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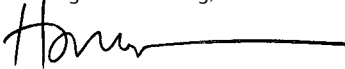
When we launched HomeCare Heroes last year, we sort of thought highlighting the extra work that people were doing during COVID-19 would be a one-time thing. After all, we figured that by November of 2021, this pandemic would long be over, right?

Now, as the pandemic drags on, reading the nominations that hundreds of you have sent in has become my favorite part of the year. These stories put me in the holiday spirit and provide so much inspiration about all the good happening in this industry. We know that our 10 finalists are just the tip of the iceberg and that there are countless people out there doing great work—and we're thankful for all of you!

We hope these special stories, which start on page 20, help keep you motivated to do more as well.

There are plenty of other articles in this issue that should provide some practical applications for your business. For home medical equipment providers, we've got great takes on how to take on the retail giants with better customer service, partnering with assisted living communities to sell incontinence supplies and how real-world evidence shows that CPAP treatment really works. For those of you focused on in-home care, check out our stories on streamlining your marketing tactics, better managing employee appreciation and navigating the potential pitfalls of the newly popular Delta-8 cannabinoid products. And don't forget to check out the New Product Pavilion Providers' Choice Award winners from Medtrade East on page 34.

Thank you for reading,



Hannah Wolfson

BE HEARD

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

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

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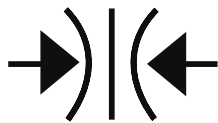
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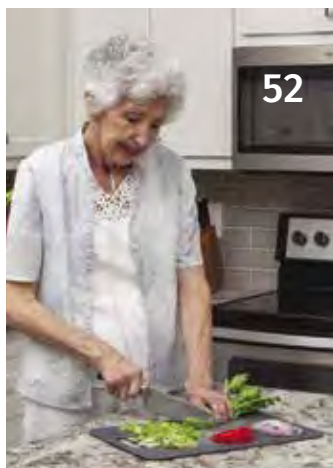


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We had our Home Infusion Therapy **ACCREDITATION.** ***Simplified.***

By The Compliance Team.



Byron Yoshino, Pharm.D.
President & CEO
Pharmacare Hawaii Inc.
Honolulu, HI

The Compliance Team is a CMS approved DMEPOS and Home Infusion Therapy (HIT) accreditation organization. Our provider centric approach to accreditation was developed over 25 years ago and is designed to save you time and money without compromising quality. It is our genuine commitment to deliver ***Accreditation. Simplified.*** that sets us apart from other AO's.

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Walgreens Boots Alliance Invests in CareCentrix

CareCentrix, Inc., an independent home-centered platform that coordinates care to the home for health plans, patients and providers, announced that the Walgreens Boots Alliance has invested \$330 million for 55% of the company at an \$800 million valuation net of debt.

This investment gives the Walgreens Boots Alliance (WBA) majority ownership of CareCentrix and the option to acquire the remaining equity interests in the future. It also advances Walgreens' capabilities in post-acute care and homecare and supports its recent launch of Walgreens Health, the company's technology-enabled care model.

CareCentrix offers a suite of services to support emerging homecare models, including care transitions, home nursing, durable medical equipment, home infusion and in-home palliative care.

CareCentrix, which manages care for 19 million members through approximately 7,400 provider locations, will continue to operate as an independent company under its current executive leadership. The transaction was subject to regulatory clearances and approvals and other customary closing conditions and is expected to close by the end of WBA's second quarter of fiscal year 2022.

carecentrix.com,
walgreensbootsalliance.com

Lifespark Closes on B Funding Round

Lifespark, formerly Lifesprk, a provider of

services for seniors, has raised \$20 million in a B round. The round is being led by a Virgo-managed fund to continue advancements in Lifespark's operating system, proprietary technology platform and UCare, the largest Medicare Advantage provider in Minnesota.

"The proprietary technology we are building isn't for tech's sake but to create on-demand access and deep holistic understanding of our clients," said Joel Theisen, Lifespark CEO and founder. "This powerful insight combining both prescriptive and predictive analytics guides our service delivery from the current low-value, acute, reactive care mindset to one that empowers people to take control of their health."

This thinking is in line with changes emerging as providers shift from fee-for-service to value-based payment models.
lifespark.com

Addus HomeCare Joins Flex for Checks Program

Addus HomeCare, a provider of comprehensive homecare and support services, has joined the National Minority Health Association (NMHA) in support of the Flex for Checks program, which aims to increase COVID-19 vaccinations in medically underserved communities.

Flex for Checks is a new, community-based program that was developed as part of an \$11.1 million grant from the Health Resources and Services Administration (HRSA) that seeks to mobilize homecare workers to increase vaccination confidence and vaccination rates in underserved communities. Its success depends on the

UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities. Here is what is coming up soon. Did we miss an event? Send info to keasterling@cahabamedia.com.

NOV 10–12 Pennsylvania Homecare Association Annual Conference
Farmington, PA
pahomecare.org

DEC 5–9 ASHP Midyear Clinical Meeting
Virtual
ashp.org

JAN 5–8, 2022 CES
Las Vegas, NV
ces.tech

JAN 26–29, 2022
ATIA Conference
Orlando, FL & Virtual
atia.org

assistance of homecare workers and home health agencies.

"Our organization is committed to the safety of our patients and employees, so when this opportunity came up to work with NMHA to accelerate vaccination in underserved areas, we were excited to participate," said Brad Bickham, who is president and chief operating officer at Addus HomeCare.

addus.com

International Biophysics Rebrands as Movair

The respiratory therapy company formerly known as International Biophysics Corporation has announced a new name—Movair—to coincide with the company's

\$98^b

The amount investing in durable medical equipment could save annually, according to a new study released by VGM.

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INDUSTRY MOVES

Sept. 1, 2021
Complia Health
Appoints
Terry Richards CTO



Sept. 24, 2021
BOC Promotes
Matthew Gruskin
to COO



Oct. 4, 2021
Apria Appoints
Christopher G. Lee Chief
Accounting Officer



Sept. 7, 2021
Encompass Health
Appoints
Christopher Reidy
to Board



Sept. 30, 2021
Lisa J. Pino
Appointed Director
Office of
Civil Rights



Oct. 5, 2021
Boost Home
Healthcare Names
William Porrok Brand
President



Sept. 9, 2021
WellSky Adds
Andy Eilert to
Leadership Roster



Oct. 1, 2021
Samantha Frederick
Joins Caché Software
Team



Oct. 11, 2021
Seema Verma Joins
WellSky Board



Sept. 23, 2021
Pediatric Home
Service Names
Adam Nielsen CEO



Oct. 1, 2021
Tom Pontzius
Named President 3B
Medical



Oct. 19, 2021
Drive DeVilbiss Co-
Founder Jeff Schwartz
Announces Retirement



renewed focus on strengthening its position as a leading provider of innovative respiratory therapy technologies.

For nearly 30 years, the Austin, Texas-based company has advanced and manufactured life support equipment, including heart pumps, surgical instruments, medical molding and home medical equipment.

The company is best known for the AffloVest, a fully mobile battery-operated respiratory airway clearance vest.

Movair is committed to advancing new respiratory solutions that provide patients with more opportunities to embrace the everyday experiences made difficult by their conditions. The company is poised to accelerate the growth of its respiratory therapy portfolio throughout the next 12 months.

movair.com

CHAP Introduces Simplified HME Accreditation Standards

Community Health Accreditation Partner (CHAP) has announced new home medical equipment (HME) standards approved by the

Centers for Medicare & Medicaid Services (CMS). The new standards will be used for all HME surveys starting Jan. 1, 2022.

CHAP has redesigned the company's HME standards to give agencies options that align with their state requirements. These new standards support agencies where they are and provide them with a playbook for growth. Which standards apply to an individual provider are now easier to identify. The standards have been refined from two manuals with a total of 159 pages of standards and guidance to one manual with 58 pages. Every standard includes accompanying evidence guidelines that any provider can follow to understand what CHAP will be looking for during a site visit.

All updated standards focus on quality patient care and positive outcomes for the client. The HME standards are structured so that it's easy for HME providers, no matter their business model, to achieve and maintain accreditation.

The company will begin conducting surveys on the new standards starting Jan. 1, 2022.

chapinc.org

Honor Closes on Series E Funding Round

Honor Technology, Inc., a senior care network and technology platform that recently acquired global homecare provider Home Instead, announced it has raised \$70 million in Series E funding and \$300 million in debt financing. The round brings Honor's total equity funding to date to \$325 million and values the company at over \$1.25 billion.

Honor's technology and operations platform, paired with Home Instead's global network and relationship-based care, will serve as a foundation for a dramatic increase in innovation investment to benefit professional caregivers and clients through expanded offerings.

Since its Series D funding round in October 2020, Honor has added hundreds more caregivers and expanded its care delivery platform to four new states. In August 2021, Honor acquired Home Instead, a global franchisor of personalized, in-home care services. The combined company serves over 100,000 older adults around the world every month, providing more than 80 million hours of care annually.

PHILIPS

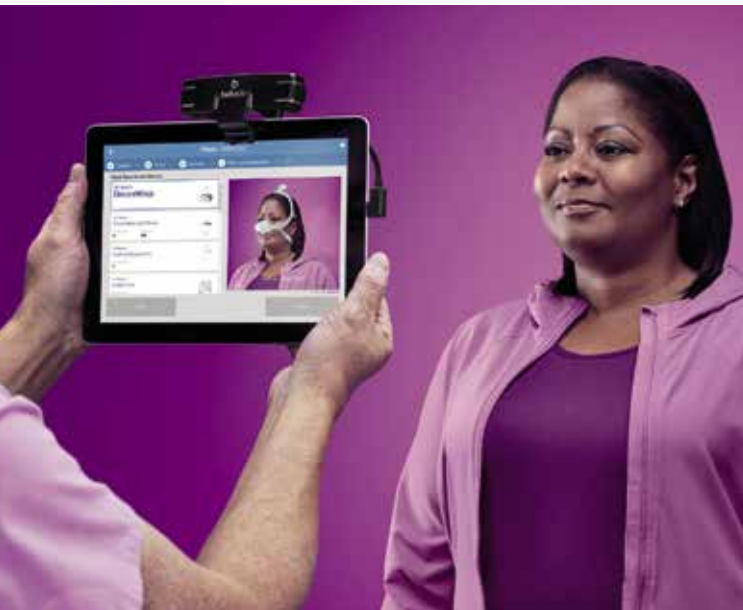
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to learn more about **Mask Selector 3D**.

References: **1.** Data analysis after 90 days of use. 2019 Philips sponsored patient preference trial (n=310). Patients scanned using the Mask Selector (n=153) vs. traditional fitting methods (n=157). **2.** Data analysis after 90 days of use. Philips sponsored patient preference trial (n=310; n=253 completed questionnaire). Patients scanned using the Mask Selector (n=118) vs. traditional fitting methods (n=135). **3.** 2019 Philips sponsored patient preference trial (n=310). Patients scanned using the Mask Selector (n=153) vs. traditional fitting methods (n=157). **4.** 52% reduction in refits; Data analysis after 90 days of use. 2019 Philips sponsored patient preference trial (n=310). Patients scanned using the Mask Selector (n=153 randomized, n=151 fit) vs. traditional fitting methods (n=157). **5.** Data analysis after 90 days of use. 2019 Philips sponsored patient preference trial (n=307). Patients scanned using the Mask Selector (n=150) vs. traditional fitting methods (n=157).

Check 110 on index.

MERGERS & ACQUISITIONS

Aug. 24, 2021 Connect America Acquires RPM Platform 100Plus

Aug. 25, 2021 VoiceFriend Receives Major Growth Investment

Sept. 9, 2021 LHC Group Acquires Assets of Brookdale Health Care Services

Sept. 17, 2021 24 Hour Home Care Acquires GrandCare Health Services' Caregiving Division

Oct. 5, 2021 ACU-Serve Acquires Pro-Med

Oct. 6, 2021 Etac Acquires Ki Mobility

Oct. 7, 2021 Kubat HealthCare Acquires Miller Pharmacy Specialists

Oct. 12, 2021 Best Buy to Acquire Current Health

Oct. 13, 2021 Help at Home Acquires Meridius Health, Altamaha HomeCare

87%

of HHAs in a federal audit had infection control and prevention activities that met CMS's standards.

The funding will be used to further invest in Honor's operations and technology capabilities and expand them across the Home Instead network.

joinhonor.com

Relias Survey Highlights Need for Diversity Training

The fast-changing and urgent nature of the pandemic has underscored the importance of adaptable and online health care training for everything from infection control to crisis planning. The pandemic also appears to have bolstered a stronger understanding of the need for training to support diversity-related initiatives, as well as staff wellness and self-care.

Those are among key findings of the 2021 State of Healthcare Training and Staff Development Report recently released by Relias, a global software company that specializes in education and training solutions for more than 11,000 health care and human service organizations. Relias conducts the survey each year.

The report, based on a survey of 1,290 professionals across health care sectors, found that 62% of responding organizations have diversity, equity and inclusion initiatives in place, and that 90% of them support those initiatives with training. Only 40%, however, require managers to participate in training programs.

In addition to diversity-related issues, the survey found that staff development is increasingly expanding beyond clinical skills to focus on wellness and self-care—key issues for health care workers dealing with the stress and unparalleled challenges presented by the pandemic.

Fifty-seven percent of participants cited employee wellness and self-care among the top pandemic-related training needs, led only by infection control (71%) and pandemic planning and response (60%).

The survey also found:

- 67% indicate that staff development and training have a significant or major impact on top business goals but 68% don't highly appreciate the financial benefits

- 32% say they have tapped into the power of data and analytics tools to inform staff training assignments
- 21% cited gaps in communication as a top weakness in training

relias.com

RehabPulse Integrates Insurance Processing, Closes Funding Round

RehabPulse, a technology marketplace for medical equipment, announced that it has secured \$4.5 million in its latest funding round. The company also announced it has become the first ever online marketplace in the durable medical equipment (DME) sector to offer integrated online insurance claims processing.

Participants in the funding round include existing investors WISC Partners and high net worth investors active in the digital health care space.

RehabPulse will use the funds to further build its team, continue to innovate the artificial intelligence and deep tech that underpins its platform, further develop its insurance claims processing service, and grow the company's distribution model for medical products and services to improve the accessibility of DME at an affordable price.

rehabpulse.com



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Promoting Telehealth Access After the Pandemic Ends

CONNECT for Health Act of 2021, S. 1512

By Kristin Easterling

During the early months of the COVID-19 pandemic, telehealth utilization across the health care continuum grew by more than 5,000%, according to data from FAIR Health. And while usage has leveled off from its 2020 high, it remains above pre-pandemic levels.

For Medicare patients aging at home, telehealth remains a lifeline to providers. The Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2021 is designed to expand coverage of telehealth services through Medicare, make COVID-19 telehealth flexibilities permanent, improve health outcomes and make it easier for patients to safely connect with their doctors.

LEGISLATION

The CONNECT for Health Act was originally introduced in 2016 as a comprehensive piece of telehealth legislation. Several pieces of that original bill have since been enacted into law or adopted by the Centers for Medicare & Medicaid Services (CMS), including provisions to remove restrictions on telehealth services for mental health, stroke care and home dialysis.

The 2021 version of the act includes new and revised provisions that will broaden access to telehealth services. Specifically, the legislation will:

- Remove all geographic restrictions on telehealth services and expand originating sites to include the home and other locations;
- Permanently allow health centers and rural health clinics to provide telehealth services, a provision temporarily in place due to the pandemic;
- Allow CMS to waive certain restrictions, such as those limiting the types of technology that may be used;
- Give the secretary of Health and Human Services permanent authority to waive telehealth restrictions, a provision currently in place temporarily for to the public health emergency;
- Allow for a waiver of telehealth restrictions during public health emergencies; and
- Require a study to learn more about how telehealth has been used during the current COVID-19 pandemic.

INDUSTRY ENDORSEMENTS

The CONNECT for Health Act is endorsed by more than 170 health care organizations, including:

- Alliance for Aging Research
- Alzheimer's Foundation of America
- American Academy of Hospice and Palliative Medicine
- American Academy of Sleep Medicine
- American Association for Respiratory Care
- Connected Home Living
- HIMSS
- LeadingAge
- Masimo
- National Association for Home Care & Hospice
- National Coalition for Hospice and Palliative Care
- National Hospice and Palliative Care Organization
- NCART
- Philips
- United Spinal Association

DID YOU KNOW?

In 2019, 43% of health centers reported that they could provide telemedicine; 95% of health centers reported actually using telehealth during the COVID-19 pandemic.

Source: Health Resources and Services Administration

STATUS» The bill was introduced in the Senate in April and referred to the Committee on Finance.

LEARN MORE» Track the bill at [congress.gov](https://www.congress.gov).



AAHomecare Members Pave the Way to Success

AAHomecare and its members have reached out to CMS, state Medicaid authorities/health agencies/governors, major third-party payers/MCOs, and Congress to push for policy changes to help HME operate more effectively and safely under difficult conditions during the pandemic. Through lobbying, grassroots advocacy, public policy, regulatory initiatives, and media efforts, great progress has been achieved.

During the public health emergency, the Association has helped secure \$2,267,000,000 in relief for HME providers, including more than \$90 million from payer initiatives alone. This is a substantial amount for our industry.

Learn how AAHomecare members make significant contributions to the HME Community each day and how you can be a part of this! Contact Mike Nicol, senior director of membership, at michaeln@aahomecare.org.

AAHOME CARE
American Association for Homecare

AAHomecare.org/membership

Moving DME Prescribing Into the Digital Age

The time to adopt this technology is now

By Daniel Starck



DANIEL J. STARCK has served as Apria's chief executive officer since 2015. Starck was CEO of Apria's home respiratory therapy and home medical equipment segment when he joined the company in 2012; he became a member of the board of directors in 2013. He also sits on the board of DMEScripts. He holds a B.S. in business from San Diego State University in California. Visit apria.com.

The home health care industry provides a vital service in this country, delivering care to patients in need within the comfort and safety of their own residences. At no point in recent history has the need for home-based care been clearer than in the last two years, as many patients with underlying conditions have sought to limit their risk of exposure to COVID-19 by receiving care at home.

At the same time, as the industry continues to grow and expand, it has never been more apparent that the time is upon us to embrace technology and digital solutions in a new way.

Despite its critical role and growing demand, the homecare industry historically has been comprised of many small providers offering a wide range of services. Perhaps because of the large number of providers, industry inertia or any number of other reasons, the industry has been slow to integrate technology on a large scale.

Ordering DME

One particular aspect of the industry that has remained largely paper-based until now is the ordering of durable medical equipment (DME). The typical scenario involves the referring health care provider faxing an order to a supplier, who then fulfills the order. When everything runs smoothly, this process has worked. The equipment is delivered, and the patient is able to receive the necessary care.

Too often, however, the process takes place with a number of bumps in the road—obstacles that impact and delay the care that patients so urgently need. Most of the delays are due to administrative errors. The DME supplier has to sort through physical papers to accept the order, and then they have to confirm each patient's qualification and billing information. Often the information that has been faxed to the supplier requires clarification or is incomplete, necessitating multiple phone calls back and forth between the health care provider and the DME organization. While most situations are eventually resolved, this back-and-forth causes delays for patients, who can be left waiting for equipment they urgently need.

One of the easiest ways to eliminate delivery delays and administrative hassle is to move toward an industry-wide practice of e-prescribing. Digital ordering for DME creates a number of efficiencies that ensure that patients have the equipment they need as soon as they need it.

Typical e-prescribing software interfaces mandate that accurate patient qualification and insurance information be collected and entered, along with all the other information necessary to complete the order, before an order can be submitted. This ensures that information is not left out inadvertently. The complete order can be transmitted in a single transaction, rather

than being initiated via paper and followed up on through one or more live phone conversations and additional faxes.

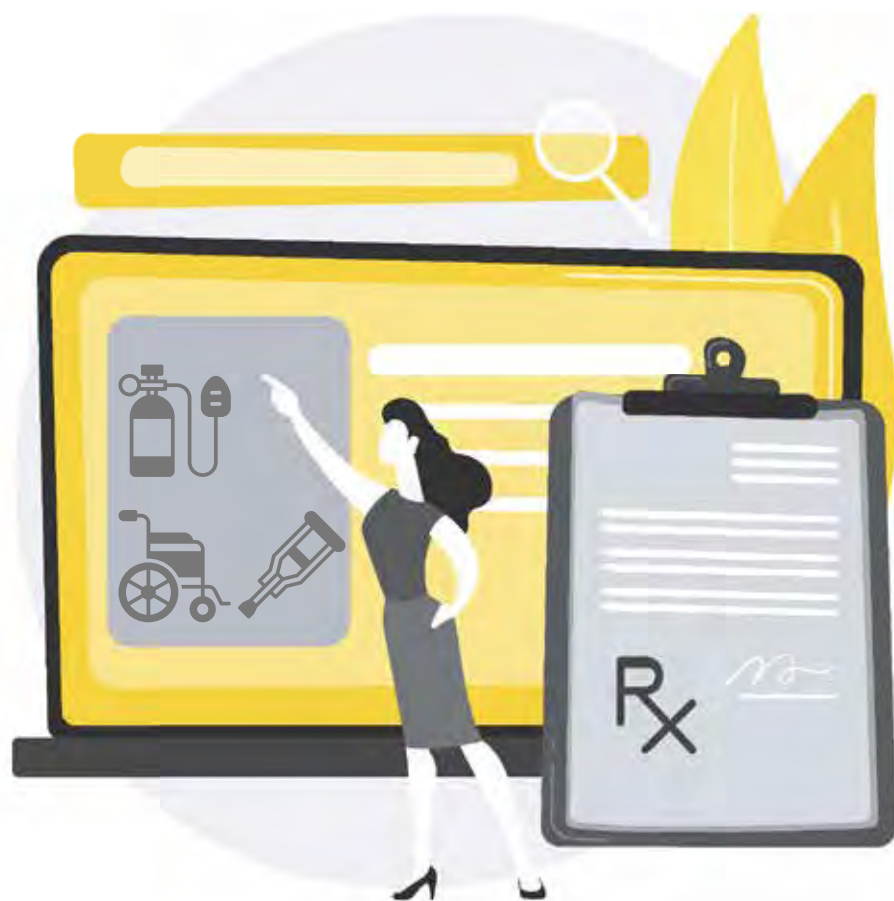
Once submitted, the order can be queued quickly for processing and suppliers can confirm requests. Other benefits include the ability to track orders from submission to delivery, and options for secure messaging between referrers and DME providers to discuss issues such as product substitution or other questions that may arise. Most DME e-prescribing platforms also offer an option to integrate with the provider's electronic medical records and billing systems.

Industry Built & Lead

The need for e-prescribing has long been recognized. A few solutions have been introduced into the market in the past five years, but they did not see a high level of adoption. That's why, this fall, several industry leaders, myself included, announced the formation of DMEscripts, an independent e-prescribing company. Our goal in creating DMEscripts is to drastically improve the current order-to-delivery process by empowering and accelerating the widespread adoption of electronic ordering.

As a group, we are committed to creating an open network: Any DME provider can join at no cost to themselves, their health care providers or their patients. We anticipate that bringing more providers on board will result in a smoother, simpler, more efficient and less costly ordering process for prescribers and suppliers, in addition to eliminating unnecessary delays in the processing and delivery of critical home therapy devices and therapies.

We are targeting an industry-wide adoption rate of 25% within the next two years—on any available e-prescribing platform—up from today's DME e-prescription rate, which is currently estimated at less than 10%. Once that is achieved, we hope to continue until e-prescribing is the industry standard. As we launch this new company, there is opportunity for everyone to participate, regardless of size.



Our goal in creating DMEscripts is to drastically improve the current order-to-delivery by empowering and accelerating the widespread adoption of electronic ordering.

Achieving these goals will require a bit of work and buy-in from across the industry. Workflows will need to be adjusted, and providers and staff will have to adopt new ways of doing things. Most e-prescribing platforms provide support for this transition through web videos and implementation support. After the initial time investment,

prescribers and suppliers alike will find reduced hassle and lower costs, while patients will experience an improved level of care.

I want to personally encourage the entire industry to seize this opportunity to improve patient care and participate in advancing the industry into a more digital age. **HC**

IN-HOME CARE: RETENTION

Train to Stop Brain Drain

Offering growth & avoiding burnout helps create stability

By Patricia Drea



PATRICIA DREA is the senior vice president of Axxess. She leads the integration of private duty solutions into Axxess' suite of business components and works to promote thought leadership through data-supported best practices. Visit axxess.com.

The caregiver and nursing shortage that the care at home industry has been experiencing for several years shows no sign of easing. The persistence of the COVID-19 pandemic has exacerbated staffing issues, but organizations that effectively communicate, train and recognize the worth of their caregivers will see their businesses succeed with an ever-growing patient population.

According to the Bureau of Labor Statistics, the demand for caregivers is expected to increase by 34% through 2026. As this need increases, organizations cannot afford to lose staff. According to a benchmarking study administered by Home Care Pulse, it costs about \$2,600 to hire and train a replacement caregiver.

These costs come at a time when the American Health Care Association and National Center for Assisted Living projects that the long-term care industry may lose \$94 billion over two years in pandemic-associated losses. That amount could fund the average salaries of approximately 3 million caregivers.

To address these challenges and avoid unnecessary losses, clearly defining the values of your organization and establishing a healthy referral culture are proven strategies to retain staff. Additionally, effectively training your caregivers will help guarantee caregiver retention while simultaneously enabling caregivers to provide the highest possible level of care.

Training Helps Retention

Lao Tsu, an ancient Chinese philosopher

and writer, is famous for saying "Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime." When it comes to caregiving, the time it takes to demonstrate best practices also affirms that you are interested in each individual's development and want them to remain part of your team.

This was made evident in a 2010 systematic review of the factors that attract and retain nurses in aging care, originally published in the *Journal of Clinical Nursing*. The review found that an essential strategy linking recruitment with retention is ongoing supervision, education and training for skills.

Therefore, as organizations expand their pool of clinicians with new talent, they must also make an effort to regularly provide these caregivers with ample growth opportunities. Doing so will also help establish a sense of stability during a time of great uncertainty.

Realistically, however, effective staff training can be costly. A skills lab would work well, and, fortunately, there is a way to prevent a lot of money going out for one.

For example, a colleague of mine, back when she managed an organization, was scrolling on Facebook and noticed a friend seeking someone to take their mother's old walker off their hands. Inspiration struck, and she jumped onto Facebook Marketplace and found many pieces of equipment being sold for very little to nothing at all. She also approached some of her durable medical equipment partners and found that they were more than willing to sell their older

equipment at a low cost. Soon, she had everything she needed to set up a skills lab.

Organizing a skills lab with used and donated items is a tremendous opportunity to train caregivers at little cost. Convert an unused space in the office and turn to high-performing staff to train new hires and serve as mentors. Not only will new caregivers learn to effectively use the equipment, but these mentors will help foster unity amongst staff, helping to retain new recruits.

You can also turn to your organization's partners for assistance in training. Many long-term inpatient facilities, such as nursing homes or rehabilitation centers, permit homecare providers to participate in the training sessions they host.

Identifying & Addressing Burnout

And while a well-trained employee is functioning at a higher level, one of the

leading causes of caregiver turnover among more senior employees is burnout.

The Agency for Healthcare Research and Quality approximates that as many as 70% of nurses experience burnout. Ironically, burnout can be caused in part by a caregiver's devotion to their patients, which often leads them to put patients before themselves—and creates an imbalance between work and life.

This imbalance can lead clinicians to grow disillusioned with their work, especially when their employers ignore issues with challenging clients, fail to express appreciation or keep relationships with staff strictly transactional. Burnout often begins with these risk points, which have the potential to grow as time goes on. Identifying risk points and knowing when and how to address them will help you retain employees while minimizing burnout.

To best address these risk points, maintain open communication with your caregivers, listen to their concerns and address any unique client challenges that may arise. Express genuine appreciation often by giving caregivers a call letting them know that their work is seen and valued or by dropping off a handwritten note. Lastly, cultivate a strong, friendly relationship with your organization's caregivers. When you check in with clinicians, try not to just ask for something; include questions that encourage them to share how they are doing and how they are feeling about their work.

By addressing these risk points, caregivers will feel empowered in their roles. Follow these tips while effectively training your staff to help them gain the confidence necessary to deliver exceptional care, stay with your organization and improve patient outcomes. **HC**

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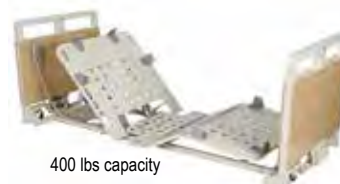
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ROAD MAP: EMPLOYEE RELATIONS

We Need to Talk

5 tips for talking about vaccination with your staff

By Brandi Kurtyka



BRANDI KURTYKA is CEO of myCNAjobs.com, a national recruitment solution built for companies to tap into the largest network of caregivers, home health aides and certified nursing assistants in the nation.

Millions of Americans have already eagerly rolled up their sleeves to receive the COVID-19 vaccine, but a significant number of others remain hesitant to get vaccinated or reject the idea altogether.

These days, many home health agencies, hospitals, nursing homes and other health care organizations are requiring the vaccine. The federal government has also weighed in with a health care vaccine mandate—as have some states—but how that will look is still being determined. With an already small workforce and low vaccination rates among frontline health care workers, the homecare labor pool is shrinking, not expanding.

The entire senior care industry is facing the worst labor shortage to this point in history. Not only are not enough new people entering the workforce, but existing staff are leaving for higher wages in other industries, due to burnout and/or their unwillingness to get the vaccine.

The Importance of Conversation

There is a lot of merit in learning how to navigate vaccine conversations, as some people remain hesitant due to a lack of education and information and may still be convinced. If homecare leaders are able to build bridges with their vaccine-hesitant caregivers and office staff, more people will remain in the industry.

Having a productive conversation with someone about the vaccine at this point in the game isn't easy, however. Some people are beyond "low hanging fruit" conversations, and many are finding it difficult to navigate conversations with loved ones or employees who have divergent views about the vaccine, as well as social situations involving those with different vaccination statuses.

At myCNAjobs.com, we've created a One-On-One Vaccine Conversation Guide with steps to having a productive conversation, along with tips to help business owners develop strategies for talking about the vaccine. The goal is to inspire new thinking and conversations to keep people safe—and hopefully bring an end the pandemic. Here's a small excerpt.

Steps To Having a Productive Conversation

- 1. Know your audience.** The more you understand about a person before heading into a conversation, the better. Are you talking with someone who is scared, has had a bad experience, has never been vaccinated before, is taking a political stance on the vaccine, etc.? The more you know, the better prepared you will be to pick a strategy.
- 2. Learn & listen before talking.** Validate why you think an individual is hesitant to get a vaccine. Acknowledge their concerns and learn the reasons behind their thinking. Then you can pick your strategy and your next step in the conversation.
- 3. Start the conversation.** Lead a personalized dialogue. Each person is unique and so is each conversation.
- 4. Share a personal story about why you got the shot.** Go beyond the science and share the "why" behind your own decision to be vaccinated. Did you do it to keep others safe? Are you ready to shut the door on the pandemic? Sometimes, hearing why you got the shot can be more powerful than stories about why people are not getting the shot.
- 5. Let them win & offer a next-step resource for consideration.** This isn't a conversation about someone being right and someone being wrong. Let the other person feel heard and validate their position. End the conversation on a happy note with a resource for them to turn to if they'd like to learn more about getting the vaccine.

This approach is useful to many organizations and professionals struggling with how to take a difficult conversation to the next level. The one-on-one conversation guide contains also specific recommendations on how to approach a conversation based on a person's objections, from concerns about drug development to side-effect fears and more. The full guide can be accessed at employer.mycnajobs.com/download-vaccine-conversation-guide. **HC**

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6
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It's hard to sum up everything that those of you in homecare do. On the surface, you provide direct care in the home and the equipment needed for that care—all of which allows people to age in place, recover from health episodes and live their best quality of life. And that alone is enough.

But so many in this industry do much, much more. The intimate nature of home medical equipment and in-home care means you develop deep relationships and earn clients' trust, a trust that allows you to protect them from future harm. By entering their homes, you often see additional factors impacting their health that their doctors never know about. And you are there to support families during some of life's most painful transitions.

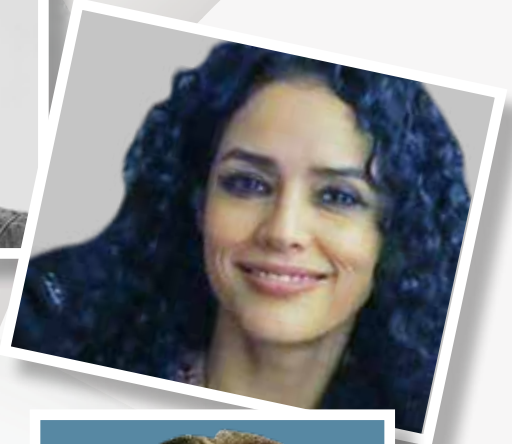
One of our finalists may have said it best when they pointed out that the health care system believes that care ends with discharge from the hospital—but in reality, care begins at that moment.

We've highlighted 10 people here who we feel represent that philosophy. Each is committed to providing the best

outcomes for people where care really happens: in the home. Every one of our finalists goes well beyond their job description. They may sit with a patient in the hospital when their family couldn't be there, scour their community for donated home medical equipment to offer to clients who can't afford to buy it new, strive to ensure their rural neighbors have the health care access they need, or venture into the homes of patients with COVID-19 to give them lifesaving therapy.

What's notable is not how exceptional these finalists are; although their stories are special, they are truly typical of this industry in many ways. We are grateful for everyone who sent in a nomination and to our sponsors, who make this project possible. But the heartiest "thank you" goes not just to the HomeCare Heroes depicted in these pages, but to all of you heroes out in the field doing this work every day. We appreciate all that you do. **HC**

The following profiles were written by Editor Hannah Wolfson, Managing Editor Kristin Easterling and freelance writer Gail Short.



HomeCare HEROES

2021

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SARA BARBER

**Regional Marketing Director
Copper Star Home Medical Supplies
Phoenix, Arizona**

She is passionate about serving her clients, community and health care partners. She takes referrals to a deeper level. In some ways she acts more like a social worker, connecting families to all the resources they need to remain in their home. ... She won't stop until the families get what is needed.

—From nomination

Sara Barber learned how important home medical equipment can be when her young son, Nicholas, who was born with a seizure disorder, was discharged from the hospital after an extended stay.

"After three weeks, we were sent home and all of the wrong equipment was at the house," she said. "It was all for adults. I just literally stood in the doorway bawling. He had to be readmitted; I had to pack him back up and take him back."

At the time, she had returned to school to finish her degree and was struggling to complete a marketing class. Her professor told her to focus on something close to her heart. For that class, and as she continued her studies, she kept returning to the idea that "there has to be a better way for DME," she said.

Today, she's trying to find that better way through her work at Copper Star Home Medical Supplies, a retail-only durable medical equipment (DME) provider based in Phoenix. She says it comes down to seeing the entire family and learning what support they need, rather than focusing on a single patient or a single illness or injury.

"If you think about a DME provider, they might be the first person (the family) sees coming home, even before home health," Barber said. "When you just have a typical driver dropping off and saying I need a signature here—well, that's not the business I'm in."

What does her world look like? For Barber, it often means working with case managers and other partners to get potential customers what they need to live their best quality of life. It very often means going above and beyond to meet a client's need.

"In some ways she acts more like a social worker, connecting families to all the resources

they need to remain in their home," her friend and former colleague, Victoria Daniels, wrote in her nomination. "Yet she is a master at understanding DME gaps in insurance policies and filling those voids with equipment needed today. She won't stop until the families get what is needed. She is never inconvenienced with night or weekend calls. She even drove an elderly client to the emergency room after she was delivering supplies and noticed the client was very ill. The patient was directly admitted into the intensive care unit. Sara saved her life that day."

One of Barber's passions is to connect people who can't afford the home medical equipment they need with those who may have unused items.

Just this fall, she received a call from a local family seeking a clinical care bed, air mattress and tilt-in-space wheelchair for a local firefighter who had suffered a stroke while ill with COVID-19. They lacked the funds to buy all the equipment necessary to help him recover.

"I remembered I had another family a few months before that I sold the exact identical package," she said. "She was getting ready to donate it to Goodwill! So we just kind of connected the two families and everything was moved into their house within a day."

She even helped one family desperately seeking for a patient monitor so their baby could come home from neonatal intensive care. She gave them her own—the one she used for her son before he died as the result of a respiratory infection at the age of three—and made her promise to pass it on again to help another family bring their child home.

"I love DME. I love equipment," she said. "If you think about it, it's a gift to bring a family home with the proper equipment." **HC**

PETER & CHRISTY KOPP

**Co-Founders; President & Executive Director
Kids Mobility Network
Centennial, Colorado**

Sometimes it takes a parent to solve a problem.

For Peter and Christy Kopp, the problem was trying to figure out how to donate a walker their daughter, Kayla, had outgrown. She was about seven or eight years old.

"I started looking around and I really couldn't find anything that would get the equipment to the next person," Peter Kopp said. So the couple decided to start their own group, calling it Kids Mobility Network (KMN).

Since then, KMN has served more than 1,800 families, providing millions of dollars in equipment. They have a 4,000-square-foot warehouse near Denver with about \$2 million in inventory. KMN focuses on pediatric equipment including power and manual wheelchairs, adaptive seating, toileting, walkers, standers and adaptive bicycles and tricycles.

"We felt like it was going to be an organization that would help a handful of kids. We'll put together this nonprofit and we'll help the handful of kids that are falling through the cracks," Peter Kopp said. "Most kids are covered with Medicaid or insurance, right? As we got into it, we realized there were a large number of kids lacking insurance."

Sometimes insurance just doesn't quite cover enough to provide a full spectrum of equipment. Sometimes families are uninsured or underinsured. Sometimes kids just outgrow equipment before they're due for a re-up, and sometimes they come from divorced families and it would be ideal to have some duplicate items. Most families pay a small handling fee for the equipment and to help cover administrative costs for the organization, which is a 501(c)3.

"We had no idea there was so much need," Peter Kopp said. "We just never thought it would become such a big thing."

Most of KMN's equipment comes from families whose children have outgrown it—or in some case, like many standers, never used it because it didn't fit properly from the beginning. They also partner with manufacturers who donate demonstration pieces, and with durable medical equipment (DME) providers looking to help patients who may not be able to fill all of their needs due to being undercovered. The network also has developed a program to provide adaptive bicycles, which usually aren't covered, to kids with mobility issues at a low cost because it provides them with a great social outlet.

"We're happy to collaborate on a business basis as well to supplement what they're doing," Peter Kopp said. "If I owned a typical DME, I would want to collaborate with Kids Mobility, because if a client comes to me and I can't get it done through insurance, I'd still want to help them as much as possible."

For each client, they fit the child and build the equipment from the ground up; they have assistive technology professionals on staff. The results are heartwarming, the Koppes said.

"At eight years old, they're taking their first steps in our offices," said Christy Kopp. "It's really powerful and really emotional."

As parents of a child with disabilities, they are also there to provide support for the families and share their own experiences and what they've learned over the years. Because ultimately, they want all children to have the same advantages that Kayla, now 23, has received growing up. And when it comes to DME, they know how much the right equipment can boost a child's development.

"Kayla benefits so much from having the right equipment," Christy Kopp said. "It helps with her self-esteem and her self-confidence and her social skills." **HC**



As experienced entrepreneurs, Peter and Christy founded Kids Mobility Network as a way to give back to the community, while making a profound impact on the lives of children with disabilities.

—From nomination



Village Pharmacy has managed to stay open through the COVID-19 pandemic. ... None of this would have been possible without the leadership and community's trust in C.A. Kuykendall.

—From nomination

C.A. KUYKENDALL

**Owner
Village Pharmacy & Health Services
Ozark, Arkansas**

When C.A. Kuykendall and his wife, Cynthia, founded Village Pharmacy & Health Services in 1971, the prescription area had a single electrical outlet.

"We used it to plug in the vacuum," Kuykendall said.

A lot has changed in the 50 years since the pharmacy and durable medical equipment (DME) shop opened in Ozark, Arkansas. In fact, Kuykendall cites technology changes as a key driver of what he offers at Village Health Services. And the company, which serves an underserved rural community at the edge of the Ozark Mountains, hasn't just survived, it has thrived, expanding to a second location in Fayetteville in 2010 to provide complex rehabilitation technology (CRT) and more to Northwest Arkansas.

"We've had trouble trying to figure out what to call ourselves," Kuykendall said, adding that the Fayetteville and Ozark locations are under the umbrella of C.A. Kuykendall, Inc. "We started using Village Health Services as a better description of the variety of services that we provide," he said.

Kuykendall is a pharmacist by education, but was drawn to homecare after watching his father receive in-home hospice care during his struggle with cancer in the early 1960s.

"It was before Medicare, and just having the experience of being able to keep a terminally ill person at home, I thought was a good service to provide that fit well with pharmacy," he said. Village Pharmacy expanded to offer medical equipment in the late 1980s to meet the needs he saw in his community. Ozark is a town of just over 3,500 people near the southern edge of the Ozark Mountains.

Those needs range from complex rehabilitation and mobility to respiratory services to, most recently, COVID-19 vaccines

and monoclonal antibody infusions. Village Health Services reaches most of the state with its CRT services, which Kuykendall's son (and nominator) oversees. People came from across the state when the pharmacy began providing vaccines early this year.

Like many providers, Kuykendall overhauled his operations when the pandemic struck. The pharmacy already had a drive-through window for customers; he added plexiglass barriers and instituted new cleaning guidelines. When it came to providing vaccines and antibody treatments, the company updated its DME billing and scheduling program to accommodate appointment scheduling and add in driver's license and insurance card pictures. Patients can opt for home infusion or can come in for an antibody treatment; the pharmacy set aside a sterile room and a separate entrance for COVID-19 patients to be able to receive the service without endangering other customers.

Billing and low reimbursements remain a challenge, Kuykendall said. Reimbursement on some items, like ostomy and diabetic supplies, is "so low that it's not really worth it," he said—but he continues to offer them nonetheless because they are so needed by customers. The company accepts "a little bit of everything," including cash sales, he said.

The store's motto is "We're here to help you feel better," and that means personalized customer service.

"One way people feel better when they have some problem is to have someone that they can come to visit with—hopefully face-to-face—to share their problems, get ideas, and come up with solutions," Kuykendall said. "There's no substitute for good customer service." **HC**

MARY JEAN MCKEVENY

**Director of Clinical Innovation
Gurwin Healthcare System
Commack, New York**

“Awesome sauce.” That’s how coworkers describe Mary Jean McKeveny, director of clinical innovation for the Gurwin Healthcare System.

Her role at the company goes well beyond researching and implementing the next big piece of homecare technology or innovative service model.

“Central to my belief about what makes a clinical program/service innovative is to determine if a program or service is empowering patients and caregivers with the knowledge, skills and confidence to care for their health and wellness needs and goals,” McKeveny said.

This belief has led her to create several innovative programs in her four years at the company, including a successful care transition pipeline.

Gurwin Healthcare System includes a range of programs for seniors and people with disabilities, including independent living, skilled nursing, home health and an adult day program. McKeveny primarily works with the system’s two skilled home health agencies. In creating the care transition model for the system, McKeveny focused on when patients were transferring their site of care.

She also works to ensure the transition is smooth and all of the patient’s needs are met. This can mean working with other home health agencies if a patient chooses a different agency to ensure their needs are met.

During the pandemic, McKeveny took her usual creativity for solving patients’ problems to another level. In 2020, she spearheaded an effort with a physician’s group at nearby Stony Brook University Medical Center to create a telehealth program for seniors who did not want to risk exposure to COVID-19. The program, Gurwin’s first foray into telehealth,

included Bluetooth technology to monitor blood pressure, heartbeats, blood sugar, weight and oxygen levels, helping seniors stay connected to their care teams during the pandemic. The telehealth program has seen 300 unique visits.

And when McKeveny noticed that nursing students were having a hard time completing hands-on work due to COVID restrictions, she partnered with St. Joseph’s College Nursing School to create virtual clinical rotations with the health system’s skilled nursing facility.

McKeveny has also been instrumental in creating a virtual senior center for people living with Alzheimer’s and dementia, in partnership with the Alzheimer’s Foundation of America. Seniors are given a tablet and supported as they enroll in classes and take virtual tours.

Beyond that, McKeveny is constantly creating champions for the homecare programs at Gurwin. Coworkers say she talks to anyone who may interact with a resident to help improve patient care and staff morale.

“COVID-19 reminded us that innovation demands that we re-imagine and redesign new ways to support our frontline staff in caring for our most vulnerable patients and caregivers,” McKeveny said.

To that end, she has led meditation groups for stressed-out staff members, and also worked to help relieve tension as the company started a new independent living facility. Kennedy said it was like pressing a reset button, allowing people to connect with each other.

It’s all part of her love for helping patients remain at home.

“I loved every role I had in nursing but the moment I started working in home health care, I knew this was my passion and I would never leave it,” she said. **HC**



**Mary Jean
McKeveny is that
rare nurse who cares
about her patients,
but also is always
thinking about ways
to deliver that care
smarter, better or
in ways that will
help beyond the
immediate need.**

—From nomination



MELISA MCLEOD

Owner
McLeod Home Care
Lexington, South Carolina

(Seamstresses With a Purpose) grew quickly due to the genuine hearts of our local community and the contacts that Melisa had compiled over the years. ... SWAP was blessed to be able to provide 27,000+ handmade masks to our local community.

—From nomination

When the COVID-19 pandemic first exploded in the United States in 2020, McLeod Home Care owner Melisa McLeod found an innovative way to help keep her clients, staff and members of her community safe from the virus.

The pandemic forced homecare providers like McLeod to scramble to protect their clients and workers from the disease. But in the first few months into the pandemic, personal protective equipment (PPE) was scarce. So McLeod posted a request for help on her personal Facebook page.

"I put that post out, and I got so many responses—retired ladies and friends—and they were all about it," she said. "They were emphatic. They said, 'We just want to help.' They wanted to do something, and they were seamstresses and there were quilting groups, and we had people who hadn't sewn in a while."

With so many people wanting to help in her town of Lexington, South Carolina, McLeod organized a Facebook group called "Seamstresses With a Purpose." The group brought volunteers together to sew free cotton face masks and gowns for health care workers to use as a last resort whenever traditional PPE was unavailable.

For months, volunteers also picked up and delivered supplies, including pre-cut fabric and elastic, to the volunteer seamstresses to let them work faster, McLeod said.

Eventually, the group expanded well beyond it's original vision, growing to around 800 members; it has donated cloth masks to local clinics, urgent care facilities, doctor's offices and restaurants. At the height of the pandemic, it turned out as many as 400 masks a day, McLeod said.

McLeod has her own health to protect, as she's a breast cancer survivor. She was diagnosed soon after she and her husband,

Tim, launched McLeod Home Care in 2017 and she had to step away for a while for treatment.

The decision to open the company came after McLeod spent years working as an insurance company recruiter, while her entrepreneurial husband operated and sold several companies. The homecare field had long interested her because her parents had worked in the retirement community industry, she said.

The McLeods started out with a staff of three: Melisa, her husband and a human resources professional. Initially they had just one client who required 24-hour care, she said.

"I was working at least 80 hours a week doing some of the caregiving when we first started," she said. "[Tim] would do the night shifts, and I would do the day."

They started accepting memory care clients after that, she said. Over time, they grew their staff, hiring a part-time registered nurse and then a caregiver.

Today McLeod Home Care employs about 120 people and serves around 100 clients. The company provides personal and companion care for patients, including those with Alzheimer's disease and dementia, as well as other services.

McLeod focuses most of her time on marketing while her husband oversees operations.

While they always strive to provide excellent care for every client, they also endeavor to take care of their staff as well, giving their homecare aides flexibility in making their work schedules, she said.

"Your clients aren't going to be happy unless your people are happy," she said. "We want to make sure the clients are happy so they continue to use us and that our reputation remains good." **HC**

DALIA MORALES

**Director of Compliance/HR/Complex Rehabilitation Department, ATP
Respiratory & Medical Homecare Unlimited, Inc.
El Paso, Texas**

For Dalia Morales, care doesn't end with a hospital discharge—it begins there.

"Every kind of area—whether it's acute care, nursing, pharmaceuticals—they get a lot of attention," Morales said. "Durable medical equipment) is not really recognized, because they see it just as a piece of equipment," she said.

But she knows that even a single piece of equipment has the potential to change lives. And that's why she's never satisfied with doing just enough for patients.

Take the complex rehab technology (CRT) program she recently started at her employer, RespMed Homecare Unlimited in El Paso, Texas. For years, the company, which specialized in complex respiratory equipment, had been getting requests from patients and referrers—requests she often heard from her role as director of compliance and human resources for the company. Before taking on that position, she had handled billing and also worked closely with the respiratory division.

"There was a need that wasn't being answered and that's why I did it," she said. "Ventilator patients were asking, 'Do you do CRT?'"

The answer was no until, almost 17 years into her career in homecare and in the middle of a global pandemic, Morales headed back to school to become an assistive technology professional (ATP).

She completed the certification in March, but before jumping in to working with patients, she spent a few months painstakingly documenting RespMed's new policies and procedures. Meanwhile, she worked with equipment manufacturers and vendors to set up contracts and had someone at the company get certified to complete repairs on complex rehab equipment.

In the last month or so, she finally pulled the trigger and stepped from her office into a hands-on role. Her first CRT patient was a 55-year-old amputee who came in for a hospital bed after being discharged from the hospital after a second amputation.

"The case manager asked our manager, who is my patient care advocate—they asked him, 'Do you know anybody who does complex motorized wheelchairs?'"

This time, she was able to say yes.

A few weeks later, and with absolutely no marketing or advertising, RespMed already had 20 CRT patients. It's incredibly rewarding, Morales said.

"We're already changing so many lives," she said.

Marco Vega, who works with Morales and nominated her, agreed.

"This has opened the flood gates for innumerable opportunities for advocacy and knowledge that our borderland community so desperately need," he wrote. "In the months since, she has accrued a plethora of provider resources to ensure that no patient falls through the cracks in getting the complex rehab technology or assistive device that they need to live a more fulfilled life."

Morales has also advocated in front of Congress to fight for more resources to support the disabled community locally and nationally, Vega said.

But Morales' real joy comes in helping the patients. That's what drives her to work on Saturdays and from home after hours. Like the one who became paralyzed after an infection and did not want a CRT chair—she wanted to walk instead.

"I sympathized with her and I let her know, 'You're probably right, but your care begins now.'" **HC**



Her medical expertise and know-how have strengthened each and every department within the company. ... Dalia's quest for continued education and staying up to date within the health care industry is unmatched, resulting in new ways to care for our patients and improve our practices.

—From nomination

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- 6-point spreader bar allows for multiple sling options, safer patient handling and a wider range of transfers.
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- Manual emergency lowering provides safe response to power loss.
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- Soft pad with lateral contour secures legs in three positions.
- 6 sling hooks allows for multiple sling options, safer patient handling and a wider range of transfers.
- Legs spread with an easy to operate foot pedal.
- Ergonomic design makes the lift ideal for toilet transfers.
- 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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- 500 lb. weight capacity.



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TYRA NESBITT

**Assistant Care Manager, CNA
Endeavor In-Home Care
Mesa, Arizona**

Tyra represents the best of what it means to be a caregiver. There are skills we can teach, knowledge we can provide, but what we cannot teach is heart. That is what Tyra brings to each client: heart, providing care with compassion, dignity and love. She is a perfect example of a caregiver.

—From nomination

Tyra Nesbitt's interest in caring for the elderly began in childhood.

"My dad is an ordained minister in the Methodist Church, and when I was a little, I would go around with him on first Sundays as he administered communion to the sick and the shut-in," she said.

During those visits, Nesbitt said she felt a connection to the elderly congregants.

"When we would visit, some said that my brother and I were like grandchildren, and, as I got older, I thought that they always gave the best advice," Nesbitt said. "That's pretty much when I knew that I was a natural caregiver."

She also helped take care of her mother at the end of her life.

Nesbitt said she worked full time in ministry, but later enrolled in an adult education program and became a certified nursing assistant.

After graduation, she worked in a nursing home and at an assisted living facility before finding her current job as an assistant care manager with Endeavor In-Home Care in Mesa, Arizona, in January 2021. Now, in addition to her own caregiving and client load, she also supervises certified caregivers who work with clients in a local retirement community.

"I like to check in with our caregivers, and I will pop in on our clients just to check in with them. ... It's better when residents know who you are, which is why I make sure I'm around often and not just supervising but rolling up my sleeves and working alongside my caregivers," she said.

It was not long after she started working at Endeavor that Nesbitt's dedication to the job became evident. The incident started when she was escorting a client to a 9 a.m. doctor's appointment in March.

After examining the client, the doctor noticed symptoms that suggested a possible blood clot and urged the patient to go to a nearby emergency room (ER).

Nesbitt called the man's daughter in San Francisco to let her know what was going on.

"She took it seriously, but asked me what I thought," she said.

"I told her that I had seen this happen before and lost someone near and dear to me due to a blood clot. I thought it was in the client's best interest to let him decide for himself, but that I was going to push for him to go to the ER.

"He did listen to me, and I was glad because he wanted to go home. He was apprehensive about going to emergency, and, because of COVID, he didn't want to be at risk sitting in the waiting room," she said.

But Nesbitt promised the client that she would stay with him the entire time he remained in the emergency room. And she did. She remained by his side until the hospital admitted him later that night.

After his hospital stay, doctors released him to a rehabilitation facility for three and a half weeks of rehab—and Nesbitt visited him there to check on his care until he recovered.

The client's daughter ended up writing the agency to thank Nesbitt for her commitment.

But Nesbitt said she isn't in it for applause—she's there to help her clients find a good quality of life.

"The most fulfilling aspect of what I do is making sure our clients have a sense of dignity, that they're able to have a say and have a final say even if I'm the liaison between a family member, which might be their daughter or son or grandchild," Nesbitt said. "I feel like that's pretty much the best part of my job." **HC**

GBEMI OLUWAYIMIKA

Caregiver, CNA
BAYADA Home Health Care
Brandon, Florida

After 35 years working as a teacher in her native Nigeria, Oluwagbemisola “Gbemi” Oluwayimika left for the United States seven years ago for new opportunities.

She had an interest in filmmaking; after all, she had done some acting back in Nigeria.

“But I decided that I wanted to be at the back of the camera,” she said. “So that’s why I went to school.”

She enrolled at the Art Institute of Tampa in Florida four years ago and earned a degree in filmmaking. While it was exciting, Oluwayimika said, she never got over her first love—nursing.

Growing up, she liked taking care of the elderly in her community and dreamed of entering the profession someday. But her father was against the idea.

“He said nurses don’t have much time for their family. They are always on call. They cannot train their children well because they’re at work all the time. So that is why my father said no,” Oluwayimika said.

Her desire for a career in health care endured, however. So in addition to filmmaking, she also trained to become a home health aide and took a job with the Bradenton, Florida, branch of BAYADA Home Health Care.

“I always tell my colleagues that before you can do this work, you need to have compassion,” she said. “You need to have the love of God. If it is because of money that you are coming to do this work, then you’ve missed it, even though it is good to be rewarded. ... You must have the ability to care of people and tell them they’re not alone.”

“Also, there was a time when our patients were serving, too. There was a time they were helping people. So now it’s time for us to help them,” she said.

She recalls one client who lived with

dementia. At first, she struggled because the client often became agitated, lashing out verbally at her.

“There were times when she might shout at you or tell you to get out of her way,” she said.

“Then one day she told me that she had been a missionary, a minister of God in the church. ... I said this is the time for me to help you because you have helped lots of people in the world. So I decided to stick with her even though she had so many challenges,” she said.

Over time, due to Oluwayimika’s loving care and patience, the client began asking her to pray for her.

And when the COVID-19 pandemic hit and the client’s children could no longer visit their mother, Oluwayimika put her filmmaking skills into action and started making short videos starring her client to send back to the family, she said. When the client died in January 2021, Oluwayimika sent the rest of the videos to the family to keep, and they sent her thank-you notes, she said.

“It was fun. We would sing together and we would eat together, and she always wanted me to eat what she was eating. It made me think, ‘Wow, the best reward you can have is to make another person happy, and this woman was happy.’”

Oluwayimika said she is now looking forward to taking the test to become a U.S. citizen next year. Meanwhile, she continues to keep busy, working her shifts, which some days can stretch up to 12 hours at a time.

And though the assignments can be tough, she said she thinks of every client as family.

“Whatever I would do for my mom, whatever I would do for my dad, whatever I would do for my brother, I will surely do for them.” **HC**



She is encouraging to our office and our team, even when we fall short from time to time. She provides honest and thoughtful feedback and then uplifts and cheers the team on. She has a heart that gives all of her. ... When she gives of herself, she has zero expectation in return. She is a role model for many.

—From nomination



DAWN SKRUMBELLOS

**Home Infusion Registered Nurse
Henry Ford Hospital Home Infusion
Southfield, Michigan**

Every day she risked her life going into COVID-19-positive patients' homes and provided them with lifesaving monoclonal infusions. Shortly before the availability of the lifesaving vaccines and monoclonal antibodies, Dawn tragically lost her father to COVID-19. ... Through these infusions, Dawn gave these patients a fighting chance at life; a chance her father did not get.

—From nomination

About a year ago, Dawn Skrumbellos' 71-year-old father fell ill with COVID-19.

When his oxygen saturation dropped into the 70s, Skrumbellos worked with his physician to have oxygen delivered—and then begged him to go to the hospital. Eventually he did, but he continued to decline. On the 14th day, they placed him on a ventilator, and he died within 24 hours.

That was Nov. 15, 2020. Within a week, the Food and Drug Administration authorized the use of a new monoclonal antibody treatment for COVID-19. Soon after, Skrumbellos' employer, Henry Ford Hospital, began administering the treatments and taking them into patients' homes. As a home infusion registered nurse with a love for in-home care, she signed up immediately.

"To be able to provide this drug to patients now is just huge for me," said Skrumbellos. "For me to be able to save their lives, because they weren't able to do that for my dad—that is so wonderful for me because I feel like I'm really helping people who need it."

Skrumbellos added the monoclonal antibodies (mAb) infusion therapy to her usual routine of giving intravenous immunoglobulin and other treatments to a regular roster of autoimmune patients. Since then, she's done dozens of treatments.

She administers a single dose over the course of about 20 minutes, then sits with them for an hour, with an anaphylactic kit on hand, watching for an adverse reaction. Then Skrumbellos calls the patient within 24 hours to check on them, and follows up two weeks later to see how they're doing.

And Skrumbellos doesn't leave it at that.

"I'll be honest: I'm only supposed to call patients 24 hours afterward and document, but if there's a patient I was nervous about, I will

probably call them three times within a week because I want to make sure they are doing the right thing and getting to the hospital if they need to," she said.

She's fueled in part by the responses she gets.

"They're just so thankful; they are just overwhelmed," she said. "They say, you saved my life, and thank you so much for coming. I hear this from practically everybody."

One of her patients was the mother-in-law of a well-known infectious disease physician; she needed treatment over Labor Day weekend and Skrumbellos turned up.

"You need to know that your team saved my mother-in-law's life. Prior to her Monoclonal Antibody infusion, she was laboring to breathe, and looked terrible," the doctor wrote the company two days later. "I cannot thank Dawn enough for her assistance in proving this infusion and helping to keep my mother-in-law out of the hospital."

Being able to make a difference is what Skrumbellos enjoys about homecare, which she's worked in since 2005 after prior stints in long-term care and an emergency room. She often does a little extra for her patients, checking on them or bringing them food—even Thanksgiving dinner in one case.

"I love my job! I love homecare. This is my passion," Skrumbellos said. "You have more one-on-one with your patients. I feel like in homecare ... they get sick and they don't have anybody, they don't know the resources. In homecare you're that person to show them what to do, educate them, and you gain their trust and once they trust you they allow you to show them what to do."

"That's my first priority when I see a patient, gaining their trust by showing them: I'm here for you, I'm here to care for you." **HC**

TIMOTHY A. WEISS

**Courier Service Driver
Beacon Home Care Pharmacy
South Bend, Indiana**

Tim Weiss carries an obituary on his clipboard as a reminder to always trust his gut.

In 2019, the courier driver for South Bend, Indiana-based Beacon Home Care Pharmacy noticed one of his regulars had not brought her newspaper or mail inside for several days.

"She had her blinds closed, so I couldn't see in," Weiss said of the incident. "I wasn't trying to snoop ... but something didn't feel right."

Weiss notified his employer, who then tried to reach out to the client and, when they couldn't reach her, contacted police for a welfare check. By the time an officer arrived, the homeowner had called Weiss on his cellphone and insisted she was fine. The police officer left after speaking with her, convinced that everything was okay.

But Weiss still felt that something was wrong—and he confirmed it the next day when he saw the patient's medication box still on her porch.

The pharmacy reached out to her emergency contact, who went by her house to check again. It turned out that the client had fallen and had developed a life-threatening case of sepsis.

"She's that kind of person that doesn't really go to people for help or ask for help," Weiss said. "She only had 24 hours left."

Experts estimated that Weiss's intervention actually extended his patient's life for another seven months.

In his 30s, Weiss spent some time as a reserve police officer, and he credits that training for honing his instincts on when something is amiss.

After failing a required eye exam for full-time patrol officers—and being diagnosed with diabetes as a result, he began his career as a courier, delivering packages first for Sodrel Logistics and then for a local nursing home. He

came aboard with Beacon nine years ago.

He thrives on the interaction he has with patients and customers, which goes well beyond dropping medications at the door or organizing welfare checks. Weiss has brought in mail, walked customers' pets and delivered medications during snow storms and after hours. He's told his wife that the patients' needs come first when he has to take those difficult calls.

"I don't think twice," he said. "You gotta love your patients and be patient [with them]. They're ailing and need your help."

While he doesn't make as many stops as he did working for the logistics company, he says it's still challenging to manage patient delivery windows. The pharmacy serves much of Northern Indiana, so drives can be long. Weiss begins each morning setting up his route to be the most efficient to fulfill the desired delivery window for each patient.

"If I'm going to be late to anywhere, I always let them know where I'm at, how long approximately [until I will] be at their location," he said—but added that he is rarely late.

Weiss enjoys making people laugh, often joking with his clients and coworkers to brighten their day. He also shares a serial comic strip that he draws himself in the style of "Peanuts" by Charles Schultz.

"I don't go out of my way to make bad jokes," he said, "But sometimes just that little humor goes a long way".

When asked to sum up his outlook on life, work and helping people, Weiss quotes the "Andy Griffith Show," borrowing from the show's title character.

"When you're a lawman and you're dealing with people, you do a whole lot better if you go not so much by the book, but by the heart." **HC**



Our home infusion patients are always telling us how kind and wonderful Tim is and how it brings them comfort to know that he will be delivering their meds. It can be uncomfortable to have a stranger come to your home (especially when you are ill and feeling vulnerable) and Tim always puts them at ease.

—From nomination

New Products & a Chance to Be Together

Medtrade East returns in person with a bang

By Hannah Wolfson

The home medical equipment industry has made significant progress in recent months but still faces big challenges in Washington, including the threat of Medicare cuts and uncertainty about competitive bidding, Tom Ryan, president and CEO of the American Association of Homecare, told attendees and exhibitors at Medtrade East, which returned to meeting in person in Atlanta Oct. 18-20.

The association had just announced the success of a House sign-on letter surrounding the durable medical equipment (DME) final rule and continued rate protections for providers—and helped get the Centers for Medicare & Medicaid Services (CMS) to move its long-awaited DME interim final rule to the Office of Management and Budget, the required next step. The letter received 95 House signatures, and Jay Witter, senior vice president of public policy, said there has been great interest in the Senate.

Witter said that the next big vehicles the association is eying for legislative action are the December deadline to raise the debt ceiling and an end-of-year Medicare package.

But the timing is tough, given the partisan atmosphere in Washington and focus at the time on the budget and debt package.

“It’s an extremely challenging time on the Hill,” he said.

“The calendar is not our friend,” John Gallagher, vice president of governmental relations for VGM, said in a separate session. “The end of the year is quickly coming on us. But there will be an end-of-year package for

Medicare—and that’s what we want. Our bill will never be voted up or down; we just need the language inserted into a must-pass piece of legislation.”

Also on the horizon is a possible 2% cut to Medicare spending from sequestration, plus another 4% cut due to the PAYGO component of the American Rescue Plan Act, which could lead to as much as a 6% reduction in health care spending, Gallagher said.

Continued questions about competitive bidding pose another challenge going forward, but Ryan said that the industry played a role in getting the program paused for Round 2021.

“We asked you to bid smart, and you did,” said Ryan. CMS is allowed to pause the program if it does not deliver significant savings. Early in the pandemic, noninvasive vents were removed, and then the agency announced bidding would only go through for off-the-shelf orthotics and back braces.

“My gut says they won’t move forward with those 13 categories,” Ryan said. But, he added, the association has not yet been able to get the big meetings it wants with the new administration. “We can’t lose what we have,” if the program goes forward. “The guardrails have to stay,” he added.

Witter added that it’s vital for providers to relay to their representatives that they can’t deliver at a loss. As supply chain disruptions hammer the industry, it’s more important than ever that rates increase, especially in competitive bidding areas that are also COVID-19 hotspots, said Witter. **HC**

On the final day of the show, HomeCare and Medtrade handed out awards to visitors’ favorite items from the New Product Pavilion. The winners are chosen by attendees in an on-location voting process.

First-time exhibitor **Belluscura** took the top prize, Providers’ Choice Gold, for its X-PLOR2 lightweight portable oxygen concentrator (POC), which debuted just weeks before the show.

“It is fantastic news and a great achievement that our portable oxygen concentrator has received the highest accolade given by the largest home medical equipment trade show and conference in the U.S.,” Belluscura CEO Robert Rauker said in a news release. “This award solidifies the strong demand we are receiving for the product and we will update shareholders with expected unit deliveries for 2021 and 2022 in the near future.”

The device maxes out at under four pounds with its eight-cell battery and is even



lighter with a four-cell battery. The company says it's the first modular POC and that it generates more oxygen by weight than any other in its class.

The company, which is based in Plano, Texas, and in the United Kingdom, plans to launch two additional products in the next year.

Dignity Lifts nabbed the Providers' Choice Silver award for its Deluxe Toilet Lift-DL1.

Dignity Lifts are "what you'd get if a lift chair and a toilet seat had a baby," according to company founder and president Tom Nardone. The DL-1 provides a full 14 inches of lift to ensure users won't be stuck on the toilet. It works with more toilet shapes and heights than other models, Dignity says. It has a 300-pound capacity and a rechargeable battery so it can be used without electricity.

Nardone—who made a splash at Medtrade West by giving out purple toilet paper at the Dignity Lifts booth—said the Atlanta show was excellent for the company, with interest from dealers and some visitors who hadn't seen a toilet lift before. He said he is looking to partner with home medical equipment showrooms because potential customers want the opportunity to see, touch and try the product before buying it.



Breas Medical took the Providers' Choice Bronze award for its Vivo 45 LS, a new life-saving ventilator that may be the smallest, lightest and most portable ventilator on the market.

Chris Sutherland, general manager of commercial operations for the Americas region at Breas, said that the

device is getting wide acceptance in the homecare industry because it provides mobility to ventilator users. He also said it was good to be back on the show floor after a hiatus due to the pandemic.

"It's always nice to get back in person, to see customers you haven't seen in a while," Sutherland said.

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Check 116 on index.

How to Beat Amazon at Its Own Game

Ask customers the right questions & you'll win every time

By Wayne Grau

One of the most impressive business success stories over the past 200 years surely has to be the evolution and domination of Amazon. The company began as an online book seller and was one of the first companies to rely solely on the internet for sales. At the time, experts never dreamed that a company like Amazon would amass so much influence over the retail landscape and across so many industries, including home medical equipment (HME).

What the experts missed is that the founder, Jeff Bezos, was not interested in merely being the biggest book seller. He realized the internet would create an opportunity to reach hundreds of millions of consumers, to which Amazon could offer a vast universe of consumer products that traditionally had only been available in retail stores. This shift in strategy from being transactional to becoming customer centric created a disruptive force across virtually all consumer product industries.

Shopping & Buying Online

My first exposure to Amazon was in 1997 when, while traveling on business, I realized that buying a book on the internet was easier than going to a local bookstore 15 miles away. Little did I know that the \$172 I spent with Amazon that year would grow to close to \$7,000 by 2019.

My list of items that are easier to purchase online has expanded to include Christmas gifts, e-books, audiobooks, household goods, sneakers and more. Amazon figured out that I was worth a lot more to them than just book purchases.



35%

of Amazon's marketplace sales may come from its recommendations.

When people access the Amazon website, they are usually there to purchase a specific product. Amazon has taken advantage of a general dislike for browsing and shopping, and has built a suggestive sales strategy around offering a large variety of products that they believe will meet the needs of

most consumers. Its approach is not about one transaction, but rather to focus on the customer and the large variety of products available for purchase. The company's use of suggestive and point-of-purchase selling techniques identifies complimentary products that a consumer considers adding

to their order by simply clicking on the “Buy Now” button. This strategy continues to create long-term Amazon customers.

The Value-Add of HME

Products that I may not consider buying online are usually higher priced, complex or items that require additional explanations or services. Amazon is great at a lot of things, but I can rarely get technical questions or concerns answered online or find specific solutions to complicated problems. This is where I—and your customers—need the help of an expert: someone that will ask me questions, try to understand my overall needs, and provide advice and suggestions on how best to meet those needs. In other words, I need a consultant to guide me through my purchasing journey. This is when I use the internet to find a local company with a showroom that I can visit to view the products and ask questions so I can make an informed buying decision.

HME products, while sometimes pricey, are generally not overly complex. Most consumers, however, are unfamiliar with all the choices they have and how different products might serve to improve their quality of life. This unfamiliarity often leads to confusion, frustration and buyer's remorse. This is the opportunity for your HME company to use its expertise to ask the right questions, suggest appropriate products to solve specific needs—and to become that valued consultant who will keep this customer coming back. HME providers can offer retail and consulting services to assist this often-vulnerable target audience in making good buying choices while solidifying lifelong customers.

The basic demographics of the HME customer base suggest a huge opportunity if providers focus on all of the customer's needs rather than filling just one prescription. There are approximately 53 million people in the United States over the age of 65. This represents 16.2% of the overall population. This age group is expected to increase to 21.6% of the population by 2040. According to the National Council on Aging, 80% of people

The basic demographics of the HME customer base suggest a huge opportunity if providers focus on all of the customer's needs.

over the age of 65 have one chronic condition and 68% have two or more. That doesn't include obstructive sleep apnea, slips and falls, or incontinence issues. Products that assist with those conditions are primarily cash items, but consumers very often depend on knowledgeable advice from consultants who are trained to answer their questions.

Another large and mainly cash opportunity is in personal mobility devices. According to Research and Markets, the personal mobility device market was valued at \$7.7 billion in 2019 and is expected to grow to \$14.6 billion by 2027. This category includes scooters, walkers, crutches, rollators and other personal mobility devices. As your HME customers age and their ambulatory abilities decrease, they will require a continuum of personal mobility devices to meet their changing needs. These consumers require professional assistance to help them navigate the myriad products and choices, which is the perfect opportunity for the customer-centric HME provider.

Looking Long Term

The key takeaway in understanding how to beat Amazon is to recognize its strategy of focusing on the long-term value of the buyer. HME providers need to stop seeing each customer as a one-time transaction and instead view them as a continuous revenue source. These consumers will need many different home medical equipment products and services as they age.

This customer-centric strategy of building “customers for life” is forcing HME organizations to look beyond their normal product categories and to create partnerships with distributors to offer products that can be drop-shipped directly

to the customer without ever entering the HME providers' inventory. Incontinence items, CPAP resupply products, mobility accessories and supply items like ostomy and catheters are warehoused at the distributor facilities and, for a small fee, can be shipped directly the end user. The savvy HME provider needs to market these products to their existing customer base—and invite them into the store to see all the other products that can help them lead a better life.

In a retail showroom, the HME retail sales consultant should be trained to suggest appropriate additional items to the consumer. Using probing questions and listening to the needs of the client will help the consultant identify additional products to present, helping the customer make a more comprehensive health care and/or lifestyle decision. Amazon uses the same strategy on its website. When you purchase a product, it suggests four to five additional products that other consumers have purchased along with this product. Feedvisor reported that 35% of all of Amazon's marketplace sales are estimated to be generated by this recommendation engine.

How would a 35% increase in your retail sales revenue from existing customers help your bottom line? Suggestive, consultative selling that focuses on the total needs of the customer is good for the HME provider—and can also be life changing for the patient. The only loser in this approach to HME products is Amazon. **HC**

Wayne Grau started his HME career in 1991 and has held various positions within the industry. He is currently director of business development for MK Battery with responsibility for the HME product category. Grau can be reached at wgrau@mkbattery.com or mkbattery.com.

Helping Obstructive Sleep Apnea Patients Live Longer

New research adds to mounting real-world evidence supporting the long-term clinical benefits of CPAP

By Adam Benjafield

Nearly 1 billion people worldwide have obstructive sleep apnea (OSA), a chronic disease that causes breathing to stop and start during sleep, often hundreds of times per night. If left untreated, sufferers are twice as likely to experience sudden death compared to people living without OSA, and are exposed to an increased risk of developing cardiovascular conditions such as hypertension, coronary artery disease, chronic heart failure and other comorbidities.

Continuous positive airway pressure (CPAP) is the gold standard in treatment of OSA. The relationship between CPAP's effect on OSA and mortality has been difficult to study in randomized controlled trials (RCTs) due to ethical concerns about intentionally withholding CPAP. However, an emergence of real-world evidence has shown a more accurate and generalizable picture of the effects of routine clinical usage of CPAP on mortality.

CPAP Helps OSA Patients Live Longer

Using CPAP therapy as indicated can significantly increase OSA patients' chances of living longer, according to a recently published study that builds upon the large collection of evidence demonstrating the long-term benefits of CPAP. The ResMed-sponsored ALASKA study, "CPAP Termination and All-Cause Mortality: a French Nationwide Database Analysis," concluded that people

with OSA who continued CPAP therapy were 39% more likely to survive than OSA patients who did not. The survival rate gap remained significant when accounting for patients' ages, overall health, other pre-existing conditions and causes of death.

This survival benefit was observed from a sample size of more than 176,000 people in France with sleep apnea over a three-year period, a study population much larger than typically seen in RCTs. The analysis included data from all new CPAP users aged 18 or over extracted from the French national health insurance reimbursement system database (SNDS), one of the largest anonymized claims databases in the world, and representative of health spending reimbursements for more than 99% of the country's population. In contrast to the highly selective and segmented population typically found in RCTs, this data source is representative of an entire national population and does not include biases in insurer or health care provider, offering a holistic view of clinical outcomes.

Unlocking the Growing Power of Real-World Data

This approach is an example of the power of using big data to produce real world evidence (RWE). Because all OSA patients in France with an indication for CPAP therapy were included, the results are generalizable to broader clinical populations

and highlights the potential for ongoing usage of CPAP treatment to reduce all-cause mortality in patients with OSA.

The power of these studies made in the real world is being recognized by the U.S. Food and Drug Administration's (FDA) embracing in regulatory decisions of the benefits of both pharmaceutical products and medical devices.

"The real-life clinical performance of a medical product might be more clearly demonstrated through real world data/ RWE because a controlled clinical trial often cannot evaluate all applications of a product in clinical practice across the full range of potential users," the FDA said.

Many other studies have recently added to a growing body of evidence for the beneficial effects of CPAP usage on OSA patient survival. A Japanese study found the all-cause mortality rate to be significantly lower in those who did versus did not use CPAP after a followup of six to seven years, and a study from the United Kingdom found that OSA patients treated with CPAP for more than five years were significantly more likely to be alive at the end of the study.

The Industry Must Consider RWE

The ALASKA study disputes the overarching conclusion of the draft technology assessment from the Agency for Health Research Quality (AHRQ), which asserts that there is sparse evidence regarding the



This data source is representative of an entire national population and does not include biases in insurer or health care provider, offering a holistic view of clinical outcomes.

long-term effectiveness of CPAP devices in treating OSA. With a disregard for RWE, the assessment predominately included RCTs as evidence, despite the studies having low adherence, which impacts their ability to demonstrate CPAP efficacy. The adherence was also lower than that currently seen with cloud-connected CPAP solutions that enable telemonitoring of OSA patients.

However, other governmental bodies are making encouraging developments in evidence-based medicine. After a significant and inclusive review of available evidence and patient outcomes related to CPAP, the U.K.'s National Institute for Health and Care Excellence (NICE) recently published guidance extending the use of CPAP as the first-line treatment for mild OSA patients (in addition to moderate to severe

OSA patients), allowing more patients to access treatment. NICE also recommended telemonitoring for all OSA patients.

Clinical, physician and patient associations worldwide have rallied against the failure to recognize the long-term clinical, patient-centered benefits of CPAP. The American Academy of Sleep Medicine organized a multi-societal response to the AHRQ draft technical assessment, with global industry groups joining in to voice concern for the millions of patients who have benefited from the long-term treatment of their OSA and those yet to be diagnosed.

The ALASKA study concluded that people diagnosed with OSA who continued PAP therapy live longer, evidenced by the analysis of a non-biased, vast variety of patients with results applicable to a much

broader patient population. Using big data to produce real world evidence, the findings provide a better indication of overall effectiveness in patient populations likely to be encountered in routine clinical practice. The final AHRQ technology assessment—as well as all future assessments—should include alternative methods for estimating treatment effects, such as those used in RWE studies, to complement the results seen in RCTs in order to provide further insight into the actual effects of these devices on patients' lives. **HC**

Dr. Adam Benjafield is vice president of medical affairs at ResMed and convener of its academia-industry research collaboration medXcloud, as well as coauthor of the ALASKA study. He's led more than 150 clinical studies ranging from product development and efficacy to international multicenter randomized controlled trials. He holds a bachelor's and Ph.D. in medicine from the University of Sydney.

INCONTINENCE

You Should Partner With Assisted Living Facilities to Solve Incontinence Problems

Tips for tapping into this market to grow your brand

By Ken Edmunds

You will have to wade through a bit of backstory here, but there is a reward at the end. For many readers, this will be found money—a new revenue stream in a tired and beat up product category that hasn't had anything exciting to say since the days of the Clinton administration.

During the last 20 years, new openings for assisted living communities have surpassed nursing homes by a ratio of almost 2:1. Over an even longer span of time, the industry has seen the acuity levels of those able to remain in assisted living rise higher and higher. With the senior population rising so quickly, assisted living options have never been more relevant to such a large portion of the population.

This is important to your growth in the retail sector. But first, let's divide the incontinence market within the assisted living realm into two distinct halves:

- Private pay/private insurance
- Medicaid

The good news here is that, of the two halves, private pay/private insurance provides a much better profit margin—and you are not forced by falling reimbursements to use product lines that you know are below your standards.

The primary payer source tends to vary by state or region. For example, in Minnesota, many assisted living

communities have a Medicaid payer source. However, in Ohio, most assisted living residents are private pay. It is important to identify which payer source is prevalent in your community before you can determine your approach.

Let's dig in by getting better acquainted with the problems that you will be solving for local assisted living communities with a private payer source.

The Run-Out

Bob's father is in an assisted living facility. The facility regularly calls Bob because his father has run out of incontinence briefs, because either Bob is forgetting to buy these products on a set schedule or his father goes through them faster than anticipated.

Bob's father lives in an assisted living community that allows the family to provide their own incontinence products for their loved one living there. A large number of assisted living communities either permit—or in many cases require—the family to provide personal items like incontinence supplies. Unfortunately, the family frequently doesn't get the incontinence products there in time. In some instances, this can force staff at the community to drop what they are doing to go out and get the needed product.

These shortages occur frequently. Sometimes they are caused by the patient



using more product than they normally do; sometimes the family just forgets. It is not uncommon for the assisted living staff to resort to “borrowing” products from a neighboring resident's room to cover the shortage.

This, as you may have guessed, will cause problems in the neighbor's room at some point. This domino effect is not exactly the pinnacle of efficiency.

The Roller Coaster

Let's pick on Bob some more. Bob is not a health care expert. He tends to shop for incontinence products in much the same way he chooses gas stations—by price. Bob is assured that the best price on his Dad's incontinence products will be at the

local chain store. Ultimately, this leads to Bob delivering his father a truly mediocre incontinence product.

To be fair, there are family members who spend time researching the products that they bring to their loved ones living in assisted living. They look at different performance characteristics and, through trial and error, arrive at what works best for their loved one. But when you look at the situation at large, it creates an absolute roller coaster of quality. Some are bringing in high-performing products, while others provide Bob-level products—and there are quite a few in between.

All this product diversity creates havoc for the caregivers. Bob's father needs to be changed all the time due to the product leaking so easily, while others wearing more effective products don't need help as often. Caregivers are forced to remember product limitations or capabilities for each resident, and the standard of care varies as a result. Those with lower quality products consume more of the direct care staff's limited time due to the increased need for changes.

Briefs by Bob

Let's talk about the economy products for a moment. In his defense, Bob doesn't realize the implications of his product choice. By allowing the family to choose the incontinence product, the assisted living community has unwittingly made the following choices:

- Now families are determining how frequently the staff will have to change a person. A poorly performing product will add a significant amount of labor and may require higher staffing levels.
- Family's selections impact how frequently linens or clothes will have to be changed. Most of the attractively priced products leak. This will increase costs on laundry, the labor associated with laundry, and the usage of electricity and water.
- Poorly performing products will need to be disposed of more frequently, creating more waste, which could drive up costs.
- Poorly performing products often don't manage odor well. Odor isn't pleasant

to live with, nor does it send the right message to visitors.

- Leakage and odor are embarrassing for the resident. I've seen it lead to residents isolating themselves in their rooms due to a lack of confidence and/or embarrassment.
- Poorly performing products often lead to skin breakdown, which is painful and expensive.

You Are the Solution

Let's go over how your business can solve all of these issues and form relationships that not only increase retail incontinence sales, but also give you a platform to sell through other disposables and even larger ticket items.

Before we get started, we need to discuss how you choose the "horse" that will be pulling your "cart."

You've already read about the problems associated with the usual store brands. These are likely the same brands that your competitors are already offering. You aren't going to be able to waltz into an assisted living community and offer solutions with the same brands that they've seen fail time and time again. You need to offer something else—something different.

In order to solve the issues you've just read about, you need a product line that's better than what they've seen or used in the past. It's time to do your research and partner with a brand that can deliver better patient outcomes consistently. Seek out a manufacturer that offers:

- Higher absorbencies
- Lower re-wet values (this is the measure of how much fluid comes out of the product when pressure is applied)
- Pricing that allows you to be competitive with online retailers
- A little bit of exclusivity in your general area (won't offer all of your competitors the same products/pricing)
- Supportive sample programs

What About Bob?

So you've found a unique brand and it's time to announce this to your target audience. All

that is left is to develop a simple marketing program for your local assisted living communities. Keep in mind that this does not need to be complicated.

Here are some steps to creating this kind of program:

- Meet with your local assisted living communities and let them know that you have a new product. Ask them if they would be willing to take some samples and give you some feedback on how these new products fare with their residents. Because you've chosen wisely, your products will be very likely to handle even their more challenging incontinence situations.
- Once you've received positive feedback, offer to provide an ongoing supply of samples for existing and new residents to try out.
- Set up a system that allows residents who like your new products to call you to order, or perhaps the staff or their families can assist.
- Develop some simple flyers that you can hand out that describe your new program. Be sure to point out the issues that this program will solve. I would suggest one flyer that appeals to the staff and one that is more directed at residents in terms of messaging/content.

Branch Out

This type of program will also be helpful to other health care providers in your area. With just a little bit of effort, you should be able to identify other potential partners that would be equally intrigued by your new products and the program that you are offering.

Keep in mind that once these relationships are formed, you can also slowly introduce some of your other relevant products that these agencies need. **HC**

Ken Edmunds is a 26-year veteran of the adult incontinence industry. His focus has largely been on teaching durable medical equipment providers and long-term care facilities how to develop and sustain person-centered incontinence care. He currently works as an incontinence specialist at ABENA North America. Connect with him at kne@abena.com.

MARKETING

How to Reap the Rewards of Automation in Advertising

Rethink your marketing tactics to find & follow up on more leads

By Karina Tama-Rutigliano

The digital revolution has been a boon to marketers in every industry. Traditional marketing strategies (postcards, telemarketing, etc.) have become relics of the past. Companies that leverage digital marketing tools are having stellar results—more so than would ever have been possible with manual marketing efforts.

People are no longer looking in their mailboxes for the products and services they need, and they're not likely to pick up calls from unknown numbers. Instead, they're doing their research completely online. With the right digital strategies in place, you can grab homecare consumers' attention and grow your online presence fast.

Marketing automation is the key to increasing visibility for your home health or senior care agency. Online pay-per-click ads and social media ads are important parts of your marketing strategy to drive the right leads to your website and increase your conversion rate.

To reap the rewards of marketing automation, you must shift your thinking and reimagine marketing from the perspective of strategies that maximize the potential of paid online ads.

What Is PPC & How Does It Work?

Pay-per-click (PPC) advertising is a commonly used tactic. Paid online ad campaigns are cost effective because you only pay for them when an online user clicks on your link. Google is one of the largest PPC advertisers, and you can also set up effective paid ad campaigns on Bing and Yahoo, as well as through social media platforms.

This type of advertising relies on the ad auction, an automated ad bidding system that uses algorithms to determine the credibility and relevance of the ads displayed on the first page of search results. Online businesses bid on their target keywords or keyword groups with the goal of landing ad space for relevant terms for their business. Think about the words that a potential customer would type into the search engine if they were looking for a homecare agency. They might include:

- Homecare agency near me
- Best homecare agency
- Homecare agency + ZIP code
- Homecare agency + city

To save you time, keyword search tools track down the most relevant keywords that have the most attractive volume and lowest average cost per click.

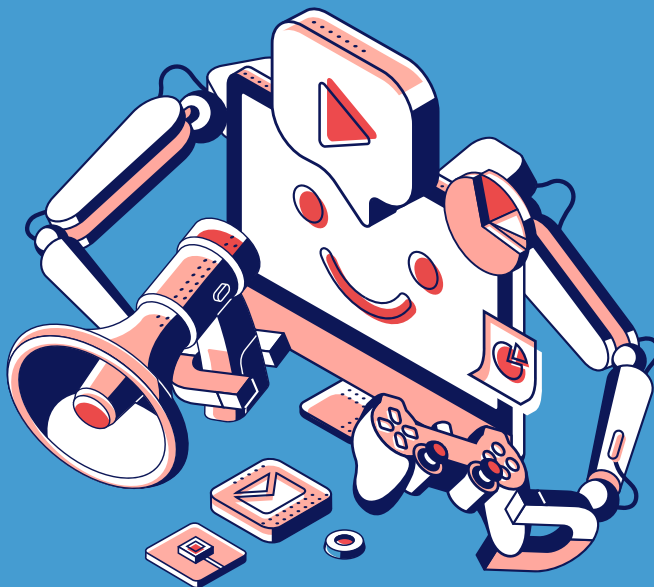
You simply create an ad, plug it into the search engine platform and add the keywords that you want the ads to trigger for. You can set your bids based on where in the advertising section of the search results the ad will show. The ad auction algorithms will take your bid price into consideration along with the quality score and ad extensions before determining which ad gets the highest position in the search results.

The quality score is a combination of your ad's relevance, landing page experience and click-through rate (CTR). When it comes to PPC advertising, search engine algorithms are able to quickly and efficiently determine which ads get displayed in what order and by which advertiser.

WHEN MARKETING AUTOMATION & CRM PLAY TOGETHER, YOU CAN:

1. Gather consistent data that allows you to create detailed customer profiles
2. Track the customer journey from the initial contact through the lead, prospect and customer stages
3. Engage leads across a wide range of channels
4. Record prospects, track sales and streamline communications with clients on an ongoing basis
5. Set up email drip campaigns and text message campaigns to deliver notifications, reminders, invitations or promotions
6. Send surveys to family members and caregivers so you have instant feedback on your services
7. Create multiple landing pages to test your campaigns
8. Receive all data and reporting in one convenient dashboard that you can also connect to your social media pages and other software programs

The right CRM system has all the right tools for effective followup and will streamline your marketing processes.



How Does It Work?

Imagine identifying just the right leads, grabbing them and priming them to convert—and knowing that it all happens automatically. If you set up the right digital marketing strategies and test your results, automation does the rest of the work for you. Then you can take all of the time you save and re-allocate it to managing your homecare agency.

PPC ads automatically send qualified leads to your website. By optimizing your messages and pages, your conversion rate rises. Marketers should never overlook the benefit of continual testing; be sure to monitor your ads as they automate through the process to ensure you're getting a good return on investment.

The best way to track and automate your leads is by using a customer relationship management system (CRM). Set up the system to follow up with each lead and nurture them so they become loyal clients.

Here are a few effective ways to follow up with prospects:

- Set up automated drip email campaigns
- Set up text message campaigns

- Transfer calls from leads to your client's sales team using automation

In my experience, I've found that a CRM system addresses the two biggest pain points for homecare agencies: first, efficiently acquiring new clients and second, hiring quality caregivers in a timely manner.

The right CRM system has all the right tools for effective follow-up and will streamline your marketing processes.

Following Your Leads

The primary benefit of marketing automation is to follow each lead through the funnel of sales. When a lead from your ad provides their information like their name, email and/or phone number, marketing automation starts running by sending emails and text messages or by calling about your service.

Automated marketing in conjunction with PPC ads works well because your homecare agency won't miss any opportunities to connect. Piggyback that with a solid follow-up plan that supports every stage of the customer's journey, and

you'll be amazed at the results you can get without investing too much effort.

With every lead, you have opportunities to gather new data and record it to help you personalize interactions even further as time goes on.

A CRM system with automation tools also creates the ability to work with a call center so that you can be sure leads get prompt attention when they're hot. The tools also work in tandem to record calls and provide analytics and data to ensure quality control.

Digital marketing tools are continually evolving and changing at a record pace. You need the best tools to stay relevant and continue on a strong growth trajectory. Every marketer needs automation tools to track and adjust campaigns, follow and nurture leads, monitor sales team performance on the phone and more. **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 is also the author of the e-book, "Digital Marketing Proven Strategies & Tips." Tama-Rutigliano is also a contributing author to Forbes.

CAREGIVER RECOGNITION

Tell Them That You Love Them, Tell Them That You Care

Employee appreciation done right is an often-overlooked game-changer in health care staffing

By Nate Hamme

Health care organizations were already experiencing pressing labor shortages well before the pandemic. But new COVID-19 variants and subsequent employer vaccine mandates are adding fuel to the fire and putting patient access to safe, quality care in real jeopardy.

According to the American Health Care Association/National Center for Assisted Living, 99% of nursing homes and 96% of assisted living communities are short staffed. In some cases, families looking for available rooms have been turned away because care facilities lack the employees to provide adequate services.

Home health aides are in particularly high demand—and increasingly short supply—as the Silver Tsunami of aging baby boomers has begun to arrive. Americans ages 65 and older now number 54 million, with many wishing to age in place.

In Maryland alone, the waiting list for homecare paid for by a Medicaid waiver is 21,000 names long. And this is only the beginning. According to the U.S. Bureau of Labor Statistics, there are more projected job openings for home health aides in the next decade than for any other occupation.

Hiring Difficulties Abound

Facing this formidable challenge, homecare organizations and hospital systems are ramping up hiring, and many are throwing in special perks like fitness trackers and recurring cash incentives. Some benefits, such as flexible schedules, are no longer

seen as fringe, due to changes in child care and schooling during the pandemic. Such incentive packages come with hard costs that organizations must absorb to keep or entice new workers.

On the other hand, losing employees is costly, too. The average cost of turnover for a registered nurse is \$40,038, resulting in the average hospital losing \$5.1 million per year, according to a 2021 report. In senior care, the comprehensive cost of replacing a direct-care employee is 25% or more of each employee's annual compensation, according to LeadingAge.

A Different Approach

Here's the elephant in the room: Companies wouldn't have to focus so much on hiring if they were able to minimize turnover. So why aren't organizations talking more about retention? Why are so many throwing their hands in the air and assuming that large-scale turnover is inevitable?

Perhaps it's because health care industry insiders tend to look down on a powerful tool at their disposal: recognition. Employers find recognition programs exhausting—just another thing to maintain and the first thing to fall by the wayside during hard times. Employees, meanwhile, are often skeptical of efforts that seem designed to squeeze more juice from the proverbial orange.

Recognition and retention programs must certainly go beyond blanket statements about health care workers being “heroes.” Workers need more than signs and banners,

pats on the back and form letters. Employers must both show and tell individuals what they have done each day to improve lives—and, in many cases, save them.

More Than Money Matters

When done correctly and consistently—and combined with a culture of celebrating the caregiving craft—recognition can be the most powerful motivator of all. A 2021 Harvard Business Review study determined that those in “helper” professions like health care “place a higher value on social recognition, and are less motivated by salary” than their counterparts.

Could it really be possible that social currency is more precious than cold hard cash? It seems to fly in the face of widely accepted economic theory and upend the ways that providers should think about workplace satisfaction.

One 2016 study illustrates how easy it might be to make a difference. A manufacturing company looking to increase productivity asked its employees whether they would prefer to receive bonuses, pizza or compliments.

The results were surprising. Both pizza and compliments drove more productive employees—and sustained that productivity over longer periods of time—than financial bonuses did. In the end, compliments, even something as simple as a hand-signed note from the boss, were actually the most likely of all to drive extended improvements in work efficiency.



Employee recognition and retention programs must go beyond blanket statements about health care workers being “heroes.” Workers need more than signs and banners, pats on the back and form letters.

Moreover, if those compliments and pizza celebrations are fostered through a comprehensive program, employee recognition could be more cost effective than sustained widespread bonuses.

Peer-to-Peer Power

When it comes to homecare workers, recognition and culture-building may seem like impossible tasks.

With no centralized location to routinely report to, these virtually invisible and often undervalued workers aren't easy to invite into a shared workplace. And yet, the very nature of their employment means they may need to experience a feeling of belonging more than those in any other field in health care.

The Ceca Foundation took a stab during the public health emergency at making a difference for homecare workers, developing a partnership with Arosa, a national in-home caregiving services company with a team-based approach to care management. Arosa, whose workplace mission is to “attract, train, retain and treasure the best care professionals,” was looking for a way to strengthen its staff during the pandemic.

Arosa CEO Ari Medoff said that Ceca's programming has helped augment the company's culture of gratitude. It has also encouraged teammates, clients and others to highlight the good works of Arosa's care professionals through nominations.

“As we continue to bring on new teammates, sharing the purpose and impact of the Ceca Awards has been a core component of our onboarding,” said Medoff.

The mission of the Ceca Foundation is to celebrate caregivers. Since launching in 2013, the foundation has recognized more 30,000 acts of care and honored thousands of health care workers who go above and beyond at hospitals, nursing homes, retirement communities and many other care settings.

The “secret sauce” of the program is three-fold.

- It's a strategic partnership, managed by Ceca's team and run at regular intervals, complete with award celebrations, public recognition and small cash rewards—a gesture that is more symbolic than monetary. As a result, it relies less on those in leadership or human resources to keep it going.
- The plug-and-play software and program structure makes it easy to collect and share stories from staff members, clients and their families without burdening administrative teams.
- Nominations come primarily from team members themselves, who begin to see the work they do more clearly by being encouraged not just to nominate each other, but also to notice each other and all the small but meaningful acts of care they perform.

Although anyone can write a nomination, it's the peer-to-peer recognition that results in the most awards—and in the most employee engagement.

You wouldn't believe the heart-warming stories we receive every day from partner communities. Like Penny Isaac, an Arosa team member who got approval to bring a nursing home resident into her own home when the power was out and the temperature dropped below 30 degrees. It's caregivers like Isaac, who go the extra mile in providing person-centered care, that the Ceca Foundation wants to recognize.

In this way, Ceca is helping Arosa staff—and many others nationwide—remind those in the field of health care and caregiving why they go to work every day and, more importantly, why they might want to stay.

Employee engagement and retention requires attention on multiple fronts. But staff at the foundation have seen the significant impact that employee recognition has on engagement and retention—and it needs to be baked into a company's culture to create lasting impact, not just lip service. **HC**

Nate Hamme is president of the Washington, D.C.-based Ceca Foundation, a 501(c)(3) that offers employee recognition programs for hospitals, senior living, skilled nursing, homecare and other care organizations nationwide to inspire employees, boost teamwork and improve patient care. Learn more at cecafoundation.org.

CANNABIS

You Can't Spell Health Care Without 'THC'

What homecare agencies need to know about Delta-8

By Kristin Easterling

Amidst a proliferation of hemp-based products on the market, there's a new player in the game: tetrahydrocannabinol (THC) Delta-8, which causes a "high" similar to the federally banned cannabis compound known as THC Delta-9.

Delta-8 is legal in many areas due to the 2018 Farm Bill, which changed the way the United States views hemp and cannabis products. Because the language in the Farm Bill allows for the legal consumption of hemp-derived products, it's important for home health providers to understand what this new, readily available compound means for their workforce, patients and overall business operations.

A High by Any Other Name

Let's start with breaking down the difference between Delta-9, Delta-8 and cannabidiol (CBD). It's important to note that there are more than 160 cannabinoids in a cannabis plant, but these three are the most frequently seen derivatives in the market.

Delta-9 THC—that is, the part that gives marijuana its "high"—determines whether a cannabis plant and its product are federally permitted. Below .3% is legally defined as hemp under the Controlled Substances Act, said Richard Cheng, a lawyer and member at Weaver Johnston Nelson, PLLC.

Delta-8 is "a minor compound that occurs naturally in trace amounts," in the plant, Cheng said. About 35% of Cheng's legal practice focuses on legal issues surrounding the cannabis industry, and he regularly advises on a myriad of cannabis-related issues. He said manufacturers use



a solvent to perform a process—called isomerization—to synthetically develop Delta-8 THC from CBD and boost the amounts available in over-the-counter products to much higher levels.

And while CBD is not intoxicating, Delta-8 is different.

"Delta-8 is similar to THC, but it has a lower affinity for the cannabinoid receptor type 1 than THC," Cheng said. "That means Delta-8 has both intoxicating and therapeutic effects similar to Delta-9, but to a weaker extent."

But that can cause problems for Delta-8 users—and their employers.

Legal Troubles

The Drug Enforcement Agency (DEA), issued

an interim final rule in August that declared any synthetically derived THC, including Delta-8, to be a Schedule 1 controlled substance. And while the 2018 Farm Bill allows derivatives, extracts, cannabinoids, isomers, etc. from cannabis plants with Delta-9 concentrations of not more than 0.3%—and an argument can be made that Delta-8 meets this definition—the legislative intent behind the 2018 Farm Bill does not allow people to synthetically develop a natural compound that causes a high. Cheng added that whether the final rule is enacted comes down to interpretation of the Farm Bill, any future guidance issued by Congress and case law developed through litigation, with the argument that "statute trumps regulations by the DEA," he said.

In September, the Food & Drug Administration (FDA) issued a warning for Delta-8 products following more than 100 hospitalizations of consumers, according to a report from Hemp Industry Daily. The FDA warning included a note about “potentially harmful by-products” of the isomerization process used with Delta-8.

There are also a hodgepodge of state laws and regulations surrounding cannabinoids; some states follow federal law and regulation, while others have either decriminalized or legalized the plant and its various compounds. As of August, 18 states have expressly banned or restricted Delta-8 in some way. The state of Michigan has opted to regulate the compound in the same way it regulates medical marijuana.

“Know that the legality of Delta-8 is pretty murky,” said Dr. Alex Capano, a doctor of nursing practice and chief science officer for Ananda Health and Ananda Professional,

a Kentucky-based manufacturer of hemp and CBD products. “It depends on your state law. It’s possible, and I consider it likely, that federal regulators will issue new laws to restrict the sale of Delta-8 in the future.”

Hiring & Firing

The homecare industry is facing a major workforce shortage, compounded by the COVID-19 pandemic and recent vaccine mandates. Staffers are burnt out and looking for ways to cope—and that may include seeking relief in cannabis products.

Because Delta-8 can induce a high, and because users will test positive for THC in a hair, saliva or urine test, home health providers may struggle with whether and how to restrict use of the legal compound.

“It is getting more difficult for employers to administer drug-free workplace policies when many states have legalized the use of marijuana and other THC derivatives,” said

Amanda McCollum, a consultant for human capital management at Adams Keegan. “That said, employers certainly have the right to remain a drug-free workplace and set the expectation that employees can show zero sign of impairment at work.”

McCollum cited the New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act, which prohibits employers from taking adverse employment actions (such as refusal to hire, discharge or even discipline) against employees because of the presence of cannabis in their saliva or urine samples. The act did recognize an employer’s right to maintain a drug- and alcohol-free workplace, however.

New York also passed a law that prohibits employers from testing for THC, but that law includes exemptions for teachers, day care workers and “those who provide supervision or care of patients in a medical, nursing

HomeCare



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home, or group care facility; and any job that has the potential to significantly impact the health and safety of employees or members of the public,” McCollum said, which would cover homecare agencies.

McCollum has noticed an uptick in employers moving away from random drug screenings, a process she said could help with retention. But pre-hiring tests will likely remain in place.

“I think there is an expectation in most professional industries, including homecare, that employees should be able to pass a pre-employment drug test,” she said. Letting an applicant know of this requirement early in the interview process not only gives them time to prepare, but also to disclose any prescribed medical marijuana use, she said.

Compliant Employee Practices

Homecare providers face numerous regulations and compliance issues each day. One of those is the American with Disabilities Act (ADA), which allows for the prescribing of drugs to manage stress, post-traumatic stress disorder, depression and other mental illnesses. These must be accommodated under the ADA.

While 18 states have legalized the use of medical marijuana for these and other conditions, some of those states carve out exemptions for certain industries like health care and transportation.

Delta-8 may be a different story.

“It becomes a less compelling argument for the employee to say that they have a right to take this,” because doctors aren’t prescribing or recommending the product, said Cheng. But he added that if an employee files an ADA complaint, the Equal Employer Opportunity Commission and/or the state’s workers’ civil rights office may look into to the process to see if a “good faith effort” was made in accommodating the employee.

Providers are also subject to payer regulations that require them to provide safe care in a reasonable manner; the usage of Delta-8, or even Delta-9 where it’s legal, on the job can be constituted as impairment that inhibits an employee’s performance,

leading to patient safety concerns.

“Think about it like alcohol,” Cheng said. “You can drink it, just not on the job.”

McCollum agreed, sharing a story about a provider who had been approached by several people about an employee smelling of marijuana while in the workplace. The employer was worried that the smell did not constitute “reasonable suspicion” for drug testing.

“Even if an employee was not stumbling around an office, there would be legitimate reason for concern if they had the strong scent of alcohol while on the job,” said McCollum. “The same logic applies to the smell of marijuana. Although it may be legal for the employee to use marijuana products before they are on the clock, it is still reasonable for an employer to respond to evidence of use that could impact the employee while they are working. If behavior, or even a smell, points to usage, employers are within their right to question it and address it.”

Cheng encouraged providers to create a “very specific policy” on this issue.

“It’s not a one-page policy describing how you manage drug testing. There must be a very fair, very thorough process. And that process [and policy] has to be understood by anyone who may come to work for you,” Cheng said. He said companies should have a compliance liaison who handles training for both front-line staff and upper management.

A compliant drug policy can also help with multi-state providers, McCollum said, but providers whose services traverse state lines should proceed with caution.

“Although employers certainly have the right to have different policies based on different state or local laws (and they may be forced to), from an administrative approach it is simpler to have a broad drug screening policy that is standard enough to work in all states,” she said.

Patient Use

Delta-8, like Delta-9, has many possible applications in a homecare setting. It can be used for nausea, increasing appetite, managing pain or improving sleep.

“It can be a reasonable alternative for Delta-9 THC in states where its better-known counterpart is illegal, or for people who are particularly sensitive to Delta-9,” said Capano, but it’s best to approach the compound with caution and start with a low dose.

Capano said that if clients are interested in Delta-8, they need to know that it’s intoxicating.

“Understanding this is critical to public health, so that individuals do not operate a vehicle or perform functions while intoxicated that could put themselves or others at risk,” Capano said. She does not recommend the compound for children, adolescents, pregnant women or other vulnerable populations “unless the health care team has carefully weighed the risks and benefits.”

Cheng said that homecare agencies should be cautious about taking an active role in a patient consuming the compound, particularly with active administration of the product. Knowing your state regulations is key, he said.

“There’s really three components of cannabis in health care settings that I usually always warn health care providers about, and that’s storage, consumption and administration,” said Cheng.

Providers should also understand there are risks associated with their Medicare and Medicaid contracts and state licensing if the agency decided to let caregivers help administer the drug, so checking with state and federal regulations is critical, Cheng added.

The issues surrounding Delta-8 are complicated, and are only going to get more so as more states and the federal government make decisions about cannabis- and hemp-derived compounds. For homecare providers, creating a solid policy around not just Delta-8, but any drug consumption, is the first step to proactively managing worker and client needs. **HC**

Kristin Easterling is managing editor of HomeCare magazine.

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

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3



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PROVIDER RECOGNITION

Don't Quit Till It's Done

Steve Ackerman honored for his service to HME industry

By Kristin Easterling



Steve Ackerman founded Spectrum Medical in Silver Spring, Maryland, in 1983, after the home medical equipment (HME) company he worked for was sold to another company. In the 38 years since the doors opened, Ackerman has committed to serving not just his customers, but the entire industry with passion and dedication.

Ackerman, who served as chairman of the American Association for Homecare (AAHomecare) from 2017 to 2020, helped lead the association and the industry through significant changes brought on by competitive bidding. He approached the challenges by reaching out to his fellow industry leaders and association members and listening to their experiences—all with the goal of giving everyone a voice on the most important issues the industry faces.

Now that work is being recognized, as AAHomecare recently presented Ackerman with two prestigious awards it gives annually honoring contributors to the industry.

Ackerman was named the 2021 Van Miller Homecare Champion, which recognizes outstanding HME service. The award recognizes and honors AAHomecare members who reflect the characteristics of Van G. Miller, past CEO and founder of the VGM Group.

Ackerman's advocacy efforts during the pandemic helped secure more than \$2 billion in relief funds.

"Through various leadership roles for the association, Steve has spoken before Congress and Centers for Medicare & Medicaid Service (CMS) as an industry expert," AAHomecare President and CEO Tom Ryan said. "We saw first-hand during COVID his approach to challenging situations."

Ackerman's advocacy efforts during the pandemic helped secure more than \$2 billion in relief funds for the HME industry. As chairman of the board, Ackerman also helped set priorities and build consensus on policies and regulations impacting the home medical equipment and durable medical equipment community.

"What an honor," said Ackerman. "I knew Van for years and admired him for years longer. He was one of the first truly visionary people in the business and did a great job sharing that vision. Without he and [Invacare founder] Mal Mixon, I wouldn't be here today. To be honored with an award in his name is truly humbling."

Ackerman also received the Chairman's Award for Extraordinary Service in recognition for his service as board chair.

"I've worked side by side with them for a long time and enjoyed that time. It was bittersweet when I left because all of the events had been canceled. It was nice to say goodbye properly."

Ackerman encouraged providers to get involved, saying that "being in leadership gives you the ability to see around corners."

And just because Ackerman has transitioned off of the AAHomecare board, he's not slowing down any time soon.

"My mantra is 'Don't quit when you're tired; quit when it's done,'" he said. "We're doing incremental battles, and we're winning a lot of them. It's starting to look like something positive." **HC**

Kristin Easterling is managing editor of HomeCare magazine.

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