

HomeCare

NOVEMBER 2020

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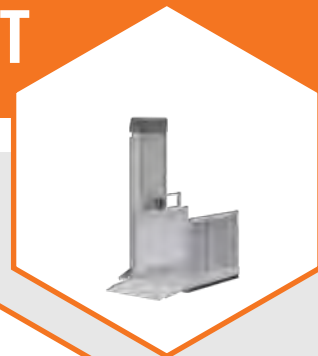
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Dear HomeCare Readers,

This may have been one of our hardest and most rewarding issues to put together. The best part? Getting to read the flood of submissions for our HomeCare Heroes feature—and then being able to chat with our finalists. What a joy! Each and every one of them takes such pride in their work and is inspiring in the way they set aside their own needs to care for their patients in clients. We wish we could have honored every single person nominated, and we hope that our selections reflect the enormous range and responsibility of homecare and how its members step up every single day, including during a deadly pandemic.



Speaking of COVID-19, how's your marketing going these days? We know some traditional methods may be less effective right now, so we've got a special section looking at some interesting and easily attainable alternatives.

Also inside are tips for keeping CPAP patients safe from infection, understanding compression products, limiting the effects of incontinence in winter, improving wound care and solving clients' nutrition problems. We hope they are of help.

In this month of thanksgiving, we are grateful for all of you.

Thank you for reading,

Hannah Wolfson

P.S. Not only are we missing seeing many of you in person at Medtrade this month, but we're also saying goodbye to Aaron Goldsmith, founder and owner of Transfer Master Products Inc., who passed away in October. Condolences to his family.

BE HEARD

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

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

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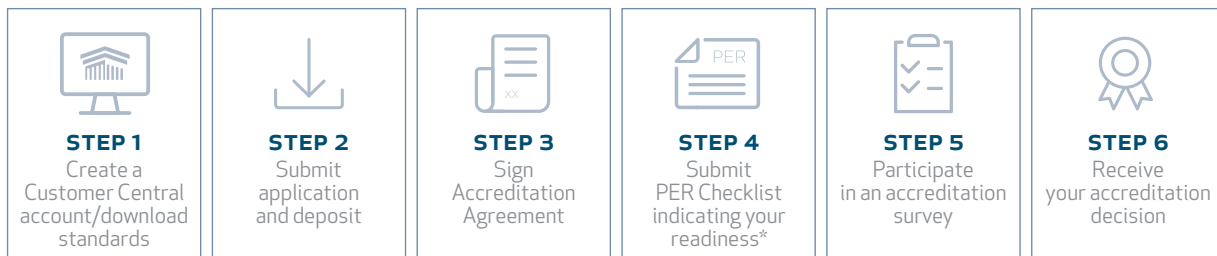


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HPS Acquires 5 Star Consultants

Healthcare Provider Solutions (HPS) announced the acquisition of the homecare and hospice coding and clinical consulting provider 5 Star Consultants, LLC.

The acquisition adds 5 Star Consultants' coding, OASIS review and clinical consulting team to HPS, making the company a full-service homecare and hospice resource. Through this acquisition, HPS will continue to provide homecare and hospice billing and clinical consulting as well as the coding services that 5 Star Consultants is known for.

Correct coding has a direct impact on agencies' financial health. With this addition, experienced specialists—including certified RNs—are now available through HPS to ensure accuracy and clinical compliance, both of which have a direct impact on appropriate reimbursement.

The company's clinical and regulatory departments will now also be able to ensure that regulatory standards are met in terms of coding, quality assurance and performance improvement (QAPI), certification and outcomes monitoring. HPS offers structured educational programs to increase agency competency on quality improvement, QAPI, regulations, laws, general coding, assist in accreditation and more.

healthcareprovidersolutions.com

PDHCA Becomes Private Duty Homecare at NAHC

The Private Duty Home Care Association (PDHCA) has made the decision to become Private Duty Homecare at the National Association for Home Care & Hospice (NAHC).

PDHCA was originally founded by NAHC in 2005 as an affiliate organization to provide resources and support to private duty homecare owners, operators and leaders. Over the last year, NAHC and PDHCA have done a comprehensive review of member offerings and identified a number of areas for improvement based on member feedback and insight—all in an effort to better support the private duty homecare community as the demand for private duty homecare services continues to grow.

In review of operational infrastructure and with feedback from recent member surveys, PDHCA acknowledged the need to partner and align more closely with NAHC in order to leverage its strength in advocacy, expertise, influence and resources to exponentially increase delivery of services and value that would ultimately empower members to meet their evolving needs through leadership, advocacy, education and innovation.

pdhca.org, nahc.org

NSM Expands Workers' Compensation Team

National Seating & Mobility (NSM), a provider of complex rehabilitation, mobility and accessibility solutions, is reinforcing its NSM360 National Workers' Compensation Program with the continued growth of

a dedicated and specialized workers' compensation service team. New leaders of the NSM team supporting the provision of mobility and accessibility services for injured workers and their families include Cynthia Petito as program manager for workers' compensation and centralized access and Robert Davies as general manager of home access solutions/general contractor.

Petito brings 15 years of experience as an occupational therapist, including 13 years as a private practice owner with a specialization in neurorehabilitation, including brain and spinal cord injuries and other neurological diseases to NSM. She will lead NSM's centralized service team based in Largo, Florida.

With more than 20 years as a home modification company owner and operator specializing in the workers' compensation industry, Davies has extensive experience in project management, payer relations and home accessibility options. In this new role, he will oversee home modification projects and assist NSM's access branches.

nsm-seating.com

WellSky to Acquire CarePort Health

WellSky, a global health and community care technology company, announced that it has entered into a definitive agreement with Allscripts to acquire CarePort Health, a care coordination software company that connects acute and post-acute providers and payers.

WellSky and CarePort will facilitate effective patient care transitions across the continuum—driving better outcomes for patients, providers and payers. With the addition of CarePort, WellSky is uniquely positioned to manage the acute care discharge process, track patients across post-acute care settings, apply patient and population level analytics, and support EHR-based care protocols.

CarePort's EHR-agnostic suite of solutions connects the discharge process with post-discharge care coordination, allowing providers and payers to track and manage patients. CarePort clients will

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.

NOV. 10-12 & 17-19
LeadingAge Annual Meeting & Expo
leadingageannualmeeting.org

NOV. 19
KLAS Digital Health Investment Summit 2020
klasresearch.com

JAN. 6-9, 2021
CES 2021
ces.tech

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FOCUS
focus.essentiallywomen.com



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gain access to a broader network of post-acute providers and can leverage WellSky's predictive analytics suite and value-based care technologies. This combination of capabilities will enable health systems, payers and post-acute providers to collaborate in a data-driven way.

The transaction is subject to customary closing conditions and is expected to close before the end of 2020.

wellsky.com

PBE Promotes Stocking to CEO

Principle Business Enterprises, Inc. (PBE) announced the appointment of Andrew (Andy) Stocking to the position of president and chief executive officer. Stocking is the third-generation leader of the family-owned business and succeeds his parents, CEOs Chuck and Carol Stocking.

The elder Stockings will continue to be actively engaged in the activities of PBE through their respective roles on the board of directors, with Chuck serving as chairman and Carol as vice chairman.

Stocking joined PBE in 2017 and quickly introduced a more data-driven approach to running the marketing, financial and operational aspects of the business. He formed systems for understanding customer preferences across many channels, which helped influence new marketing, product design and development practices. He was promoted to president in 2018 and continued his parents' focus on building a strong senior leadership team to help lead the company into the future.

"It's a great time to work at PBE," Stocking said. "My parents, and grandparents before them, have built an amazing company with a lot of heart that puts our people and our consumers first."

"I'm proud to carry on this legacy and pave the way for future healthcare and incontinence solutions that uplift the lives of those we serve," he continued.

Stocking's parents will remain actively involved in advancing PBE's mission through engagement with its leadership team on strategic planning and community outreach, including continued participation in the

company's philanthropic initiatives in Northwest Ohio.

principlebusinessenterprises.com

HFAP & ACHC Merge

The Accreditation Commission for Health Care (ACHC) and the Healthcare Facilities Accreditation Program (HFAP) are joining to form a single company with the programs, knowledge and resources to provide complete, quality accreditation and certification services to health care providers globally across the entire continuum of care. HFAP will operate as a brand within ACHC, and collectively the organization will be known as ACHC.

The move was effective October 19, 2020.

The merger of ACHC and Accreditation Association for Hospitals/Health Systems (AAHHS), HFAP's parent company, which has been formally approved by the Centers for Medicare & Medicaid Services (CMS), drives innovation, streamlines services and creates new opportunities for existing customers and health care organizations of the two previously separate, nonprofit organizations. It is the first time that two accrediting organizations with deeming authority from CMS have merged.

"The union between ACHC and HFAP makes perfect sense, from our reputable legacies and complementary cultures to our shared dedication to providing unparalleled service to clients," said José Domingos, President and CEO of ACHC. "Together, the combined services of ACHC and HFAP open possibilities for health care providers, affording them more choices and greater ease in meeting the accreditation and certification needs of their organizations."

The merger streamlines accreditation and certification services for health care providers with multiple survey needs. ACHC has CMS deeming authority for home health, hospice, renal dialysis, home infusion therapy, and durable medical equipment, prosthetics and orthotics. The newly expanded ACHC adds HFAP programs with CMS deeming authority for hospitals, ambulatory surgery centers, clinical laboratories and critical access hospitals.

ACHC staff remain in Cary, North Carolina. HFAP staff will be based either in Chicago or in North Carolina.

achc.org

Freeus Recognized for Growth

Freeus, LLC has been named to MountainWest Capital Network's (MWCN) 2020 Utah 100, the annual list of the state's fastest-growing companies, for the third consecutive year.

MWCN's exclusive awards program brings together investors, entrepreneurs and professional service providers while recognizing Utah's 100 fastest-growing companies and the economic and business impact they bring to the state. In addition to recognizing the Utah 100 list, MWCN recognizes the top revenue-growth companies, as well as the "Emerging Elite"—the state's top startups just breaking into the scene.

"We are honored to be recognized on the Utah 100 list of fastest-growing companies by MountainWest Capital Network for the third year in a row," said Freeus President and chief operating officer Brock Winzeler. "We are so proud that our lifesaving products and services are trusted by our valued network of authorized dealers and over half a million subscribers."

Utah 100 honorees were chosen based on both their percentage and dollar revenue increase between 2015 and 2019. MWCN's award event honored award recipients at the first ever virtual event.

Freeus ranked 36 out of 100 companies.

freeus.com



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Granny Pods Study Act of 2020



H.R. 7493

By Kristin Easterling

The pandemic's effects on community living situations has shined a harsh light on why almost 90% of seniors say they'd prefer to age in place.

But many homes are not aging friendly. The Granny Pods Study Act is exploring a possible solution—tiny homes, also known as “granny pods,” located on property owned by family or other loved ones.

The act instructs the Centers for Medicare & Medicaid Services (CMS) to conduct a feasibility study of temporary family health care structures no more than 300 square feet in size. Such structures would “provide an environment facilitating a caregiver’s provision of care for a mentally or physically impaired individual,” the language reads.

CHALLENGES

Some cities and towns do not allow homes with foundations that are less than 1,000 square feet under their zoning regulations. Homes built on wheels are classified as recreational vehicles, and many local ordinances forbid people from taking up permanent residence in them, even if they are placed on private property.

Then there are building codes to consider; many contractors aren't well versed in what tiny homes require to be safe. The International Residential Code has Appendix Q available, but not all states have adopted those standards.

An exploration of this option for aging in place would have to address these obstacles and ways to overcome them.

WHAT HAPPENS NEXT? >>

If passed, this bill would continue the conversation about how and where people age, including opening up possible Medicare funding for granny pods, should the CMS study reveal a need.

APPENDIX Q

The International Code Council approved the official definition of a “tiny house” in 2017, codifying them as homes 400 square feet or less, excluding lofts. They are required to fit the following characteristics:

- single family unit
- ceiling height of no less than 6 feet 8 inches, outside a loft
- emergency exit requirements
- lofts shall not be less than 5 feet in any horizontal dimension
- stairways cannot be less than 17 inches wide
- risers on stairs cannot be more than 12 inches high
- ladders cannot be less than 12 inches wide

MORE

A granny pod is also called an accessible dwelling unit or care cottage. They differ from the typical tiny homes because they are built with accessibility and universal design in mind. A granny pod does not have a loft or ladder and features a larger bathroom with a raised toilet and grab bars. They may also have medical devices such as hospital beds. Families can also equip the pod with two-way video communication and fall alert sensors to help keep their loved one safe.

LEARN MORE [Read the text of this bill and track its progress at congress.gov.](#)

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By Mary Ellen Conway

Reach Out & Touch Someone (From a Distance)

How to boost referrals during COVID-19 by being a resource for prescribers

We've all had to rearrange our plans and sharpen our skills when it comes to marketing and sales for durable medical equipment (DME) products and services in 2020. The novel coronavirus has changed the way providers do business and how we interact with our referral sources. There are several things to keep in mind when calling on prescriber referral sources. I've been thinking primarily of the mom-and-pop suppliers who may not have an extensive sales force, but rather uses their contacts to personally visit the prescribers in their area whom they have called on for years—but this advice is applicable for those companies with large sales teams, as well.

The New Normal

Many of our referral sources closed their offices during the initial days of the pandemic. Depending on your location, some offices are now open with safety

protocols in place. One of these protocols may be to severely restrict or even eliminate sales calls. The days of bringing lunch or edible treats in for the office staff are now a distant memory and even a simple in-person visit may be as well.

By now, you should have started thinking outside the box to come up with new ways to call on your referral sources and also started gathering non-edible treats for their office staff. You might be able to do a very brief "drive-by" visit to simply drop off some small tchotchkes. If you don't have materials with your company's name, phone number and/or website on them, now is the time to order them; in the meantime, go for the generic ones. Visit your local paper goods stores for some ideas. Memo pads, brightly colored folders, gel pens and more are easy, inexpensive items that are well-received by office staff who can use them in the office and while working at home.

Virtual Visits

Many offices are scheduling virtual visits via Skype or Zoom if they can't see you in person. For these types of calls, make sure that you have rehearsed your presentation as if it were an elevator speech. Keep it brief and to the point, focusing on the main thought you want to get across. Be sure to dress professionally, just as you would if you were in their office, with a clean, professional background in view. Even though people have relaxed the rules during the pandemic, pay attention to your appearance so you can come across in the best possible way. A chaotic and cluttered office is not going to do you any favors if you are dialing in to visit with them—no matter how messy their own work environment might be.

Offering Education

Remember, while you may be trying to get referrals, you are really there to make the prescriber's life easier. If you approach your meetings with the understanding that you are the expert in all that is required for DME referrals, you will be able to do just that.

Medicare and Medicare Advantage plans all require that you follow the Local Coverage Determination (LCD) for the product being provided, but the prescriber should not be expected to know all of the rules for providing those items. If they want to admit a patient to the hospital or nursing home, they are provided with a complete packet in

Prescribers are turning to you when their patients look to them for assistance. Be a resource for them.



which to check boxes and sign; it includes all of the standing or preprinted orders and documentation questions that must be answered in order to admit that patient to service. Even if you are already providing prepopulated order forms, you should still use some kind of cheat sheet or a page of bulleted items laying out what is required by the LCD for a particular item. You are the expert on what they need to document. Whether it is required elements printed on a fax cover sheet or a miniature version of the LCD itself, prescribers need to know what is required for each item so that you can pass a review if the record is audited.

Doing this correctly impacts your reimbursement, not the prescriber's. But if that prescriber routinely does not provide what is needed, regardless of the referral source, there is a chance that the prescriber could face an audit of their documentation as well. You are there to protect them and educate them about what is mandated. Also, waivers put in place during the public health emergency (PHE) allow some patients to qualify for DME without having to meet the LCD requirements (such as with continuous glucose monitoring); again, you

are the expert on what is required and what has been waived. Stay informed on any expiration or renewal of the PHE and also keep prescribers posted about the status. Prescribers are turning to you when their patients look to them for assistance to stay home; be a resource for them.

Competitive Bidding

You can be the prescriber's expert on competitive bidding as well. They may not know what a Competitive Bidding Area (CBA) is or understand bidding at all—or they may be unaware of the current status. Remember that when the competitive bidding program was paused during the PHE, there was no barrier to entry for the Medicare medical equipment market. Show your prescribers that you have been an accredited Medicare supplier for X number of years and that you have participated in unannounced accreditation surveys as long as you've been accredited (at least since the mandate in 2008, if not longer) while meeting all of your accreditation requirements.

Boast about your customer satisfaction scores, your required infection control procedures (which are very important in

the pandemic), the required education you provide to your staff and your quarterly data tracking. Show that you are not a fly-by-night supplier, but that you have been in this business for the long haul. Distinguish yourself from others whether you are in a CBA or not. When the new program is announced, you can provide education about who the winning suppliers are (whether or not that includes you) and how referrals will be handled.

Keeping patients out of the hospital is the primary goal. Being the resource for Medicare-covered or other insurance-covered items or even those that are self-pay will help the prescriber manage the patient at home. Being the solution to managing medical equipment needs in the home can solve major challenges that many prescribers face. Ensuring that you are not just reaching out to get more business, but also to be an ally to the prescriber, should be your focus. **HC**

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



By Adrian Schauer

Streamline the Challenges of Home Health Billing

How technology can overcome barriers

It's no secret that in recent years, billing has become increasingly complicated for homecare agencies. The industry has watched as modified requirements and regulations have forced agencies to embrace new payment models and upgrade their processes in order to ensure accuracy, efficiency and reimbursement.

The pandemic brought additional complexities. The CARES Act Provider Relief Fund offered assistance, yet it also requires agencies to have a system to track how the funds are used over time. The Department of Health and Human Services is requiring providers who receive CARES Act funds to submit future reports on how they were

used within the targeted allocations. (Such requirements can be found in the fund's terms and conditions.)

This is only the latest reason for agencies to have a robust data collection system to manage billing. As health care costs have spiraled upward, driven by the needs of an aging population and escalating rates of chronic disease, homecare is becoming a bigger part of the picture. As a result, the annual growth rate for home health spending was nearly 7% in 2019, an increase that outpaces that of hospitals, nursing care facilities and continuing care retirement communities, according to Healthcare Finance.

Newfound Payer Expectations

With such spending comes expectations, which marked the rise of new payment models such as value-based purchasing. Amidst all this, homecare organizations must grapple with how to manage bottom lines while continuing to deliver quality of care. To navigate these evolutions, there is an urgent need for robust billing processes—now more than ever.

Data, metrics, analytics: What seemed onerous and unnecessary as little as five years ago is now commonplace in homecare. While client care is based on individuals, the service of that care is underpinned by numbers. Fortunately, we exist in a new technological age of efficiency, even when it comes to navigating the weeds of complex payment systems.

Before COVID-19 turned the world upside down, the industry was shifting from fee-for-service models to value-based payment. This means payments are linked to performance, holding health care providers accountable for both the cost and the quality of the care they provide.

As payers and providers hunt for technology supports that can help them identify the origins of health care costs, homecare agencies must look ahead over



the long term and set the foundation for effective and nimble billing. No matter who the third-party payers are, it is incumbent on agencies to have fast, detailed systems that not only meet requirements but also make the agencies themselves far more productive.

The Great Differentiator

In an ever-evolving billing landscape, agencies need flexible, modern software to track how clients are doing—and to demonstrate the value of the care delivered. Those who work with referring sources like hospitals and skilled nursing facilities will seek this information even more than before. There is an urgent need for a seamless flow of data and analytics linked to client outcomes and, needless to say, any paper-based methods of reporting will quickly curtail this mission.

Technology has always been, and continues to be, the great differentiator in homecare. Those agencies with forward-looking tech and with providers who serve as partners to their organization (rather than just vendors) are a step ahead. They'll be better able to capture real-time data, build out new analytics, track performance management, have greater synergy with reporting needs and incorporate predictive analytics into planning.

Providers will have to figure out how to track quality depending on their value-based purchasing setup. Homecare agencies must be ready for any assortment of quality performance metrics that payers build into their payment system. These will include metrics related to health system usage, such as the percentage of clients admitted to hospital in the past 90 days, as well as those related to a patient's quality of life—loneliness, distress, uncontrolled pain, etc.

It's important to deploy a strong e-billing module that relieves administrative headaches, performs tasks and updates in real time, and even predicts and sidesteps potential issues in the claims cycle. Advanced billing software allows users to submit and track claims in real time,

Technology has always been, and continues to be, the great differentiator in homecare.

while quality control elements reduce any potential errors that might delay payments. The software should be able to fluidly handle any file format, and ideally should have built-in Medicaid eligibility checks for forms 270 and 271.

It is also wise to hunt for a software solution with an automated banking function that includes the ability to “bank” units, a key aspect in many regions of the United States that can save agencies thousands of dollars a year by ensuring reimbursements are collected in full. Such a feature enables staff to bank time for each bill code or client and quickly assemble all fractional hours into whole units. Meanwhile, an agency can pull reports that analyze all potential units to bank, further defending against half or quarter units of reimbursement being lost to the ether.

Questions to Ask

Ultimately, technology saves time, frees staff and cuts costs when it comes to billing. E-billing systems will help process claims faster by trimming turnaround time from payer to agency and reducing risk for agencies via functions such as auto-checking client eligibility, flagging and resolving errors before submission, one-click uploads to clearinghouses, and electronic audit trails that allow staff to track any claim's progress through the system.

It's also important to find a tech provider that is knowledgeable about the particularities of homecare billing, because they can proactively offer solutions. The following questions will help unearth

answers as to whether the provider's software is right for one's agency needs:

- Does it integrate directly with my accounting software?
- Do you offer flat file integration (a CSV or Excel export) or does data flow automatically?
- Does it integrate with a desktop-based or online accounting software or both?
- Is it capable of split billing?
- Is it set up for long-term care billing?
- Can I customize bill rates and pay codes?
- Will it automatically check client eligibility?
- How many steps does it take to get a claim to a clearinghouse?
- Will it automatically search for potential errors before submission?
- Does it generate billing reports that my agency can use to monitor trends and emerging issues?

Nothing is more critical to any business's continuity and success than the flow of money. It is time to use the strength of technology to underpin operations to empower any agency to respond to unforeseen events, to operate with meticulous billing practices and to ultimately realize the enormous efficiency gains that can occur after a software upgrade. **HC**

Adrian Schauer is the founder and CEO of AlayaCare, a home health software company founded in 2014. AlayaCare has provided the industry with innovative technology solutions to optimize the full care continuum for home and community care organizations around the globe.



By John Stalnaker

Partner Up for Better Billing

How outsourcing can help you find new efficiencies

Given the changes in our industry, most providers have been forced to take a deeper look at the way they do business, from the products they supply or are allowed to supply to the referral sources they trust will actually get them documentation.

Providers large and small have made two resounding points over and over. First, most are already understaffed to accommodate the rigorous follow-up necessary to get paid on 20% to 30% of the claims being submitted; and second, the new work-from-home model isn't helping.

Staffing issues, coupled with the continued reduction in reimbursements, mean that billing and collections need to be analyzed and unnecessary touches eliminated. With the limited tools available to gain visibility into the root cause of a problem, this can be like finding a needle in a haystack. Providers need to examine their current processes and dissect accounts receivable (AR) to try to get every dollar they have contracted for and every rental month accounted for and collected.

What to Improve

To analyze the data effectively, there must be a baseline of the company's current state, what to improve on, a goal to achieve and how to maintain this goal. Industry averages can be a good start, but every provider is unique in one way or another. The most effective way to do a true comparison is to look at your own historic data and identify areas that need improvement—and then continue to improve. In most cases, providers can identify several areas.

As a provider, you don't need to make drastic changes. You just need to concentrate on what you can accommodate without making your staff miserable—and get help with the rest.

When a company focuses efforts on one aspect of their business, the work created downstream will then require additional resources. For instance, if a provider focuses on getting all of their orders confirmed, the documentation procurement team—and everyone else who follows in the process—will need to keep up. The same is true with a push to work all AR that have aged past 90 days; if everyone is focused on cleaning up the old claims, the pile of new claims continues to grow. This teeter-totter methodology causes tension in the workforce and an unclear sense of how to identify the real issue and fix it.

Here's the point: As a provider you don't need to make drastic changes. You just need to concentrate on what you can accommodate without making your staff miserable—and get help with the rest. When providers focus on their core competencies and partner with a company with complementary core competencies, the end result is a more stable, scalable and profitable company.

Outsourcing for Better Results

In a traditional outsourcing model, the provider hands off the back-office billing functions completely and the outsourcing partner takes over the responsibility of working the front-end rejections and AR all the way through payment posting. From my own experience with ACU-Serve, as the company matured and our customers became larger, we soon realized the traditional way of doing business was not a good fit. For us to take over billing for a provider, we would need to backfill anywhere from 25-50 positions within our own staff, while the provider would have to either let some members of their team go or find a way for the organization to absorb them. On our end, we ended up hiring, training and maintaining these positions—which anyone in our industry knows is a daunting task.

Another option is to consider a "rightsourcing" model, where the outsourcing partner and provider manage payers as a team. Start by looking at your historic data and evaluating your strengths



and weaknesses across the entire payer mix. This allows your outsourcing partner to identify where they can have the most impact and put a plan together that will allow your staff to focus on the payer or payers you have historically been successful with, leaving the rest for your partner. With a combination of technology and consulting, you can collaboratively work towards a more effective process.

Teamwork in Implementation

There can be a blurred line when it comes to roles and responsibilities, and a gap between actual versus perceived processes. Using strong project management backed with technology, begin your engagement with an outsourcing company with a complete analysis of how a claim moves from the initial referral until the money

is deposited. Allow your partner to make recommendations, make sure they are implemented, set attainable goals and get everyone on the same page and working as a team. This model has been proven to work effectively, and allows both companies to work as a team of specialists focusing on their given disciplines.

Rightsourcing works not just because resources are added to an understaffed provider. It works because it provides technology, quantified data and actionable items. Make sure that your partner tracks every interaction their employees have with a claim. You need to know why they touched the claim, what action they performed, what they expect to happen and what actually happened. This data can provide guidance on processes that can cause a delay in payment.

Sometimes all providers need is an extra set of hands to help with the heavy lifting and sometimes they need to call in a specialist to not only help clean up but also to uncover inefficiencies that created the problem in the first place. There are many companies out there with the staff and expertise to help. The data these companies gather along the way allows them to give providers the critical information they need to solve problems and gain efficiencies. Once you solve a problem with a process change, everything downstream is affected. **HC**

John Stalnaker is vice president of sales for ACU-Serve Corp, whose core business is outsourced billing coupled with technology. He works with providers to analyze their current workflow and help streamline the insurance billing and collections process. Stalnaker has 20+ years experience focused on consulting and technology with an emphasis on business intelligence and data mining.

MARKETING: ONLINE REVIEWS

The Good, the Bad & the Ugly

Don't run from customer reviews on the internet—use them for your business

By Alex Anderson & Tim Rutti

When you're looking for a new product, service or restaurant, do you trust online reviews? More than 90% of people do, according to a 2019 survey by the marketing firm BrightLocal. Even more—92%—are more likely to buy a certain product after reading an online review, according to a 2018 study from G2 Crowd and Heinz Marketing.

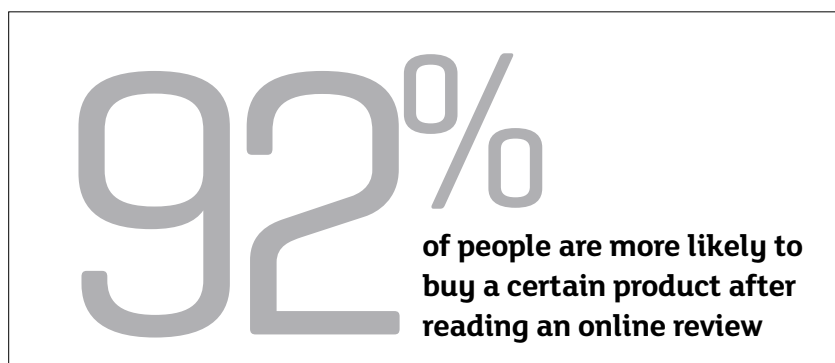
This holds true for both good and bad reviews: If you only have an average of one or two stars out of five for an online review of your business, product or service, just 13% of those surveyed would even consider supporting your business, according to Search Engine Land.

Simply put: Your online reviews are important. And there are ways to optimize them to attract customers and support your business.

Your Business on Google

More than 85% of online searches start on Google. If you're looking for new customers beyond word of mouth and traditional advertising methods, you need to pay attention to your business's presence on Google. The first priority is to maintain your reviews. Second you should be aware that Google My Business (GMB) has become an essential component of any small business's online presence.

When someone searches "medical supplies near me" on Google, advertisements will be presented first, and then a map usually appears with the top three local results. If the potential customer clicks on



the name of your business from this map, that won't take them to your website. Rather, it will bring them to the information you've plugged into Google: your address, hours, phone, busy times, pictures, reviews and, at the bottom, "web results," where they can click through to your page. Think of your GMB profile as an elevator pitch about your company to a potential customer.

Reviews Build Trust

No matter how beautiful an image you paint on your website, GMB profile or elsewhere on the web, a customer will most likely come across your company's online reviews at some point in their investigative journey. You want to make sure that the customer looks forward to doing business with you after reading those reviews.

Will you only build trust and succeed if you have a perfect five-star rating? Not necessarily. In fact, a few blemishes amongst the glowing reviews may make

your overall rating more trustworthy. A study by Power Reviews and Northwestern University discovered that a five-star rating was not the most trusted score. Participants in the study were more likely to trust brands that landed in the 4.2 to 4.5 stars range.

For the final step of getting the customer in your door, you want to make sure your website, GMB profile and any other place you appear on the web have organized and accurate information on hours, contact information, address, etc. Check to make sure that your information is correct with the four main data aggregators: Infogroup/Neustar Localeze, Factual and Foursquare. You can also use platforms like Yext to rapidly deploy and sync your listings. These aggregators share your business information with a network of directories that power search engines, navigation systems, voice search and mobile apps. Accuracy matters: 80% of people lose trust in a business with incorrect information listed online.

CHECKLIST FOR BUILDING AN ONLINE PRESENCE

- ❑ Confirm the information in your GMB profile is correct.
- ❑ Check Infogroup/Neustar, Localeze, Factual and Foursquare to ensure they're pulling accurate information on your business.
- ❑ Create an online review page that's easy for customers to access.
- ❑ Put review reminders on any materials that customers see.
- ❑ Set staff goals for earning positive reviews and celebrate successes.
- ❑ Respond to reviews in a timely fashion.
- ❑ Research negative reviews and contact the customer.

Getting the Review

Okay, you have the customer in your store—how do you get them to leave a review? Our favorite and most successful method is to work with our employees. If a customer tells a sales associate on their way out, “I had such a pleasant experience, thank you,” teach your staff to continue the conversation with the customer rather than just saying thank you in return. Happy customers will often leave an online review when asked politely. Oswald’s Pharmacy uses a business card with a short URL that takes customers directly to a landing page where they can click a Google, Facebook or Yelp icon to easily access the review pages. Make it simple for the customer to leave you a review on their own time.

To broaden the program, we also recommend that managers set weekly, monthly or quarterly goals for achieving reviews. They can achieve this by incentivizing staff for getting mentioned in positive reviews. Make sure to celebrate

80%

of people lose trust in a business with incorrect information listed online

this success with the store or company. Knowing that each and every review makes a difference helps keep the goal top of mind for leadership and employees. This can also be a valuable tool to use in employee reviews. What kind of online reviews were achieved, and what was said?

Where else can you ask for a review without an in-person conversation? Valley Medical Supplies puts reminders everywhere: on retail receipts, tied into the customer retention software program and email lists, and on in-store signage, social media channels, window clings, business cards and company brochures. Before you get any new signage or marketing materials printed, ask yourself if it's appropriate to put a gentle reminder to leave a review.

Responding to Reviews

What's the best way to respond to reviews, both good and bad? For a good review, keep it simple, sweet and short. Thank them for sharing their in-store experience or recognizing certain employees. Do your best to respond within days of the initial review. That shows both the customer and the public you don't take online reviews lightly.

When it comes to a bad review, try to respond in a timely fashion, but not without an initial investigation. First, make sure it is a legitimate review of your company. If the review is for the wrong company, is not from an actual customer, discloses personal health information, etc., do not respond. Responding validates the post as pertinent to your business. If it is not, flag the review and/or contact an account representative

for the website the review is on to get it removed. It may take a few days, but it is worth the wait.

If you find out the review in question is legitimate, it's time to gather additional information. Speak with your staff, gather paperwork or files related to the incident, and then call the customer. Ask to hear their side of the story in person, discuss a remedy to their concern and commit to putting that into action. A week later, call the customer back, provide information on how the issue was handled and ask them if they would consider updating or changing their review. Either way, let them know you will be responding to their review online.

In your online response, acknowledge the mistake your company made and apologize. Provide the specific steps your team has taken to avoid the issue in the future. Last of all, thank them once again for their business. Online review responses are not the place to get into defensive replies or petty fights. Taking the high ground sets the stage for your company's level of customer service.

Now it's time to go out and get your company some online reviews! **HC**

Alex Anderson is general manager at Oswald's Pharmacy. He's the sixth generation of the family to run the pharmacy. Anderson is currently president of the Independent Medical Retailers and an active volunteer with the Naperville Jaycees and NCTV17 Marketing Committee. He graduated with a BA from Columbia College Chicago in 2009.

Tim Rutti opened Valley Medical Supplies as a retail store in the Phoenix metropolitan area in 2016, and has since expanded into repairs, rentals, e-commerce and wholesale. Valley Medical Supplies is 100% self-pay with no billing business.

MARKETING: DIGITAL MARKETING

More Than Flyers in a Mailbox

Modern solutions for your marketing problems

By Karina Tama-Rutigliano

Imagine a world where people over the age of 65 outnumber children. It's hard to imagine because it has never happened in this country's history before, but it's likely to change sooner than you think. The United States Census Bureau predicts that one out of every five residents will be senior citizens by the year 2030.

People are living longer, but they're not necessarily going into retirement feeling agile and spry. As they age, elderly people may have a host of physical and mental health problems including incontinence, dementia, instability and more.

The growing numbers of seniors aren't the only thing that's changed. Traditional marketing for in-home care has gone the way of other businesses and digital marketing has taken its place. A digital marketing plan is the ticket to attracting the attention of the influx of people who will need in-home care services. After all, three out of four people aged 50 and over would prefer to age in the comfort of their own homes, according to a 2018 AARP study.

Traditional & Digital Marketing

Traditional marketing campaigns have been a staple of the home health care industry for ages, and postcards, paper flyers and brochures are still in use today. Networking with people in your community is still a good way of getting referrals—as it always has been. But if that's all you're doing, you're missing out on the many benefits of the digital marketing space.

You don't have to choose just one style of marketing to be successful in homecare. In fact, I encourage you to see how nicely they can work together.

Traditional marketing strategies have their weaknesses and digital marketing brings a host of advantages (see Figure 1). If you've got a good traditional marketing plan in place, a well-designed digital marketing plan can take your homecare business to new heights.

Of course, you want the best results for your marketing dollars. By putting some time and effort into inbound marketing and working with a specialized marketing

agency, you'll get the maximum benefit for your marketing dollars. A solid digital plan works best when you focus on excellent content, search engine optimization (SEO), social media engagement, video and an engaging website.

Your Website Could be a Lead Generating Machine

As you re-envision your homecare agency's website, you'll have greater success generating leads if you follow a few words of wisdom from the voice of digital marketing experience. The right digital marketing approach will bring customers directly to your website through internet search.

Does your website look like a laundry list of services and business hours? If a first-time viewer wouldn't describe it as informative and engaging, you've got some work to do to turn it into a lead generating machine. Here are a few things to keep in mind:

- Make sure your website is mobile responsive. Adapt the design so potential



COMPARING DIGITAL & TRADITIONAL MARKETING	
Traditional marketing weaknesses	Digital marketing advantages
Limits access to local markets	Easy to scale up or down
Takes longer to get through the sales cycle	Easily expand reach if needed
Difficult to measure results and make projections	Offers measurable results and objectionable data
	Cost-effective
	Has the potential to shorten the sales cycle

Figure 1: Pros and cons of marketing techniques

customers can read it easily on mobile phones and tablets.

- Build your site on a content management system that's SEO-friendly like WordPress.
- Use techniques that draw the attention of both prospects and search engines.

Keep in mind that those who are exploring the topic of homecare often know little about the world of this industry. Adding a blog to your website gives you a chance to inform visitors about the topics that concern them the most. And the benefits of a blog can go even further: Good content will bolster SEO and lead a stream of prospects directly to your website.

Why SEO Matters

With search platforms, ranking is everything. The higher your website ranks, the more likely prospects are to click on your site. When you bolster SEO marketing strategies, search engines will bump you up.

Here's how it works: You might be curious to learn that about 3,000 people search for the term "senior care services" every month. If you optimize your website for the same keywords, your conversion rate will correspond to the position you rank for that term on search engines.

You can expect results like this:

- First position: 20.5%
- Second position: 13.32%
- Third position: 13.14%

To calculate the number of conversions, simply multiply the percentage by 3,000, the original number of average searches; that tells you how many new visitors are coming to your website every month. So, if you rank in the first position, you're getting 615 visitors each month. Usually, if you have a good SEO plan that includes a free eBook or another valuable offer, you can expect to convert 20% of your leads to sales.

Those are exciting numbers but be advised that it will take time for a new SEO strategy to start getting results. You can easily boost your efforts by running pay-per-click ads on Google and Facebook to start driving traffic to your website right away.

Local Online Presence

The bulk of your leads will come from within your community. SEO is a good strategy for attracting those local folks who are looking for the services you offer. Often, when people are searching on their mobile phones, they'll zero in on a listing on Google Maps.

When you use SEO on your Google My Business listing, people will read your reviews and other information from there and can even call you right from the map. If they have to scroll because your ranking is low, they won't find you. Here's a really cool thing—people that call from the map want your services right now! These are hot leads and they're likely to convert to a sale. Don't overlook the value of a local online presence.

Online Reviews

Online reviews will boost your credibility and enhance your brand. According to a BrightLocal study, most people read 10 reviews before they trust a business. Don't worry too much if you get a bad review; the same study indicated that 97% of consumers said they read business' responses to reviews before making their final decision. If you answer a review, consumers know you're being responsive and that there may be more than meets the eye. (See story on page 18 for more tips on soliciting reviews and how to respond to negative reviews.)

The Final Wrap

To grow your home health care agency, break out all the tools in your toolbox. Engage in SEO and local SEO, have an engaging and mobile-friendly site, and bolster your social media efforts. A little investment in digital marketing on the front end yields major conversions on the back end. **HC**

Karina Tama-Rutigliano is the CEO of Senior Care Clicks, a digital marketing agency that provides marketing solutions for the senior care industry. She has eight years of experience in the industry. She also is the author of the eBook, "Digital Marketing Proven Strategies & Tips." Tama-Rutigliano is also a contributing author to Forbes.

MARKETING: OUTREACH

A Simple Plan for Re-Engaging Previous Patients

How HCR Home Care's outreach efforts brought back business

By Louise Woerner

The coronavirus pandemic dramatically impacted home health care agencies. Elective surgeries were suspended, which significantly reduced referrals for homecare services. At HCR Home Care, we took this time to identify new ways to serve our patients.

One innovative way that HCR served patients during this crisis was by conducting direct outreach to previous patients of the agency who had recently been discharged from the hospital. The idea, suggested by HCR Medical Director Dr. Jack McIntyre, involved following up with patients who had been discharged at least two months earlier to determine if they had any unmet medical needs and to make them aware of or remind them about HCR as a resource.

Why reach out to patients who had been discharged months or weeks earlier? The thinking was that, due to the public health emergency, these patients may not have access to their physician for important follow-up visits and might also be isolated from friends and family. In the short run, it created positive contact with prior patients. In the long run, nearly 150 people ended



up choosing to reuse our services after the initial contact was made.

Steps to Get Started

The first step was to assign staff resources. Each HCR team member was given call assignments broken down by region and time frame based on their current capacity. Assignments were made on a sliding scale as people's regular work assignments picked up. HCR leadership reviewed and refined the process during weekly team meetings and made decisions based on what they learned each week. Completed assignments were documented in a shared file so information could be compiled easily. A weekly report was also created to evaluate the number of

completed calls, document follow-up needed and track conversion rates.

Under this new program, HCR's care transition managers made more than 3,440 outreach telephone calls to discharged patients from April through June. The patient response was overwhelmingly positive: They were grateful and appreciative that HCR had reached out to check on them and to see how they were handling the isolation of the pandemic. As stated above, nearly 150 of these patients directly returned to HCR services after receiving the follow-up calls, and some patients asked the HCR nurse to call them again in three to six months.

A Case Study

While there were many patient success stories as a result of this outreach, one stands out for the lasting impression it made on all involved. Ms. A. is an 85-year-old woman who lives with Parkinson's disease and lives alone. She has one adult son who resides in a group home for people with intellectual disabilities. She was discharged from the hospital in February; in April, HCR nurse Kelli Donlon called Ms. A. to check in.

Under this new program, HCR's care transition managers made more than 3,440 outreach telephone calls to discharged patients from April through June.

When Ms. A. answered the phone, she asked Donlon if she was an angel, because this call was, in her words, “the miracle I had been praying for.” She explained that she was not doing well and that she had severe aches and pains that were impairing her mobility beyond her usual Parkinson’s-related symptoms. Ms. A. also said that she was severely depressed and lonely, as she had not seen anyone in person for weeks. In fact, Ms. A. told Donlon that she had asked her doctor to put her into hospice because she did not want to live anymore.

“I paused to process what she had shared because nothing we had discussed was physically or medically an end-of-life situation,” Donlon said. “I asked Ms. A. why she had requested hospice, and she replied that she had no motivation to get better and that she would just rather leave this world.”

Donlon realized that even a simple phone connection was so important.

“I felt slightly guilty that she started out as just a name on a list for me, but my phone call ended up meaning the world to her that day,” Donlon said.

Donlon told Ms. A. that she was a candidate for skilled care to alleviate her pain and improve her mobility and contacted her doctor’s office to get a referral to initiate service right away. Ms. A. responded very well to the visits and was discharged in May.

This is just one of many stories about how a simple check-in call can change the course of someone’s life and support a practice, especially during a pandemic. This innovative outreach initiative was appreciated by patients, physicians and the clinical management team.

HCR will continue to conduct outreach to discharged patients—a program developed in response to the COVID-19 pandemic—as a best practice. **HC**

WE WANT YOUR STORIES!

Do you have an example you’d like to share of how your business creatively solved a problem? Tell us about your case study or new practice and we may include it in HomeCare! Go to homecaremag.com/webform/editorial-submission-form or email us at hwolfson@cahabamedia.com or keasterling@cahabamedia.com.

Louise Woerner is the chairwoman and CEO of HCR Home Care, which she founded in 1978. A leader in health care and nursing, Woerner was honored with the 2014 Distinguished Service Award from the Rochester Academy of Medicine. Additionally, she is the founding director and first president of the Friends of the National Institute of Nursing Research and holds many nursing awards. She was the first non-nurse inducted into the American Academy of Nursing.

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Back in the spring, in neighborhoods around the country, signs mushroomed up on front lawns reading “Thank you frontline workers,” and “We love our health care heroes.” They praised physicians, hospital workers, EMTs and even grocery store employees.

But one group—the professionals who care for people in their homes and provide the equipment for them to stay safe at home—was almost universally overlooked. We here at HomeCare think it’s time to remedy that.

What you’re reading now is our effort to express our deep gratitude for those of you who do the work every day that keeps people safe at home. That work has never been more important than during this time when the elderly, the disabled and people with chronic health conditions of all ages are vulnerable to an airborne virus and advised to quarantine. You are doing a service to your communities that deserves notice.

We’ve highlighted 12 people here who we feel represent the heroic nature of this industry because they rose to meet the circumstances of 2020 or because they’ve served tirelessly for years. Choosing them from the nominations we received was incredibly difficult. We heard about nurses, caregivers, salespeople, customer service representatives, respiratory therapists, physical and occupational therapists, equipment techs and hospice volunteers. Nominations came in from bosses, employees, parents, friends and patients. One person received more than 25 nods! Someone nominated their entire workforce; another suggested that the entire industry deserved applause.

“Any of these frontline workers deserve recognition,” that one read. “They are just as valuable and important as the hospital workers!!”

We agree. So thank you to all of the HomeCare Heroes out there. We hope you know how valued you are. **HC**



HomeCare HEROES

2020

WE WISH TO THANK OUR PARTNERS:





Jason goes above and beyond for his patients daily and we here at MSA are very proud of him.

—From nomination

JASON ANDREW POWERS

Home Medical Equipment Delivery and Service Technician,
MSA Home Medical Equipment, A Division Of Medical Services Of America

Western Virginia

There probably aren't many home medical equipment (HME) service technicians out there who also happen to be volunteer firefighters, partially trained as EMTs, certified in security—and also 6'4", almost 300 pounds and able to smash their way into a burning house with nothing more than a boot.

But there is at least one: Jason Powers, who put his skills to work earlier this year when he helped rescue a disabled man from a burning home while out on a delivery in rural Virginia.

Powers and his co-worker at MSA Home Care, Service Tech Matthew Shane Osborne, had been trying to deliver a bariatric bed for several days but weren't getting a response, so they decided just to head out. As they neared the house, Powers, who's always on alert because of his volunteer firefighting experience, noticed a few wisps of smoke further up the hill.

He couldn't figure out how to drive there so he sprinted up to the house, which looked abandoned. He called 911, and a local volunteer firefighter arrived in his personal vehicle and told Powers that the home was, in fact, inhabited.

"Automatically my mind switches to 'we need to search this house.' We don't have any gear between us but we sprint back toward the house and hear glass breaking. We yell out, 'call out to us, where are you?' and we see something fly out of the window."

The man inside was an amputee with one leg who had fallen out of his wheelchair and become delusional, likely from smoke inhalation. He fought off his rescuers, thinking they were attackers. It took Powers 20 minutes to convince him they were there to help and allow them to carry him out on a stretcher.

The craziest part of the story, Powers says, is that they were still unable to deliver the bed because, it turned out, they had an outdated

address for the client they were trying to take it to.

"Something put us there that day at that time," Powers said.

In fact, you could argue that it's pure providence that Powers ended up in homecare at all. He has worked many other jobs, including as a member of the Safety Service Patrol for the Virginia Department of Transportation and as a hospital security officer. It was there he met one of MSA's respiratory therapists, who urged him to take the job.

"I actually didn't know a lot about it, but then once I came on board here it was pretty simple to understand," Powers said.

Now, he's likely to go above and beyond the basics for his patients, troubleshooting home oxygen machines and other complex equipment. His small office—"literally four people, and we're all friends," he explains while being ribbed on his end of the phone—covers western Virginia and also parts of West Virginia and an area near Pikeville, Kentucky.

Powers gives regular customers his phone number and encourages them to call any time they have problems with their equipment.

"I tell patients I don't care if it's two, three o'clock in the morning," said Powers, who in some cases will also check in on patients on his long drive back to the office. "I'm not afraid to come out at two in the morning if you think there's something wrong with your machine."

In one case, a patient's husband was having a medical issue after hours but rather than calling MSA's home health and hospice office, he'd simply call the HME number—because that's the one he knew by heart. It doesn't matter to Powers, who said he's always been up for serving people and even saw his security job as such.

"I love helping people," he said. **HC**

LASHA THARP

Caregiver,
Home Instead Senior Care

Paducah, Kentucky

Sometimes, it takes a little while to find your calling. That seems to be the case with LaSha Tharp, who has only been working in homecare for a matter of months.

Before joining Home Instead Senior Care, Tharp was working at McDonald's; she was laid off due to the novel coronavirus pandemic. Driving through her town of Paducah, Kentucky, she saw a sign for the company and decided to apply.

She said she had friends who had worked in homecare who felt negative about the profession or spoke of mistreatment from clients. Fortunately, she didn't listen to them when she decided to apply, because caring for seniors is her new passion and purpose—and most importantly, joy.

"I've had all kinds of jobs and I've never been passionate about them," Tharp said. "I just feel like I'm helping these people. I've met so many of them that were ready to give up on life."

On her second week of work, she was matched with a couple in which the wife had been suffering from undiagnosed bleeding issues for years. Because their adult children live across the country, Tharp stepped in, agreeing to find a doctor that would diagnose and treat the woman's condition. She tried several doctors, and one just seemed to be the right fit.

"He just stuck with me. I would go to bed at night and he would be on my mind," said Tharp. "I finally broke down and called and made her an appointment. And by the grace of God, that man fixed her—she's no longer bleeding or anything."

Tharp's "whatever it takes" attitude has endeared her to her clients and others. That includes spending nights in hospital parking lots while her client was receiving treatment.

Because of COVID-19, Tharp couldn't enter her room; the woman's husband was sidelined by his own health problems. So Tharp sat in her car, talking with her client on the phone and assuring her she wasn't alone.

"It's all worth it. I don't want to feel like these people can't depend on me," Tharp said. I want my word to be my bond. I strive so hard to do whatever I tell these people I'm going to do. By all means necessary, I'm going to get it done."

She's now sharing that energy with her colleagues. In the short time that she has worked in homecare, she has taken on the task of training other caregivers who might work with her client. She works side-by-side with them to ensure the safety and stability of her patient as they practice standing and walking. Each day, she brings a pen and notebook to work to jot down details about the client in order to improve the quality of care—this helps as her client learns to walk again and regains her balance.

"[The other caregivers] know how long per day that she needs to do her exercises and to make sure that they have her security belt around her waist," Tharp said.

Tharp said that the seniors she has encountered on the job during her short tenure are often battling depression and feel like a burden to their families. Having to have outside care can frustrate some seniors, Tharp said, especially when she must tell them what to do and where to go—hampering their independent spirits.

But, Tharp said, it's all worth it to encourage a senior to push on through pain or depression, being for them when their families can't.

"Those who seek change, make a change," she said. "There is no reason to give up because there is always hope." **HC**



Not only has LaSha been there for (our client) to provide rides, but she has been there to support the family emotionally and mentally.

—From nomination

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- Fast, simple sling attachment.
- Manual emergency lowering provides safe response to power loss.
- Dual rear locking casters.
- 500 lb. weight capacity.



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NICK KALOGERAS JOHN REED ANDY WILLHELM

Partners,
Central Ohio Specialty Care

Dayton, Ohio

Sometimes three heads are better than one.

That's the case for John Reed, Nick Kalogeras and Andy Willhelm, who co-lead Central Ohio Specialty Care, an HME provider for complex pediatric-onset patients. The three partners and owners, who are celebrating the company's tenth year this year, met through their shared advocacy work with the Ohio Association of Medical Equipment Services. Kalogeras is nearing the end of his three-year term as president of the organization; Reed is the past president and Willhelm is the next incoming president.

"We wanted to be a part of the solution, we kind of wanted a seat at the table," Kalogeras said. "We wanted to make sure the HME voice is heard and understood, because a lot of legislators don't even understand what we do. ... We've managed to get some pretty important things done on a state level and we are focusing on the national level as well."

That includes rewriting Ohio's Medicaid policy manual, convincing the state to do a study with Ohio State University to test theories about payment models, and getting a durable medical equipment provider appointed to the state's medical advisory board for the first time. They're also called attention to supply chain issues exacerbated by sole source contracts—and by the COVID-19 pandemic.

Some of lobbying power comes from persistence and experience. But some stems from the engagement they've had with the families of their patients, who are often medically fragile and disproportionately impacted by regulatory matters, and who join them to testify.

"We want to be with them shoulder to shoulder and making proper policy so these families can stay home and stay healthy," Willhelm said. "We're just portaying what the

struggle is and how important the homecare community is in making that happen and the difficulties that the regulations and policy changes can have on them directly. It's been eye-opening for me to work with these families and see the difficulties they face."

The business started in part because all three were frustrated with Medicare reimbursements and wanted to break what Reed called "the death spiral" of competitive bidding. They came up with the idea of a high-quality, high-touch pediatric complex service care model—a place where families could come for full support, and where staff wouldn't be distracted by answering calls all day about CPAP supplies or have trouble getting the materials they needed.

Ohio Specialty Care is now serving about 1,000 families with a staff of about 50 but still retains the personal focus. Every family meets with one of the owners on intake, and either Kalogeras or Reed are on call almost every night, even when on vacation (Willhelm focuses on the finances). Although each has worked in the field for decades and could be sitting behind a desk, they each talk with patients more than they have in prior jobs. Reed, for one, describes talking just the night before this interview with a family that he's worked with for just shy of a decade.

"A lot of people, when we describe what our business model is, think it's a depressing obligation because we're dealing with very, very complex families. We've actually found the opposite. Families are very appreciative when they get a great product and a great level of service," Reed said. "It's a different experience for the family that I not only know the patient's equipment needs but I also know the family, the nurse, the home. ... It's very humbling," he said. **HC**

These children and their parents receive personalized care from the partners, case managers and the entire COHSC team. (They) focus on the medically fragile mainly Medicaid population to offer support to those who many times are forgotten by the healthcare system.

—From nomination

MATTHEW J. UNTERREINER

LPN,
BAYADA Home Health Care

St. Charles, Missouri

Note: Shortly after being selected as a HomeCare Hero and completing our initial interview, Unterreiner received and accepted a new job with another company as a home health coordinator.

Matthew J. Unterreiner never pictured himself as a nurse. He had actually been working in a casino for several years when a friend told him he thought he'd be a good fit for the role—so he went back to school when he was in his 30s.

He graduated as salutatorian of his class—driving an hour and 15 minutes to attend classes after his initial campus choice burned down. After passing his licensing exam, he went directly into home health care.

"I always liked working with the whole family, like a holistic kind of care," Unterreiner said. "When you're taking care of the patient, you're also taking care of the family."

That has certainly turned out to be the case. He has been working with the same patient—a medically complex 26-year-old man named Kyle—for eight years, two of them with BAYADA. Unterreiner has worked for four different agencies over the years—always with Kyle.

With a noncommunicative patient, it's difficult to distinguish between pain and agitation, he said, but as Kyle's long-time nurse, he has learned to tell the difference. Unterreiner put together a book, jokingly called "the Bible," for anyone who enters the house to care for Kyle. It includes medication and treatment schedules and instructions on how various machines work.

While he shares Kyle's care responsibilities with two other nurses, he still doesn't get much of a break. Unterreiner typically saves up his vacation time in case Kyle needs to be hospitalized. He could take on additional

patients during that time, he said, but if there isn't anyone on the census, he won't work—and he won't get paid.

Outside of work, Unterreiner spends his personal time advocating on behalf of all homecare nurses to receive fair wages. He recently conducted an interview with a local newspaper about pushing his state legislators to support better funding for home health patients through Medicare and Medicaid, and how other caregivers can get involved in the fight.

He is also committed to working on behalf of Kyle and other patients' care.

"I think that when you take care of a patient, you are not only advocating for the patient but for the family as well when it comes to the agency and Medicare and Medicaid," he said. He pointed out that if caregivers aren't available or a pediatric patient's care doesn't get funded, then parents can't work—and can't afford care.

Since the public health emergency began, Unterreiner has made special efforts to quarantine in order to keep his delicate patient safe from infection, isolating himself and donning personal protective equipment for every visit.

"One of the first things that I realized was that I have to quarantine because ... somebody else is relying on me to come in without COVID," he said. "I might say, 'Oh, well I'm 45 years old and you know, I'll be fine. But it doesn't matter because he won't be.'"

However, during bereavement leave for the death of his father, Unterreiner caught COVID-19 from a family member. Fortunately, he had enough leave built up to care for himself. The nurse has since made a full recovery and is back doing the job he loves. **HC**



Because of Matt's skill set, he is able to staff medically complex clients that require specialty medical equipment, such as trachs and ventilators. Such a skillset makes it more difficult for a person as conscientious and caring as Matt to be able to take a day of without notice far in advance, as not all nurses have the training in such advanced equipment.

—From nomination



The cost never matters to him because of the type of person he is. Most of the veterans cannot afford [a ramp] and they do not have benefits, so Patrick is always the first to jump in and take care of them.

—From nomination

PATRICK NEEL

Founder and CEO,
Carolina Ramp Solutions

Monroe, North Carolina

Patrick Neel knows what it's like to hit rock bottom—and that good things can happen then.

Nearly 20 years ago, he was at a crossroads. Real estate, the industry he had been in for years, fell apart when the housing bubble burst. His wife asked for a divorce. He found himself with little more than a toothbrush and the clothes on his back—and having to care for his three children.

And then he got a call out of the blue.

"I received a phone call from a company out of Michigan that asked if I knew anybody that could do installations of ramps for disabled veterans," Neel said. "And I said, 'Well, how hard can it be? I used to be in construction.'"

That phone call led to the creation of Carolina Ramp Solutions, Neel's company, which serves veterans in need and anyone else who needs a ramp or other minor home modifications across the Southeast—and even further afield if he gets a request from outside his primary six-state area. The company has 12 regular employees, including Neel's children.

Now, he loves serving those who have sacrificed for their country and can't imagine doing anything else.

"It's not even about the money. I don't even care about the money," Neel said. "What I care about is watching these people be able to get through life inherently having joy in their life. It's amazing."

The company does not charge to come out and give an estimate for building a ramp. After evaluating what's needed, Neel sits down with his client to lay out the process, including using cones to outline where the ramp will be built. He and his team handle the paperwork for the approval process with the Veteran's Administration, Medicare or other payer.

"We'll get to know them," said Neel. "That's the best part because we find out, if they're veteran, where they served, what war they were in, where they have been. And it's just great, because you really get to know the individuals and it's just such a wonderful experience." He added that many clients love to share their stories and are happy to have someone that will listen.

Take one of his clients, Norman, a Vietnam veteran who lost his right leg and left foot during combat. Neel said Norman was distrusting of anyone who offered him help; he would crawl down the stairs outside his home with his manual wheelchair on his back. So Neel got to work, reaching out to a company that was supposed to supply Norman a ramp but had failed to deliver in almost a year. He also arranged for Norman to receive a motorized scooter.

"And he's sitting in his chair at the door, watching the whole [installation]," said Neel. "And I could see as it gets better and better, his whole face started changing."

Neel remains friends with Norman—who lives with post-traumatic stress disorder—to this day, as well as with some of the other disabled veterans he has helped.

"He'll call because he's having a rough day, and I'll take my truck out and just sit with him," Neel said.

Well beyond owning a business, he views the job as a way to give back and serve others; the blessings he gets in return are just a bonus, he said.

"If I could, I'd do this the rest of my life to the day I die. My kids say 'Dad, you need to retire,'" Neel said. "I don't want to retire because I get so much joy out of doing this, that if I ever stopped doing it, I think it would be the end of me." **HC**

CYNTHIA PHILLIPS

**CAN, HHA, PCA, Live-in Caregiver,
Assured Quality Homecare**

Groton, Connecticut

Cynthia Phillips likes to stay busy. It's a good thing, too—as a live-in caregiver, she rarely has much down time.

On a typical day, she starts early in the morning, wakes her patient, bathes and dresses him, changes and washes his bedding, cooks him breakfast, brings in the newspaper and the mail, and then, after not too long, starts trying to convince him to eat lunch, which he usually resists. She cleans his home, gives him a bed bath in the evening, feeds him dinner and checks in with his five adult children, updating them on their father and on needs for the household, and then sits and talks with him in the evening, mostly about national politics or his own history helping build their shared neighborhood in the 1950s.

"We can talk for hours, we know a lot of the same families," said Phillips. "I have long conversations with him."

But what really makes her special as a caregiver is the long-term relationships she develops with her patients and their families. In fact, in the last three years, Phillips has had only three clients, as she has stayed with each until the end. Her last patient passed away in June of 2020 of complications from Parkinson's; she is now providing care for the woman's 97-year-old husband, a polio survivor with mobility issues.

"I love it because I get to know my clients and I have a better rapport with them," Phillips said. "I can understand what needs they have because I'm there all the time."

That attention to detail has made a difference in her patients' health. In fact, just a few weeks ago there was an episode where her current client started acting overnight as if he had full-blown dementia. She asked his medical team to test him for a urinary tract infection—since that can be a symptom—and as soon

as he started treatment he cleared again. She has used her expertise to protect him from coronavirus infection, as well, calling off unnecessary visits from outsiders and ensuring that anyone who does visit wears a mask. Phillips' own father died of COVID-19 in April.

For an earlier client, she came on board just as a tropical storm was bearing down, so she prepped the family and household for the worst, gathering flashlights and batteries, filling the bathtub with water, investigating whether the fireplace was safe and finding kindling and wood. She called the HME company to determine how long the air mattress would remain inflated and found a spare hospital bed to use just in case. When the power went out for days, she managed to keep everyone fed and made coffee over the open fire, and also called a social worker out to encourage the family to use the patient's hospice care box to reduce pain when he was under tremendous stress.

"She is living proof that caregivers are the secret sauce to helping our elderly population age well, stay healthier and happier in the comfort of their own home," Kelley Roy, Assured Quality Homecare's care manager, wrote in her nomination of Phillips. "On many occasions, Cynthia's keen observations and input have helped her client's families decide when it's time to call in hospice, when it's time to let go and when it's time to accept that medications for comfort at the end of life arenecessary."

For Phillips, the joy in the work comes from helping people live well to the end—and becoming part of her clients' lives.

"My favorite part of the job is the people and getting to know their history, their lives; just getting to know them," Phillips said. "I love working with people." **HC**



She is living proof that caregivers are the secret sauce to helping our elderly population age well and stay healthier and happier in the comfort of their own home.

—From nomination



Dee's ideas are heavily influenced by Care Indeed's purpose to provide client-focused services that embrace the long-term care journey of our seniors. Her contributions are admired among our clients, colleagues, and caregivers.

—From nomination

DEE BUSTOS

Co-founder and CEO,
Care Indeed

Menlo Park, California

Dee Bustos says she learned more from a single patient she had 16 years ago than from anything or anyone else.

The elderly woman, who had lost the use of her legs in a car accident in college, was her client for three years when Bustos, a licensed vocational nurse, was still a novice caregiver. She knew how to do the basics of the job—after all, her family has deep roots in health care both in her native Philippines and in the United States—but there was so much more to understand about really meeting a person's physical and emotional needs, she said.

"This client taught me everything I needed to know. If not for her, I would not understand gratitude; I would not understand the gift, the dignity of life," Bustos said. "Without this remarkable client, I would not have been able to help thousands of patients over the last decade."

In fact, her experience with that patient helped spur Bustos to start her own company, Care Indeed, a nonmedical in-home care agency that serves the San Francisco Bay Area. Founded from scratch 10 years ago, the company now has about 700 employees serving more than 400 clients out of seven offices in California and Washington—with plans for more in the future.

As they've grown, Bustos said, she has made sure to remember the lessons from her early days as a caregiver.

"During this time, she witnessed caring for many clients experiencing fragmented gaps in care, which inspired her to change the way homecare was delivered," her nomination read. "Dee wanted to create a personalized and coordinated ecosystem where every aspect of seniors, their families and the care team's needs was taken care of."

Bustos' experiences with that early client—

who was totally dependent on others to drive her places, to get her Hoyer lift fixed or to reach her distant family—have stuck with her.

During the pandemic, Bustos led her team to develop a program called CI-GO that manages grocery shopping, prescription pickups, mail and more needs delivered to clients with no contact. Another program, CI-Meals, provides meals to current clients who are isolating—even if they decline to have caregivers visit them.

These programs and others are offered to their existing clients and to community partners they have, including retirement communities; they'll probably be part of a package offered to new incoming clients in the future, Bustos said.

"It's very, very important to us to understand what the needs are of our clients—not just what they need right now but as they get older," she said. "It's all a continuum."

Her other big priority is a commitment to offering thorough training for caregivers; she says she is "obsessed" with training—in part because she often felt she lacked guidance in her early days working for an agency.

That's why last year Care Instead partnered with STRIVR, a California-based virtual reality company, to provide simulation training for its caregivers on memory care and Alzheimer's disease. The company has also worked to hold live, virtual trainings throughout the public health emergency.

"If you are a new caregiver, it is so important to really understand the training, you really have to prepare because you are dealing with people's lives, and if you are not prepared as a caregiver you will not know whether you're doing the right thing or not," she said. "Happy caregivers lead to your patients' quality of life." **HC**

DAVID NEWELL

Caregiver,
Always Best Care

Ashville, North Carolina

David Newell was 53 when he retired. It didn't work out for him.

In fact, at 80, Newell is in the midst of exploring a new career—as a caregiver for men of his generation.

Jumping into the homecare industry wasn't part of Newell's plan. The Wisconsin native had either started or bought and run a wide range of businesses in Chicago and elsewhere around the country, including a long stint owning a food brokerage firm with close to 900 sales staff in 17 states.

Then he and his wife retired to Asheville, North Carolina, in 1993, but he didn't slow down much. He was deeply involved in local community organizations and boards—at one point he served on the boards of the five largest nonprofit groups in town. He also jumped back into business, starting a popular local retailer called Interior Marketplace.

"I've never had any health problems, I enjoy being busy and being challenged and you can only play so much golf," Newell joked.

At some point along the way, Newell became friends with the owner of the Always Best Care franchise that covers his area. He was looking for senior men willing to do caretaker work with other senior men, especially those who had been widowed but really wanted to remain in their home.

"He approached me and he said, 'You would just be wonderful with your personality and you'd be so outgoing and you've been so successful in your businesses and you know how to motivate people and manage them and direct them ... You'd be a real success working with my clients who want companionship,'" Newell said his soon-to-be boss told him.

He was inspired to say yes in part because he and his wife had brought their aging parents to Asheville to live out their final years.

Although both sets of parents were healthy—his wife's parents lived to be 98 and 101—he realized how intense and important caregiving can be.

"They lived independently because we were able to make it happen for them, but it was the fact that my wife and I were available to them to fill in the gap that made it possible," he said. "That was eye-opening to us, to see the need for a caretaker."

All told, he has worked with 23 men, many of whom say he's easier to relate to than the younger caregivers, usually women, they encounter. With him, they can talk about their careers and families, about shared interests, and about travel, since Newell and his wife have been to more than 30 countries. Because Asheville is a retirement mecca, many of the men he worked with were CEOs, doctors or lawyers; one client worked on Wall Street and they can discuss stock for hours on end.

"They really enjoyed that I could have an understanding of them," he said. "It's exposure for me to interesting people."

Today, he has five clients he spreads his time between, sometimes visiting for one day a week, or in some cases for a few hours three times a week. They'll take drive along the Blue Ridge Parkway, go out for ice cream or take a walk in the mountains near town—he lets them decide.

And in fact, he's taken on additional hours during the pandemic, telling his boss that he'd be available to help when others may have other obligations.

"I enjoy what I'm doing; the feedback I get from my clients is so rewarding because they really appreciate it," Newell said. "You don't get rich doing this sort of thing, but I've enjoyed it very much and I've made a lot of good friends." **HC**



As an 80-year-old, David continues to provide these imperative services to seniors to maximize their quality of life. He brings a positive attitude to the job every day and is an inspiration for his colleagues. He's proven that age is just a number and always goes above and beyond for his clients. David is recognized often for his hard work and passion.

—From nomination



He has so much love for his job. He goes above and beyond the call of duty. Chuck is kind and considerate of others at all times. He is quick to answer calls of his customers and actually they call and ask specifically for him. He is irreplaceable on the job.

—From nomination

CHUCK VARNER

Medical Center Pharmacy and Advanced Care Medical Equipment

Durant, Oklahoma

Some weeks, Chuck Varner puts more than 2,000 miles on his company's van. That's not hard to when your job requires you to deliver home medical equipment across a large swath of rural Oklahoma. The miles often tick away quickly, and he may be out of cell phone range at times.

Yet when he arrives, he's always willing to go above and beyond for his clients—which sometimes includes buying groceries for customers, moving furniture or even taking care of their livestock.

"I have regulars who have my personal cellphone number; they don't even go to the store," Varner said. "I have had to stop and get a loaf of bread and take it to their house. I've had one—he wanted me to feed his horses and his dogs while he was gone because he was going to be in the hospital for two weeks, so I went over every morning and fed his horses and his dogs."

And in this hardscrabble part of the country, he often steps in not just to set up the equipment he's delivering, but also rearranges furniture, installs safety rails, and even takes down and removes old beds and other equipment—even when he's not really supposed to.

"It's very hard for me to tell a 75- or 80-year-old woman, 'You're going to have to take that bed down yourself,'" Varner said. "I'll take it down, I'll haul it to the barn."

"We're not supposed to, but I cannot just tell them no," he confesses.

All of that makes him part of the family for some of his regulars.

"We have people request him by name," said Advanced Care Medical Equipment Branch Manager Jennifer Martin. "He has never in 13 years gotten a complaint. He's loved by all."

About 14 years ago, a friend who owned the

company came to him—he was a construction foreman at a fabrication shop at the time—and talked him into doing the job. He was right that it would be a good fit.

"I was hesitant at first," Varner said. "But long story short, my parents raised me up to help people, to take care of people. I fell in love with it."

And while he can often handle basic equipment issues over the phone, he doesn't hesitate to head back out on the road no matter when someone needs him. In fact, he says, he's gone out on Christmas day and at midnight on his birthday.

"My toughest challenge is making sure I make that patient comfortable to where they don't have to worry at night if a piece of their equipment is going to work. When I lie down in bed at night, I want to know my patient is also comfortable.

His colleagues suspect that some of his clients reach out just because they want to see him. In some cases, especially oxygen patients, he might visit them several times a week. And while they've all tried to cut back on any of Varner's unnecessary visits, he says that if someone calls for help—and includes the offer of a German chocolate cake when he visits—he just can't resist.

"I did my other job for 22 years and I've been here for 13 years, and I just can't imagine doing anything else that doesn't involve taking care of people," Varner said. "Here I am almost 65 years old and I don't want to stop."

Varner says he actually enjoys the hours he spends driving to and from clients' homes.

"I can tell you when trees are fixing to change colors, because I love to drive. I love to see the countryside," he said. "But actually, taking care of the people is the greatest part of it." **HC**

TINA AUGELLO

**General Manager,
Stephen's Pharmacy/Northeast Med-Equip**

Honesdale, Pennsylvania

Tina Augello started in health care at the age of 18.

Her mother, a nurse, helped her land her first job at the local branch of Rae & Derrick Drug Stores on Main Street in her town of Honesdale, Pennsylvania. When CVS bought out the regional chain in 1992, owner Wayne Stephens realized the move would leave the community without access to HME. He asked Augello and two other employees to help him start a new company across the street and she took the leap.

She was key in helping Stephens Pharmacy grow from its beginnings as a tiny space shared with a dentist's office to almost 3,500 square feet and 44 employees today. In her 28 years working there, she earned certifications as a pharmacy technician, mastectomy fitter, and in diabetic footwear and orthotics, among others. She became general manager, overseeing all aspects of HME and retail operations, and was also Stephens' HIPAA compliance and safety officer.

She left very big shoes to fill when she died suddenly this summer from an unexpected brain aneurysm at the age of 58.

"She not only worked in homecare, she lived homecare," Todd Stephens, Wayne Stephens' son and chief operating officer of Stephens Pharmacy, wrote in his heartbreaking nomination. "She managed our team with empathy, compassion and was a positive role model for all. Her work ethic and dedication to patient care were unmatched. She was well-versed in customer service, billing, management and had knowledge of both front and back end operations. ... She was a vibrant, energetic, intelligent 58-year-old woman who came to work last Friday for the last time."

She loved the work in part because she lived it, Stephens said; a hunting accident left

her father a quadriplegic when she was very young, and that helped shape her experiences with customers each day. Her husband, Mark Augello, whom she married 15 years ago, was also in a wheelchair.

"She was very interested in wound care because she understood how important pressure ulcer treatment and prevention was to someone who was in a wheelchair or bedridden," Stephens said. "If someone were to come to our store with a new diagnosis or a new health condition, she was immediately their best health care advisor. She'd say, 'Okay, here are all the things you need to be watching out for.'"

Augello was an active member of the Pennsylvania Association for Medical Suppliers. But her care went beyond the work, Stephens said. She didn't have children but was "Aunt Tina" for the children of her friends and coworkers. She never missed a birthday or a graduation; she was an avid photographer, and there many photos of events she took in the company files—but very few of her.

"We always called her the glue. She was the glue that held our family business together. She was the glue that held her family together. She was kind of the focal point. And she was also the glue that held her friend group together for many years," Stephens said.

Since her death, Stephens Pharmacy has had to figure out how to handle all the jobs she did—with some help from Augello.

"She was so well organized that she helped us to ensure that we didn't miss a beat, said Stephens. "And this wasn't someone who was on hospice or had a preexisting condition. This was someone who was here one day and gone the next. And we marvel at the fact that Tina is still managing our business by how well she managed our business before." **HC**



She not only worked in homecare, she lived homecare. She managed our team with empathy, compassion and was a positive role model for all. Her work ethic and dedication to patient care were unmatched.

—From nomination

Keep it Clean: Why Proper CPAP Use Matters During Flu Season

4 steps to increasing compliance & keeping users healthy

By Carlos M. Nunez

As this historic year comes to a close, another public health situation (albeit a more predictable one) is upon us: the annual flu season.

More than seven months into the COVID-19 pandemic, the 2020-2021 flu season is beginning in the northern hemisphere. This double threat is concerning for sleep apnea patients who use CPAP therapy and may have other health issues like chronic obstructive pulmonary disease, Type 2 diabetes or other underlying medical conditions that bring the risk of severe illness if infected. While flu cases typically start to peak in December, it is important for health care and home medical equipment providers to educate patients now on the importance of proper CPAP use and how they can get optimal sleep, which can help strengthen their immune systems.

Here are four key things that can help sleep apnea patients using CPAP therapy optimize their health this flu season.

1 Ensure they are properly fitted for CPAP masks and recommend a device that meets their needs

For sleep apnea patients, the immediate steps following a diagnosis are pivotal for a positive experience. Beginning therapy with the right mask is one of the most important factors in adherence, as a properly fitted mask is more comfortable for either a newly diagnosed or a long-time user. Over time, poorly treated sleep apnea can increase the risk of an array of chronic illnesses, including hypertension, heart disease and high blood pressure, and has most recently been linked

to a heightened risk of Alzheimer's disease. A digital fitting tool can help sleep clinicians remotely fit their patients for a new mask.

It's also important to understand patients' lifestyle and health needs so you can recommend a CPAP device they will feel comfortable using. For example: what is their budget? Do they have a bed partner? Do they need a CPAP with a built-in humidifier to prevent dry nose and mouth? Also, if they travel frequently, they may need a more compact travel CPAP machine and should consider backup battery options.

2 Recommend regular cleaning of CPAP machines, masks and all other accessories.

Patients should always be cleaning their CPAP equipment as directed, but it's even more important during this flu season. If they do become ill, it's important to keep surface areas clean.

3 Use digital tools like remote monitoring to increase adherence.

While non-connected PAP devices yield roughly 50% adherence, remotely monitored patients have as much as 75% adherence. Consumer-friendly communication and connectivity apps that include simple text messages and digital health tools can improve adherence to as high as 87%.

During COVID-19, there has also been a significant uptick in the use of telemedicine and remote health monitoring because patients have been reluctant to visit physicians for in-person appointments but didn't want to miss potentially life-saving

care. Tests to diagnose sleep apnea that were once administered in a formal lab can now be taken at home to reduce the risk of exposure to viruses and bacteria, including the novel coronavirus and flu.

4 Emphasize the importance of maintaining good sleep hygiene to keep the immune system strong.

Poor sleep hygiene has been linked to a depression of the immune system, inviting colds and the common flu as well as more severe illnesses. A consistent sleep schedule with seven to nine hours of nightly sleep can enhance immunity against viruses and decrease the risk of life-threatening illnesses, including cardiovascular disease, Type 2 diabetes and depression. Proper rest is especially important for patients with pre-existing conditions to prevent aggravating their symptoms.

During these unprecedented and often stressful times, care providers can be a helpful partner to sleep apnea patients by providing tips and tools to improve their adherence to CPAP therapy, helping patients stay healthy while helping prevent COVID-19 and the annual flu. **HC**

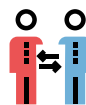
Carlos M. Nunez, M.D., is chief medical officer for ResMed, a global leader in digital health and cloud-connected medical devices that transform care for people with sleep apnea, COPD and other chronic diseases. A digital health patent holder, Dr. Nunez received his medical degree from the University of Miami and has also completed postgraduate training in anesthesiology, critical care medicine and clinical research. He is also a board member of the Consumer Technology Association Health and Fitness Technology Division.

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



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Advocacy

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– **Elliott Campbell, Trace Medical**



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– **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 to invest in your company's future.

INCONTINENCE

When the Weather Outside Is Frightful

Helping patients cope with incontinence in winter

By Mica Phillips

For people of all ages that live with incontinence—and their caregivers—it's not just the weather that's frightful during the winter. The season presents a new set of challenges to people living with incontinence because it is more difficult to remain clean, dry and comfortable. However, there are a few steps you can take in order to make the winter season delightful for your patients or clients.

Incontinence affects people of all ages with a variety of conditions, including spinal cord injuries, post-surgery conditions, paraplegia, diabetes, and a host of others. So, how exactly can you help? Here are five steps, including tips for home medical equipment (HME) providers to better serve their clients.

1 Maintain a regular schedule.

The winter months tend to be full of breaks from school and time off associated with holidays. But, unfortunately, incontinence doesn't take breaks. Maintain your patient's regular bathroom schedule for a typical day so they will be on track once they return to a normal routine.

The best times for bathroom breaks

include when waking up, after eating a meal, before bed, as soon as you arrive somewhere and just before leaving an event or location.

It is also important to use the bathroom before going outdoors or going on another outing, since inclement weather often causes traffic delays and vigorous activities in the snow, while fun, can exacerbate fatigue and incontinence.

2 Get outdoors.

While staying indoors as much as possible during the dark of winter seems like a good idea, limited sunlight leads to reduced vitamin D. This could increase the risk of depression and feelings of isolation. Many incontinent patients already

experience some sense of isolation as they limit social activities due to the fear of having an accident.

It is important to note that when there is snow on the ground, getting around outside safely and keeping the body warm takes up a considerable amount of energy. Strenuous activity such as snow shoveling, snowman building and walking through heavy snow increases stress on the bladder.

People tend to drink less fluid when the cold weather hits, especially if they are hoping to reduce the risk of bladder leaks. Counterintuitively, this can actually make incontinence symptoms worse by irritating the bladder. Make sure your patient stays hydrated by sipping fluids continuously throughout the day.

Also, avoid slippery areas when walking and wear proper shoes with good traction. HME providers can recommend winter footwear that can prevent falls. Wear layers because staying warm is important, as feeling cold could cause bladder muscles to tense. But being able to shed layers easily also avoids overheating, and helps when an

The winter months tend to be full of breaks ... unfortunately, incontinence doesn't take breaks.





unpredictable bladder leaks frequently or causes urgent trips to the restroom.

3 Be prepared for bad weather.

It's the time for winter storms. In the case of a power outage, make sure your client has enough bottled water, canned food and a safe source of heat until conditions improve. Wet wipes are also essential for allowing patients to clean themselves if they can't bathe on their own.

It's also a good idea to have plenty of disposable briefs, underpads, pull-ups and other preferred incontinence supplies on hand. Get to know your client so you can make the right recommendations. With insurance coverage, many people receive a shipment monthly, but HME providers can help supply backup products or serve as a primary delivery source.

Connect with a local community program that will check on elderly patients in the event of inclement weather. Such programs can provide regular updates and may even shovel snow from people's driveways to offer them access to the outdoors.

4 Prevent dry skin.

Because the winter months tend to be less humid, there is an increased risk for dry skin, rashes, and irritation that may lead to infections.

Encourage your client to prevent irritation and excessive dryness by:

- Using a barrier cream to protect the skin;
- Changing or being changed as soon as an accident occurs;
- Gently patting the skin dry after bathing;
- Avoiding hot showers or baths, as increased heat could pull moisture from the skin—use warm water instead; and
- Using a humidifier in the rooms the incontinent person frequents to add moisture to the air.

Note: When changing and cleaning an incontinent individual, always wipe from front to back to avoid spreading bacteria.

5 Enjoy winter beverages in moderation.

In the winter, people frequently take breaks from their regular diets to enjoy sweets and treats, but it's important to enjoy them in

moderation to prevent adding stress to the digestive system and bladder.

People may gravitate toward a hot cup of coffee when it's cold out, but its caffeine and acidity can increase pressure on the bladder. Note that caffeine is a diuretic. Cocktails such as hot toddies are also more popular in the winter, but alcohol is another source of stress for the bladder.

There is no reason to exclude these items forever. Just be careful not to overdo them in order to enjoy social gatherings and travel without worrying about having an accident. They say moderation is the key to lasting enjoyment, and during this season, taking things step-by-step can make a difference and allow your patient to maintain a healthy and productive routine. With a little extra planning and care, patients can enjoy all the fun and cheer winter brings—and none of the blues. **HC**

Mica Phillips is the director of urology at Aeroflow Healthcare. Visit aeroflowurology.com

Put the Squeeze on Leg Pain With Compression

How to help customers find the right product

By Lawrence Present

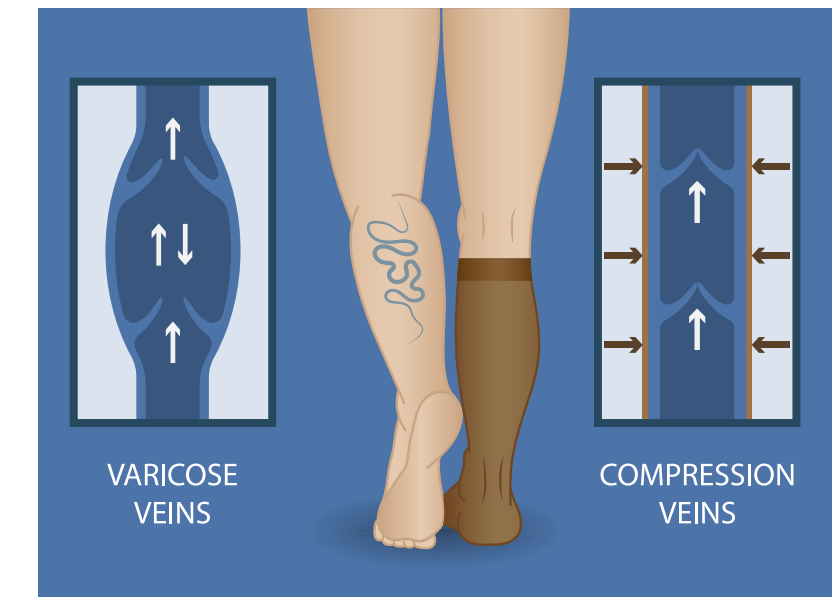
They call the latter part of life the golden years, but those old enough to know better realize it's not gold—it's rust. As people age, parts of the body deteriorate, including the one-way valves in leg veins. These seemingly insignificant flaps, actually folded extensions of the vein wall, help prevent gravity from pulling carbon dioxide-laden blood in the leg veins down to the feet and causing swelling.

When you figure that 70% of the body's blood is in the veins, it's worth taking notice when visible bulging veins or swelling in the legs appear. These can be signs of venous insufficiency. Some people may not worry until other side effects arise. Skin rash, pigmentation, hardening of the skin, ankle ulcers or bleeding may follow the swelling of veins, which is often overlooked or tolerated. Accompanying symptoms such as aching, throbbing, itching, burning, cramping, heaviness or restless legs may exist in various stages of severity and develop slowly. It's no wonder that venous disorders are often ignored until they have been present for a long time.

Simple Remedies

Physicians may tell patients that nothing can be done, or they may recommend elastic stockings. Actually, there is a lot that can be done to treat and effectively manage venous disorders and varicose veins.

The mainstay of conservative treatment and the point from which all therapies derive is simple leg elevation. Since elevation is impractical for anyone who wants to



When you figure that 70% of the body's blood is in the veins, it's worth taking notice when there are visible bulging veins or swelling in the legs.

leave the house, the alternative is an antigravity device known as reverse gradient compression hosiery. These stockings exert more squeeze at the foot and less pressure higher up to direct fluids upwards. These differ from simple elastic stockings that apply the same amount of pressure

throughout. For home medical equipment (HME) providers, there is an opportunity to serve these patients by offering differing degrees of compression.

Compression socks or stockings are an effective tool to help the leg muscles perform a stronger contraction to pump

the blood in the leg veins back up to the heart. Recirculation of this oxygen-poor blood, which filled with waste products from tissue metabolism, is critical to allow the lungs to exchange carbon dioxide for oxygen and for the kidneys to eliminate waste products. The reduction of swelling is also vital to prevent the buildup of elevated tissue pressure, which generates inflammation. Physicians and researchers have determined that these inflammatory proteins are responsible for most problems associated with vein disorders.

The hosiery is designed with a built-in gradient to send fluids upwards. This simple action benefits the superficial venous blood and also the deep venous blood movement, which helps prevent deep vein blood clots. It also facilitates the drainage of intercellular fluid by the lymphatic vessels.

Compression Options

The amount of compression needed varies based on the condition being treated. For bed-bound patients, only a light amount of compression is required, usually 8-10 mmHg, because gravity plays a lesser role on bloodflow in the horizontal position. Once someone is sitting or standing, gravity comes into play and there is a need for increased compression. For light everyday use, 10-15 mmHg is recommended. Varicose and spider veins benefit from higher compression of 20-30 mmHg or 30-40 mmHg. Lymphedema patients require even higher compression of 40-50 mmHg.

These stockings or socks are fitted according to ankle and calf circumference. Thigh measurements for garments that reach higher are necessary due to large differences in thigh circumference. There are devices to assist in donning the hosiery ranging from rubber gloves to various bracket frames and sleeves. In addition, wraps with Velcro straps or zippers can assist those with physical limitations or venous ulcers. HME providers can help with fitting compression stockings and provide the assistive devices, which present a good opportunity to upsell a cash purchase.

Compression hosiery can be worn for limited time before and during vein treatment or any time the patient is on their feet or traveling long distances when ambulation is limited. Hosiery feels good due to the additional support it provides and can prevent leg fatigue when someone is standing all day. There are open-toe options that allow sandal wear in warm climates. Providing options should be a priority for HME dealers. One warning, however: If a customer has arterial insufficiency and is experiencing leg cramping when walking, direct them to a physician for proper guidance and treatment. **HC**

Dr. Lawrence Present, DO, is the chief medical officer at Arizona Vein Specialists in Phoenix, Arizona. He is a doctor of osteopathic medicine and a certified diplomat of the American Board of Venous and Lymphatic Medicine.



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WOUND CARE

When in Doubt, Write it Out

How better documentation improves wound care

By Amy Cassata & Hannah Patterson

New treatment challenges have increased in response to the current public health emergency (PHE), impacting both patients and providers. As agencies and facilities extended lockdowns and limited movement among buildings, providers and clinicians encountered a new reality of care. In this new model, home health patients continue to need specialized wound care, with agencies shouldering the impact of caring for COVID-19 patients and experiencing staff shortages resulting from mandatory quarantines after exposure to patients.

For the 6.7 million Americans living with chronic wounds, COVID-19 has caused disruption to traditional models of care. With the implementation of social distancing measures and infection control procedures, this already vulnerable population is even more at risk.

To protect these individuals, providers must look beyond the conventional models of care and innovate to implement new techniques. By looking toward technology,

providers have the unique opportunity to ensure that clinicians are able to deliver better wound care documentation, and, ultimately, better wound care both amid and beyond COVID-19.

The Biggest Issue Facing Wound Care

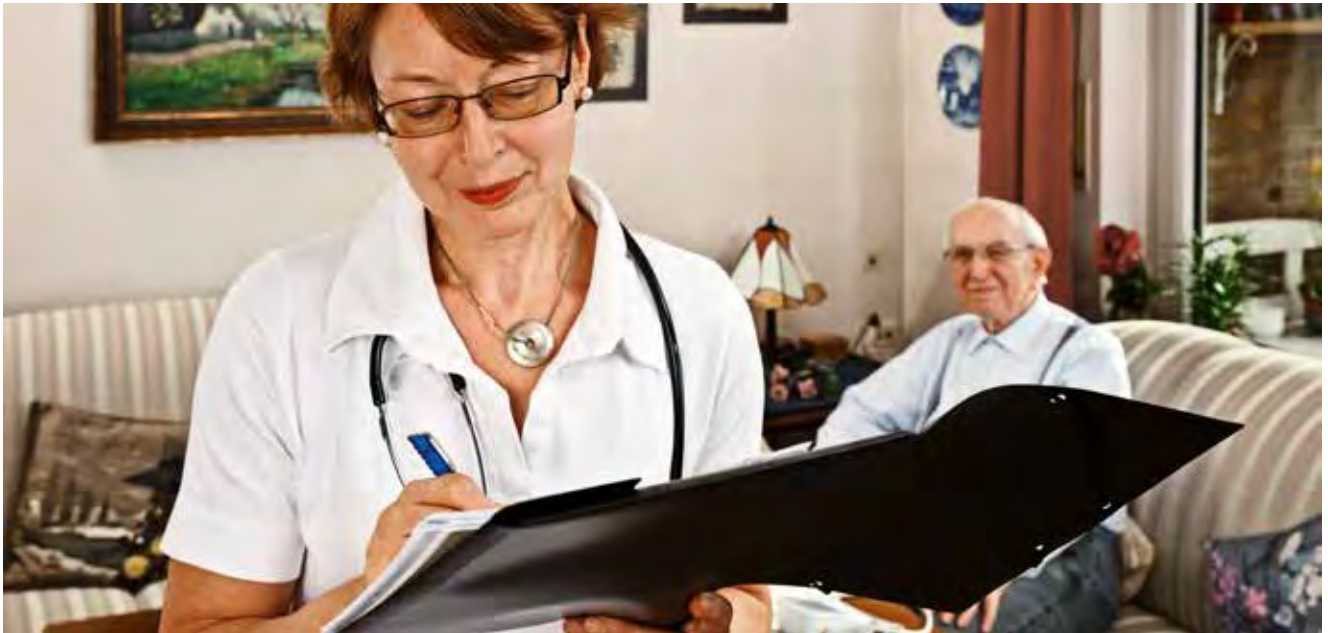
As an industry, there must be a departure from treating wounds in a vacuum, rather than treating the wounded patient as a whole. To achieve this ideological shift, care providers must ensure that the patient is cared for across the continuum by expanding on integrated care transitions. This expansion will yield increased connectivity across care settings, equipping clinicians with a comprehensive view of the individual's care record. This increased visibility allows clinicians to focus on delivering whole-person care rather than segmented care.

As clinicians work to deliver care, documentation can, at times, become a secondary priority. For the busy clinician,

notes may be jotted on a piece of paper at bedside and pocketed, only to wind up whirlpooling in the spin cycle at the end of the day. Without complete and accurate documentation, providers are susceptible to miscommunication, transcription errors, inappropriate treatments, poor patient care, legal risk and deficiency in surveys. Individually, these issues are problematic; collectively, they can impede the delivery of person-centered care.

To combat these common documentation issues, there are three focal points clinicians can address. First, and arguably most importantly, it is vital to involve the entire team. Holding the whole team accountable is integral for wound care management and for maintaining an accurate patient record. Getting a patient's entire care team into alignment is a major part of ensuring better cross-continuum care. Social services, doctors, nurses, physical therapists and family members or other caregivers are all important to the patient's journey to

As we actualize the standard of person-centered care, it is vital that the tenets of this ideology are applied in wound care just as they are in more generalized care. Rather than simply treating the physical wound, clinicians need to focus on treating the wounded patient.



healing and can provide better care through interdisciplinary care practices.

Once the entire care team is actively involved, there are essential documentation guidelines to follow to ensure successful care delivery. These guidelines include:

- the precise use of language
- patient information
- wound category changes
- patient behaviors
- refusal of treatment
- end-of-life wounds
- language in notes regarding any patient-focused communication.

Always record pertinent information in your wound care note, including any dressing changes made that visit. Lastly, when documenting wound changes, stage only pressure injuries and document when a wound changes category. Describing behaviors in the medical records of patients who complicate care can help lead to new treatment methods better suited for the specific patient. When a patient refuses treatment, be sure to record the who, what, where, why and when of the refusals. It is important to not overlook skin failure at the end of life, as it is a causative factor in skin breakdown. When it comes to end-of-life wounds, document the circumstances that make a pressure injury “unavoidable.”

How Documentation Improves Care

As we actualize the standard of person-centered care, it is vital that the tenets of this ideology are applied in wound care just as they are in more generalized care. Rather than simply treating the physical wound, clinicians need to focus on treating the wounded patient. The holistic approach to care is enacted through standardized documentations, automation in measurements, guided technology, cross-collaborative communication and progressive wound management.

These five processes work collaboratively to create a patient record that is complete, accurate and evolving. This new record doesn't just document the wound itself, but also the patient, their diet and their strengths, attitude and limitations—all of which affect the treatment of a wound.

Great documentation leads to great wound care. Delivering great wound care is achieved by leveraging virtual care technology that allows for the real-time monitoring of wounds, among other invaluable functions.

By incorporating technology into the documentation process, clinicians are afforded unparalleled clinical visibility, alerting providers to improving or worsening outcomes, identifying most at-risk patients

and providing a comprehensive view of your wound care population as a whole.

In addition to this clinical visibility, virtual care technology also provides invaluable business insights, allowing providers to identify their cost per wound care episode and how many visits per episode they have for wound care. This allows organizations to optimize staffing by maximizing care and lowering cost.

Today, virtual wound care is a boon for post-acute organizations, as it solves the myriad issues raised by COVID-19. In the future, virtual wound care will be the standard for post-acute organizations, as it solves the documentation issues that have long plagued clinicians, providers and patients and supports the delivery of truly person-centered care. **HC**

Amy Cassata is wound care certified and has more than 15 years of post-acute clinical care experience, including overseeing departmental budgets, clinical operations, staffing and major electronic health record configurations in a variety of health care facilities and projects. She has helped transform facilities into exceptional leaders in the adoption of digital health innovations such as Swift Skin and Wound.

Hannah Patterson is vice president and general manager of post-acute solutions at Netsmart, a health information technology provider for post-acute, senior living, behavioral health and homecare organizations. Patterson has more than 15 years of health care technology experience in the post-acute industry.

NUTRITION

Taking the Heat off Those in the Kitchen

Why you should partner with a meal delivery service

By Caroline Cederquist

Most seniors living in the United States hope to remain at home for as long as possible. Some prefer to retain their independence and be in charge of their own schedule, while others want to stay in the home where they have built a life. Caregivers often want to do everything in their power to meet the wishes of their aging loved ones—but doing so can be all-consuming. Family caregivers spend an average of four years providing more than 24 hours of care per week, while nearly 1 in 4 caregivers spend 41 hours or more per week providing care. This is where a homecare agency can step in and provide help.

Healthy Meals for Healthy Lives

One of the best tools to help seniors age in place is a healthy meal delivery service. The simple task of preparing a meal, which once might have brought pleasure, can be daunting for seniors with limited mobility and declining strength. Others may have difficulty grocery shopping due to limited mobility or simply may not want to cook for themselves, especially if they are experiencing mental health issues or symptoms of depression.

From the caregiver perspective, many find that cooking healthy meals is not part of their job description, or that they can't meet the senior's tastes and preferences, and aides can't be in the house all the time. The cycle of shopping, cooking and cleaning repeats endlessly and meals require creativity that can be difficult to reproduce.

Keep in mind that there is a major difference between a meal and a meal that



Dr. Caroline Cederquist is the co-founder of Silver Cuisine.

Seniors often have specific nutritional needs that may be confusing for a senior or caregiver trying to handle meal planning on their own.

is rich in essential nutrients that support healthy aging. Seniors often have specific nutritional needs that may be confusing for a senior or caregiver trying to handle meal planning on their own. Combine these heightened nutritional needs with the complexities of managing a health

condition and remembering medications, as well as other daily tasks, and senior health and nutrition can be a lot to keep track of. For homecare agencies looking to provide additional services to their clients, partnering with a meal delivery company can help ensure nutritional needs are met.

WELLSKY INVESTS IN SENIOR NUTRITION

Can meal delivery help seniors with multiple chronic health conditions or those transitioning from acute care settings live a better quality of life? A new partnership between the WellSky Foundation and Meals on Wheels is trying to find out.

The nonprofit WellSky Foundation recently donated \$50,000 to Meals on Wheels America, which supports more than 5,000 community-based programs across the United States dedicated to addressing senior isolation and hunger.

The two will collaborate to conduct a pilot research project designed to assist health care organizations in supporting older adults. The project will explore how partnerships between health care organizations and local Meals on Wheels programs can improve senior health outcomes.

Meals on Wheels America and the WellSky Foundation want to better understand and address key social determinants of health—including food insecurity and social isolation—to support the overall well-being of people in need, particularly older adults.

“During this time of incredible uncertainty, seniors who rely on meal delivery need stability and peace of mind that they will continue to receive nutritious food, and Meals on Wheels is making that happen and more,” said Andrea Morgan, executive director of the WellSky Foundation. “With Meals on Wheels America’s facilitation, local programs’ community networks, and the WellSky Foundation’s resources, we’re looking at ways we can work together to make an even greater positive impact on seniors’ health and help them maintain and improve their quality of life.”



Key Senior Nutrition

A meal delivery service makes it easy for seniors or their caregivers to keep track of their diet and be sure they are getting the nutrients they need. Good nutrition is important at every age, but certain nutrients become increasingly critical in the golden years. Some of the primary components of adequate senior

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nutrition are calcium, vitamin D, vitamin B12, protein, dietary fiber and omega-3 fatty acids. Here's why:

- Calcium and vitamin D are vital for bone health, which is important to reduce the risk of osteoporosis and bone fractures.
- Vitamin D can also protect from a number of chronic conditions such as rheumatoid arthritis, cancer and autoimmune diseases.
- Vitamin B12 plays a role in red blood cell formation, cell metabolism and nerve function and also helps to prevent certain types of anemia.
- Protein is important to preserve muscle mass and strength with age, helps support a strong immune system, and aids in wound healing.
- Dietary fiber supports digestive and heart health and can help manage weight and blood sugar.
- Omega-3 fatty acids help reduce inflammation in the body, limiting the risk of or aiding in the fight against chronic diseases such as heart disease, cancer and arthritis.

A senior-focused meal delivery service will understand which nutrients are most important for the aging person and will make

sure to provide meals that are well rounded and nutritionally complete.

Sodium, potassium and vitamin C should also be considered vital for optimal senior health. Sodium is an important mineral and electrolyte, though too much in the diet increases the risk of high blood pressure, cardiovascular disease, stroke and heart attack. Most people in the United States consume more than the recommended dietary allowance of sodium. If seniors reduce their salt intake and increase their intake of potassium—a key mineral and electrolyte that works with sodium to regulate nerve impulses and muscle contractions—they may lower high blood pressure and stave off chronic diseases.

Vitamin C helps support eye health and protects from cataracts, which can negatively affect vision and mobility. A good senior-focused meal delivery service should be able to balance meals and consider the delicate equilibrium of senior diet and nutrition, especially because as people get older, mealtimes may be forgotten and feelings of hunger might be dulled.

Picking a Partner

When looking for a meal delivery service to partner with, make sure it places an

emphasis on senior nutrition, health and safety. The right meal delivery service can lighten the workload for the caregiver who is stretched too thin. It should simplify the confusing requirements of senior health and nutrition by giving seniors and their caregivers fewer things to worry about.

Many senior meal delivery services will deliver meals directly to the front door, eliminating the need for meal preparation and grocery shopping. This is an added benefit, especially during the time of COVID-19, when seniors are sheltering in place to reduce exposure to the virus.

When an agency partners with a healthy meal delivery service, seniors can remain independent for longer and families can feel confident that their loved ones' nutritional needs are being taken care of. Even if you decide not to partner with a meal delivery service, with a few diet tweaks and proactive considerations for caregiver abilities, seniors can enjoy proper health and nutrition well into their golden years. **HC**

Caroline Cederquist, M.D., is the co-founder of Silver Cuisine. She holds three board certifications in family, obesity, and functional medicine. Dr. Cederquist is a graduate of the University of Miami School of Medicine. She has practiced medicine for over 20 years and lectures internationally about various health topics.

ACCREDITATION SERVICES

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 accreditation service providers. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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HomeCare

NEW ON THE MARKET

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

1 Wheelchair Footrest Safety Kit

EASYWHEELZ

Help prevent injuries during transfers and reduce liability from accidents with the wheelchair footrest safety kit from EasyWheelz. The kit attaches to a customer's existing leg extensions, either standard or elevating. A specially designed spring keeps footrests up and out of the way. Easy-pull handles with cable allow the rider or transporter to move footrests into the down position when needed. Arrives partially assembled; no special tools required. Fully adjustable. Visit betterwheelchair.com.

Check 200 on index.

2 ISA Premier Series Stand Assist Lifts

INVACARE

The new ISA (Invacare Stand Assist) patient lifts offer optimal functionality and innovative features for maximum comfort and security when transferring weight-bearing patients, as well as those needing rehabilitation support. The sleek, modern design was driven by customer insights with the goal of incorporating what is most valued in a stand-assist lift, while also introducing new features to enhance the end-user and caregiver experience. Visit invacare.com.

Check 201 on index.

3 Tapered Arm & Elbow Cuffs

LIMBKEEPERS

Two new styles have been added to the existing line of Limbkeepers protective sleeves and gloves. Both styles offer the same features current Limbkeepers' products have: they are non-compression, seamless, moisture wicking, and antimicrobial, providing protection and reducing the risk of skin tears and injuries from impact. The elbow sleeves protect against impacts from daily life and guard against chafing from wheelchair use. The full-fit arm sleeves accommodate a wider arm with a tapered wrist, providing the same skin protection as all our other products. Visit limbkeepers.com.

Check 202 on index.

4 ROHO Hybrid Select Cushion

PERMOBIL

While people usually associate offloading cushions with a firmer surface, the marriage of air cells and foam allows Permobil's new Hybrid Select to provide flexibility and forgiveness that other offloading cushions lack. Positioning capabilities for this hybrid cushion are achieved by utilizing the integrated ISOFLO Memory Control to set the amount of air in the two separate ROHO elements: the overlay across the back two-thirds of the cushion and the removable IT insert in the center. This locks in the right amount of air where it's needed for optimum support and relief. Visit permobil.com.

Check 203 on index.



1



2



3



4

VENTILATORS



1 Vivo 65

BREAS

The Vivo 65 is a life support ventilator for pediatric and adult patients 11 pounds and up. It treats a broad range of respiratory diseases and is capable of adjusting treatment through a patient's disease state with invasive dual- and single-limb, noninvasive and mouthpiece ventilation for hospital, LTACH/ SNF and home environments. A full set of modes, SpO₂, etCO₂, and FiO₂ monitoring, unique eSync breath by breath, leak tolerant synchronization and accurate volume delivery potentially help reduce readmissions. Designed for mobility with 11.5 hours of battery life, it is also easy to learn and operate for medical staff and homecare providers. Visit breas.us.

Check 204 on index.

2 Trilogy Evo

PHILIPS

Trilogy Evo is a next-generation ventilator designed to enable seamless care transitions for patients, physicians and home medical equipment providers. It delivers consistent patient therapy and monitoring across changing care environments. This first-of-its-kind ventilator allows physicians, clinicians and care providers to effectively collaborate and coordinate care by storing patient data and prescriptions, empowering home health care providers to deliver high quality care. Visit philips.com.

Check 205 on index.

3 Astral

RESMED

Astral is a cloud-connected, lightweight life-support ventilator with invasive and non-invasive capabilities to support patients with varying disease states in the hospital or home. With a combination of modes, synchrony features and monitoring tools, Astral makes personalized ventilation easier than ever, and with remote monitoring of key ventilation parameters, Astral enables improved care coordination and improved patient outcomes. Visit resmed.com.

Check 206 on index.

4 Ventilator Supplies

TRACE MEDICAL

Trace Medical offers a complete portfolio of ventilators—invasive, noninvasive and multi-function. Ventilators are serviced by an authorized service center and the company stands behind the products and the manufacturers we represent. Visit tracemedical.com.

Check 207 on index.



FOOT CARE & FOOTWEAR

1



1 Nice Stretch Total Solution Plantar Fasciitis Relief Kit

BROWNMED

The Nice Stretch Total Solution Plantar Fasciitis Relief Kit provides 24-hour support and pain relief to the ankle, arch and heel. It's round-the-clock treatment for plantar fasciitis pain. Daytime sleeve for balanced compression and nighttime splint for gentle stretching. Available in S/M and L/XL.

Visit brownmed.com.

Check 208 on index.

2 Gordon X & Grace X

DJO/Dr. COMFORT

Dr. Comfort recognizes the need for quality, comfort and style in the diabetic shoe market. With outsole technology and experienced shoe designers, the company engineers footwear with unique features to help those living with diabetes. The new Gordon X and Grace X shoes are built ¼ inch deeper than the Gordon and Grace for extra depth and enhanced support. Built on the Stability outsole, Gordon X and Grace X offer an athletically-inspired shoe that is bold, comfortable and performance-focused.

PDAC approved. Visit drcomfort.com.

Check 209 on index.

2



3 The FootMate System

GORDON BRUSH

Foot care is a daily challenge, but the 100% American made, podiatrist recommended FootMate System makes optimal foot health easy. It is a complete foot transformation system for cleaning, soothing, stimulating and massaging your feet every time you shower. The FootMate System is a brush and specially formulated gel that goes in the bath or shower to clean and massage the feet without the need to bend over. The product is great for anyone seeking a soothing, stimulating way to clean and massage their feet. Visit footmate.com.

Check 210 on index.

3





4 SoreSpot Silicone Tape

PEDIFIX

“Miracle” tape for foot care, skin care, wound care, scar care—anywhere! Super-smooth, thin, conforming, self-adhering. Instantly protects and relieves blisters, corns, calluses, bunions, burns or sensitive spots anywhere on the body from friction and shear. Ideal for positioning dressings, IVs and CPAP masks. Gentle release for painless, damage-free removal from sensitive, at-risk skin. Helps prevent skin tears, even with frequent re-taping. Clinically proven to improve the appearance of scars, too. Waterproof, hypoallergenic and reusable. Promotes healing. New single roll package complements 12-pack clinic boxes. Available in multiple lengths and widths. Visit pedifix.com.

Check 211 on index.

5 Hands-Free Shoes

QUIKIKS

Quikiks, which says it is the world’s first securely fastening totally hands-free operable footwear line, is coming out with a new and improved mechanism and even wider entry for super-easy donning. Quikiks Hands-Free Shoes allow the wearer to slide the foot in and step down to securely fasten, then strike the heel to remove. No need to bend over or use hands to get in or out! Perfect for people with mobility challenges who are at risk for falls and struggle to put on typical footwear.

Visit quikiks.com.

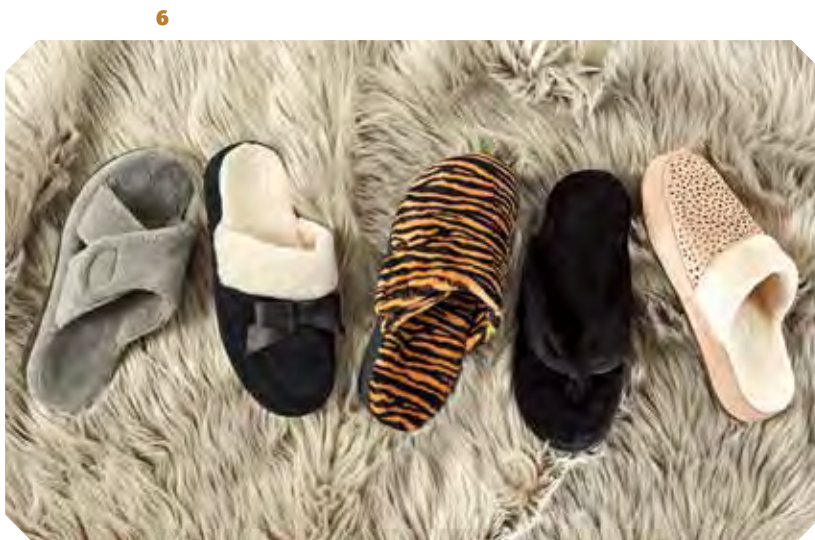
Check 212 on index.

6 Slipper Collection

VIONIC

Designed to hug the curves of your feet, The Vionic Slipper Collection gives you the cozy you want from slipper with the support you expect from Vionic’s Vio-Motion Support, which includes three-zone comfort with ultimate arch support for a difference you can feel. Visit vionicshoes.com.

Check 213 on index.



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

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

- 01 Home Medical Equipment Provider
- 13 Hospital with HME
- 03 Independent Pharmacy/Chain Drugstore
- 15 Hospital with Home Health Agency
- 05 Home Health Agency/Nursing (Medical)
- 16 Hospice Agency
- 12 Personal Care/Home Care Services (Non-Medical)
- 14 Long Term Care Facilities (SKNF, Assisted Living)
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- 48 Personal Care/Home Care Services (Non-Medical)
- 49 Long Term Care Facilities (SKNF, Assisted Living)
- 50 Physical/Occupational Therapy
- 98 None
- 99 Other (Please Specify) _____

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PROVIDER PROFILE

Working 9 to 95

Seniors Helping Seniors provides opportunities for older adults

By Kristin Easterling

Do you picture your retirement taking it easy and spending time at the beach or golf course? Or do you dream of taking a greater part in your grandchildren's lives? Life after retirement can be rich and fulfilling—and for seniors who are interested, there are also opportunities to help other seniors in their communities.

Seniors Helping Seniors is a family-owned nonmedical homecare provider with franchises in 33 states, the United Kingdom and Malta. The average age of a caregiver with the company is 55.

"We hire active, mature adults—typically seniors—to provide care to less active individuals," said Daniel Jan, vice president of operations. "We think it's a win-win, because we're hiring seniors and helping those people that want to stay in the comfort of their own home without having to go to facility-based care."

The company's cofounder, Kiran Yocom, was inspired to start this unique caregiving model by her experiences as a youth worker with Mother Theresa. Yocom said that Mother Theresa was known for saying that Americans were very giving of their money, but poor when it came to giving their time. When working with seniors around her, Yocom noticed that families were often too busy to sit with their elders.

"I realized that there were seniors who had nothing to do and had nobody to love ... So to have a friend come and share their time with them would [allow each to give and receive love]," said Yocom.

It's also about connection, Yocom said. The average age of a caregiver in the industry is 49.2, but many are younger, working to start their careers. There's going



Seniors Helping Seniors Co-Founders Philip and Kiran Yocom.

to be a disconnect in life experiences, she said. Seniors living at home want someone who can understand their stories. The average age of a caregiver at the company is 55.

"A lot of the seniors were asking 'Who am I?' after retirement," said Namrata Yocom-Jan, executive vice president. Yocom-Jan added that many of the company's employees are looking for something meaningful to do and want to feel they are giving back to their community.

Seniors Helping Seniors' caregivers are paid for their time and experience. With the growing number of seniors in the United States, ensuring there are employment opportunities for those who want to work is important, said Yocom.

"We need to make sure that people give them a chance to work because they have beautiful work ethics," Yocom said. "Seniors have loving hearts and want to do anything and everything they can to make a difference in another senior's life."

Seniors Helping Seniors has endured through the pandemic, with web searches for the company increasing 15%, said Jan. He said that the company's employees understand what their clients are going through and are taking precautions.

"They're going to be conscientious in their free time so that they don't get exposed to COVID-19," he added. **HC**

Kristin Easterling is managing editor of HomeCare magazine.



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