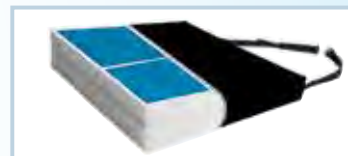
73001CX	16"x16"x2"	74002CX	18"x16"x3"
73002CX	18"x16"x2"	74004CX	20"x16"x3"
73003CX	20"x16"x2"	74005CX	22"x18"x3"
74001CX	16"x16"x3"	74006CX	24"x18"x3"



Protekt® Foam Wedge Cushion

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

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



Protekt® Gel Wedge Cushion

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

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



Protekt® Foam Wedge w/Pommel Cushion

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

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



Protekt® O2 Cushion

HCPCS E2624/E2625

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

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



Protekt® Seat Relief

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

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

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For six years running, OxyGo portable oxygen concentrators (POCs) have been independently rated as the industry's best POCs—ahead of all competitors. Independent analysts surveyed and researched the top brands in the industry, and OxyGo is rated No. 1 year after year.

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Oxy-Tech

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The Oxy-Tech story began when the founder's mother was diagnosed with COPD. Within weeks, she became depressed and debilitated due to ear pressure causing painful sores from the standard cannula. She withdrew to her chair, never to go outside again—it was just too painful and embarrassing. The founder promised her

mom that she would find a solution, and after seven years of development, the Oxy-Breather was born.

Oxy-Tech has successfully engineered the most advanced single-sided cannula in the world, which has proven to be the only cannula on the market today that doesn't restrict movement or cause irritation of any kind on the ears or face. In fact, their

customers tell them that they don't feel anything on their face at all. The Oxy-Breather gives customers their life back, with dignity and the freedom to be socially and physically active again.

The company's mission is in its commitment to providing the ultimate experience with breathing oxygen for those with lung disease. **HC**



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Ruby Slipper, LLC

Ruby Slipper, LLC introduced their unique Swivel CarSeat Cover to the market in 2014 after their founder recognized the need for a better way to help her mother get in and out of the car after several injuries. Her response was to create a heavy-duty double layered seat cover that allows passengers with limited mobility to swivel in and out of the

car seat with ease. This simple seat cover allows passengers to quickly and easily enter or exit virtually any vehicle. The Ruby SlipperSwivel Car Seat Cover is comfortable, convenient and helps reduce stress while traveling. It is intended for anyone with limited mobility and strength, or who is recuperating from surgery. **HCG**

The cover is comfortable, convenient and helps reduce stress.



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Dr. Kakar Products

Dr. Raj Kakar, medical director for Dallas Sleep and the Snoring & Fatigue Center, developed the Kakar Pillow after noticing many of his CPAP patients were struggling to find a comfortable pillow. Traditional pillows can push CPAP masks out of place, causing noisy air leaks and discomfort. The shape of the Kakar Pillow makes it ideal for side and back sleepers, while the low center provides ample space for air hoses and keeps face masks in place. **HC**



DR. KAKAR PRODUCTS

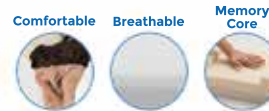
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Meeting Patients Where They Are

Your customers got used to shopping online last year—here's how to serve them now

By Naama Stauber Breckler

E-commerce in the home medical equipment (HME) sector has the opportunity to reshape the way individuals access, learn about and choose products to meet their needs. When buying medical supplies, customers must often sift through hundreds of product options with little to no guidance via outdated methods such as catalogs, further complicating the already overwhelming experience of adjusting to life with a chronic condition.

The need for e-commerce solutions has only been reinforced during the pandemic, with more people reconsidering how they access their care. Furthermore, homebound patients' reliance on online retail and home delivery for consumer products has increased. We've seen the same increase in the realm of medical supplies and HME.

E-commerce has the opportunity to create a new way for patients to engage and take control of their own health care. By providing an end-to-end care system that includes education and support, e-commerce is able to bridge different datasets in a way that supports, rather than overwhelms, a patient.

Creating an Experience

One example is seen in the e-commerce platform Better Health, which has built a cost-estimator tool that can give members a real-time estimate for the insurance

benefits and cost of their care. Participating providers can also leverage manufacturer and peer-reviewed content at a product level to educate patients. By offering an intuitive, user-friendly digital experience, it is possible to completely reimagine the patient's journey for ordering medical supplies from start to finish.

Further, this digital experience helps create a centralized experience for all things patient care, including, but not limited to, resupply. By creating a simple online process for resupply, providers can help reduce phone calls or unnecessary steps for a patient to get access to the products and care they need.

This also makes it easier for patients to switch supplies while adhering to their prescription on file, allowing for more choice and transparency, which are essential in helping patients find the products best suited to their individual needs.

Additionally, brick-and-mortar stores have space and inventory constraints, which means customers may not be able to choose from the full spectrum of product options. While some patients know exactly what they want, others need more guidance, and finding an individualized system is critical to their success. By providing access to thousands of products, e-commerce platforms are able to service the unique needs of every person.

It is also important to focus your efforts on providing a personalized experience and relationship with every user. One example is assigning a member care advisor to be the patient's designated point of contact for any questions and support.

Embracing E-Commerce for HME

HME providers are able to support people's medical and lifestyle needs due to their position in the health care ecosystem. When patients leave the hospital, there is an immediate gap in care—what a patient needs day to day is no longer the responsibility of their physician. This is where HME companies can come in, bridging that transition from the hospital to home.

By innovating in this space, providers can deliver exceptional care and tailored service that can improve both satisfaction and compliance in patients. Moreover, providers can help reduce overall health care costs by equipping patients with the education they need to be agents of their own care and potentially reduce the need for emergency room and clinician visits.

A modern e-commerce approach enables increased access, choice and transparency. Depending on where a patient lives, accessing an in-person supplier may not be convenient. Giving patients the option to buy or resupply online also means that patients across your service area—and the country—have equal access to personalized education, free samples and two-day home delivery of supplies.

The right e-commerce platform levels the playing field and ensures that each patient receives the personalized care and support they need. **HC**

Naama Stauber Breckler is the CEO and co-founder of Better Health, which offers an end-to-end care solution, bundling clinical consultation, education and home delivery of medical supplies. Prior to founding Better Health, Breckler was the CEO and co-founder of CompactCath, which reinvented the self-catheterization experience for people with chronic bladder issues. Visit joinbetter.com.

MEDTRADE WEST RECAP

High Temps & High Sprits

Medtrade West delivers on in-person promise

By Kristin Easterling

After more than a year on hiatus, the home medical equipment (HME) industry's largest trade show returned in person in July, with Medtrade West meeting in Phoenix.

"We made it! We're back in person," Associate Show Director York Schwab said on the first day of the show, which ran July 12-14. "It's so great to see people after being gone for 16 months. ... It's great to see the familiar faces and get together with people because you never know what's going to happen in an in-person setting. I think we've just discovered what we missed being at home for a year."

New Location, New Format

Medtrade West last took place in Las Vegas, Nevada, in March 2020, just before the pandemic forced many businesses to move remote. Even during the show, there were signs of what was to come, with some booths from Asia standing empty due to travel restrictions, and attendees attempting unfamiliar elbow bumps.

Before COVID-19, organizers moved the show to Phoenix for April 2021 in an attempt to reach a new audience; however, lingering restrictions this spring lead to it being postponed until July. Temperatures outside soared to 110 degrees, but attendees praised the new location nonetheless, and seemed to like the a revised show format that gave a full day to the expo hall with no overlap of educational sessions.

"I think Phoenix is great. I like the smallness compared to Vegas. I'd had enough of the casino atmosphere," said Kim Cook, director of Medicaid affairs for Numotion in Boise, Idaho. "Education is the main reason I come here. I come to network and have in-person meetings."

"I was ready for this move to Phoenix. Vegas gets crazy. You can focus on continuity instead of clubbing. There were lots of red eyes in Las Vegas....," said Joshua Thompson, vice president of operations for Ascent Respiratory Care in Denver. "The educational sessions have been good, and I like that there is no conflict with the show floor. It's better for the vendors to give them their dedicated time."

Also new was a preview night in the exhibition hall Tuesday night with a cocktail reception and prize drawing. Exhibitors and attendees were given a two-hour look at what the show would be on Wednesday. Exhibitors were pleased with the new format.

"Preview Night was awesome. It was the perfect combination of having a drink and mingling. It had a casual, less-rushed feel and was really nice. Phoenix is a great town," said Jackson Buchanon, director of business development for Sleep 8, Inc. and PainGone

"Preview Night was fantastic. Attendance was fabulous, upbeat and positive," said Nyika Wright of SleepGlad. "To actually shake hands with customers has been the best part."


Many of the educational sessions focused on ways HME providers can approach post-pandemic life. Providers were cautioned that a number of legal and government entities will be hunting for fraud around COVID-19 relief programs, with audits expected for small- and mid-sized providers next year.

"I think most of these are going to start hitting at the back end of 2022 and will roll into 2023 or 2024," said Stephen Bittinger, a partner with the law firm K&L Gates LLP and a member of the practice's health care practice group.

But there were many positive moves out of Washington in response to COVID-19—including some measures that could be made permanent, such as expanding home oxygen to acute patients and broadening eligibility for telehealth, said Cara Bachenheimer, head of government affairs for Brown & Fortunato.

"A number of positive things happened to us during the pandemic, but my catch phrase is 'it took a pandemic,'" said Bachenheimer.

Meanwhile, the outlook for mergers and acquisitions in the HME space is strong, with a number of deals occurring in the past 12 months and more expected soon, especially as owners race to beat expected capital gains tax changes.

"I fully expect this year to be crazy in the deal market," said Tom Knapp, who specializes in mergers and acquisitions for Brown & Fortunato. "And there's going to be a lot of boomer business owners who are ready to retire and have a transaction to get done in 2021." 

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New Product Pavilion Winners

On Wednesday, 15 manufacturers of new products duked it out for the coveted Providers' Choice Awards. Attendees used the show's app to vote for their favorite new products featured in the New Product Pavilion, sponsored by HomeCare.

GOLD AWARD: The BiliTouch Phototherapy Blanket from Motif Medical

The phototherapy blanket is intended for use in the treatment of infants diagnosed with hyperbilirubinemia, commonly known as neonatal jaundice. Unlike conventional phototherapy systems that are stationary, the BiliTouch is designed to be mobile, allowing parents to continue to hold, feed and care for their baby while reducing high bilirubin levels at home.

Pictured: Associate Show Director York Schwab; Motif Medical's Brandon Fonville, Jason Ivey and Meigan Alexander; HomeCare's Associate Publisher Jim Harmon.



SILVER AWARD: The myCAIRE telehealth solution from CAIRE

Designed to increase the efficiency of delivery and improve patient care, the application connects to CAIRE's oxygen concentrators via the patient's smart device and simplifies remote data collection through secure, cloud-based technology in real-time—easily accessible via the equipment provider's desktop. It is available on iOS, Android and Surface.

Pictured: The myCAIRE Telehealth Solution

BRONZE AWARD: The Ruby Slipper Swivel Car Seat Cover by Ruby Slipper LLC

The Ruby Slipper Car Seat Cover is a heavy-duty seat cover with a unique sliding action that allows passengers to swivel in and out of the car with ease. This simply designed seat cover allows passengers to quickly and easily enter or exit virtually any vehicle.

Pictured: Schwab, Harmon, and Ruby Slipper's Katherine Miles, Steve Porcaro and Bari Rubin.



RECRUITING

Help (Desperately) Wanted

Traditional nurse hiring tactics don't work; here's a new strategy

By Lauren Davenport

Nurses have always suffered high levels of burnout. They endure heavy, high-stress workloads and face life and death situations every day. Now, after nurses have spent a year confronting COVID-19 on the front lines, burnout has become an epidemic.

In 2014, the American Association of Colleges of Nursing projected that there would be a shortage of 260,000 registered nurses by 2025. Today, the number is actually much higher.

In 2020, a staggering number of nurses left the workforce for a variety of reasons. Many left to care for their suddenly homeschooled kids or simply burned out. And they didn't return. Competitive hiring sprees at hospitals, testing sites and mass vaccination clinics, meanwhile, enticed employed nurses into temporary but lucrative assignments. As those contracts come to an end, a whopping 29% of exhausted health care workers say they're considering leaving the profession altogether and a retirement surge is expected.

Home health care companies have long struggled to find enough skilled caregivers to fulfill their workloads, and COVID-19 has

made that already challenging situation worse. Competition for caregivers is fierce and it's not going to get any better.

Here's the good news: The recruitment strategies most companies use are antiquated and don't live up to today's digital standards. By shifting your game plan, you can reach, attract and hire your ideal candidates before they're even on your competitors' radar. Let's dig into how.

Why Traditional Tactics Aren't Working Anymore

If I had to guess, I'd say your organization is probably focusing recruitment efforts in one of three areas: job boards, outsourced recruitment or internal recruiters.

These methods have worked in the past, and you'll continue to see some success today, but that will dwindle and impact your organization's bottom line. Here's why:

1 Posting to Job Boards

In posting to job boards, you're only going to attract candidates who are actively seeking new opportunities. When an active candidate starts visiting job boards, they

may see your job posting (if you pay enough to have it sponsored), but they're also going to see job postings from every single one of your competitors at the same time. A top candidate is only on the market for an average of 10 days before they're snatched up. Potential candidates typically need around 12–18 touchpoints with an organization before making a decision to apply. That's a lot of pressure to get every detail right, especially when the competition is nipping at your heels.

2 Outsourced Recruitment

Recruitment agencies can charge you an arm and a leg to find the talent you need. With reimbursement rates significantly lower in home health care than in hospitals, this solution just isn't viable.

3 Internal Recruiters

Have you ever tested how quickly your competitors respond to new applicants? We often audit this process for clients and the speed at which some organizations can move candidates through hiring is astounding. If you have internal recruiters,



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AAHOMECARE
American Association for Homecare

70%

of the workforce consists of passive candidates who aren't actively seeking a new job

they need to be hyperfocused on getting applicants hired and onboarded before they have the opportunity to go elsewhere. They need to be specialized recruitment professionals, not digital marketers, meaning they won't have the time or savvy to find potential candidates and coerce them with the perfect messaging. Instead, they should be diligently working with candidates who have already applied. With 78% of job candidates saying the overall hiring experience is an indicator of how a company values its people, getting it right is critical.

Why Connecting With Passive Candidates Matters Most

Did you know that 70% of the workforce consists of passive candidates? This means they aren't actively looking for a new job and, for the most part, are already gainfully employed.

That doesn't mean they're not open to the idea of a new opportunity.

But, as we know, by the time a candidate gets to the open job market, it's too late. You'll be just one of hundreds of job descriptions they're exposed to. Plus, if it's the first time candidates are seeing your brand, you're already at a disadvantage. That's because candidates naturally gravitate towards brands they know, like and trust.

If you're going to win the attention of passive candidates, you have to look beyond job boards like Indeed, Glassdoor and ZipRecruiter. Passive candidates won't be there because they're not actively searching for a job.

Instead, you need to target the exact type of person you're looking to hire in the

places they spend most of their time—whether that's on social media, playing games on their cellphone, shopping online, watching videos or listening to podcasts.

More than simply targeting them with job listings, subtly showcase your thriving culture and top-of-the-line benefits to ensure you're only attracting talent that aligns with your values. This will ultimately lead to higher retention rates and patient satisfaction scores.

The Importance of Understanding Your Applicant Journey

Let's be real. Recruitment strategies aren't super sexy. And, in all likelihood, it's probably been a while since you've done a deep dive into what the experience is actually like for a prospective caregiver. What are they seeing from your competitors? Is your process keeping them from applying? All these things matter when you're vying for high-demand caregivers.

You're probably doing the same thing you've done for years—if not decades. Most of your competitors are, too. This means there are huge opportunities for improvement. Evaluate and critique your process. If you can, get fresh external eyes on it. You'll absolutely stand out by learning what your competitors are doing, then improving your processes.

Why Your Message Needs a Facelift

Once you've taken a deep dive into what your competitors are doing, it's important to reevaluate your benefits and message strategy. Are your offers and benefits competitive? If not, why do your current caregivers say they love working for your

company? Interview them and find out! Then highlight the core themes in your message strategy.

You also need to stop making it all about you. Every word, image and benefit should be tailored to speak directly to your new prospective caregiver. For example, most job descriptions begin by outlining the mission of a company and what it's looking for in applicants. Flip that on its head.

Make your job descriptions start with what you have to offer caregivers. Why should they care about this role? What makes it different? What can your company do to improve their lives? What does a day in the life of a caregiver working at your organization look like? Do you have a video of current caregivers sharing why they love working with you? This is all valuable content you can share.

Tracking Your Recruitment Efforts

One of the most common things I see is a lack of tracking for recruitment metrics. Information such as how many candidates apply each month, how long it takes for an applicant to become a hire and what channels are driving the most hires are simply unknown. To actually reach your hiring goals, these metrics must be measured and reviewed regularly.

I promise you; put this advice into action and you'll truly stand out in a sea of dull, outdated recruitment tactics. The best part? You'll gain great exposure for a fraction of standard recruitment costs. **HC**



**GET MORE
INFO**

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Lauren Davenport is the founder of health care communications and recruitment firm Caregiver Connect. Davenport has specialized in helping home health care companies recruit quality talent since 2015. She is a contributor for the New York Daily News and has been featured on Forbes, PBS, ABC Action News, iHeartRadio, AMEX OPEN and more.



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INCONTINENCE MANAGEMENT PRODUCTS

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

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NEW ON THE MARKET

1



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

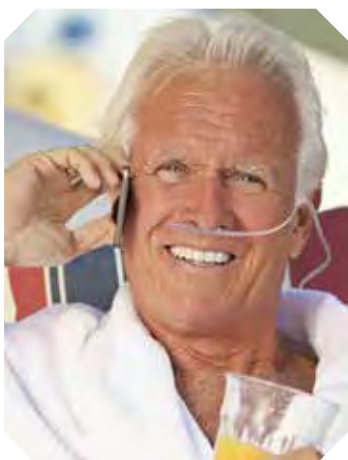
1 Integrity United B359 Bariatric Bed

COSTCARE

The Integrity United B359 bariatric long-term care low bed has an enlarged 54-inch platform with a built-in length and width extension system to extend the bed up to 60 inches in width and 88 inches in length, making it flexible in all circumstances. The robust bed structure can support weights up to 1,000 pounds. Together with the multiple rail options and the low height feature, the bed provides safety for bariatric patients. Visit costcaredmed.com.

Check 201 on index.

2



2 The Oxy-Breather Single-Sided Cannula

OXY-TECH

The Oxy-Breather Single-Sided Cannula was developed for those who don't tolerate a standard cannula. Designed by a nose surgeon, the Oxy-Breather can improve patient compliance with oxygen therapy. Here's how: 1) The Oxy-Breather's Bluetooth-like design eliminates painful ear pressure. 2) The Oxy-Breather helps to prevent facial scarring due to adhesive. 3) The Oxy-Breather is discreet, which eliminates embarrassment when out in public. Visit oxy-tech.com.

Check 202 on index.

3



3 Tranquility Essential Breathable Briefs—Heavy

PRINCIPLE BUSINESS ENTERPRISES, INC.

Tranquility Essential Breathable Briefs—Heavy replaced two recently discontinued Tranquility Select products. The briefs are available in youth to bariatric sizes, and are designed to provide options for Medicaid recipients. This clothlike, breathable tab-style brief offers reliable protection for heavy incontinence, with features that promote leakage control, odor reduction and skin health protection. Help your customers manage their most challenging incontinence care needs. Visit tranquilityproducts.com.

Check 203 on index.



4 Customer Relationship Management Software

SENIORCARECLICKS

SeniorCareClicks is a lead generation customer relationship management software (CRM). The software can be connected to Facebook or Google ads and allows you to transfer calls, record calls and send automated emails or text messages. The CRM also includes a survey builder, funnel builder, landing page builder, chat widget and more. Visit seniorcareclicks.com.

Check 204 on index.

INFECTION CONTROL

1 Canberra Husky 814 Q/T Tuberculocidal Spray Disinfectant

CASCADE HEALTHCARE SOLUTIONS

Husky 814 Q/T Tuberculocidal Spray Disinfectant is a ready-to-use, quaternary ammonium disinfectant spray cleaner that is ideal for health care facilities due to its extensive list of disinfectant claims, including the virus that causes COVID-19, tuberculosis and norovirus. This spray disinfectant also inhibits the growth of mold and mildew and controls related odors. It is Environmental Protection Agency (EPA) registered as a broad-spectrum disinfectant cleaning product. Visit cascadehealthcaresolutions.com.

Check 205 on index.



2 Lumin Multi-Purpose UV Sanitizer

COMPASS HEALTH BRANDS

The Lumin Multi-Purpose UV Sanitizer is an easy and fast way to disinfect household items, CPAP masks and accessories without water, chemicals or ozone. The Lumin's hospital-strength, germicidal UV-C light source completes a disinfection cycle in just five minutes, with a lab-tested 99.9% kill rate of most bacteria and viruses, including human coronavirus. With its simple one-button operation and sleek space-saving profile, the Lumin Multi-Purpose UV Sanitizer is the ideal maintenance-free accessory for anyone concerned about health and hygiene. Visit compasshealthbrands.com.

Check 206 on index.



3 Coppertouch

COPPERTOUCH LLC

After touching various things that can transfer germs and bacteria, gently rub CopperTouch products on the hands as you would a bar of soap for a full minute to kill up to 94% of germs. Made of 99.9% antimicrobial copper, it provides a way to protect you and your clients from germs. Visit coppertouch.com.

Check 207 on index.



4 Model 20/80 Version 7.7

HUBSCRUB

The latest HUBSCRUB software release adds more infection prevention value and access via internet remote connection. HUBSCRUB now supports Hypochlorous Tablets Ready-to-Use disinfectant. This disinfectant kills C. diff and other bacteria and viruses in four minutes. It is an EPA-registered, hospital-grade disinfectant that is cost effective and surface friendly. An internet connection offers preventive maintenance on a quarterly schedule. Visit hubscrub.com.

Check 208 on index.



5 Red Wheelchair Cover #3129

MES

The MES #3129 is a red wheelchair cover that tells others in your store that the wheelchair is contaminated from use and needs to be sanitized. Red bags can also be used as bio-hazard bags for used personal protective equipment and can help in the infection control department. MES offers many bags in red, yellow and clear to meet homecare needs. Visit mymesinc.com.

Check 209 on index.



HOME HEALTH BILLING, RCM, EHR SOFTWARE



1 Revenue Cycle Management Solution

AXXESS

Axxess has cloud-based solutions for total revenue cycle management. Intuitive technology empowers providers with insights to submit clean claims while delivering patient-centered care. Axxess is a network service vendor with Medicare and is also a clearinghouse so clients can submit electronic claims and get paid up to 33% faster. A team of certified revenue specialists help manage all billing operations and deliver custom insights to boost payer compliance. Axxess offers no-risk recovery services to help providers recoup older claims to increase revenue and grow business. Visit axxess.com.

Check 210 on index.



2 Business Management Suite

CARESMARTZ

CareSmartz360 is a complete suite of advanced homecare software that gives control over all aspects of homecare business management. This cloud-based, HIPAA-compliant homecare software solution seamlessly integrates client intake, scheduling, electronic visit verification, billing and payroll, caregiver management, HR, marketing, training and reporting. Visit caresmartz360.com.

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3 Workflow Automation Solution

ELEMENT5

Element5 is an end-to-end workflow automation solution using artificial intelligence and robotic process automation. The company has programmed robots to perform tasks and complete work just as humans would. These robots can log into the systems you use every day (e-discharge, electronic health record, payer portals, clearinghouses, email and messaging) on behalf of your teams, and accurately complete labor-intensive workflows enabling your staff to focus on the higher-value tasks. Visit e5.ai.

Check 212 on index.



4 Revenue Cycle Management Solution

HOMECARE HOMEBASE

Homecare Homebase (HCHB) offers hosted, cloud-based solutions to streamline operations, simplify compliance and boost outcomes for home-based care agencies. HCHB revenue cycle services pairs billing experts with agencies, so customers can focus on their mission, while HCHB focuses on margins. Customized mobile solutions enable real-time, wireless data exchange and communication between field and office staff for better care, more accurate reporting and improved revenue cycle management. Visit hchb.com.

Check 213 on index.

5 Homecare Software

MEDITECH

MEDITECH provides administrative, clinical and financial workflows that drive business processes and guide decisions through intelligent, task-driven communication. MEDITECH's homecare solution automates the service lines of home health, hospice and personal care providers, including field documentation (with offline mode option) and virtual encounters for all disciplines and patient needs. Patient transitions are optimized due to the integrated nature of the company's Expanse EHR and strength of interoperability capabilities to fill in the gaps for patients referred from outside sources. Visit ehr.meditech.com.

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1. What is your job title? (Check only one)

- ☐ 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
☐ 21 Manager, Supervisor, Controller, Accountant,
Purchasing Agent
☐ 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab
Specialist, Other Licensed Medical Professionals
☐ 19 Sales/Marketing Rep, Mgr, Dir
☐ 20 Other (Please Specify) _____

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

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

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

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☐ 48 Personal Care/Home Care Services (Non-Medical)
☐ 49 Long Term Care Facilities (SKNF, Assisted Living)
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GIVING BACK

A Sweet New Ride

Teen receives Quantum Stretto power wheelchair through Make-a-Wish foundation

By Kristin Easterling

Austyn Martin likes things that look sleek and go fast. Whether it's a luxury sports car or a customized state-of-the-art power wheelchair, he wants a cool ride. In response to his wish, Quantum Rehab recently donated a custom-made Stretto Power Chair to Martin in partnership with the Missouri and Kansas chapter of Make-A-Wish.

Martin, 17, of Tunas, Missouri, was born with spinal muscular atrophy and requires the use of a power wheelchair. His brother gave him the idea of asking for a power wheelchair with the ability to raise up to eye level to help him regain some of his freedom.

"When I'm at work it bugs me when people have to look down upon me instead of me being on their same level and looking

at them," Martin told Make-A-Wish. "This makes people look at me and treat me differently than what I would like."

As an extra twist, Martin asked if his new chair could have a bumper sticker from Aston Martin—the luxury car brand with a name like his. Upping the ante, Quantum presented the chair to him at Holman Motorcars St. Louis, an Aston Martin dealership, so he would be able to see the luxury cars up close. And Aston Martin donated a set of authentic Aston Martin Wings, the automaker's iconic logo, to be affixed to the back of the wheelchair.

After taking a spin around the dealership in his new chair, he used the Stretto's iLevel to lift himself up and give his mother a hug.



"That was something that I have always wanted to do—to give my mother a hug without her having to bend down to come to me," Martin said.

Quantum Vice President Jay Brislin said the company was happy to help.

"At Quantum Rehab, consumer needs and wishes are our driving force," Brislin said. "We are pleased to partner with the Make-A-Wish Missouri & Kansas chapter to grant Austyn's wish of a Quantum Stretto power wheelchair. Working together, we fitted Austyn to make sure his power chair meets his needs."

Ashley Wray, wish specialist at Make-A-Wish Missouri & Kansas, says Austyn's wish would not have been possible without the support of Quantum Rehab and Holman Motorcars.

"Both of these partners have worked together to make this surprise, and his wheelchair, something really special," Wray said. "Austyn was shocked to find out that his one true wish came to fruition and it will be a memory his whole family can cherish." **HC**



It bugs me when people have to look down upon me instead of me being on their same level and looking at them.

Kristin Easterling is managing editor of HomeCare magazine.



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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.

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