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Dear HomeCare Readers,

I hope you don't mind if I get a little personal here. As I write, my beloved father-in-law is being cared for by hospice at home after a series of strokes. It is a terrible time that has been made much easier by the fact that he was able to live his final days in comfort, surrounded by the people he loves.

This industry does so much for people, and so much of it is unseen until it is desperately needed. That's what has motivated us to create a new feature called HomeCare Heroes; we're asking you to nominate people in your circles who make a special difference and we'll share the best stories in our November issue. I've already wept over some of the entries but we need more for sure! You can find more information and submit a nomination at [homecaremag.com/heroes](http://homecaremag.com/heroes).

Meanwhile, this month you'll find we've turned to the not-too-distant future for a peek at what cutting-edge technology like voice assistants and artificial intelligence might mean for homecare. There's also an impassioned case for why the industry needs to take the lead on home access modifications, an argument that COVID-19 requires home medical equipment manufacturers to jump into e-commerce, tips for managing resupply and remote scheduling, and a deep dive into current thoughts about PDGM. As always, please let us know if there's anything you'd like to see in these pages in the future.

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](mailto:keasterling@cahabamedia.com). We'd love to hear from you!

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Check 102 on index.

# In this issue



## COVER SERIES: TECHNOLOGY BREAKTHROUGHS

- 18** A look at how voice-first technology could alter homecare
- 22** Telehealth tools to help keep patients & caregivers safe during tough times
- 26** Ways artificial intelligence can make a difference in home health

## HME

- 28** Why home-based care needs home modification
- 32** 5 ways to get ready for online retail in the corona economy
- 35** 7 steps for managing your resupply programs

## IN-HOME CARE

- 38** An app to help manage employees & patients remotely
- 40** 5 lessons & tools for PDGM in action

43



## IN EVERY ISSUE

- 6** Industry News
- 10** Government Affairs
- 12** Columns
- 42** HomeCare Directory: Beds
- 48** Back Page

## MARKET-LEADING PRODUCTS

- 43** New on the Market
- 44** Orthopedic Softgoods
- 46** Ramps





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\*See website for more details

## Eppic Medical Purchases Mobül

Eppic Medical, based in Carlsbad, California, has acquired Mobül: the mobility store, based in Long Beach, California. Mobül is the third acquisition by Eppic Medical, a home medical equipment retailer with locations in Palm Desert and San Diego.

Eppic Medical is directly affiliated with Access Medical, a provider of complex rehabilitation mobility equipment with offices in Carlsbad, Anaheim, Palm Desert, Burlingame, Honolulu, and Saipan. Since its founding in 2006, Access Medical was has become a vital asset to the disabled community in California.

As part of the merger, Mobül can now add more depth to the relationship with Access Medical by being able to provide

custom complex rehabilitation products to customers requiring more than just standard medical equipment.

[mobulstore.com](http://mobulstore.com),  
[accessmedicalrehab.com](http://accessmedicalrehab.com)

## Charles Berg Joins CareCentrix Board

CareCentrix, a provider of tech-enabled post-acute and home-based solutions, has added Charles Berg to its board of directors. Berg brings broad health plan and provider experience to CareCentrix, having served as a senior executive at UnitedHealth Group, WellCare and Oxford Health. He served on the board of the palliative care company Turn-Key Health, which was acquired by CareCentrix in May 2020.

Berg believes home- and community-based services are the future of health care delivery and understands the power of integrating palliative care into the continuum of care solutions. CareCentrix plans to provide more access to home-based services for all patients, including those with advanced illnesses.

“In the health care industry, companies often claim to address care quality and rising costs, but few companies have spent years helping payers and providers deliver remarkable results like CareCentrix has for millions of patients,” said Berg.

Along with his new role at CareCentrix, Berg currently serves on the board of directors of DaVita and Justworks. He is a graduate of Macalester College in St. Paul, Minn., and he earned his law degree from Georgetown University.

[carecentrix.com](http://carecentrix.com)

## The Compliance Team Introduces New Pharmacy Testing Certification

The Compliance Team, Inc., a Medicare-approved national health care accreditation organization, has launched its newest Exemplary Provider Quality Award program—Pharmacy Testing Certification. The program is derived from The Compliance Team’s longstanding pharmacy quality standards for accreditation.

The Pharmacy Testing Certification program provides pharmacies with the education and tools necessary to achieve

certification for COVID-19 and other Clinical Laboratory Improvement Amendments (CLIA)-waived tests. It offers pharmacies new revenue opportunities via point-of-care testing and collect-and-transfer testing. The certification assures customers, patients, payers and employees that the pharmacy’s patient safety and testing quality has been validated by a nationally recognized third party. Included in the certification standards are: point-of-care testing, collection/sending of tests, equipment management, personal protective equipment supply management, patient assessment and facility assessment.

“This is a focused validation of a pharmacy’s ability to perform testing as well as assurances to maintain integrity of specimen collection,” said Sandra C. Canally, founder and CEO and the standards architect of the new program.

[thecomplianceteam.org](http://thecomplianceteam.org)

## OJ Medtech/Charm Medical Acquire PRO2 LLC

OJ Medtech/Charm Medical Supply announced the acquisition of PRO2 LLC, an oxygen and CPAP supply company. PRO2 operates out of two locations in the Buffalo, New York area and currently serves more than 10,000 patients annually with rental equipment and related medical supplies.

The acquisition brings an expansion of product offerings to OJ Medtech/Charm Medical.

“We admire PRO2’s clinical focus and market presence in the respiratory services and sleep therapy sectors in Western New York. We found strong synergies with our existing service model of connecting patients, physicians, and payers,” said Peter Tallas, president and CEO of OJ Medtech/Charm Medical Supply. “We see the product line expansion into the respiratory and sleep services sector as a key growth initiative in the years ahead.”

[ojmedtech.com](http://ojmedtech.com)

## CareAcademy Launches Homecare Training Program

CareAcademy, a home health empowerment platform preparing workers for the growing eldercare market and homecare model,

## UPCOMING EVENTS

**We want to make sure our readers know about upcoming virtual event opportunities. Here is what is coming up through the end of the year. Did we miss an event? Send info to [keasterling@cahabamedia.com](mailto:keasterling@cahabamedia.com).**

**OCT. 6-8 HCAOA Leadership Conference**  
[hcaoa.org](http://hcaoa.org)

**OCT. 6-9 MAMES, SWMESA, Great Lakes, and OAMES Virtual Fall Conference**  
[mames.com](http://mames.com)

**OCT. 18-20 NAHC 2020 Home Care and Hospice Conference and Expo**  
[nahc.org](http://nahc.org)

**NOV. 10-12 & 17-19 LeadingAge Annual Meeting & Expo**  
[leadingageannualmeeting.org](http://leadingageannualmeeting.org)



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# 97%

**of nursing homes said they have lost revenue due to the COVID-19 outbreak, according to a survey by the American Health**

**Care Association. Almost 3/4 of respondents said they can't sustain operations for a year at their current pace.**

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announced the launch of its 'Future of Work is Home Care' program to train millennial workers for the growing homecare market. As part of its commitment to reskilling one million new workers into direct care by 2023, CareAcademy's home health aide training and agency matching program will enroll thousands in a specialized, four-hour online program for direct care workers, putting them on track to become in-home caregivers or homecare workers.

"Homecare is not only the fastest-growing segment of work, but it is also among the most vital health care work," said Helen Adeosun, CareAcademy's co-founder and CEO. "COVID-19 has grown the need and the possibilities of health care in the home. In this time of high unemployment for Americans, we're excited to work with industry partners to restore livelihoods and save lives."

CareAcademy has collaborated with the Home Care Association of America, an industry trade association representing nearly 3,000 companies, to match learners with agencies. Home health agencies will be provided with an exclusive opportunity to leverage CareAcademy's online and instructor-led certification program.

The company has also partnered with Kairos, which builds products in the housing and health care sectors, to match candidates with potential job opportunities after they've completed their training. After taking up to four hours of training, candidates have the opportunity to take additional classes

that can count toward home health aide qualification depending on the state licensure requirements. Best of Care, Inc. is also among the partner agencies helping to fulfill training requirements. [careacademy.com](https://careacademy.com)

### **ACU-Serve Acquires A Perfect Medical Billing Service**

ACU-Serve has announced its acquisition of A Perfect Medical Billing Service. It is the first New Mexico acquisition for the Ohio-based billing company.

ACU-Serve Partner and CEO Jim Knight said the A Perfect team and owner Terri Minnich, have built a successful billing company.

Minnich said the two companies were a good fit.

"After working with ACU-Serve in the last year on a consulting basis, I could see that our core values aligned with giving our clients the highest level of customer service, which was very important to me as a small business owner," she said. "Me and my team are very happy to be a part of ACU-Serve."

[acuservecorp.com](https://acuservecorp.com)

### **Akins Joins PointClickCare Board**

PointClickCare Technologies, a cloud-based software platform for the senior care market, announced it has appointed Betsy Atkins, who has more than 30 years of experience working with start-ups and Fortune 500 companies, to its board. A three-time CEO and entrepreneur, she has co-founded

enterprise software companies in multiple industries, including technology and health care.

Atkins is CEO of Baja Corporation, an early-stage venture capital firm focused on software, technology, energy and health care. She is a recognized expert in corporate governance, digital transformation, consumer experience and technology. She has written on corporate governance issues for publications including Forbes and The Wall Street Journal, and published a book, "Be Board Ready: The Secrets to Landing a Board Seat and Being a Great Director."

[pointclickcare.com](https://pointclickcare.com)

### **BAYADA Recognized as Top Employer for Women**

BAYADA Home Health Care, a global provider of in-home health care and support services, has been included on Forbes' annual list of America's Best Employers for Women 2020.

"Receiving this people-focused award is incredibly meaningful because it recognizes the important value we place on diversity and inclusion within our company's culture, including women, who make up 90% of our 30,000 employees," said BAYADA CEO David Baiada. "Additionally, more than 70% of our top 500 leadership roles are held by women, and this recognition highlights those female leaders who have helped empower our 45 years of growth and success."

For the award, more than 75,000 U.S. employees were surveyed, including 45,000 women. The survey focused on issues relevant to women in the workplace and was designed to shed light on their experiences. Participants were also asked to evaluate other employers in their industries that stand out either positively or negatively with regards to gender issues.

[bayada.com](https://bayada.com)



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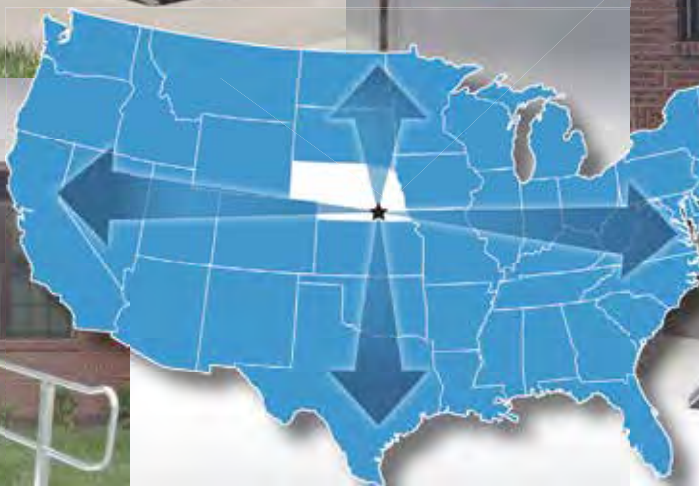
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# The COVID-19 Hospice Respite Care Relief Act of 2020

S. 4423

By Kristin Easterling

During the COVID-19 pandemic, hospice organizations have experienced difficulty providing respite care in situations where family caregivers aren't available to care for hospice patients for the current five-day limit (for example, when family caregivers have been diagnosed with COVID-19 and must isolate from vulnerable hospice patients).



Patients may also be unwilling to enter a facility due to the potential risk of contracting COVID-19, or facilities may not have respite care beds available.

### LEGISLATION

S. 4423 gives the secretary of Health and Human Services the authority during a declared public health emergency such as the current pandemic to:

- Waive the five-day maximum for respite care when the caregiver is unable to provide care due to illness or isolation, for up to 15 days; and
- Waive the requirement that respite care only be provided in an inpatient setting, making the hospice respite benefit available to hospice patients in their place of residence, thereby keeping the patient safe and reducing exposure to COVID-19.

WHAT  
HAPPENS  
NEXT? >>

If the bill passes, whether separately or as part of a larger package, family caregivers will have broader access to respite services both in and out of the home.

### INDUSTRY SUPPORT

Senators Sherrod Brown (D-Ohio) and Shelley Moore Capito (R-West Virginia), sponsored the bill, which has garnered wide industry support from advocacy groups, including:

- ElevatingHOME
- Hospice of the Western Reserve
- LeadingAge
- National Association of Home Care & Hospice
- National Hospice Cooperative
- National Hospice and Palliative Care Organization
- National Partnership for Hospice Innovation
- Visiting Nurse Associations of America

### DID YOU KNOW?

**A 2018 study found that caregivers who received four or more hours a week of respite care reported lower emotional burdens over time than those who did not.**

(Source: Administration for Community Living)

**LEARN MORE>>** Track this bill at [congress.gov](https://www.congress.gov/bills/116/senate/4423).



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# ROAD MAP: SUCCESSION PLANNING

By Bradley Smith



## It's Not Time to Go—Yet

Understanding how to plan for your firm's future through private equity recapitalization

Many experienced health care business owners searching for a succession plan have wrestled with the notion of selling their companies even as they continue to see significant growth ahead of them. Fortunately, there's an alternative financial technique known as a private equity recapitalization, in which health care business owners can sell a portion of their company to private equity group (PEG) partners and still have the opportunity to benefit from growth.

Private equity recapitalizations, or recaps, offer a unique value proposition that can be a good option for owners looking to take some chips off the table while still being involved in the future of their company.

PEG firms can be savvy business partners that bring more than just capital to the table. They also provide industry, financial, operational and organizational expertise that can be used to increase the value of a business. This is good because if the company's value increases, a recapitalization also allows owners to profit a second time if the business is eventually sold again.

### Fundamentals of a Recap

To gain a better understanding of the recapitalization process, let's walk through a fairly straightforward scenario.

Mary founded Home Healthcare Co., a Medicare home health care agency, 20 years ago. Home Healthcare Co. has grown throughout the years, but the recent switch to the Patient Driven Groupings Model (PDGM) has made it clear to Mary that too large a percentage of her net worth is tied up in the company. Mary sees the opportunity for continued growth in the company,

Total enterprise value of Home Healthcare Co.	\$20,000,000
Less: debt on recapitalization	(\$12,000,000)
New equity value Home Healthcare Co.	\$8,000,000
Total enterprise value of Home Healthcare Co.	\$20,000,000
Less: buy-in for 30% of the equity value	(\$2,400,000)
Pre-tax proceeds to Mary	\$17,600,000

Figure 1: The value of Home Healthcare Co. after recap.

but also has a need to diversify her wealth and reduce her risk.

Home Healthcare Co. has many good employees who have been loyal over the years and are a big reason for the company's success. Mary wants to make sure these employees are well taken care of and have the opportunity to continue to lead the company into the future.

After researching possible options and engaging in discussions with other entrepreneurs who have successfully recapitalized their businesses, Mary decides to pursue a PEG recap. Mary finds a partner who wants to invest in Home Healthcare Co.—and who shares her passion for patient care and the vision she has for the future of the company.

The business is debt free, and both parties agree that Home Healthcare Co.'s negotiated enterprise value (EV) should be \$20 million. The acquisition will be financed with 40% equity and 60% debt. After the transaction, Home Healthcare Co. will carry \$12 million in debt. Mary will also continue

to own 30% equity in the company.

The value of the company's equity after the recap is shown in Figure 1.

### A PEG's Role

Mary's company is now considered a platform company, which PEGs typically own for five to seven years. During this period, the PEG will heavily (if not completely) depend on Mary and her management team to operate the day-to-day activities of the company. The management team usually expands quite significantly during this time. The PEG typically will add value by introducing efficiencies that help Mary and her management team perform their work better. These efficiencies can take many forms, from adding technologies to improving process, but, most notably, they will help the company grow through acquisitions.

Most PEGs utilize a growth-through-acquisition strategy, meaning they find and acquire strategic companies that—in this scenario—add value to Home Healthcare

Second sale of business (assuming that EV triples)	\$60,000,000
Less debt outstanding on second sale (estimate)	(\$10,000,000)
Equity value of Home Healthcare Co.	\$50,000,000
Mary's 30% equity value on second sale	\$15,000,000

Figure 2: Mary's profit on the second sale of Home Healthcare Co.

Co. These acquisitions can provide new geographical areas, concentration within a market, entrance into a parallel or complementary service or product, or many other possible avenues. The PEG typically handles the transactional function and leaves the post-transaction integrations to Mary's management team. After the five to seven years have passed, the PEG will execute on a liquidity event for the business, either by selling to another larger private equity firm, to a strategic buyer or through an initial public offering.

It is important to note that Mary does not have a guarantee on the third-party bank debt the PEG utilized to further enhance the gain on the second sale. She also deleverages any risk she may have had with personal guarantees for vendors or payors. Home Healthcare Co. takes on these liabilities itself.

### What Partnerships Bring

PEGs typically look to deliver their limited partners (LPs) a three times cash-on-cash return for their investment into the fund. LPs (i.e., stakeholders) can be wealthy individuals, endowments, pension and/or retirement administrators or even corporations. Many PEGs that focus on health care investments like to partner with LPs that also have health care backgrounds.

I was recently performing a recap for a client and we were evaluating which PEGs would be a good fit. We centered on health care-focused PEGs and were evaluating their LPs to see who could add value. The top PEGs all had health care LPs investing in their dedicated fund. In one particular group, the top five investors were United HealthCare, BlueCross BlueShield, Cigna and

two very large private hospital systems. As you can see, this drastically changes the opportunities that are available to a platform company.

Getting back to our scenario, Mary's equity value in the second sale—assuming the PEG was able to triple the enterprise value of the business over that timeline—is shown in Figure 2.

Mary walks away with \$32.6 million versus the \$20 million that she would have earned on the initial sale of 100% of her business. If the enterprise value was to go higher over this time period, which is not an unreasonable assumption given the mandate of most private equity to aggressively grow portfolio companies, Mary would earn even more.

In addition to profiting from the growth, Mary has been able to remain CEO but reduce her role, as a deeper management team has been built around her to take over other functions of Home Healthcare Co.'s operations. The PEG has also continued to assist with executing the strategy, providing board representation and positioning Home Healthcare Co. for a premium valuation on the second exit.

### Risks of a Recap

This scenario is a simplistic example with a lot of assumptions, but it does illustrate the potential up side for a recap. As with most things, there are also several down sides to consider, such as:

- The value of the company on the second exit is not guaranteed, nor is the timeline known. There are many variables that could derail these plans.
- After the transaction, Home Healthcare Co. will carry a significant amount of



debt. Most business owners are cautious about burdening their company with high debt levels.

- Mary is no longer the majority owner. The PEG will set up an advisory board and empower the management team to drive the business going forward. Most business owners find it hard to relinquish control.

There is a risk of choosing the wrong PEG partner. Business owners must really get to know the PEG and its managers. Additionally, owners will need to confirm the track record of the PEG to determine the likelihood of success.

In my next article, I will discuss how to select the right PEG for your company, and how to make your company desirable on the private equity market. **HC**



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Visit [homecaremag.com](http://homecaremag.com) for more information on succession planning.

Bradley Smith, ATP, CMAA, is a former durable medical equipment company owner and is currently a managing director/partner with the international health care M&A firm VERTESS. If you would like to discuss this article, the value of your health care company or practice, or how to get the best price when you sell it, you can reach him directly at (817) 793-3773 or [bsmith@vertess.com](mailto:bsmith@vertess.com).

# IN-HOME CARE: MERGERS & ACQUISITIONS



By Andre Ulloa

## Despite Pandemic, Demand Remains High

An optimistic look at the latest data on mergers & acquisitions

It took me longer than most to realize this pandemic was real. Despite a shutdown from Europe, canceled school for the kids and my wife looking into purchasing a spare refrigerator, I was still unmoved by the gravity of it all. Then I saw the ominous data coming out of Italy. The staggering statistics were more powerful than the images or articles. The data told a compelling and tragic story.

Obviously, data matters. And the data from the past few months of transactions demonstrates a surprising demand and strength in the health care industry, despite the current uncertainty of the overall United States' economic markets. An increase in demand for home health and hospice, specifically, was one unexpected outcome of the pandemic. As people with underlying health issues were less inclined to go to the hospital or move into a nursing home, the pandemic heightened the importance of homecare operations.

### First, the Good News

Here at American Healthcare Capital, our deal flow actually experienced a large spike during the height of the initial COVID-19 cases, suggesting a surge in demand. From February to April of 2020, we saw a more than 200% increase in engagements to list companies for sale, as well as record levels of buyer interest in our current engagements.

However, deals that usually take four to six months to close are experiencing delays. This is most likely because certain home health and hospice agencies that needed to sell based on financial challenges like the new Patient Driven Groupings Model (PDGM)



Image 1: A chart demonstrating the increase in transactions this year compared to the previous year, with a look at engagements, total revenue and total potential transaction value

now have cash on hand thanks to grants from the Centers for Medicare & Medicaid Services and federal Paycheck Protection Program loans.

Based on past trends, we could assume the current deal volume will persist, even in the worst of times. In fact, with our recent engagements and continued traction in the market, we can assume a better year-over-year outcome for 2020 health care services mergers and acquisition (M&A).

Several of our clients remain busy in this time of crisis. This suggests strong operational viability—which is what investors focus on. The important takeaway is that if you can weather an economic storm the likes of which we have never seen and continue with the same numbers in relation to revenue, census, scripts or other financial metrics, you will maintain (or increase) your valuation even as other industries fall.



## Moving Beyond COVID-19

Between Feb. 15 and April 15, 2019, our team saw three engagements signed to list companies for sale for a total of \$36.6 million of revenue with a combined potential transaction value of \$30.2 million. During that same time period in 2020, in the midst of the COVID-19 pandemic, we have seen more than twice as many engagements signed—a total of seven representing \$76.95 million of revenue and a combined \$29.1 million of potential transaction value. Several of our clients have maintained revenue throughout the crisis. This suggests strong operational viability. It is in this viability that investors develop confidence.

## Deal Volume Increases Despite Downturn

We do not use financial models to generate valuations because they are rarely accurate. Rather, the true indicator of value is comparative transactional data. We have determined the strength of the health care lower-middle market based on deal flow and closed deals. In that regard, the deal volume has continued unaffected by the current economic depression in certain health care segments we represent.

Despite our concern for the economic well-being of the nation over the longer term, we see a massive silver lining in health care services operations and M&A. In fact, at a time when virtually every other industry has inhibited capital deployment or acquisitions, lower-middle market home health and hospice—as well as behavioral health and pharmacy—appear to be as strong as ever.

Included here is actual valuation data of recently closed deals and current deals in process in the relevant segments. These listings have been originated within past seven months. The list is presented for statistical analysis.

*Note that valuations are typically based on either multiple of earnings before interest, taxes, depreciation, and amortization (EBITDA) or percentage of revenue. For each deal we have listed the more relevant metric.*

## Several of our clients have maintained revenue throughout the crisis. This suggests strong operational viability.

### » *Utah-based Medicare-licensed home health agency (HHA) & hospice*

Valued at approximately \$60,000 per hospice patient or approximately 5X (EBITDA of approximately \$625,000).

### » *Texas-based Medicare-licensed HHA & hospice*

Valued at approximately \$60,000 per hospice patient or 5X (EBITDA of approximately \$1 million).

### » *Washington, D.C.-based HHA*

Massive level of investor interest. Currently under a letter of intent (LOI) for well above asking price.

### » *Texas-based Medicare-licensed HHA & private duty*

Under LOI for roughly 5.5X (EBITDA of approximately \$3.9 million).

### » *California hospice & HHA*

Currently listed with multiple interested parties submitting offers. EBITDA of \$4 million.

### » *California-based HHA with break-even profit—successfully closed June 2020*

Closed for 15% of revenue; even zero-EBITDA agencies are trading.

### » *California-based HHA and hospice—successfully closed August 2020*

Closed for 4X (EBITDA of approximately \$2 million).

## Home Health & Hospice Impacts

The big concern for home health agencies at the beginning of 2020 was the potential impact of PDGM, which went into play in January 2020. With a pandemic-related

public health emergency, clients and operators are being supported by CMS (as opposed to scrutinized) and patients have moved heavily toward home-based care and away from facilities and institutions. When initiated, PDGM was expected to decimate the financial viability of smaller home health operators. However, the nearly \$34 billion in grants and accelerated payments that CMS doled out to providers at the onset of the pandemic have created a lifeline.

In fact, we have yet to find a home health or hospice agency that has used any significant portion of its grant monies for actual COVID-19-related impacts. The funds may be slowing down the number of sellers entering the market.

We know that it has delayed certain transactions as the parties resolve how the grant funds would be treated. Much of this depends on the forgiveness of all or part of this money. What we initially expected to enhance the M&A curve could turn out to be a curve ball if it keeps operators cash positive and makes them less eager to sell.

What we are certain about is that buyer demand for home-based care operations is robust and at an all-time high. Hospice multiples are hitting new records and homecare is seeing multiples return to previous highs. Investors acknowledge that home-based care is resilient under any stress and believe it will see massive growth in the years to come. **HC**

Andre Ulloa is a principal of Team M+A at American Healthcare Capital and has successfully represented sellers in a variety of healthcare segments including all types of pharmacy, home health, private duty, hospice, and behavioral health. His expertise is in all phases of the deal process and he attributes his success to his days as an operator. For more information on the home health and hospice industry's response to COVID-19 or to reach Ulloa, visit [healthcaredealteam.com](http://healthcaredealteam.com).

## ROADMAP: PARENTAL LEAVE



By Marshall Staton

# Treat Your Parents Well

Why you should consider employee benefits beyond the bottom line

When I'm asked why a strong parental leave policy is important for a homecare organization (or any organization), my response is first and foremost that it's the right thing to do. Being a new parent, whether to a first or a subsequent child, is a difficult transition in the best of circumstances. New parents need time to recover and settle into a healthy routine.

There is a growing body of research that suggests that paid leave policies have positive effects on public health, both in the short and long term. Yet access to paid parental leave following the birth or adoption of a child varies widely. The business benefits of such policies are often hard to calculate, although no less valuable to an organization's future. These policies are also crucial to attract and retain talent. Durable

medical equipment (DME) organizations are under more pressure than ever to deliver when it comes to parental leave.

## Investing in the Workforce

In addition to the 12 weeks of unpaid leave mandated by the Family Medical Leave Act, an increasing number of private companies are offering some type of paid maternity leave—up 24% in 2019, according to a survey conducted by the Society for Human Resource Management. It's clear that more companies are now beginning to realize the business benefits of such policies, with many of them even including reimbursement for the costs associated with adopting a child.

Companies consider this an investment in robust, resilient workforces. Having time

off to settle into a new role ensures that when parents do return to work, they are focused and ready to be productive. Since these policies are attractive to millennials and those planning to conceive or adopt children, these policies can also serve as recruiting tools, which are especially valuable during competitive cycles in the labor market. To that large group, it's an absolutely crucial component of a prospective employer's benefits package. It can be a dealmaker (or dealbreaker) for top talent who are considering which employer will best support their family planning goals. But parental leave is also attractive to other age groups. Even if an employee has no plan to start a family, they may still want to know that their employer will support their colleagues who do.

Parental leave is also an important component of any strong company culture. It is another way for homecare organizations to live their missions. It can strengthen their positions as care providers—and potential customers, patients and partners may look kindly on those policies when they are asked to trust in these homecare organizations.

## Listen to New Parents

For companies interested in broadening or implementing a policy, it is important



to listen to your employees, especially those that have recently had or adopted a child. What could have helped them that you may not have considered? Homecare providers are often uniquely positioned to offer attractive benefits. For example, are there care products or knowledge that your homecare organization already has and can include, such as diapers? How can you help new families stretch their budgets? Even for organizations without the resources of a Google or a Microsoft, there are ways to leverage industry relationships and take small steps that can make a big impact. A phased approach to building a more robust policy is effective and sustainable. It also plants the seeds for a positive company culture around health and parenthood.

Check with other companies that have recently implemented or expanded a parental leave policy. Ask what their primary goals were and how they addressed any challenges that came up. Keep in mind that it's likely you won't get it right the first time. Some companies find they need slight changes in verbiage that they didn't anticipate. You may have to continue to revise your policy to make it clearer and inclusive enough to encompass same-sex couples, nontraditional families, adoptive and foster parents and those providing care to sick loved ones.

It's also important to remember that you won't necessarily be able to capture the benefit of a parental leave policy on a profit and loss report. It's not always possible to quantify how much more productive employees will be when they have the time off to bond with a new child and adapt to this major life change. It may be tempting for some organizations to get stuck in the weeds, struggling with the best way to prove positive impact. They assume that if the return on investment (ROI) is not immediately clear, a parental leave policy isn't a priority. In fact, the ROI will be there, but may not be directly measurable. It will be apparent when you look at how long employees tend to stay, how well they perform and an overall positive narrative you are able to create around your company culture. In time, you will accrue a wealth of anecdotal evidence that shows how your policy has helped employees recover and encouraged them to stay longer.

Enacting paid family leave is a worthy endeavor for any organization to undertake. Your policy will become something you can point to when asked about your organization's total impact on your local community. If implemented thoughtfully and correctly, it can generate positive employee reviews, but it must be continuously revised and strengthened as your company grows. The COVID-19 pandemic has put a spotlight on paid leave policies, and those who are looking to have or adopt children will only be looking more closely at their parental leave options going forward. **HC**

Marshall Staton is the director of human resources at AeroFlow Healthcare, a provider of durable medical equipment. As a new father, he is adamant about helping employees navigate their benefits and rights when returning to work.

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I could  
not be  
happier  
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new ramp  
or the  
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provided.”

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Cleveland, Ohio

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# Alexa, Take Care of Me

A look at how voice-first technology could alter homecare

By Laurie M. Orlov

Just 10 years ago, it was hard to imagine that we'd be talking and listening to our devices all day—using voice-based technology to make grocery and to-do lists, shop online, dictate messages and control lights in our homes.

Now asking Siri, Google or Alexa to manage basic tasks is routine, and device makers and software firms are fighting for leadership in what may be the next phase: applying voice-first technology to health care, especially in the home.

According to CBI Insights, the voice-first market is expected to reach \$49 billion worldwide. In recent years, multiple health-related voice assistants have been introduced, including by the Mayo Clinic and Boston Children's Hospital. By 2019, it was becoming easier to ask about specific drugs online, medical transcription offerings multiplied, and organizations started to introduce voice-enabled hospital rooms, physician charting and wellness tracking for consumers.

Although work is being explored for using the voice as a health diagnostic tool,

most uses today are rudimentary and/or experimental. But the future is exciting. With the beginnings of HIPAA compliance, a recent leap forward in the acceptance of telehealth, diagnostics based on voice and increased personalization capability, voice-first technology promises to provide greater assistance to health professionals and a better experience for consumers and patients at home.

## The First Big Tech Breakthrough Since the Web

Earlier this year, I released a report, "Voice, Health and Wellbeing: The Sounds of Healthcare Change," based on 21 interviews with vendors, experts and health care pioneers from multiple dimensions of care delivery who are all interested in the use of voice-first technologies in improving the consumer and provider experience.

I found that there is a technology overhaul underway, and it's the biggest change in user experience since the introduction of the web browser in 1991. Voice-first technology—that is, the ability

to use natural language to speak to and be spoken to by devices and software—has become a mandatory user interface in every business and consumer interaction. Some experts predict that 50% of all searches will be conducted by voice in 2020.

This technology is particularly suited for older adults and those with disabilities. Smartphones and their touchy glass screens can be difficult for those with limited dexterity and vision, but research shows seniors are comfortable using their voice to initiate a search.

That's not to say voice technology is ready for health care or health care consumers are ready for it. According to research by Voicebot.ai, although 51% indicated an interest in using a voice assistant for a health care use, 92% had not yet done so. There are also concerns about privacy when looking at devices that are always on, and, of course, digital assistants still need a lot of fine tuning; ordering an incorrect medication is more serious than playing the wrong song.

Nonetheless, senior-related organizations see the potential, and many senior care communities have started piloting voice-first technologies. LifePod, for example, sells a customizable virtual caregiving product with the capability of initiating a conversation with the user, who could be an isolated homebound individual. And Aiva, a smart home technology, announced broad deployment plans for senior living communities in early 2019.

## Types of Interaction

Voice assistant usage in a consumer's day is mostly limited to music, weather,

**There is a technology overhaul underway, and it's the biggest change in user experience since the introduction of the web browser.**



traffic, news and simple fact-oriented Q&A. According to the Voicebot.ai survey, consumers have not yet expressed interest in using voice assistants for health-related tasks beyond symptoms and health service locations. But with trusted sources like a local health center or the Mayo Clinic, that could change. As health organizations begin to expand the types of voice assistants they offer, here are some that could impact aging in place and care in the home.

## 1 Branded voice & connected care

In 2019, voice technology began to appear in hospital rooms and other clinical and outpatient settings, particularly those that benefit from hands-free communication. But 2019 was also the year that many more voice assistants were launched. Most of these are branded voice assistants, such as “Ask Mayo Clinic,” though

there are also some devices for at-home wellness, patient surveys and emerging nurse call/pull cord replacements.

## 2 Voice-based patient education

Mayo Clinic and Boston Children’s Hospital lead the way using voice-first tools for patient education. Boston Children’s introduced KidsMD, a tool to provide health advice for parents, in 2016. Mayo Clinic introduced its First Aid skill for Alexa in 2017 and recently launched one designed to answer questions about COVID-19. Discharge guidance for post-acute patients could be a key part of the services.

## 3 Charting of patient visits

Clinician charting by voice (and eliminating the need for scribes) is a growing area of innovation. Unified Physician Management is rolling out a

voice-enabled digital assistant that uses artificial intelligence to help doctors with medical charting during patient visits. Similar technology could be used by other clinicians, including in the home setting.

## 4 Filling a prescription

Near the end of 2019, Giant Eagle Pharmacy released its Alexa skill. It allows customers to create an Alexa profile, add an additional personal passcode for added security, and then say “Alexa, manage my medication” to set up reminders for when to take each drug. In addition, customers can use Alexa to request a refill from their pharmacy by saying, “Alexa, refill my prescription.”

## 5 At-home wellness & well-being

More tech firms are offering voice-enabled wellness capabilities focused



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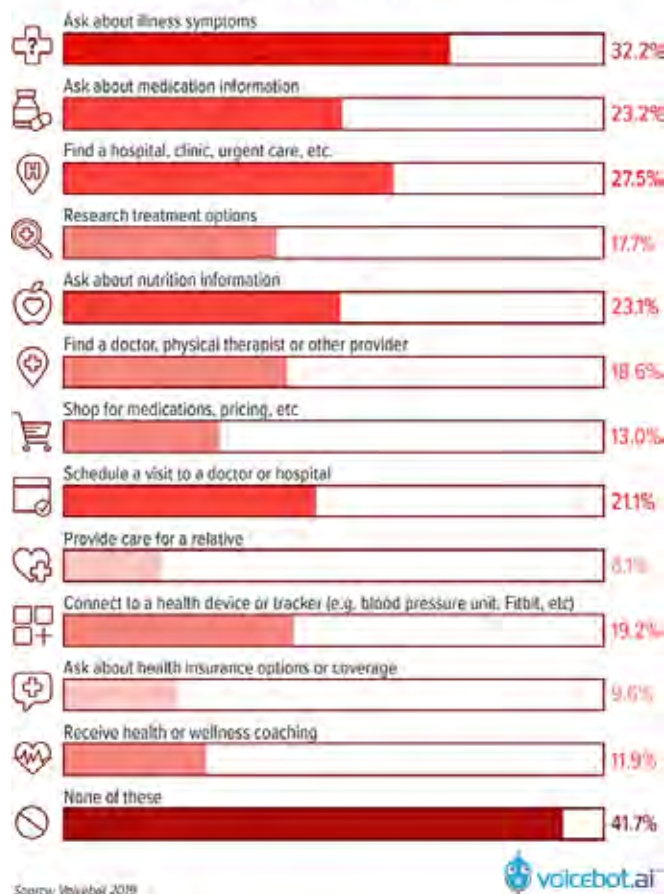
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## Consumer Interest in Healthcare Use Cases on Voice Assistants



on patient engagement and reminders, including Pria, Pillo Health, ElliQ and care.coach; some are fully customizable, like LifePod for caregiving or Orbita Engage. Patients could use Omron Healthcare's blood pressure monitor to track their readings. And multiple offerings are emerging with health tips, nutrition guidance and led breathing, stretching, workouts and meditation.

## 6 Searching by voice

In 2018, a survey of 1,049 consumers showed that as many as a third were using voice search for specific health-related topics, with younger consumers (32%) making the greatest use. Also notable is that of the 15% who were aged 60 or older, 71% were checking symptoms by voice. More

recently, Voicebot.ai research on the use of voice assistants in healthcare found that 7.5% of consumers surveyed had tried a voice assistant healthcare use case (the graph on this page shows how).

### What Comes Next?

Change is ahead, perhaps sooner than we think. One of the more striking aspects of the flood of voice-first innovations is the near-feverish pace—predictions turn into practice faster than a device can say “Hello.” Here are just a few of the possibilities that by next year at this time may be, so to speak, yesterday's news. By then, thorny questions about privacy, personalization and patient-doctor voice communication will also be closer to resolution.

## » We could detect health conditions by voice.

Health care providers are becoming interested in the use of voice technology to provide biomarkers—that is, offering information based on the sound of a person's voice as a health status indicator. Recent studies show the ability to recognize severely compromised breathing based on sound; firms are looking at ways to detect the sound of an improperly used inhaler or determining an individual's emotional state via voice.

## » Multifactor voice authentication becomes a reality.

Just as with banking transactions, health care providers and patients will want to verify (and be verified as) the entity for whom the information is intended. Verification and HIPAA compliance together will make voice-enabled care plans a reality. Just as with commercial transactions, technologists have already begun thinking about the use of two-factor authentication in health care.

## » We may see health care-trained voice agents.

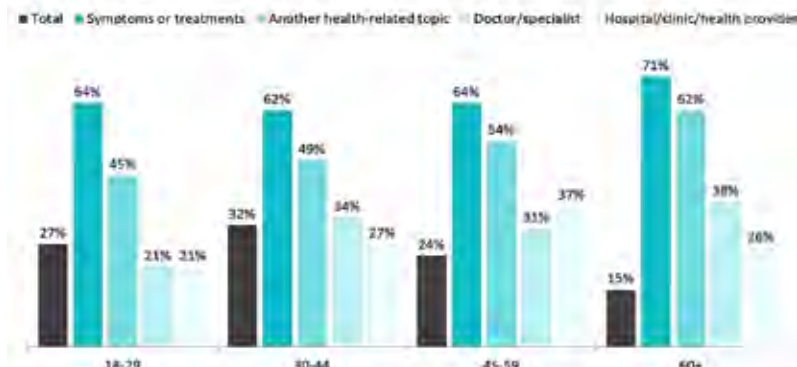
Early in 2019, Intuition Robotics introduced a platform for “proactive goal-oriented agents within specific domains based on context and user learning.” This technology is already used in some new cars and is capable of proactively taking action to reduce drowsiness or alerting a driver to a potential driving mistake. How might this work in a health care context?

## » There could be standards for voice services interoperability.

Perhaps data stored in one cloud service might be useful to a user whose data is stored in a different cloud service. The platform players are beginning to talk among themselves about standards. The Voice Interoperability Initiative has been formed with the intent of enabling consumers to interact with multiple voice services from a single device. More than 30 companies, including Amazon, Apple, Google and Samsung, are collaborating on a set of smart home standards. The health

## US Health Voice Search, By Age And Topics

Percent of consumers who used voice search in the past six months and percent of consumers who used voice search for each topic



Notes: Values do not equal 100% because respondents could select all that apply.  
Source: Zion & Ziegler, Inc., Q4 2018

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care industry should look at these efforts as signals for future health care voice assistant interoperability.

In the not-too-distant future, voice technology will be expected as an option along with other media, websites, devices

and apps. The experts I interviewed offered possibilities that they believe will become realities within the next five or fewer years. These changes will encompass the user experience, back-end data connections and the ability of software agents to rise from being “assistants” to becoming agents acting on behalf of individuals, knowing their needs and preferences and increasingly personalized. **HC**

Laurie M. Orlov, a tech industry veteran, writer, speaker and elder care advocate, is the founder of Aging and Health Technology Watch, a market research consultancy that provides thought leadership, analysis and guidance about technologies and related services that enable boomers and seniors to remain longer in their home of choice. In addition to her technology background and years as a technology industry analyst, Orlov was a certified long-term care ombudswoman and received a graduate certificate in geriatric care management from the University of Florida. In her previous career in the technology industry, Laurie held senior positions in information technology organizations, followed by nine years as a leading industry analyst at Forrester Research. Visit [ageinplacetech.com](http://ageinplacetech.com).



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# Where Health Care & Technology Meet

Telehealth tools help keep patients & caregivers safe during tough times

By Lee Horner

Virtual care has experienced rapid acceleration and utilization during COVID-19. Many home health agencies quickly adopted telehealth in order to address patient and staff concerns about the novel coronavirus. On the policy and payer side, telehealth-related federal and state regulations were relaxed and private payers also expanded access to telehealth. As a result, agency leaders turned to telehealth in order to protect their staff and their patients while continuing to provide care in a manner that limits exposure and the risk of infection and transmission.

Home health agencies and other post-acute care organizations are using telehealth apps' HIPAA-compliant video functionality to conduct virtual visits with COVID-19 patients who have been discharged from partner hospitals. With in-person visits restricted and personal protective equipment (PPE) supplies limited, front-line caregivers have been able to help hospitals discharge COVID-19 patients earlier and reduce the risk of rehospitalization by leveraging telehealth. This use of technology reduces the burden on our nation's hospitals while opening

up available beds for the most critical patients. With a telehealth app, front-line caregivers can safely answer the call to care for a COVID-19 patient, minimize the risk of infection and transmission, and deliver impactful care virtually in the home.

Many agencies were already using telehealth or preparing to use telehealth when the pandemic emerged. For Concierge Home Care, virtual care reflects the agency's mission, vision and values. The company—which Chief Operating Officer Linda Murphy says is an early adopter of technology that counts innovation as part of company culture—initially implemented a telehealth app in order to prepare for the Patient Driven Groupings Model (PDGM).

"We deployed virtual care because we must continue to meet the needs of our patients—and our clinicians," Murphy said. "We needed a way to get the same (or better) outcome but reduce overall care cost. It's a no-brainer that virtual care is the answer to PDGM. Clinicians need to manage patients by outcomes and actually perform overall case management while reducing overall costs and getting better outcomes. How else

can you accomplish this without virtual care?"

During the pandemic, Concierge is using a virtual care platform to broadcast COVID-19 tips and reminders to its patient population, in addition to engaging patients with virtual visits and by sending condition-specific messaging.

"It is critical that we share information about preventive measures to our patients," said Murphy. "We were able to quickly push a message about the coronavirus to our patients. We even included a link to a video from the World Health Organization to ensure the accuracy and quality of the patient education."

Aspire Home Health and Hospice of Utah initially implemented virtual care in June 2019 to support a goal of providing patients with the best in-home health care and therapy services.

"We're infusing technology into the delivery of care. [Our platform] allows us to touch the patient more frequently. It shows our patients that we're caring for them—even when we're not in their home—and that we want them to be more self-reliant," said Kris Carter, Aspire's executive director. Like Concierge, Aspire recognized how telehealth could help the agency address PDGM before the new model emerged in early 2020. And with a telehealth platform, Aspire has been able to reduce rehospitalization rates and remain profitable with the shift to value-based care, Carter said.

Amid the pandemic, Aspire has leveraged telehealth to optimize the productivity of its most important resource: nurses.

"We have a nursing shortage. The future will be using technology and having a nurse

**Organizations need to ensure they have a HIPAA-compliant platform that helps them facilitate virtual care today, and continues to protect patients (and their organizations) in the near future.**



in the background/back office. We can't burn out our nurses—our front line. The question is 'how do we make our staff go further?'" Carter said.

Another focus has been on caring for diabetic patients with daily touch points, even when staff is not on site or in person. Virtual care has helped.

"With [virtual care], we accomplish more with less," Carter said. "We care for more diabetics in less hours with fewer nurses by using virtual visits and condition-specific messaging to engage these patients on a daily basis with education, self-management and motivation."

As the pandemic emerged, some agencies immediately adjusted their delivery model to include telehealth. Excelin Home Health CEO Alicia Marr said one factor for the company was a lack of PPE. By going to video-based virtual visits, she said, they could protect patients and staff.

Excelin launched the use of a telehealth app and virtual care platform to safely care for their patients and staff in rural and central Texas, Houston, Sacramento, San Diego and the California Bay area at the start of the pandemic to help reduce the spread of COVID-19 and also address the patient burden facing their institutional and community partners—hospitals and physicians. As a result, Excelin has been

able to safely continue to provide needed care to patients by conducting virtual visits when in-person visits are restricted by the patient, the family caregiver or the nursing care facility.

"We have brought in family caregivers into the video call using the platform. This is especially critical and meaningful in hospice to engage family members. The video call allows the family to say goodbye to their loved one while receiving compassion and reassurance from our nurse," Marr said.

Visiting Nurse Association (VNA) also implemented a telehealth app and virtual care platform to safely care for their patients and staff across Nebraska and southwest Iowa.

"We have a responsibility to be in the community. If we can't be there physically, we can be there virtually," said Jamie Summerfelt, president and CEO of VNA. "[Telehealth] enables our staff to continue caring for the communities we serve and support. We started caring for COVID-19 patients in early April and it helps us safely check in with these patients upon their release from a hospital setting."

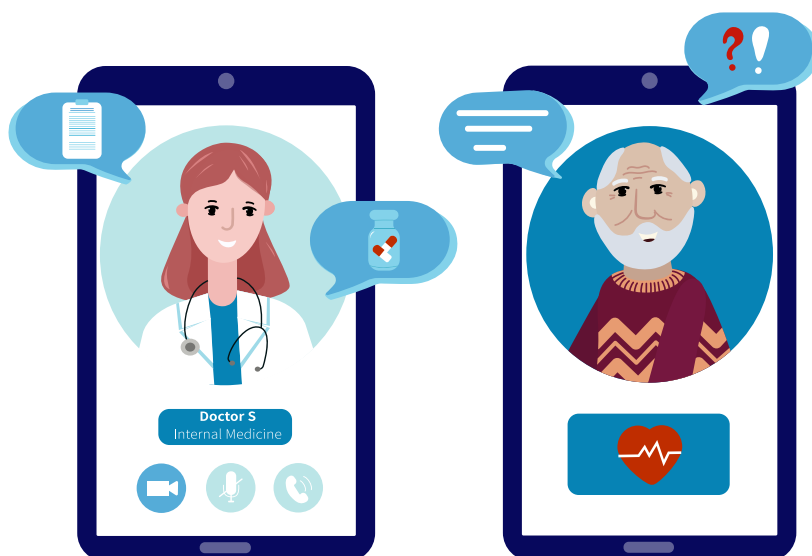
Post-acute care organizations can use telehealth to safely continue care during the coronavirus pandemic and set themselves up for success as the country moves into the next phase of health care delivery. In

the meantime, agencies can evaluate the strengths of various virtual care platforms by asking the following questions:

- Can this platform conduct virtual assessments for COVID-19 with at-home patients?
- Will this platform be able to facilitate virtual visits with patients to ensure the continuity of ongoing care?
- Does the platform have the ability to send out updates to all patients so they continue to receive vital information regarding the novel coronavirus and preventative measures?
- Can the platform send condition-specific messaging so patients can receive timely, educational information about their existing condition(s) and overall well-being?
- Does the platform enable patients to virtually access staff in order to minimize the stress of feeling lonely or socially isolated, especially if they are required to be home?
- Will the platform help staff monitor patients' level of engagement and vitals?

As in-person care delivery starts to resume, patients will expect to have more virtual care options based on their interest, usage and satisfaction with telehealth amid the pandemic. However, it is important to remember that HIPAA-compliant requirements have only been waived temporarily. Organizations need to ensure they have a HIPAA-compliant platform that helps them facilitate virtual care today and continues to protect patients (and their organizations) in the near future. A safe and secure platform is even more critical if a potential second wave of COVID-19 cases materializes or if there is an influx of patients as elective procedures cautiously resume. **HC**

Lee Horner is the CEO of Synzi, where he is responsible for corporate strategy and development with an emphasis on revenue growth, product direction and customer satisfaction. Recognized as an innovator in technology and health care, Horner is focused on using technology to advance the timing and quality of care. Visit [synzi.com](https://synzi.com).



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# The Potential of AI in Homecare

How computer learning can make a difference

By Wolf Schlagman



As in many other industries, health care is undergoing a digital transformation as providers, payers and others in the health care value chain leverage new technologies to improve patient care and access, increase efficiencies and reduce costs. The most promising of these technologies is artificial intelligence (AI), which offers profoundly greater power and sophistication than ever before and has the potential to truly revolutionize patient care.

Artificial intelligence gives machines

(e.g., computers, drones, robots) the ability to “think” and make decisions using real-time data. AI enables these machines to interpret the world around them, ingest and learn from information, make decisions based on what they’ve learned, and take appropriate action—all without human intervention. AI has become a part of our everyday lives whether we know it or not, helping us with everything from shopping and banking to booking trips to receiving deliveries.

In health care, AI is already improving many aspects of the industry, from empowering patients to adhere to their care plan to helping detect diseases, from discovering new drugs to assisting in surgeries. Because AI’s learning algorithms become more precise and accurate over time as they interact with data, it offers health care professionals unprecedented insights into their patients, allowing them to provide better care, detect risk and close gaps in care before a negative episode arises.

## Homecare Use Cases for AI

The growing elderly population is putting a significant strain on care resources. Elder care, long-term care and chronic condition management are becoming daunting and expensive health care challenges—and the problem will increase in the years ahead as the population continues to age in large numbers. In the U.S., the number of Americans over the age of 65 is expected to double from 50 million today to nearly 100 million by 2060. This exploding cohort of aging Americans is already creating overwhelming demand for care teams, home health workers and family caregivers.

AI is well positioned to help alleviate the coming staffing crisis in senior home health care. In one example, conversational AI devices, which can engage in personal conversations with people, have been shown to improve the quality of life, independence and mental health of seniors living alone. More than 40% of older people are already using an automated tool for health care in their homes, proving that there is interest and aptitude for harnessing the power of technology to augment their care between

**AI has become part of our everyday lives whether we know it or not.**



visits—and that is especially true now, during a pandemic.

There are multiple ways that AI technology can be used in homecare environments to improve care quality and address staff resourcing gaps while empowering seniors to age in place. Here is a look at some of the applications for AI in home health.

## 1 Virtual Nurse Assistants

AI-powered virtual nurse assistants, which are available 24/7, can make calls to (and receive calls from) a large population of patients easily to see if they are feeling well, taking their medications, and if they have any questions about their care, freeing up valuable clinical resources. If patients need help, they can be routed to their physician or other resource, services or a loved one—without human intervention. Virtual nurse assistants can help patients manage chronic conditions at home or after they've been discharged from the hospital, increasing patient engagement and improving self-management skills to prevent chronic situations from getting worse. By removing barriers to care and enhancing

# 40%

**More than 40% of older people are already using an automated tool for health care in their homes.**

communication among patients, their families and their providers, these virtual nurse assistants can empower people to age in place, improve care and deliver better outcomes while reducing costs.

## 2 Digital Companionship

Loneliness poses a significant threat to people's health and overall well-being. A recent survey by Cigna/Ipsos found that 46% of Americans report feeling alone in their homes and community. The problem is especially acute among older Americans: 25 million people over age 60 suffer from chronic loneliness, and this number is expected to grow to 35 million by 2030.

AI-powered chatbots are well suited to address social isolation in homecare environments. These chatbots, which leverage the use of conversational voice assistants, smart speakers and/or algorithms based on advanced natural language processing, can carry on a conversation in a natural way. In addition to providing companionship and emotional support to users, these digital companions can also collect information on a person's emotional state, noting if they are not sleeping well, in pain or depressed, which could be signs of a more complex mental health condition.

issues and detect conditions before they get worse. By continuously capturing and analyzing patient metrics and enabling remote monitoring, these AI wearables allow clinicians to see changes in activity and behavior patterns that can help them prevent potential problems related to heart failure, diabetes, chronic obstructive pulmonary disease and even COVID-19.

Artificial intelligence's transformative power is being felt across many industries, but nowhere is its potential impact more truly life-changing than health care. Today, AI's power is being harnessed in homecare settings not to replace the human touch, but to augment and improve care in order to make it more effective, efficient, safer and compassionate, while meeting people where they are—at home. **HC**



## 3 Remote Patient Monitoring

AI-powered wearables make it possible to provide patients with reminders and interventions in real-time to prevent health



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Visit [homecaremag.com](https://homecaremag.com) for more information on artificial intelligence.

Wolf Shlagman, a lifelong creative technologist, health care futurist and cognitive science evangelist, is CEO and founder of Care Angel, a provider of AI-powered virtual nurse assistants. Visit [careangel.com](https://careangel.com).

# This Old House

## Why home-based care needs home modification

By Louis Tenenbaum

The spread of COVID-19 in institutional settings has caused millions of families to question the safety of these facilities. Assisted living, skilled nursing and other congregate housing models will likely never again occupy the image of safety they did before the pandemic. Amid this turmoil, homecare agencies and home medical equipment providers have an opportunity to increase their role in supporting the health and well-being of older adults. Is this the tipping point for aging in place and health care at home to be better recognized as a preferred solution? What will be different—and how can homecare seize the day to lead in creating a more robust, profitable and appreciated business?

### What's Needed for Aging in Place

Though homes are the preferred housing and care option—more than 80% of older consumers want to remain in their homes even when they need assistance—homecare has never had the significant attention it warrants. While fewer than 10% of older people ever live in senior housing or even residences that can be described as the “55+ lifestyle,” those with more resources often choose some form of congregate senior housing. The fact that some 40% of COVID-19 deaths have occurred inside

nursing homes is refuting the notion that congregate senior housing is the safest place to be.

The ability to live in one's home of choice through changes in health status without being forced to move is a clear alternative to senior housing. Aging in place and the homecare industry are closely aligned. Many people, even with long runs of good health and thorough planning, will still face a decline in their health. Whether the realities of health and care needs are minor or serious, homecare can be a significant factor in someone's ability to age in place.

However, in order for seniors to age in place effectively, they must have a way to meet their needs. In addition to homecare, this means having transport services, food and meal delivery, adult day care (which was on the upswing with innovative programs and models before the pandemic and is bound to return), durable medical equipment, home and yard maintenance, security systems, technological monitoring and management, and more.

### Four Factors for Change

Beyond the need for robust, coordinated home services, the path forward for the homecare industry will also be influenced by the following factors:

**1** There are some dominant players and franchises, but the homecare industry is still fragmented among many operators, some of which are small and family-owned businesses, with old-style, analog operations in a single location. This fragmentation makes it difficult for the homecare industry to act as one voice when pushing for policy and public image changes.

**2** The pandemic has seen a significant increase in the use of telehealth. Although it had long been on the fringes of innovative medical care with great promise, telehealth services remained largely nonreimbursable under Medicare until the pandemic struck. After the Centers for Medicare & Medicaid Services (CMS) relaxed the reimbursement rules for telehealth in March, the use of telehealth surged. By April, 43.5% of all Medicare primary care visits were being conducted through telehealth—up from just .1% in February. Medicare's crisis-driven decision to reimburse for telehealth services is a trend that is bound to accelerate after the pandemic. Telehealth means more health care at home and that translates directly to more homecare.

**3** In addition, CMS recently approved payment for structural modifications as a Medicare Advantage supplemental benefit, thereby sanctioning the funding of home upgrades. This change indicates that CMS is beginning to recognize the role and value social determinants of health can play in reducing costs.

**4** Homecare has struggled through the difficulties and complexity of personal protective equipment, exposure

**Homecare agencies and home medical equipment providers have an opportunity to increase their role in supporting the health and well-being of older adults.**

management and quarantine requirements in the past few months. This experience will improve protocols and inform future practices, adding to the sophistication of the homecare industry.

### Another Curve to Flatten

The overarching lesson learned during the pandemic is the concept of “flattening the curve,” or taking preventive measures to avoid overwhelming hospitals and the health care system. The same concept applies to the wave of aging baby boomers whose greater numbers and high health care costs will push the limits of our health care system. Flattening that curve demands greater attention to aging in place.

Two significant developments are necessary for aging in place to reach its potential:

### » Coordinated and comprehensive services

I wrote a white paper, “Aging in Place 2.0: Solutions to the Home Care Challenge,” published in 2010 by the MetLife Mature Market Institute, that describes a coordinated and comprehensive system for managing the services needed to age in place. This coordinated system of services is part of what attracted consumers to the promise of senior housing, because management hones care to residents’ ever-changing needs.

For this value to be recreated in the home, the service industries mentioned above must begin to see themselves as one industry, much like plumbers and roofers and electricians all see themselves as separate trades within the construction industry. Once homecare, food delivery, transport, health care, etc. all see that their best route to success comes from working together, aging in place can reach its promise.

### » Updated home environments

*“By 2035, 17 million households will include a person for whom stairs, traditional bathrooms, and narrow doors pose challenges... Yet only 3.5% of U.S. housing offers [accessibility features].”*

—Projections & Implications for Housing a Growing Population, Harvard Joint Center for Housing Studies, 2017

Typical home design features predate the physical conditions we now know are associated with aging. Updating home design can have a significant impact on health and long-term care costs. Grab bars, for example, can reduce the number and severity of falls that not only cause huge medical costs but also are a leading factor in upending lives, precipitating decline and forcing people to move from home. An updated home is easier to return to after a health incident or hospitalization, thereby increasing the use of homecare over more expensive residential rehab.

Though the idea of updating homes with grab bars, curbless showers, wider doors, better lighting and no-step entries is intuitively obvious and is of growing interest to the home



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remodeling industry, the benefits to other players is not as clear. With a well-designed environment, the homecare industry benefits by improved client and employee retention and reduced caregiver injuries. Benefits for other sectors are briefly described at [homesrenewedcoalition.com](https://homesrenewedcoalition.com).

### Policy Matters

The new positioning of aging in place impacts two other stakeholders. One is the consumer, whose decision-making process will be forever altered by the pandemic experience. The second is the payer and provider industries. Due to economies of scale and the fairly well-recognized wisdom that home-based care can offer better clinical quality at lower cost than institutionalized care, the long-term care, Medicare Advantage and health care systems will also benefit from a better defined, more robust aging-in-place system. They, too, will want a role in supporting the new positioning of aging in place.

As telehealth becomes the “new normal,” housing updates are a commonsense way to ensure an effective platform for delivering health care and other support services in the home and reducing health costs for

individuals, families, the health care system and the country. In this sense, the most important infrastructure for the country to upgrade is the housing stock used by aging seniors. To achieve that goal, this issue needs to be more central to aging and infrastructure discussions and policy.

How can homecare seize this opportunity to lead in the reenvisioning of senior housing and care? The answer lies in repositioning homecare as part of a robust, comprehensive and coordinated aging-in-place industry. As part of a holistic approach, homecare joins together with other senior services that, together, are greater than the sum of their separate parts.

Reimagining the position of homecare as part of a newly comprehensive and systematic lifelong community industry is a good strategy. But realizing the potential benefits to and increased influence of the now-siloed players requires recognition, awareness and a willingness to come together.

This broad coalition of business and community leaders working together is the strategy behind the organization I have founded, the HomesRenewed Coalition. The coalition is both the cross-sector trade group of the burgeoning aging-in-place industry

and the public relations and advocacy arm of the new industry. To this end, the coalition is launching an advocacy campaign for tax incentives to update homes.

Timing is critical. Tax policy will be high on the agenda early in the next administration, no matter who is in the White House. On behalf of our growing constituency—the businesses, community-based organizations and consumers whose lives and livelihoods will be enhanced by the new aging-in-place industry—we are developing a bipartisan tax policy to secure a tax credit or incentive for home modifications in the new 2021 Congress.

HomesRenewed Coalition is the trade group of the new aging-in-place industry. Working together, our collective voice will be heard on Capitol Hill, Main Street and Wall Street. You can play a leadership role. I urge you to check out our website and join the bright future of housing and care for older Americans. **HC**

Louis Tenenbaum was one of the first contractors to focus his remodeling business on aging in place. He is now one of the nation's leading authorities on the subject and is the founder of HomesRenewed, a coalition of businesses, consumers and nonprofits driving policy and investment to increase the number of age-friendly homes. Learned more at [homesrenewedcoalition.com](https://homesrenewedcoalition.com).



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# Online or Die

## 5 ways to get ready for retail in a COVID-19 economy

By Kamal Haddad

These past several months have not been easy. COVID-19 has created a rapid change in consumer lifestyles and shopping habits. The pandemic has changed the way we socialize, the way we work and the way we live. It also put a lot of pressure on home medical equipment (HME) providers to pivot quickly in order to survive.

COVID-19 also made many realize they were not prepared—and brought into focus what they must do to be better prepared in the “corona-economy.” These challenges are a breeding ground for innovation, solutions and opportunities. This pandemic has accelerated the need for e-commerce and has redefined how it should be used. The key is knowing what technology to use, when to use it and understanding how it works.

I have been talking about e-commerce as an HME retail necessity for a long time, even while many providers felt they needed to focus solely on expanding in-store business with increased retail floor space and better planograms. The data shows that e-commerce revenue rose during the pandemic—and will continue to do so moving forward. It is time for this industry to make a serious change if we want to adapt and stay relevant.

Here are five imperatives to consider as you set up your online retail sales strategy.

### 1 Create a memorable experience for your patients.

You have a huge advantage over Amazon and other online retailers. Amazon sells everything to anyone in a technologically convenient manner. You have a dedicated showroom and live customer service employees that are focused on the needs of your customers. You know your patients



**This pandemic has accelerated the need for e-commerce and has refined how it should be used.**

as individuals, have a more personal connection with them and understand their individual needs.

You are an expert in your field. You are part of a local community. You must train your staff to capitalize on this relationship and turn patients into a loyal customer base, influencers and ambassadors for your operation. What is needed is a way to extend your physical showroom to a technologically convenient online showroom. If you can

bridge that gap, there will be significant positive impact on your reputation and your bottom line.

### 2 Avoid these myths about your website.

I have heard just about every reason a provider avoids e-commerce and competing with online dealers on their turf. Let's look at some myths that may have kept you from adopting an online retail strategy.



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- **Myth:** My products can only be sold in a store or face to face.  
**Truth:** The reality is that many products your patients use are already available online.
- **Myth:** My patients don't buy online.  
**Truth:** Your patients are almost certainly already buying online from someone else.
- **Myth:** I do not have the space to add more items.  
**Truth:** You do not need more space to expand the number of products you offer via drop shipping.
- **Myth:** I don't have the time to build a new website.  
**Truth:** Current website technology can make building robust websites easy without a large investment in time.
- **Myth:** I don't have the staff to manage the website.  
**Truth:** Many e-commerce platforms now have automated back-end integration.
- **Myth:** A custom site is expensive.  
**Truth:** The cost of building websites on a software as a service (SaaS) model may not be as expensive as you think.

Don't fall in the trap of assuming your website is "fine." Because technology is a fast-moving target, it is critical that you reevaluate your existing website and e-commerce business on a regular basis. Your website should be updated with new content, new products and the newest technology. You are limiting your success by not using your website as an additional revenue source with real e-commerce capability. Your website should be driving more sales, bringing visitors into your store, making the phone ring, driving your overhead down, keeping patients happy and making you more competitive. It can also keep you relevant during turbulent social and economic times.

### 3 Make sure your website has these must-have features.

While there is no comprehensive one-size-fits-all solution, here is a list of features that you should have or should be in the process of adding to your existing website.

- Basic information like address, phone number, hours, etc.
- Current safety and social distancing policies
- A list of your key products and services
- Easy-to-find contact information so visitors can call or email you
- Product catalog with user-friendly navigation
- Product pages with detailed descriptions, guides and videos for easy usage
- Product catalog for items available in store and products available online only

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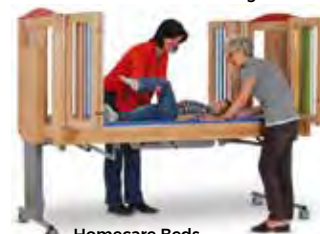
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- Real e-commerce with “Add to Cart” that allows patients to purchase items online direct from your website

Real e-commerce is one of the most important features and it happens to be the feature that is missing most often. If HME retail expansion of any kind is in your business plan, you need to prioritize having a website with a product catalog that allows your patients to make a purchase and pay securely online.

#### **4 Empower your staff.**

Your catalog must be current, inventory availability must be visible and the ability to execute a sale online must be immediate. You can no longer rely on in-store, phone and fax orders. You must extend your reach, be where your patients are and process orders in a way that is convenient for them.

With true e-commerce, your patients

can place orders on their own. Your staff can accept and place orders on behalf of patients who are in the store or calling in. And your drivers and staff can take orders in the patients' home.

This also means having a system that is tied to an accurate product availability feed. The idea of a patient calling you or visiting your facility to place an order or check availability is outdated, inefficient and unnecessary.

#### **5 Decide between a catalog & an e-commerce platform.**

Which one is right for you? Let's start by defining both. The absolute minimum you should have is a website with a product catalog. You may be one that subscribes to a service that offers a preloaded catalog. This is good for small entities that do not plan on growing retail sales and are working with a focused set of products that will not change.

E-commerce platforms, on the other hand, will typically provide back-end functionality out of the box and can be deployed without a lot of expensive customization. Many platforms have the ability to scale without a major investment in development cost as you grow. Most importantly, you should look for a platform that will easily integrate with back-end systems for order automation, fulfillment and inventory management and secure payment processing.

At the end of the day, your patients will shop with you as long as you provide the safety, security, confidence, personal service, convenience and value they seek. **HC**

Kamal Haddad is founder and CEO of Health Mobius LLC, a medical products distribution company that builds and manages web stores. Health Mobius provides easy, low-cost, fully managed e-commerce solutions to HME and DME providers, pharmacies, home health care agencies and senior care and medical facilities.

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The advertisement features a top-down view of a white tablet and a yellow coffee cup on a blue wooden surface. The tablet screen displays the text 'Subscribe FREE to news HomeCare NOW'. A hand is visible holding the tablet, and another hand is holding the coffee cup. The background is a bright blue wooden table.



# Keep Patients' Cupboards—& Your Profits—Full

## 7 steps to managing resupply programs

By Rachel Schools & Shannon Guilfoil

Home medical equipment (HME) providers offer vital, lifesaving equipment and supplies to patients with respiratory diseases and sleep disorders. These patients require new supplies on a regular basis. A recent study by ResMed suggests a growing trend: Sleep therapy patients are more likely to cease treatment within a year unless they subscribe to a resupply program.

Resupply programs provide regular replacements of HME essentials such as positive airway pressure (PAP) masks, tubing and filters to ensure that patients' devices are clean and working properly. They also benefit providers' bottom lines. Now, in the middle of the COVID-19 crisis, resupply programs can reduce person-to-person contact, thus saving the lives of providers and patients alike. Here is some guidance on how to manage resupply programs for sustainable provider and patient success.

### Missed Opportunities

Resupply programs have long been a cornerstone of successful HME companies. Why, then, is it often difficult for patients, providers and referral partners alike to navigate these programs? The answer takes us back to resupply's first steps.

A physician or clinician first diagnoses a patient with sleep apnea, for instance, and refers this patient to an HME provider that fulfills the initial order: PAP mask, headgear or chinstrap, tubing, filters, humidifier and water chamber. During this diagnostic visit, the doctor should discuss enrolling in the provider's resupply program—a step that



the doctor may either fail to mention or the patient can miss in the flurry of information.

Yet the benefits of resupply programs are many. Enrollment prolongs treatment, creates better outcomes and increases patient compliance. It also boosts revenue for providers and physicians.

There is a drawback: As orders increase, providers may struggle to manage too many processes with too few resources. In turn, they might explore external options, including automated software or outsourcing resupply to third parties, in order to save time and build more efficient resupply programs.

### Managing Resupply

What, then, are specific ways for providers to better manage their resupply programs? Here are some best practices for strong resupply programs.

### 1 Engage with patients early.

Providers who reach out to new patients quickly ensure better compliance with resupply programs, including follow-up visits required by Medicare and many other payers. In addition, providers need to educate patients early about regularly replacing their PAP equipment and supplies. These patients may stay on treatment longer; use cleaner, more effective devices; and have supplies shipped to their homes.

### 2 Know your payers, know your rules.

Most insurance companies provide coverage for PAP devices. Yet regulations may vary. Medicare and Medicaid have different rules than commercial payers such as BlueCross BlueShield and United Healthcare. Rules differ around prior authorization, compliance and utilization—specifically, around the

quantity and frequency of parts in the resupply cycle.

### 3 Educate your referral sources.

Education is crucial for creating strong relationships with your referral sources—that is, physicians, nurses and clinicians. Their daily schedules are likely filled with back-to-back appointments, leaving little time to talk with pulmonary and respiratory patients about their resupply options. In addition, you may need to provide reminders about annual visits, yearly prescriptions and patient compliance.

### 4 Know your margins.

Should you ship resupply items from your warehouse or as drop shipments from the vendor? Which brands should you offer your patients? Your margins greatly influence these decisions.

Due to PAP's complexities, you need to create a formulary or table that identifies PAP products available by payer. In some cases, you can charge a premium for off-formulary items. There may be major variances in margin depending on the make and model of a PAP device. If a patient has Aetna insurance and wants the new mask advertised on a television commercial, that mask is not likely to be on the table because Aetna's reimbursement does not support it. You may be able to charge an upgrade fee or bill a non-assigned claim to support your margins while providing the patient with their desired mask.

### 5 Partner with a resupply outreach vendor.

Despite following these best practices, some providers still struggle to manage their



resupply programs. This is where a resupply outreach partner comes in. These solutions streamline the resupply experience for providers and patients.

For providers, partnering with a resupply outreach vendor saves time and money, aids in patient compliance, reduces paperwork, and increases revenue. Patients also see benefits. They receive frequent, ongoing communication with a sleep or respiratory coach who understands their disease and helps them navigate their supply options. In turn, patients prolong their treatment, which sets up providers for sustainable resupply success.

### 6 Outsource your orders.

Sometimes, providers are unable to manage the high volume of orders, causing delays and frustration for patients and physicians. Providers may pause their resupply programs as a result to give themselves time to catch up. For providers needing extra help, there is a smart solution: outsourcing. HME billing and outsourcing companies offer solutions for processing resupply orders.

These solutions fill the gap between resupply outreach and resupply order fulfillment, with outsourcers taking resupply orders and processing them using the provider's methods. Typically, this includes resupply order entry, documentation review, electronic documentation requests and follow-up; eligibility verification and prior authorization; and verifying that orders are paid before advancing them in the workflow.

### 7 Be smart with physician outreach.

Be proactive yet smart as you reach out to your physician partners. Set reminders to contact them for renewal prescriptions on active resupply patients at least 30 days in advance. In turn, these physicians can schedule follow-up visits with their patients. Share outcome data and keep physicians informed throughout the process.



Now you have the tips and tools you need to better manage your resupply program—or to build a smart resupply offering from scratch. The key is creating sustainable change. **HC**



Rachel Schools is the senior consultant at Prochant. With 20 years of experience in resupply and HME, Schools provides invaluable advice to providers and guides them through best practices for their revenue cycle processes.

Shannon Guilfoil is a reimbursement success advocate at Prochant. Guilfoil brings nearly a decade of experience in resupply and HME to Prochant's clients.



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# SCHEDULING

## Timing Is Everything

An app to help manage employees & patients remotely

By Kristin Easterling

Home health providers are working to navigate the COVID-19 pandemic, and with more patients choosing the home setting, home health agencies need the right tools to manage their employees. HomeCare set down with Matt Fairhurst, CEO of Skedulo to talk about productivity tools that can help in the age of coronavirus.

### HOME CARE: What is Skedulo?

**FAIRHURST:** Skedulo is a deskless productivity solution that enables customers to simplify scheduling and dispatching for appointments, communicate directly with both the company and their employees, and improve tracking and reporting for any industry that has a mobile workforce.

### HOME CARE: Why do you call Skedulo “deskless?”

**FAIRHURST:** 80% of the global workforce works from outside a traditional office setting. Yet this segment has been underserved by tech vendors. By our estimate, only 5% of software developed reaches them. Skedulo developed the Deskless Productivity Cloud to meet the needs of these mobile workers, many of who are in health care.

Homecare professionals are expected to manage their daily schedule, travel from appointments, provide quality care, communicate with patients and managers, access electronic health records (EHRs) and keep track of the care given throughout each appointment—all on different devices and via different means. The Deskless

Productivity Cloud consolidates all of these tasks onto one mobile platform, reducing the burden on caregivers and empowering them to focus on patient outcomes.

### HOME CARE: What are some of the ways Skedulo integrates with telehealth providers?

**FAIRHURST:** We have built integrations to video conferencing tools like Zoom directly within the app. This enables our customers to book telehealth appointments with patients without having to switch between the app and a tool like Zoom. Both the patient and health care worker can then join the appointment with just a tap within the app rather than having to work through several platforms. This helps reduce patients' frustrations and improves the customer experience all while helping limit administrative work for providers, boosting their productivity.

### HOME CARE: How does Skedulo help providers manage care?

**FAIRHURST:** Skedulo helps health care providers manage patient appointments, reducing the amount of time spent on administration and enabling caregivers to focus on what really matters: patient outcomes. The software intelligently matches patients with the appropriate caregiver, based on criteria decided by the provider. For example, one of our clients aims to keep children with the same caretaker throughout their patient journey so as to ensure optimum care. From the caregiver's

perspective, Skedulo can easily match up the patient and caregiver and accommodate their travel time from other appointments to optimize their utilization. Skedulo also supports triaging, so urgent appointments are given the appropriate priority.

Skedulo is HIPAA-compliant and interoperable with patient EHRs. This ensures providers have what they need to administer comprehensive care while on-the-go, and it also keeps patient information secure. Additionally, our mobile app supports caregivers' charting and notes, ensuring patient progress and any observations are inputted on the spot, in real-time.

### HOME CARE: How do providers connect to Skedulo?

**FAIRHURST:** Skedulo has many powerful integrations and is designed to connect with a variety of other systems. One type of connection is with customer relationship management systems, where providers keep detailed customer data. Additionally, Skedulo captures data related to hours worked and service delivery, so many organizations find it valuable to connect Skedulo with their billing, payroll and expense software.

Interoperability is an essential consideration in health care in general, and in particular in-home care. That's why Skedulo has partnered with organizations like Bridge Connector to connect the Skedulo platform with EHRs and a variety of other platforms used across the health care continuum. With these integrations, providers can work within a single environment to book patient appointments, develop care plans, access health demographics data and more, helping to automate labor intensive processes to enable more efficient care delivery and an improved patient experience. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

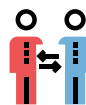


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– **Frank Trammell, Carolina's Home Medical Equipment**



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– **Elliott Campbell, Trace Medical**



### The Team Protects Your Reimbursement

"I appreciate the fact that AAHomecare has made an effort to be more involved with the state Medicaid plans, Managed Care Organizations, and TPA's. Not just the federal level. This will help combat the low reimbursement our customers are facing when states outsource their Medicaid to MCO's and the rates are drastically cut."  
– **Beau Alford, Cure Medical**



Analysis

AAHomecare offers a tremendous ROI for members through its advocacy efforts, payer relations initiatives, networking opportunities with the Industry's best and brightest, and the ability to help shape the future of the Association through council involvement. Contact us at [hme@aahomecare.org](mailto:hme@aahomecare.org) to invest in your company's future.

# PDGM & COVID-19 Can Bring New Opportunities

## 5 lessons & tools for the new payment model in action

By Jeremy Crow

It's now been about nine months since the Centers for Medicare & Medicaid Services (CMS) required a new payment model for home health care, representing the largest change to the payment model in decades.

The new Patient Driven Groupings Model (PDGM) affects tens of thousands of agencies that provide therapy for millions of home health and hospice patients, and a great deal rides on the success of its implementation. For many, implementation has been more difficult than expected—but the process has uncovered valuable lessons and even potential opportunities for achieving greater business success and demonstrating home health's value across the broader ecosystem.

PDGM was mandated in the 2016 Cures Act and became a reality for agencies Jan. 1, 2020. Let's take a look at a few lessons we've learned since that happened—and some tools to help agencies moving forward.

### 1 Referral Intake

The No. 1 PDGM implementation issue for agencies I've spoken with is referral intake. Getting intake right is a tall order in a short amount of time. With many people

working from home due to the COVID-19 pandemic, it's harder than ever to reach referral sources. Furloughs and layoffs at a wide range of employers mean there's a risk that any patient's eligibility could change significantly. Payers and coding requirements may also be changing in real time, which is a lot to stay on top of from an operations standpoint.

To be successful, referral intake has to be appropriate and accurate. That requires getting the primary diagnosis, payer information and eligibility right from the start. Otherwise everything else downstream in the process is put at risk. This became even more critical as organizations implemented solutions to comply with PDGM.

### 2 Order Management

Order management has long been a concern in this industry and it's where many focused when it came time to prepare for PDGM. A major issue in the home health care industry is a need to rely on partners that aren't always aligned, resulting in a dependency that's hard to control. To

compensate, providers must continue to adhere to and own a strong process to keep everything moving in the right direction and on time.

For instance, who is the one person in your organization whom you seek out to get a follow-up status? That person must be predefined and all team members should clearly understand their part of the process. And there must be a process. This is an area where a lot of organizations are still working out the details with PDGM.

### 3 Claim Management

The keys to success in claim management are frequency and followup. We recommend that organizations submit reimbursement claims as often as possible—daily if possible—to promote faster cash flow. Establishing a regular cadence of communication via email, Slack, a daily meeting, or a reports package helps keep teams accountable and aligned. New reporting requirements from PDGM make this level of communication more critical than ever.

### 4 KPI Tracking & Measurement

Moving to PDGM is a massive undertaking with many intricate details that touch all corners of a business. While it's important to keep track of each one, organizations also need a broader set of metrics to monitor performance. Key performance indicators (KPIs) are a great way to track a team's progress and identify any roadblocks.

**We're also seeing home health shift away from being solely a post-acute care service to taking on pre-acute and even acute care.**



A good place to start is with three to five KPIs that are core to a provider's business, such as days to claim, days sales outstanding, accounts receivable by payer, write-offs and/or coding review. Having current, easy-to-read data on any of these metrics is important, particularly when transitioning to a new payment system. Once there's strong cadence around a core set of KPIs, providers can build on them for a fuller picture.

## 5 Strong Change Management

PDGM represents a major shift in how providers do business, calling for a strong change management program to help drive success. Change management was considered a luxury in the past; now it's almost a requirement with the upheaval and rate of change we're experiencing in health care. A successful program requires two things: communication and collaboration.

Communication needs to involve everyone in an organization, from the executive team to the staff on the front line to direct and indirect stakeholders. To reach these groups effectively, a clear and concise message is key. It's important to ensure that everyone knows what the problems are, what you're doing to address them and what the timeline is for a solution.

Collaboration is critical as well, because now, more than ever, the success of an

agency is dependent on all parts of the ecosystem. Collaborating with other agencies, regulatory groups, technology companies and other outside resources emerging in health care is becoming the norm and a key to long-term success.

### PDGM & COVID-19

With the COVID-19 pandemic added to the mix, the industry is facing change from all sides, resulting in a constant balancing act. In addition to key policy and regulatory events, we've seen PDGM's intersection with COVID-19 accelerate several technology trends—especially telehealth.

Telehealth has been on the scene for more than 15 years but has suffered from a number of adoption challenges, including long-standing complexities around reimbursement. The pandemic has forced the industry to reprioritize telehealth and adoption is rising dramatically as a result. According to MarketWatch, virtual doctor visits were up 50% in March, while research and consulting firm Frost & Sullivan expects demand for telehealth to soar by nearly 65% in the U.S. this year alone.

It's clear telehealth presents an incredible opportunity for the industry to maintain business continuity, but also to reach patients on their own terms and remain competitive. With all 50 states now accepting telehealth at some level, it's a

good time to explore new opportunities in this space as it continues to quickly grow.

Another shift is around payer management and the chance for providers to explore new opportunities with payers. This could mean exploring risk-based contracts or leveraging telehealth to deliver services on a per-member/per-month basis.

Importantly, we're also seeing home health shift away from being solely a post-acute care service to taking on pre-acute and even acute care, as hospital-level services are increasingly delivered in the home. This presents a powerful opportunity for the industry to demonstrate its value across the health care ecosystem.

Without question, PDGM and its intersection with COVID-19 has presented a significant challenge for the home health and hospice industries. However, it's rare that a big change does not also bring big opportunities. The industry is off to a strong start and as soon as 2021, we'll start to see significant benefits from the hard work put in leading up to PDGM and throughout this year. **HC**

Jeremy Crow, PMP, is a director of revenue cycle services at HEALTHCAREfirst. He has over 15 years of experience supporting clinical and financial operations for a range of health care organizations, most recently consulting home health and hospice businesses at Simone Healthcare Consultants.

# BEDS

In this directory, HomeCare delivers a monthly breakdown of crucial sections of our annual Buyer's Guide, providing the most up-to-date information on the products and services your business needs. This month, we're covering hospital and homecare beds. Here and on [homecaremag.com/buyers-guide](http://homecaremag.com/buyers-guide), you can find the essentials to help your business thrive. **HC**

## BEDS

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# HomeCare



# NEW ON THE MARKET

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



## 1 Diamond Spa Stool

### DRIVE DEVILBISS HEALTHCARE

Drive DeVilbiss Healthcare adds the Diamond Spa Stool to its bath safety product line. With a weight capacity of 300 pounds, the Diamond Spa Stool is ideal for those with limited mobility or who need a place to sit while bathing or shaving. The lightweight, comfortable stool fits into the corner of the shower and features a fully functioning storage caddy to keep all bathing necessities within reach. Both the seat and the caddy have drainage holes to prevent moisture buildup. Visit [drivemedical.com](http://drivemedical.com).

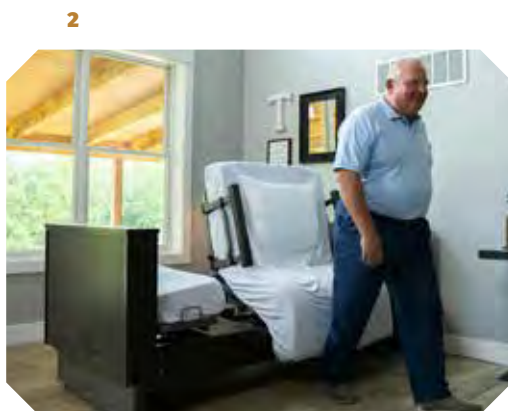
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## 2 ActiveCare Bed

### MED-MIZER

Getting in and out of bed doesn't have to be a challenge. With the ActiveCare Bed and its automated SafeTurn, it is easy to reposition, stand up and get out. This rotational medical bed is intended to enhance comfort, mobility, independence and safety for individuals struggling to get in and out of bed. Standard options include fully adjustable bed (head/knee), built-in stand assist (high/low), and a powered recliner with optional features like premium aesthetics, a night light, hidden casters and two widths (36 inches and 42 inches) make the ActiveCare a solid choice for the home. Visit [med-mizer.com](http://med-mizer.com).

*Check 201 on index.*



3



## 3 Rapid Crack Repair Cream

### SKININTEGRA

SkinIntegra's award-winning Rapid Crack Repair Cream formula is powered by urea and rich plant seed oils that provide the full spectrum of omega essential fatty acids, antioxidants, vitamins and proteins needed to help repair depleted, cracked skin after just 24 hours. It was developed and tested with dermatologists and podiatrists and designed to promote healing in compromised skin such as diabetic skin and mild eczema- and psoriasis-prone skin. Visit [skinintegra.com](http://skinintegra.com).

*Check 202 on index.*

## 4 Wheelchair & Rollator Carrier

### STEADY ENTERPRISES

Steady's wheelchair and rollator walker carriers are a convenient way to take a rollator walker or wheelchair with you wherever you go. They work well on cars, trucks, vans, SUVs, ATVs, golf carts and even motorized scooters. The wheelchair carrier will also accommodate side-to-side folding walkers, upright walkers and transport chairs. Both carriers accommodate regular and bariatric sizes. Carriers fit into a standard 1.25-inch hitch receiver. Visit [steadycarriers.com](http://steadycarriers.com).

*Check 203 on index.*



# ORTHOPEDIC SOFTGOODS

## 1 Lumbar Belt With Overlapping Strap

### ALEX ORTHOPEDIC

Alex Orthopedic's most popular back support is made in the United States and supports the abdomen while applying needed pressure onto the intervertebral discs to give a weak or injured lumbar area much-needed relief and support. Visit [alexorthopedic.com](http://alexorthopedic.com).

*Check 204 on index.*

1



## 2 IMAK Arthritis Gloves

### BROWNMED

Designed to help relieve aches, pains and stiffness associated with arthritis of the hands, IMAK Compression Arthritis Gloves have earned the Arthritis Foundation's Ease of Use Commendation. The design of the gloves provides mild compression for warmth and helps increase circulation, which ultimately reduces pain and promotes healing. IMAK Arthritis Gloves are made of soft, breathable cotton material, meaning they are comfortable enough to wear all day and night. The open fingertips allow complete freedom to feel, touch and grip, so users can perform daily tasks without issue. Visit [brownmed.com](http://brownmed.com).

*Check 205 on index.*

2



## 3 Brace Line

### DOCTOR IN THE HOUSE

Doctor In The House introduces a complete line of orthotic bracing designed by an orthopedic surgeon; it requires fitting and adjustment and is perfect for traditional brick and mortar home medical equipment companies. Brace lineup includes both a lumbar-sacral orthosis and thoraco-lumbar-sacral orthosis and support for backs, shoulders, wrists, knees and ankles.

Visit [docinthehouse.com](http://docinthehouse.com).

*Check 206 on index.*

3



## 4 Brace Line

### MCKESSON

McKesson Brands Orthopedic Softgoods includes more than 100 products that range from specific to universal sizing options. These products provide orthopedic professionals an array of rehabilitation solutions for the patient's continuum of care, including ankle braces, back, elbow and wrist support, knee and leg support, post-operative shoes and walker boots. The entire line is backed by McKesson's 100% satisfaction guarantee.

Visit [mms.mckesson.com](http://mms.mckesson.com).

*Check 207 on index.*

4



## 5 Dynamic Compression Support

### ORTHOZONE

The new Thermoskin Dynamic Compression Support line brings comfort and support together. Variable compression zones provide targeted support for muscle maintenance pre- and post-injury, while allowing the breathable, skin-friendly knit to adapt to every movement. The range consists of four product styles that are breathable, feel comfortable and give general support for weak and injured limbs. Dynamic Compression products have increased stretch capabilities, allowing fewer SKUs to fulfill customer requirements, saving space for stores. Visit [orthozone.com](http://orthozone.com).

*Check 208 on index.*

5



# RAMPS

1



## 1 Modular Ramps

### ACCESS4U

Access4U Modular Ramps make an attractive entrance to all buildings. This is a complete product line that is easy to assemble, incorporates the latest ADA requirements, and is cost effective for the home medical equipment provider and the final client. Designs have been certified by an independent licensed structural engineer and incorporate a slip-resistant walking surface (certified by an independent laboratory). Visit [access4uinc.com](http://access4uinc.com).

*Check 209 on index.*

2



## 2 Armada System

### ALUMIRAMP

The Armada System is a residential modular ramp engineered to be light and flexible. This makes installation easier than ever. Fully adjustable height and slope makes the ramp easy to move or reconfigure if you decide to relocate. Constructed of all-welded, high-strength aluminum alloy to save time and labor and fully anodized for an attractive and durable finish that will last a lifetime. This system complies with ANSI and ADA guidelines. Visit [alumiramp.com](http://alumiramp.com).

*Check 210 on index.*

3



## 3 Entrada

### AMERICAN ACCESS

The Entrada Commercial Ramp system is available in a powder-coated option to enhance the aesthetics of the environment where it is being installed. American Access will provide in-house CAD drawings for your commercial work and can supply professional engineer-stamped specific site drawings for your job if required. The Entrada Commercial Ramp system is an ideal product for a commercial ramp business. Visit [aaramps.com](http://aaramps.com).

*Check 211 on index.*

4



## 4 Pathway HD Code Compliant Modular Access System

### EZ-ACCESS

When you encounter a site with requirements that extend beyond the scope of a residential ramp, whether at a church, restaurant or small business, the Pathway HD Code Compliant Modular Access System can help get the job done. The all-aluminum commercial-grade ramp system can be configured to create an ideal ingress/egress solution for public establishments of all kinds. The feature-rich system has been designed with both the end user and installer in mind, making it a versatile solution that can be used to meet the needs of a variety of locations and requirements that are prevalent in the commercial ramp market. Visit [ezaccess.com](http://ezaccess.com).

*Check 212 on index.*

5



## 5 The Wheel-A-Bout Ramp

### PRAIRIE VIEW INDUSTRIES (PVI)

PVI introduces a brand-new portable ramp called the Wheel-A-Bout ramp. The new Wheel-A-Bout ramp's innovative design allows you to store the ramp upright in a garage and then effortlessly roll it to where it is needed. This full 30-inch wide ramp is available in 10-foot and 12-foot lengths. Visit [pviramps.com](http://pviramps.com).

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EZ-ACCESS .....	<input type="checkbox"/> 105	IFC
KayserBetten .....	<input type="checkbox"/> 115	33
Masimo .....	<input type="checkbox"/> 106	BC
Medtrade .....		37

National Association for Home Care & Hospice .....	11
Parks Health Products .....	<input type="checkbox"/> 116
Philadelphia Insurance Companies.....	<input type="checkbox"/> 102
Prairie View Industries, Inc. ....	<input type="checkbox"/> 107
Proactive Medical Products .....	<input type="checkbox"/> 101
Rampit USA .....	<input type="checkbox"/> 111
Shipp Cleaning Systems .....	<input type="checkbox"/> 117

Stander, Inc.....	<input type="checkbox"/> 108	5
Supernal Mat Mover .....	<input type="checkbox"/> 112	21
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TIMS/Computers Unlimited.....	<input type="checkbox"/> 110	19
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Company Name	RS#	Page
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Alex Orthopedic.....	<input type="checkbox"/> 204	44
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EZ-Access.....	<input type="checkbox"/> 212	45
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McKesson.....	<input type="checkbox"/> 207	44

Orthozone .....	<input type="checkbox"/> 208	44
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Check 117 on index.

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# HomeCare

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## GOOD NEIGHBORS

# The Boy Next Door

Child raises funds for neighbor's new power chair

By Kristin Easterling

Brian Lyons, of Plymouth, Pennsylvania, noticed his neighbor's power wheelchair was no longer running the way it should. So the charity-minded 11-year-old decided to do something about it. Lyons started a GoFundMe campaign and planned to hold lemonade stands to help Ann-Marie Kelly get a new power wheelchair.

Then Lyons' mom, Linda Uren, contacted Pride Mobility to see if the company could help—and Pride donated a Jazzy Air 2 Power Wheelchair to Kelly on July 20. Lyons helped present the new power wheelchair to Kelly.

"It makes me feel good to help people," Lyons said. "I saw my neighbor was having trouble with her wheelchair and I knew I wanted to raise money for her so she could get a new one."

Kelly's new Jazzy Air 2 Power Wheelchair will increase her independence as she will not have to worry about her wheelchair breaking down. The power wheelchair also elevates up to 12 inches while driving at speeds of up to four miles per hour, so Kelly can reach the refrigerator, cupboards, etc. and can converse with people at eye level without straining her neck to look up at them.

"It means a lot," Kelly said. "I've had my other wheelchair for many years, and I've had issues with it on and off, but I'm very happy to have this chair now."

In addition to helping his neighbor, Lyons has raised thousands of dollars for local charitable efforts, including more than \$10,000 for the Plymouth Borough Fire Dept. Elm Hill Hose Company #3. The fire company named him junior fire chief and Luzerne County declared "Brian Lyons Day," which is recognized annually on July 12. **HC**

*Right: Ann-Marie Kelly in her new Jazzy Air 2 Power Wheelchair with Brian Lyons on their street.*

Kristin Easterling is managing editor of HomeCare magazine.





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Check 103 on index.





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