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NOVEMBER 2022

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A woman with purple hair, wearing a white shirt and blue jeans, is seated in a wheelchair. She has a prosthetic right arm. A man in a blue polo shirt and dark pants is standing next to her, shaking her prosthetic hand. They are both smiling. The background is a plain, light-colored wall.

MEET OUR HOMECARE HEROES

2022's finalists are changing lives
& shaping the industry

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Dear HomeCare Readers,

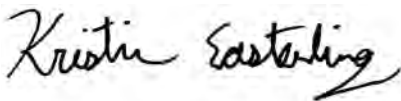
This edition marks our third annual HomeCare Heroes issue. This year, we had so many wonderful submissions. People nominated caregivers, technicians, CEOs and more. So many of you told us fantastic stories about the people making a difference in this industry. You can meet our 10 outstanding finalists starting on page 16.

Also in this issue, you'll find a road map for designing your sales process, discover marketing strategies for home medical equipment companies and learn why in-home palliative care should be offered earlier to dementia patients.

As this issue goes to press, the HomeCare team is gearing up for travel. Look for coverage from Medtrade East in Atlanta, the National Association for Home Care & Hospice's Annual Convention and Expo and the AlyaCare user conference in upcoming issues of the HomeCare Now newsletter and the December issue of HomeCare. We'll also be showcasing the winners of the Medtrade Provider's Choice Awards, which HomeCare is proud to sponsor.

On a sad note, by the time you receive this issue, I will no longer be managing editor with HomeCare. After more than seven years, I've accepted a position as a marketing materials editor at a company within this market. During my time with HomeCare, so many of you in this industry have embraced me and taught me so much about homecare. I am truly thankful for the friendships I have built along the way, and since I'm not leaving the industry, I hope we will keep in touch well into the future. You can find me on LinkedIn, so let's connect!

Live long and prosper,



Kristin Easterling



BE HEARD

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

Send your comments and feedback to Editor Hannah Wolfson at hwolfson@cahabamedia.com. We'd love to hear from you!

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ON THE COVER:

2022 HomeCare Heroes finalist Abel Guevara, right, meets with Erica Gonzales, a brand ambassador for Abilitech Medical.

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Compound.
Bill.

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workflows.



The Brightree pharmacy platform makes it easier to take care of our patients.

Bryce Jackman, director of pharmacy



Bryce has served as the director of pharmacy at CarePro Home Health & Home Infusion for nearly 30 years, so he's seen a thing or two. And with Brightree's pharmacy software in the house to support the day-to-day home infusion operations, the business is right where he wants it to be.

Workflows that work.

See for yourself at www.brightree.com/workflows.



Check 102 on index.

SpinLife to Open First Physical Retail Location

SpinLife, a division of Numotion, has announced its first physical location in New Castle, Delaware. Founded online in 1999, SpinLife has grown to be one of the top retailers of lifestyle mobility products.

Since 2010, Michael and Patti Castoria and a team of employees have been providing the local community with mobility equipment and home access services through their company, True Mobility. In 2021, True Mobility joined SpinLife.

“We will continue to serve the community with the attention and care we always have,” said Michael Castoria, SpinLife director of channel development. “As SpinLife’s first retail location, we will now offer a greater variety of mobility products in addition to continuing to provide comprehensive home accessibility products and installation and wheelchair accessible vehicles.”

spinlife.com

UPCOMING EVENTS

We want to make sure our readers know about upcoming event opportunities. Did we miss an event? Send info to hwolfson@cahabamedia.com.

Dec. 4–8
ASHP Midyear Clinical Meeting
Las Vegas
ashp.org

Jan. 5–8
CES
Las Vegas & Virtual
ces.tech

Jan. 31–Feb. 4
ATIA Annual Conference
Orlando, Fla. & Virtual
atia.org

CMS Seeks Comment on National Health Care Provider Directory

The Centers for Medicare & Medicaid Services’ (CMS) is seeking public input on the idea of CMS creating a directory with information on health care providers and services, or a “National Directory of Health Care Providers and Services (NDH).”

“Currently, the health care directory landscape is fragmented, resulting in patients sometimes struggling to find up-to-date information about providers in their network and providers facing redundant and burdensome reporting requirements to multiple databases,” CMS wrote in its announcement. “Because of that burden, directories often contain inaccurate information, rarely support interoperable data exchange or public health reporting, and are costly to the health care industry.”

CMS is seeking public input on a directory that could serve as a “centralized data hub” for all health care directory and digital contact information with accurate, up-to-date and validated data in a publicly accessible index, developed through streamlined information submission from providers.

CMS wants public thoughts on whether consolidating that data could help improve access to care and patient choice by making it easier for patients to identify, compare and locate providers who meet their specific needs and preferences, such as those related to office accessibility, languages spoken or other data.

CMS is also looking for input on how an agency-led directory could reduce directory maintenance burden on providers and payers by creating a single, centralized system, promoting real-time accuracy for patients while allowing payers to update their own directories seamlessly from a single directory through an application programming interface. It could also make data available in a format that would ease health data exchange between providers and improve public health reporting, a need highlighted by the COVID-19 pandemic.

Finally, a CMS-led directory could directly support network interoperability through the Trusted Exchange Framework and Common Agreement (TEFCA).

The request for information is open for a 60-day public comment period ending Dec. 6, 2022.

cms.gov

Relias & Hucu.ai Team Up

Relias, a national health care company providing communities management and staffing solutions, and Hucu.ai, a secure messaging platform, are joining up to better serve their health care customers.

Relias, which serves more than 11,000 health care organizations and 4.5 million caregivers, is adding new communication tools to its arsenal through Hucu.ai, which allows care providers to connect and collaborate with their team, partners, external patient collaborators, patients and patients’ families in one platform.

As health care providers struggle with critical staffing shortages, Relias and Hucu.ai say they can help increase employee satisfaction, save time and improve patient-centered care.

Relias and Hucu.ai customers can now access optimized tools to increase visibility and transparency with powerful software and analytics across organizations to optimize workflows, retain staff, reduce hospitalizations and scale care communities.

hucu.ai, relias.com

Rippl Launches With Focus on Mental Health Care for Seniors

Rippl, a mental health company focused on caring for seniors with dementia and other neurocognitive conditions, launched with \$32 million in seed round funding led by ARCH Venture Partners and General Catalyst. The round also includes investment from GV, F-Prime Capital and Mass General Brigham Ventures.

Rippl is pioneering a new care model to be offered by health plans that will dramatically expand access to wrap-around mental health

care for seniors with dementia and other neurocognitive disorders, with an emphasis on making the experience work better for seniors, their families, and caregivers. The Rippl model offers 24/7 access to care by experienced and passionate clinicians on the phone, online or in seniors' living rooms.

Mental and behavioral health for seniors is a massive hidden public health crisis. Seniors with neurocognitive mental health conditions and their families have little access to high quality, real-time, practical care, and are 3.5 times more likely to visit the emergency room and three times more likely to be admitted to the hospital. These patients cost Medicare 2.5 times more than seniors without a cognitive impairment.

Rippl will use its seed funding to hire and train a team of clinicians, build technology, and open a Washington state-based clinical support center to launch pilot networks in two regions, beginning in Seattle.

Rippl is led by a diverse group of consumer product and health care change-makers, all with experience as caregivers, including CEO and Co-Founder Kris Engskov, former president of Starbucks Coffee U.S. and president of Aegis Living; Co-Founder and Vice President of Strategy and Innovation Inca Dieterich; Chief Medical Officer Aaron Greenstein; Chief People Officer Jesse Schlueter; Vice President of Clinical Operations Karrie Austin; and Vice President of Finance Jim Terry.

ripplcare.com

WellSky Joins Sync for Social Needs Coalition

WellSky, a health and community care technology company, announced it is taking a significant role in the national effort to increase access to and facilitate sharing of social determinants of health (SDOH) information across care settings. WellSky's commitment was recognized on Sept. 28 at the White House Conference on Hunger, Nutrition, and Health.

The "Sync for Social Needs" coalition will unite HL7 International, the Rush

University System for Health, Tufts Medicine, the Riverside Health System, SCAN Health Plan, the Sanford Health System, BayCare, Geisinger and the Veterans Health Administration to standardize sharing of the types of patient data screened for, collected and integrated on social determinants of health like food insecurity.

As a member of the coalition, WellSky will evaluate and plan to pilot the integration of specific social needs screening tools in electronic medical record systems. Additionally, the leading standards bodies—from the National Quality Forum and the National Committee for Quality Assurance to the Joint Commission—will work with participants to scale this approach across more standards-based tools that lower clinicians' burden to screen for social needs.

The WellSky Social Care Coordination solution provides an infrastructure that integrates social supports into health care delivery through a comprehensive national directory of social services and predictive analytics for assessing social risk. With a national database of more than 400,000 social service organizations and networks of 20,000 community- and home-based providers—including the majority of the nation's Continuums of Care (CoCs) and Area Agencies on Aging (AAAs)—these tools empower payers and providers to improve health equity and outcomes through targeted interventions that address socioeconomic barriers to health and wellness.

wellsky.com

Aeroflow Partners With UCare to Expand Access to HME

Aeroflow Healthcare, a national provider of consumer-driven health care products and services, announced a contract with UCare, an independent, nonprofit health plan providing health coverage and services across Minnesota and western Wisconsin.

Aeroflow Healthcare's contract with UCare enables individuals and families to optimize a comprehensive benefits program,

including breast pumps, lactation education and support, continuous glucose monitors, catheters, incontinence supplies such as diapers and briefs, and CPAP machines and accessories.

Aeroflow Healthcare offers a suite of products to assist each patient's health journey, including educational support and exceptional customer services. Medical supplies are covered at little to no cost for qualified UCare patients and are delivered straight to the patient's door.

"Providing necessary medical equipment is crucial to a patient's quality of life. We are excited to join UCare in their efforts to simplify insurance and advocate for Minnesota and western Wisconsin residents," said Asheley Carter, strategic partnerships associate at Aeroflow Healthcare.

The independent nonprofit UCare offers health coverage to more than 600,000 members, providing services and partnerships across communities.

UCare is dedicated to its mission of improving the health of UCare members through the values of integrity, community, quality, flexibility, and respect. The nonprofit offers various insurance plans, including Medicare, individual, family and medical assistance, each designed to fit individual patient needs.

Aeroflow strives to continue building opportunities with insurance networks in order to enable patients across the nation to quickly access medical supplies and services crucial to living a quality, comfortable life.

aeroflowinc.com, ucare.org



GET MORE NEWS

Visit homecaremag.com/news for the industry info you need to know.

Better Support for Grieving Americans

The GRIEF Act

By Kristin Easterling

More than a million Americans have lost their lives to COVID-19, leading to what some have called a second epidemic of grief. Lockdowns and other factors meant that many people couldn't process their losses in normal ways with funerals and other gatherings. Prolonged and unaddressed grief can lead to significant mental health problems.

Rep. Joe Morelle (D-New York) introduced the Grief Resilience Investment and Education Fund (GRIEF) Act to help combat some of these issues, especially in marginalized communities.

The legislation would create a national strategy on grief and help address the growing mental health challenges many families are facing. It establishes grant programs to provide trauma-informed care targeted to those who need it most.

The GRIEF Act's key provisions include:

- Providing funding to improve education and training for bereavement care providers and peer support. Organizations with experience administering bereavement care programs or training health care providers will receive funds to develop and disseminate resources to help social workers, grief counselors, chaplains and other bereavement providers train others in understanding the basics of grief, evidence-based interventions, and culturally appropriate care.
- Targeting funding to hospice providers, hospitals, palliative care providers, youth-focused nonprofits and schools to operate grief support groups and provide intervention services to help families and children address grief and loss.
- Requiring the National Institute of Health to conduct a study on the impact of prolonged grief related to the COVID-19 pandemic and to conduct a national public information campaign to improve grief literacy and highlight the importance and availability of bereavement care.

At press time, this bill did not have a House reference number.

WHY IT MATTERS
»

According to Morrelle's congressional website, establishing a national grief strategy would help strengthen accessibility of care, reduce the stigma around mental health and foster a culture with a greater awareness for the long-term health outcomes of grief that often go unaddressed.

HOSPICE INDUSTRY ON BOARD

The National Hospice and Palliative Care Organization (NHPCO), the Hospice Foundation of America (HFA) and the Social Work Hospice and Palliative Care Network (SWHPN) support this bill.

"The GRIEF Act will ensure that people who have been directly impacted by loss throughout the COVID-19 pandemic receive the support they need and deserve."
—Ben Marcantonio, COO and Interim CEO, NHPCO.

"Creating professionally informed programs that make grief support accessible and funding research focused on understanding disabling grief are the first steps toward helping millions of Americans heal."
—Thomas J. Spulak, Chairman, HFA

"Establishing a national grief strategy will help coordinate efforts among organizations, ensuring that the people who need grief and bereavement supports can more easily find them in their communities. This act also helps those organizations receive appropriate funding to carry out this valuable, important work."
—Jessica Strong, Executive Director, SWHPN

DID YOU KNOW?

1.6 million Americans received hospice care in 2018.

LEARN MORE Find more information at nhpco.org and morelle.house.gov.

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CHANGE
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Resignations, No-Shows & Inflation, Oh My!

Insourcing your entry-level staff could help with industry challenges

By Todd Usher



TODD USHER has held various positions for home medical equipment providers and manufacturers since 1996 and is the founder of Tactical Back Office. He enjoys working on developing new business opportunities and is optimistic about the future of homecare in a post-pandemic world. Visit tacticalbackoffice.com.

When I started an independent health care business, I thought life would be challenging yet satisfactory in the business of homecare. I was right, but I didn't expect the gut punches, head shots and unscrupulous tactics that came along with the industry. Some of these came as reimbursement cuts for home medical equipment (HME) in the form of PAYGO cuts and competitive bidding. Today, the industry is facing critical supply chain issues and 40-year high inflation rates.

Staffing Challenges

Still more challenges have appeared in the form of managing and hiring employees. Shortly after the COVID-19 pandemic began, the industry had to reckon with the near total shutdown of society—even though HME providers were declared essential businesses. Many employees were afraid and didn't want to work around other people, especially members of the public with varying attitudes about safety. As the pandemic has leveled out, the industry has seen a dramatic rise in salary expectations.

There is also the phenomenon of

applicants "ghosting," or not showing up for scheduled interviews or their first day on the job. Some showed up for the first day but not the second. Others would show up, work a few days, get their testing and background and complete pre-employment health clearance—and then quit with little to no notice. Still others stuck around, but then requested an unrealistic salary increase on Day 90—or rather, demanded it. Generally speaking, local candidates have left a lot to be desired when it comes to meeting the industry's staffing needs.

To quote a famous movie, it feels a bit like "lions and tigers and bears, oh my!!"

One Solution

In an effort to meet client needs, HME providers may need to turn to insourcing their staffing. Insourcing means hiring staff from overseas to handle key functions, such as billing, coding or first-step customer service. If this sounds similar to outsourcing, you're right! But insourcing allows business owners to maintain control of their operations.

Insourcing means hiring staff from overseas to handle key functions, such as billing, coding or first-step customer service.



Outsourcing gives another company control, meaning you rely on them to achieve desired results. Insourced staff work for you directly and work to meet your key performance objectives. You should, as a best practice, know their names and faces.

Insourcing staff from abroad has been a perfect solution to a lot of our clients' needs. Our clients report that their insourced staff are dedicated, hardworking, show up on time and want to work. A xgood number of our clients have been able to achieve their goals and maintain them over the last few years. Bad debt, error rates, denials, held sales, order production, intake, answering the phones, talking to physician offices, completing a chart so that is ready to be billed and, yes, even absences and turnover, are at an all-time low.

How refreshing it is to hire someone who not only wants to work but generally does a good job at the tasks that they are assigned to complete.

The People Business

As this article goes to press, the possibility of a recession looms. Thankfully, health care has been largely recession resistant. When

people get sick, they want people who can handle complex jobs that require critical thinking and judgment. Automation has yet to master job functions like researching complex aging and collections issues. Artificial intelligence is not yet able to treat people with dignity and respect. Automated phone trees help manage calls, but there is always an operator needed to field some questions or concerns.

Health care is, at its core, the people business—people helping people. It is important in the entry levels of health care to have quality insourced people helping our customers. We have already seen it with supply replenishment, where the HME industry is moving away from automated systems and returning to having people talk to patients. In fact, some of the platforms have funded studies showing enhanced compliance with therapies when a customer is talking to a live person.

Other headwinds may continue to hamper our industry, but with their staffing issues put to rest and no longer a struggle to deal with, HME owners can focus their attention on running and growing their business. This is what we wanted to do all

along; this is the fun part. There will always be challenges—especially in health care—but taking control of the largest expense line in the budget leaves all other problems manageable by comparison.

In Conclusion

My concluding thought on the matter is directed at those who took a leap of faith and those of you who started a business from nothing and are the original investor and idea maker. You nurture it and enjoy its successes and guide it when it has failures. You only want what's best for your business so you and your employees can lead active, productive and successful lives. When this involves customers, clients and patients, you want to ensure that all are pleased with your performance.

It is vital that you always hire the right team members with the right aptitude, attitude and competence. This includes fitting into your company culture and having the drive to succeed. Anything short of that is unacceptable.

Hiring the right person will affect your business's success or failure. It really is that simple. **HC**

It's Time for Self-Service Care

Why digital health will be a game changer for homecare

Melissa Kozak



As a registered nurse, MELISSA KOZAK experienced the communication and care coordination challenges between clinical teams, partners, and patients in home-based care. She connected with a health care technologist and founded CitusHealth in 2016 to tackle those challenges by providing real-time secure solutions that help ensure a high level of coordination and engagement. Visit citushealth.com

Health care is lagging behind other industries in its ability to offer patients self-service and mobile-first connectivity to their care providers. Traditionally, receiving health care involved making an appointment, driving to the doctor's office, sitting in a waiting room and then finally seeing the doctor for a few minutes. This model is no longer feasible or desirable for many. Major changes are required to provide more convenient care, patient support and streamlined delivery of supplies to patients.

Digital health is revolutionizing health care and making it possible for more people to receive care from the comfort of home. This is particularly important as the population ages and the need for homecare services increases.

Innovative self-service health care solutions benefit both patients and providers. Patients benefit from these advancements by having fewer phone calls and office visits, easier appointment scheduling and instant access to information about their care. In addition, patients can communicate with their care team more quickly and efficiently, as well as pay bills online.

Digital health technology makes health care more convenient and accessible than ever before. Innovative touchless care options, such as secure messaging, video chat, app-less signatures, digital education, and virtual screenings and assessments allow patients to consult with their full care teams from their homes. These tools

The digital health revolution is making homecare more convenient, affordable and accessible and strengthening the communication between patients and caregivers.

allow providers to deliver care safely, increase patient engagement and improve operational efficiency to do more with less staff. The digital health revolution is making homecare more convenient, affordable and accessible than ever and strengthening the communication between patients and caregivers.

The Journey

I've always had a keen interest in how technology is changing the way we live and work. However, I only realized its expanded potential when I witnessed firsthand how digital health could impact the delivery of care. During my career as a home infusion nurse, I experienced how inefficient

communication methods and paperwork were taking the focus away from where it was most needed—the patient.

The final straw for me came with one patient named John. John couldn't get the support he needed after dialing a call center multiple times when his infusion pump alarm was sounding all night. He ended up unplugging the device, which was dangerous because the infused medication was treating a serious infection.

I knew that if I wanted to see change, I needed to become a different kind of nurse. I was inspired to develop technology that offers remote patient support in the home—providing seamless, real-time communication and connecting patients with their care teams.

In 2016, when my co-founder, Shahid Shah, and I first started working together, the need for digital health technology wasn't yet recognized. However, we believed in its importance and placed it as the cornerstone of what we were trying to do. During the following years, the need for new health technologies grew exponentially.

The company we created has built technology that connects patients, care providers and care coordinators to improve communication, coordination and outcomes. These advances allow providers to deliver care safely and improve the efficiency of their operations with less staff and more patient engagement.



The Challenges

Despite its benefits, implementing virtual health technology poses many challenges, including getting health care providers on board. Worsening clinician shortages are placing additional demands on current staff. Learning new and complex digital tools can be daunting. Taking administrative tasks off the shoulders of clinicians is essential.

The upside is that digital health solutions can help with staff onboarding and reduce clinician burnout. Whether for patients or clinicians, this technology provides preferred and more efficient tools and methods for communication. Additionally, virtual care and remote support have been shown to be more convenient with no decrease in compassion from clinicians.

The Future

Digital health is a game changer for the delivery of care. The ability to provide care remotely is a major benefit for patients and caregivers alike and that care can be as high quality as in-person visits. Reliable communication and effective care coordination are vital for home-based care, hospice and palliative care. At the

most difficult times for patients and their loved ones, efforts to streamline care and communication while minimizing inconvenience or inefficiencies are critical. Errors can be reduced with virtual patient care technology by having the entire care team connected to one another rather than looking in multiple systems to find information about the patient. These are simple things that yield major benefits for patients and their families.

Digital health technology is changing the way we view health care. It is making it more convenient, accessible and affordable. And it is improving the quality of care for everyone involved. The amount of progress in this space has been exponential. Looking forward, the excitement about what comes next, what it looks like and how it can help patients, is even greater.

Digital health technology offers so many advantages for patients, from increased access to care, to improved outcomes. It's also more convenient, which is a huge selling point in our fast-paced world. But overall, the use of this technology is a huge step forward for health care. And I'm thrilled to be a part of it. **HC**

63x

Telehealth use increased 63 fold during the COVID-19 pandemic, according to the Department of Health and Human Services.

Why Selling Is a Process Rather Than an Event

How to embrace the process & develop sales over time

By Jim Mathis



JIM MATHIS, IPCS, CSP, CSML, is The Reinvention PRO, an International Platform Certified Speaker, certified speaking professional, certified speaker with the John Maxwell Leadership Team and best-selling author of “Reinvention Made Easy: Change Your Strategy, Change Your Results.” For more information on how Mathis and his programs can benefit your organization or group, call (404) 922-8199, or visit jimmathis.com.

“If you quit on the process, you are quitting on the result.” — Idowu Koyenikan

What do you remember most about dial-up internet? Today, dial-up is remembered as time-consuming and very slow. We live in a world of immediate connections—a world where your email program can tell you if the person you’re messaging is on their computer or not. As a result of this, we are impatient and expect immediate results.

Many people think of sales as an immediate event.

Several years ago, I offered a free call about how to improve sales for speakers who wanted to learn how to market themselves better. I was inundated with requests from the United States, Canada, the United Kingdom, South Africa, Germany and Australia to set up a time for a fast-paced, 30-minute call to teach people how to sell.

During the call, I told the participants that if they did what I told them to do for 90 days, they could call me back and I would answer any question for free. All said they would be in touch. Can you guess how many actually called me back to tell me the results or ask questions?

Oh, I received rave reviews from the participants on social media. They praised my methods, friendliness and willingness to help other people. They thought the ideas and processes for selling that I described were the best they had ever heard. However, I never heard from any of them again because they didn’t follow my simple instructions.

Event Versus Process

Many people think sales is an “event” that will be over in a phone call or two. Nothing could be further from the truth. The people I mentored discovered to their disappointment that selling is a “process,” and they gave up. To my knowledge, no one tried the process for more than one or two weeks. They thought selling was like ordering at a fast-food restaurant. Fast, easy and done. That’s not a process—that’s an event.

We overestimate the event, and we underestimate the process.

Selling is a process, not an event. I have found this to be very common in teaching sales. Many people come to a sales training event and get excited, and then when they try something they heard, they fail the first time. One and done! Here’s what I know about the differences between events and processes:

- Events encourage decisions; a process encourages development. Successful sales develop both the seller and the buyer.
- The event motivates people, but the process matures people. Maturity makes sales; motivation is just a result from an event.
- The event is a calendar issue; the process is a culture issue. Your sales culture is a non-calendar issue.
- The event challenges people, but the process changes people. You can make a sudden decision, but you can’t make a sudden change—that’s a process.

- The event is easy, but the process is difficult. If it were easy, everyone would be doing it. Only those willing to do the difficult parts succeed abundantly.

The selling process is multifaceted. I have composed a list of sales laws called “The 15 Unequivocal Laws of Sales.” The process is just one of those laws; it takes time to absorb them all and change your selling culture. That is precisely why the speakers I mentored earlier failed. They didn’t follow through on the process.

Life stretches to expand according to your willingness to get up and try again.

Failure is two things: It is inevitable, and it is a learning tool. We are all going to fail. I have had many failures, but I didn’t allow it to label me as a failure. You are going to fail at some point; in fact, you are probably going to fail at something today.

It happens to us all the time. We can either avoid it by doing nothing or we can learn from what we did wrong and make the adjustments to do it better next time. I will get back up, continue to make the best effort I can and try again.

Successful selling is a long process. I have very rarely sold to a client on the first or second contact. A rookie quarterback rarely has a successful first season. The greatest quarterbacks of all time had to adapt and make the necessary adjustments to playing in a professional league, in different conditions and with more pressure than in their college days. It takes a process of development to mold quarterbacks into top players—as long as they understand and follow that process.

Successful salespeople must accept the process. The average number of contacts required to make a sale is 23. That is a lot of calls, visits, emails, texts and information being traded. You’ll rarely sell homecare products and services on the first call, and any good sales manager will tell you that. The process cannot be ignored. You can’t use one skill and overlook everything else.

You must have patience—a skill in itself—and understand timing to be successful. The following skills and traits, while important, won’t cut it if you ignore the process.

- It’s not attitude, although I’ve never met a successful salesperson with a bad attitude.
- It’s not just momentum in the moment; it’s a process. It is far more than the moment.
- It’s not knowledge. I’ve met people who are very knowledgeable about their products, their clients and their skills and abilities, but that alone didn’t make them successful.
- It’s not just adaptability. Sure, you can’t sell very well without studying your client, their needs and their circumstances, but that alone won’t work without understanding the process.
- It’s not “introvert vs. extrovert.” I’ve met successful salespeople who are outgoing and some who aren’t, but who are consistent in their diligence to work the process. In fact, your consistency is the best gift you have for selling successfully.

Making the process work for you will benefit you in the long run—and it will be long! Continue collecting prospects. Will they all buy from you? No. But the odds of getting a buyer increase with more prospects. Expand your file system constantly.

Diligence, Consistency & Discipline

In a roundabout way, I am advocating persistence, but I call it “diligence.” Persistence sounds too much like pestering. I like diligence because it sounds professional and trustworthy. Attorneys are diligent. Hard workers are diligent. Trustworthy people are diligent.

I believe in consistency and discipline. You need to have a system that works for you, not one that is sold in a nationwide package that doesn’t use your skills to

One mantra you can adopt is, “I may be turned down, but I won’t be ignored.”

your advantage. The process requires consistency. You must keep at it, even when you get knocked down and lose a sale. You must follow up when the prospect hasn’t responded in the proper amount of time. Remember, they are your No. 1 priority. You may be No. 21 on their list today.

One mantra you can adopt is, “I may be turned down, but I won’t be ignored.”

I also believe if you can’t discipline yourself, you will never be successful. Ruthlessly eliminate every distraction that keeps you from diligently reaching out to people and eliminate your fear of rejection. John Maxwell says, “Motivation starts you going; discipline keeps you growing.” You will never grow your sales if you aren’t disciplined in your process.

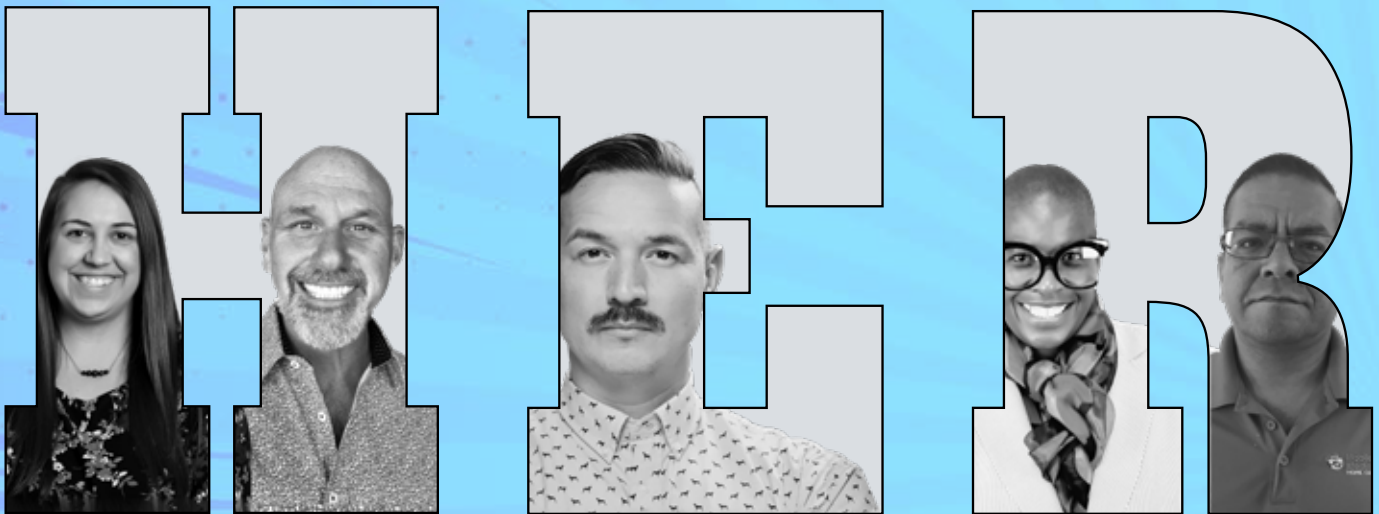
Your ‘Huckleberry’

Am I preaching to the choir or speaking to your fears? I often meet sales managers who are frustrated with salespeople who won’t follow up, won’t make legitimate contacts, won’t gather a list to contact, won’t be diligent, etc.

Share the concepts in this article with your team. Maybe they need to hear from someone else that they are not doing what they need to be doing in the first place. As Doc Holliday said in the movie “Tombstone,” “I’m your Huckleberry. That’s just my game.”

Embrace the process, work it and be patient with it. Nobody ever succeeded in sales by making it an event. The successful ones know and work the process. Now, go sell! **HC**

Home



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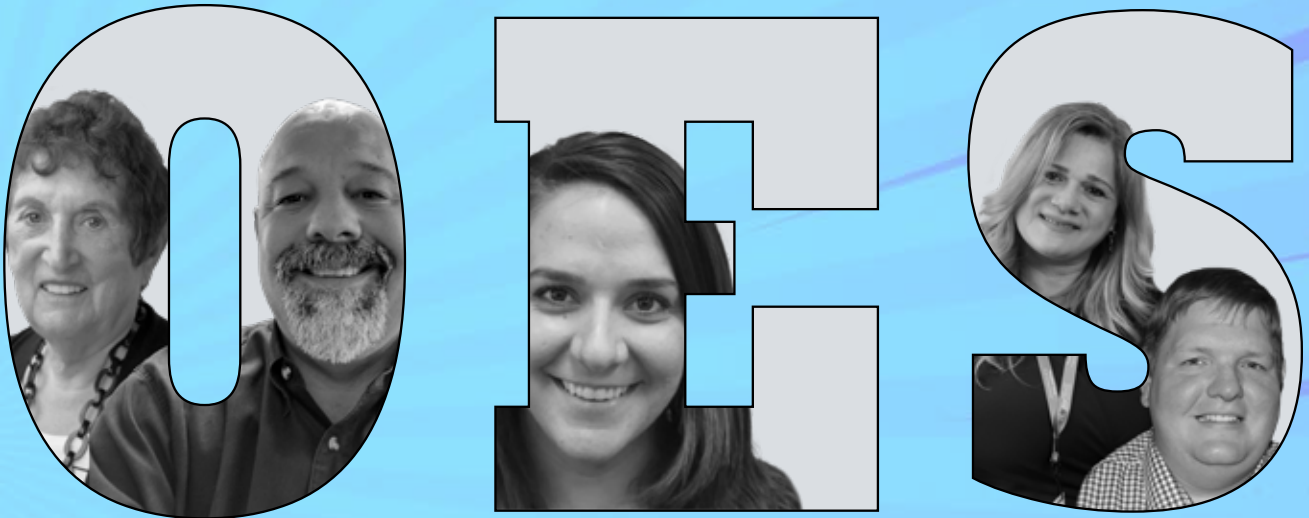
MEET THE 10 PEOPLE REPRESENTING THE BEST OF THE INDUSTRY

In 2020, when we conceived of HomeCare Heroes, the home health and home medical equipment industry was doing a lot of work without a lot of recognition. And while the COVID-19 pandemic might have brought the need for better in-home care to the forefront, many in this industry still go unrecognized for their hard work. We'd like to remedy that.

The 10 finalists on the following pages have diverse experiences and backgrounds, but each one goes above and beyond for their patients—from rescuing an entire apartment building from a fire to advocating for better reimbursement across the industry to walking two miles in freezing weather. As one nominator put it, they are caring in action!

And while the following stories are special, each of these finalists truly represents the industry. 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 profiles, but to all of you heroes out in the field doing this work every day. We appreciate all that you do. **HC**

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HOMECARE HEROES



CHIOMA ADAKU

**FOUNDER AND CEO
HERE FOR YOU HOME HEALTH
PETERSBURG, VIRGINIA**

Chioma Adaku says a chance encounter with a senior citizen in peril put her on the path to a career in homecare.

But her connection to the community may have come sooner. Adaku is the founder and CEO of Here for You Home Health, a supportive services homecare agency that provides in-person and virtual care for seniors and veterans in Petersburg, Virginia.

"We grew up in a household where my mom participates in the community helping people," said the Tennessee native. "She has her food bank, attends church and is the center of love surrounded by people with a heart of giving like her."

After college, Adaku held several professional jobs and lived around the country and the world as a military spouse. She even worked a year as a hospice administrator in Nashville.

Then she and her husband moved to Petersburg.

"I was uncertain what my path would be," Adaku said. "I knew I wanted to be

in the health care industry but wasn't sure where."

Then one day, through her volunteer work with a local charity, she met a homeless 73-year-old woman suffering from drug addiction.

"I was charged with trying to find her somewhere to live. So I took her through a crisis stabilization process to get her rehomed and then help for her drug addiction," Adaku said.

"Just being around her, even in her stage of recovery, really saddened my heart because I'd never worked with the aging population. Most of the ones I worked with in hospice were between 35 and 45," she said. "Working with her changed my world."

After that encounter, she set out to create Here for You Home Health in 2021. Due to the ongoing COVID-19 pandemic, she adjusted her business model to offer both virtual and in-person care for patients. Adaku employs 10 people, including nurses and certified nursing assistants who serve 30 patients.

"Many seniors couldn't get out and make their appointments, so we had to figure out different ways to meet their needs, monitor them and ensure they're taking their meds," she said.

The company uses remote patient monitoring (RPM) so staffers can observe homebound patients' vital signs, including blood pressure, pulse rates, blood sugar, weight and oxygen levels.

"If a patient's blood pressure level is too high, we get an alert, and we either send an ambulance or notify their primary care doctor," she said.

Once, the RPM technology alerted a nurse supervisor that an 82-year-old diabetic patient's blood sugar had dropped to a dangerous level.

"The patient had to be transported by ambulance to the nearest hospital. She ended up staying in the hospital for about a week," Adaku said. Had it not been for RPM, the patient could have been lost.

"I see my mom in these [patients], and that's my motivation," she added.

But Adaku's passion for serving the elderly extends beyond her company to the broader community.

Disturbed by the prevalence of hunger among the indigent and senior populations in Petersburg, Adaku started organizing free "pop-up" dinners to feed hot meals to people living in seven senior apartment complexes.

Her pop-up dinners made the local news in 2021, and the operation has continued to grow.

"I've had the wonderful opportunity to partner with other community organizations, community leaders, and individuals to feed 3,150 people," she said. "The hope for this project is to motivate others to partner with us to eradicate the lack of food for this population." **HC**

SHE IS OUR HOMETOWN HERO AND WE HOPE THAT SHE CAN BE SELECTED AS ONE OF YOURS. WE ARE PROUD TO HAVE HER IN THE PETERSBURG COMMUNITY. JARVIS GRIFFIN, NOMINATOR

NO ONE WANTS TO HEAR THAT THEY OR THEIR LOVED ONE IS DYING. SHE HELPS MITIGATE THAT PAIN AND TURNS THE SORROW INTO GODLY RELIEF OF COMPASSION. HER GRACE HELPS YOU FEEL COMFORTED. LINDSEY KLEBENOW, NOMINATOR

Sometimes, a good death requires some education.

That's where Lauren DeWitt comes in. As a hospice care consultant with Compassus, DeWitt spends much of her time teaching health care professionals, caregivers and patients about what hospice has to offer.

She said her interest in hospice is rooted in a job she held as a teenager in Butte, Montana.

"I worked as a receptionist at one of the two assisted living facilities in Butte, and that's where I found my passion for homecare and elder care," she said.

She enrolled in the University of Montana's business school, where she majored in both communications and public relations. After graduation, she landed a job at an assisted living facility in Portland, Oregon.

Seven years later, in 2019, DeWitt returned home to Montana to work as a hospice care consultant at Compassus.

"I'm an educator and a consultant within the community," DeWitt said. "I go out and meet people within the community, whether it's at hospitals or assisted living facilities."

She also spends time talking with terminally ill patients about how they want to die and consulting team members to ensure that patients' wishes are heard and met as much as possible.

"We work great cases where the

patient comes onto service and is completely on board and knows exactly what they want," she said. "But some cases are really difficult, where they're just not too sure of what to expect."

DeWitt recalls one instance when a social worker at a local cancer center called her about a patient who was dying.

"The social worker called to say that the patient wanted to have a difficult conversation right away and she didn't want it sugar coated," she said.

DeWitt visited the patient at home and, during their conversation, asked her how she wanted to die.

The patient said she wanted her daughters and her beloved dog by her side. She also wanted a nurse to administer her medications rather than having family members do it so her daughters could focus solely on her in her last hours, she said.

DeWitt subsequently took steps to grant the request.

"We acknowledged her wishes, and that's what happened," DeWitt said.

Meeting patients' wishes often leads to long days, since she typically schedules meetings with patients and their families whenever they are ready to talk, she said.

"There have been multiple times when I've worked after hours and multiple times when I've gone out to



LAUREN DEWITT

**HOSPICE CARE CONSULTANT
COMPASSUS
BOZEMAN, MONTANA**

patients' homes at 6 p.m. or 7 p.m., just to do an informational (session) with them because their family worked during the day."

Through all of the challenges, DeWitt credits several members of the local homecare community with mentoring her and keeping her abreast of professional development classes that could benefit her career—including some she nominated for HomeCare Heroes, such as Heart to Heart Home Care Owner Lindsey Klebenow, who nominated DeWitt. Most recently, Klebenow invited DeWitt to a local conference on dementia.

"Lindsay has been so good about including me if there's anything that's happening in the community like this," DeWitt said.

Support from the homecare community and her team serve as inspiration for DeWitt every day, she said.

"But also the patients in the community, and making sure they know they have choices." **HC**

HOMECARE HEROES



VASILIKI GOUMENOS

**OCCUPATIONAL THERAPIST
INNOVIVE HEALTH
MEDFORD, MASSACHUSETTS**

One might say Vasiliki Goumenos of Hull, Massachusetts, is the kind of professional who would run into a burning building for a client.

In fact, she recently did.

Goumenos, a native of New London, Connecticut, is an occupational therapist for Innovive Health, a homecare agency based in Medford, Massachusetts.

She said her interest in occupational therapy started in her teen years when she became her grandfather's primary caregiver.

"I used to work closely with the homecare therapists, and I saw how much they improved his quality of life within the home. I even shadowed one of the occupational therapists and just fell in love with the career," Goumenos said.

She earned her bachelor's degree in allied health sciences at the University of Connecticut and later her master's degree in occupational therapy from Bay Path University.

"I love to travel, so I did my field work in Austin, Texas, and Tampa, Florida. After graduating, I moved to Honolulu

ONCE YOU'RE ABLE TO BUILD A RAPPORT, IT'S A LOT EASIER BECAUSE THEY'RE ABLE TO TRUST YOU MORE AND LET YOU INTO THEIR HOME.

for three years and worked in a subacute rehab facility and also for a home health company."

Goumenos then moved back to the Northeast and to Innovive Health, an agency that provides homecare to patients with complex behavioral health conditions. The company aims to make it possible for patients to live at home and out of the hospital.

"I work with a wide variety of patients, ranging from patients with neurodegenerative disorders, orthopedic injuries and neurological disorders who also have underlying mental health diagnoses. Almost all of my patients have a dual diagnosis, and occupational therapy's end goal is assisting them with regaining independence and improving their quality of life," Goumenos said.

She said establishing relationships with the patients is important.

"Once you're able to build a rapport, it's a lot easier because they're able to trust you more and let you into their home," she said.

One morning earlier this year, Goumenos traveled to a boarding home run by the state Department of Mental Health. Her plan was to conduct an evaluation on a patient who lived there.

But upon her arrival, she noticed flames and smoke rising from the home.

"I parked my car, ran over immediately and called 911. I saw the porch was on fire," she said.

With emergency dispatchers on the phone, she ran into the building

and got her patient out.

Once he was safe, she asked him if other people were still in the house, Goumenos said.

"It was a multi-family, three-layer home with apartments on each floor. The porch that was on fire was right above where the entrance was, and I wasn't able to get into the other entrance."

"I had met the patient in the past so I knew him and the building, luckily, pretty well. So I knew where to go and that there was another staircase to go upstairs to the other apartments," Goumenos said.

Unfortunately, the fire continued to spread across the porch.

"On the porch, there was stuff burning and melting and debris was falling down. So I was nervous about somebody getting burned as well as myself," Goumenos said. "But I wanted to make sure everyone got out of the house."

"I was yelling 'Fire! Everyone needs to evacuate,'" she recalled.

"Patient safety always comes first, but not just patient safety—everyone's safety, because I didn't know half the people. But, I guess it's just human instinct, just trying to help people and make sure everyone is safe," she said.

In fact, every resident escaped the building without injury.

"I always try to go above and beyond for my patients," Goumenos said.

"Whether it's their safety or just trying to help them the best I can to improve their quality of life." **HC**

Abel Guevara has worn a lot of hats over his 23-year career in homecare, including a stint in a role on the payer side at UnitedHealthcare. But his true passion is compliance and documentation in durable medical equipment (DME).

Guevara got an early start as a pharmacy technician in high school. He learned the ins and outs of DME at that company, working his way up through the ranks there and eventually taking on responsibility for all the administration and billing on the DME side and helping grow the company from three locations to 17. He also built a hospice DME division while there.

"I grew to love the industry," he said. "I knew it before they increased documentation requirements and decreased reimbursement rates. A lot of people jumped ship. I actually stayed because it was something that I knew, and I ended up becoming a compliance officer just because I was passionate about everything in the company."

He later served as a consultant to the industry, during which time he helped United Healthcare build out its services and reimbursement policies for durable medical equipment.

Currently, Guevara is serving as vice chairman for the Board of Certification and Accreditation (BOC). He also was recently promoted to vice president of revenue cycle and market access at Abilitech Medical, which focuses on assistive devices that allow individuals

with upper limb impairment (such as muscular dystrophy and Parkinson's) to live more independent lives.

He landed there after the founder of Abilitech, Angie Conley, reached out to the chairman of the BOC board looking for a job candidate who was knowledgeable about billing practices in powered orthotics.

"He said, 'Oh, you need to talk to Abel,'" Guevara said. "Angie is a very committed and passionate individual. She somehow recruited me to come and work for her."

In addition to his work with Abilitech and BOC, Guevara is also pursuing a Ph.D. in health care administration from the Medical University of South Carolina with plans to graduate this December.

If that's not enough to keep him busy, he also takes time to serve his community. He has been active with the central Texas branches of the ALS Foundation and the Muscular Dystrophy Association for about eight years. And he was recognized by his alma mater as a distinguished alumnus for all his work he has done for health care.

"I come from a background of complex mobility, and so that's where I learned that there are a ton of people that need help and there are a ton of people that still cannot get access to the equipment they need," he said.

The reimbursement process for complex rehab power chairs can be daunting, and not all clinicians understand the process, he said.



ABEL GUEVARA III

**VICE PRESIDENT OF REVENUE
CYCLE & MARKET ACCESS
ABILITECH MEDICAL
EDEN PRAIRIE, TEXAS**

"Some of our patients give up," when it comes to getting their equipment paid for by insurance, Guevara said.

So, beyond assisting with fundraising and awareness efforts, Guevara uses his love of compliance to help people understand what they are and aren't eligible for with their insurance, to find alternate payment sources, to educate clinicians on billing and to ensure this patient population has a voice.

A typical day for Guevara is spent digging through piles of medical records and insurance forms looking for nuggets of information on a patient's condition that can lead to getting prior authorization for a device. He usually spends his afternoons on advocacy work, meeting with people to help them better understand the industry.

"It's understanding how I can find an alternate route to the 'yes' from payers," he said. "Usually a 'no' is just them wanting more information, and yes, it's annoying, but if we just push through, we will get there." **Hc**

**THERE ARE A TON OF PEOPLE THAT NEED HELP
AND THERE ARE A TON OF PEOPLE THAT STILL
CANNOT GET ACCESS TO THE EQUIPMENT
THEY NEED.**

HOMECARE HEROES



ELEANOR HEERINGA

**NURSING CASE MANAGER
ADVANTAGE PRIVATE
NURSING SERVICES
KALAMAZOO, MICHIGAN**

When asked why she's still working full-time in home health care at 89 years old, Eleanor Heeringa, a nursing case manager at Advantage Private Nursing Services, just laughs.

"Why not, if you can still help people? Not for the money, definitely."

Heeringa began nursing after she graduated college in 1955 and went into surgery work at a hospital. Shortly after, she was pulled into the labor and delivery department, where she spent 35 years delivering babies and working with new mothers.

"I loved every minute of being a nurse," Heeringa said. "It was a great career."

IF YOU PICK A JOB THAT YOU LIKE, IT ISN'T A JOB. IT'S A PLEASURE, AND YOU ENJOY GETTING UP EVERY DAY GOING TO IT.

Back then, Heeringa said, nurses could do things doctors usually didn't and often had control of their own floor in the hospital.

When she left the hospital in the 1990s, she knew she wanted to keep working, so she decided to move to homecare. She began working with clients on wound care, medication, injections and teaching.

"I would go to people's homes in the middle of the night if their catheter came out and it needed to be replaced, so I took on whatever they needed. I was there for them," she said.

Now going on 67 years as a nurse, Heeringa doesn't see the point of leaving the field.

"If you pick a job that you like, it isn't a job. It's a pleasure, and you enjoy getting up every day going to it," she said.

At this point, Heeringa says, she has many clients who are younger than she is. How does she handle that potentially awkward situation? She says that when they ask, she never tells them her real age. Her favorite phrase to use when they guess is "somewhere in the neighborhood."

"I don't feel 89—I still feel like I did when I was 40 or 50," Heeringa said. "And I've been very fortunate to have my health." Plus, Heeringa said, her mother lived to be 103, so she is hopeful about her future in homecare.

That's good news for Advantage Private Nursing Services in Kalamazoo, Michigan, where owner and president Colleen Kuda, who nominated Heeringa, says they would be lost if she turns in her notice.

"When I think of an irreplaceable nurse that goes above and beyond, truly loves her job, and enjoys working with the clients and staff, it would be Eleanor," Kuda said. "The people she has helped over the years are forever grateful for her."

Indeed, Heeringa says her favorite part of her job is the people and her ability to create change in clients' lives, mood and health.

"No one needs to say 'you did a good job,' because the satisfaction your clients get from you shows you that," she said. "Your rewards come from just helping, seeing what good you've done, progress and helping people change their thinking."

Sometimes, she said, it's enough just to be there.

Heeringa said she was struck by how much of an effect that had when she had a client with dementia. This patient would wait for her to show up at the front door, call her name and smile. Heeringa said she was always grateful she could make the client happy just by showing up.

That's part of why she highly recommends homecare to those new to the nursing field.

"If you have a passion for it, go for it because it's a very rewarding career," she said.

"I think you need to love people and help them. So, [do] whatever you can to change their lives for the better," Heeringa added. "I'm very blessed to have picked nursing." **HC**

I'VE MET SO MANY WONDERFUL PEOPLE IN THIS INDUSTRY: NOT JUST COWORKERS, BUT ALSO CUSTOMERS THAT HAVE BECOME FRIENDS.

If things had gone differently, Kevin Henning might have ended up an electrical engineer rather than the owner of a popular home medical equipment (HME) supplier.

In fact, he was already on that path—earning a two-year degree in biomedical electronics—when he went to work for Miller Medical Service in Waterloo, Iowa, as a technician, driver and more.

Miller was operated by Van Miller, who went on to found VGM Group. Henning followed Miller to VGM, then left for Ames, Iowa, to study electronic engineering at Iowa State University.

But Henning couldn't get away from the industry. While in Ames, he worked part time for Excel Medical, a local HME business. And when Excel left the market there, Henning stepped in to found Choice Medical in 2002.

"I always made fun of the kids that came to college and never left their college town, and here I'm one of them," Henning laughed.

Just because he stayed in one place doesn't mean that nothing has changed. In fact, Henning has lived through major shifts in the industry—including reimbursement reductions, payer problems and now supply chain challenges. Every change requires not just adapting the business but also retraining employees, he said.

Choice has managed to keep the business going strong nonetheless, largely by adding new product

lines, such as the recent addition of continuous glucose monitoring and the AffloVest, a device for clearing respiratory airways.

"You can't continue to go by the old CPAP and O2," he said.

"While we grow into new lines, the insurance companies are obviously cutting in other places, so revenue has stayed pretty steady," Henning continued. "But it's because of the changes we're making, trying to find new lines of business that will help people."

One thing has stayed consistent across Henning's career—his choice to provide excellent in-person customer service.

"We have a very large showroom floor because that's partially inventory, but also because people need to feel, touch, see what they're going to deal with in terms of products," Henning said. That's made our cash business a lot better."

The Choice Medical team also focuses on educating customers, whether that's helping them navigate Medicare requirements for reimbursement or showing them which products they really need to age safely in place.

And it's not unusual to find Henning sitting in a chair on that floor chatting about the weather and the local harvest with customers, said Jami Tharp, who nominated him.

"Kevin knew that he needed to corner the market with excellent customer service, even after the sale," Tharp wrote.



KEVIN HENNING

**OWNER
CHOICE MEDICAL, LLC
AMES, IOWA**

"He continues to live by this same concept as the day he opened the doors."

The outreach extends beyond just customers. Henning helps fund a local senior service program and sponsors the group's band. He is also active in advocacy work; in fact, he was preparing for an upcoming visit to the shop by U.S. Representative Randy Feenstra.

"It's all about education. Everything in this industry still comes down to educating people on what the rules are, educating the insurance on what people need, educating ourselves what new products are out there and educating our congressman, senators and even local government on what needs to be done."

For Henning, the relationships go both ways.

"I've met so many wonderful people in this industry: not just coworkers, but also customers that have become friends and they become a part of your life," he said. **HC**

HOMECARE HEROES



WILLIAM LINN

**RESPIRATORY MANAGER
OSF HOME MEDICAL
EQUIPMENT
PEORIA, ILLINOIS**

By the end of February 2022, seven oxygen-related house fires had affected the patients of OSF Health Care in Peoria, Illinois. Respiratory Manager William Linn and his team decided to do something about it.

Linn graduated in 2006 as a respiratory therapist and began working at a mom-and-pop home medical equipment shop. In 2010, he moved to OSF as a staff therapist and later became respiratory manager.

Linn enjoys homecare because of the opportunity it gives him and other caregivers to change the direct trajectory of patients' lives and health outcomes.

"In the homecare setting, it's that education, that piece that we get to

do to really touch people's lives and potentially help change their behaviors and help them live with their disease process a little better," he said.

Since becoming respiratory manager, however, Linn has had less time for direct patient care and has instead focused on making organizational improvements at OSF. Luckily, he likes that work too.

When the string of house fires happened within six months of each other, Linn and his team realized they needed a new approach to patient safety. Until that point, the team reserved fire-safe oxygen valves for high-risk clients, such as smokers or those prone to riskier behavior.

"We came to the conclusion based off of these fires that you really can't predict when someone's going to do something that is going to endanger them," Linn said. "So, we made the decision to start adding the fire-safe valves to every single one of our patients' [orders]."

This fire-safe equipment consists of two separate valves in a line: one that plugs into the machine that produces the oxygen and the other in the patient's cannula. This design provides a degree of separation for the patient and stops the flow of oxygen when fire or extreme heat is detected near the valve.

"It was eye-opening for us because you can do all your safety instructions, you can talk to them about all the things that they need to be safe, you

can tell them not to smoke," Linn said. "There's still a lot of patient behavior that needs to change. So, these valves help with that."

Linn stresses that they still encourage patients not to smoke and to avoid dangerous behaviors the best they can, but "if something does happen, this [valve] does help decrease the amount of patient harm or the amount of damage to the structure."

The team also changed the language in the oxygen risk paperwork that patients are required to read and sign.

As respiratory manager, Linn helped to educate his team and oversee the rollout of the new valves, though he wanted to stress that he had some incredible help from people on his team, including several OSF colleagues. "It does take a team to make things happen."

Although using the valves on all patients does add a bit of an extra cost—Linn estimates a few dollars per patient—"if we save one patient from getting hurt, it would be well worth it."

When thinking about this opportunity for patient impact, Linn recalls a client he once had that had been on a ventilator for more than 20 years. Because leaving the house was difficult, he really only went out to go to doctor's appointments. But when the man was transferred to a portable ventilator, it allowed him to pick his life back up where he left it. By his one-month follow-up appointment, Linn said, he had restarted regular date nights with his wife and had even gone to a concert.

"When we talk about impacting lives, that's really the change," Linn said. "My daughter [would say] it best—he now gets to live his best life." **HC**

IN THE HOMECARE SETTING, IT'S THAT EDUCATION, THAT PIECE WE GET TO DO TO REALLY TOUCH PEOPLE'S LIVES.

Tania Manrresa's story is a familiar one for many immigrants to the United States. In her native country of Cuba, she was a highly qualified nurse working a hospital setting—however, the government of Cuba refused to release her credentials when she emigrated almost 20 years ago, so she could not pursue patient care in the medical setting.

For a time, she worked as a dog sitter to make ends meet, but then she found her place in homecare, eventually landing at a HomeWell Care Services franchise in Stafford, Texas.

Vaishali Nileshtar, owner of the Stafford franchise, reached out to Manrresa in early 2021, she said.

"I have a couple of months not taking on any additional patients," following the death of a patient, she said. But she is still drawing a wage. "It was a good decision to work with Vaishali."

Manrresa said that helping her patients achieve their goals is her favorite part of the job. She relayed the story of a patient that couldn't walk very well and was in physical therapy. She helped that patient with their exercises and acted as a cheerleader.

"Every job with my patients, in one month, I have them walking again," she said; her daughter helped her translate

during her interview with HomeCare.

"My patients are super important. It's good for them to have their caregiver's full attention."

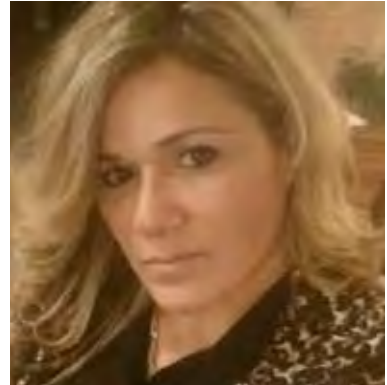
She would like to pursue further certifications in nursing and patient care in the United States so that she can provide more specialized care when it's needed.

She said that it's always a good day when she can see her patients happy and in good condition, and the additional training would help ensure more of those good days.

Manrresa, a native Spanish speaker, said one of her biggest challenges is with communicating in English, but she said she and her patients manage to understand each other and build a rapport nonetheless.

Her colleagues also pointed out that Manrresa's clients always ask for her to return.

That's not surprising, considering the effort she puts into caring for her patients. This year, she helped one woman who was advised by her oncologist to avoid using fertilizer due to their cancer treatments maintain their passion for gardening at the height of Texas summer with 100-degree-plus temperatures. The client would verbally



TANIA MANRRESA

**CARE ASSOCIATE
HOMEWELL CARE SERVICES
STAFFORD, TEXAS**

guide Manrresa through pulling weeds and taking care of her plants, and the client's family sent the agency's owners images of the beautiful, nutritious meals that Manrresa would prepare after gardening.

For another, Manrresa parked her car and walked two miles to reach a client when roads were closed for the Chevron Houston marathon—in mid-January when the temperature dropped to freezing, which is extreme for a south Texas winter.

"These are just two examples of Tania's tremendous heart and commitment to caring for her clients," Andrew Hurst, communications manager at HomeWell, wrote in his nomination of Manrresa.

She was recognized with HomeWell Care Services' "Heart of HomeWell" award for her efforts. "Tania was initially quite shy and conscious of her strong accent when she joined HomeWell," Hurst wrote in her nomination. "Still, her intuition and natural ability as a nurturer led her to become a highly sought-after caregiver." **HC**

TANIA WAS INITIALLY QUITE SHY AND CONSCIOUS OF HER STRONG ACCENT WHEN SHE JOINED HOMEWELL. STILL, HER INTUITION AND NATURAL ABILITY AS A NURTURER LED HER TO BECOME A HIGHLY SOUGHT-AFTER CAREGIVER."

ANDREW HURST, NOMINATOR

HOMECARE HEROES



JOE MENDOZA

**SENIOR TECHNICIAN
MOBILE MEDICAL HOME CARE
LEO, INDIANA**

Sometimes, caring whether people are treated with respect can make a lifetime of difference.

Take Joe Mendoza. About a decade ago, he was working as a production supervisor at a factory near his town of Leo, Indiana, working to build furniture for boats. But his supervisor left a lot to be desired when it came to how he handled Joe and the other employees.

“You have to have some type of respect for people, because you know, they are your employees,” said Mendoza. “I’m his employee, I have my employees, and I believe everybody deserves respect on how they’re approached when things are not going right.”

After a particularly rough day about 18 months into working there, Mendoza said, he decided to turn in his resignation. A friend who worked at Mobile Medical Home Care asked him to come help out temporarily.

“I was only going to be here for a few months,” Mendoza laughs.

He came on board as a delivery person, then the company had him train as a technician. He started out fixing oxygen concentrators and quickly moved onto ventilators and other equipment.

“Right now, I basically repair every piece of equipment that we use here for homecare,” Mendoza said. He has also repaired equipment from hospitals and nursing homes, and pre-COVID he was traveling around the country repairing equipment used in medivac helicopters.

Today, he spends much of his time working with clients—setting up new users, troubleshooting and going over equipment, or checking for problems they might report.

“If there was any problems with the equipment, of course I would go and have it swapped.”

Mendoza also conducts supply runs whenever needed. Those trips may take him as far as a few hours from home. However, one trip took him much longer.

In that case, an elderly client using a portable oxygen concentrator headed into the hospital to undergo an overnight stint of testing. After she arrived, she called Mobile Medical to report that her device wasn’t working.

“She was very confused, and she was scared,” Mendoza said. “She said it wasn’t working properly at all, that it wouldn’t turn on or stay on.”

The problem was, she was in a hospital in Pittsburgh, Pennsylvania—about a six hour drive away. And there was no way Mobile Medical could have a new one shipped early enough the next day to receive it ahead of her medical appointments.

“(We) decided that the best option we had for her peace of mind was for me to go ahead and drive out there and swap her out,” Mendoza said. He left that night and drove straight through to the hospital, where he handed a fresh POC to the patient’s son around 2 a.m. Then, concerned about trying to navigate, he decided to just get on the road rather than try to find a hotel—and drove another six hours back to work.

“When (my coworkers) texted me how my drive went and how I was doing, I’m like, ‘Oh, I’m doing great. I’m going to be at the office in five minutes,’” he recalled.

Mendoza loves working with clients, of all ages, but finds a special joy in helping pediatric patients. He has been working with one since babyhood who is now about 4 years old.

“And I just find it very satisfying when I can see, a baby growing and eventually were taking them off one piece of equipment at a time,” he said “And I just love going to visit her and seeing her.” **HC**

WE COULD SHARE MANY STORIES OF JOE’S DEDICATION AND KINDNESS. ON TOP OF THAT, HE KNOWS EVERY PIECE OF DME WE CARRY, AND HE CAN FIX OR BUILD ANYTHING WE NEED.

ANGELA KING, NOMINATOR

YOU ASSIGN COMPETENCE TO EVERY PATIENT, NO MATTER THEIR ABILITY. YOUR GOAL IS TO MAKE THAT PATIENT'S LIFE BETTER.

Back in graduate school, one of John Park's professors made a statement that would later become a guiding principle for him as a speech and language pathologist.

"I was taught in graduate school by one of my professors that you assign competence to a rock," Park said.

"She said, 'What can a rock do? Nothing. But you look for something that you can build on.' So you assign competence to every patient, no matter their ability. Your goal is to make that patient's life better," he says.

Park, who works for Baptist Health Home Care in his hometown of Paducah, Kentucky, said the prospect of making patients' lives better was just one of the reasons he chose the speech and language pathology field in the first place. But he also thought it aligned with his temperament.

"I have an outgoing personality, and it just seemed to fit me when I was researching what I thought I might want to do for the rest of my life for work," he said.

Park earned his master's degree in speech pathology at Murray State University. And, after a few years on the job, he accepted a position with Baptist Health Home Care in 2005.

Today, Park holds dual licenses in Kentucky and Illinois and serves patients in 12 counties. He often sees four to seven patients a day, and his days usually run from 8 a.m. to 4:30 p.m.

Usually.

"I've been in patients' homes as early as 6:45 in the morning and as late as 9:00 in the evening. It's just based on a patient's needs," he said.

Park's patients suffer from maladies ranging from head and neck cancers to ALS and Parkinson's disease.

Consequently, the job requires him to have difficult conversations with patients, he said.

"For me to tell them 'It's not safe for you to eat this right now. It's not safe for you to drink or that you have the risk of aspiration and hospitalization due to pneumonia or even death,' those are the worst-case scenarios that I have to tell people."

But no matter the condition, he said he always searches for ways to improve patients' quality of life.

Park recalls one throat cancer patient he worked with, a woman in her late 40s who had undergone a tracheostomy.

"She wasn't able to tolerate any foods or liquids or medications. Everything went through a G-tube, and she communicated with text messages and a dry erase board for her caregivers."

She had consulted other speech and language pathologists, and they told her she likely would never swallow foods or liquids again, he said. Her doctor, however, asked Park to determine if she could learn to use a Passy-Muir speaking valve to communicate.

"I had 27 years of experience at the



JOHN PARK

**SPEECH AND LANGUAGE
PATHOLOGIST
BAPTIST HEALTH HOME CARE
PADUCAH, KENTUCKY**

time I saw this patient, and, 95% of the time I have to go on my own clinical judgment. I thought this young lady can do more than she's doing now and have a better life," Park said.

So after conducting a clinical evaluation of her swallowing, Park informed her of the risks of trying to swallow again and asked if she was still willing to try.

She was, even though the idea brought a lot of anxiety.

Park began helping her drink small sips of water. A month and a half later, the patient was able to speak with the valve and, contrary to earlier predictions, she was swallowing solid foods, liquids and medications without difficulty, he said.

For Park, helping patients like her to improve their communication skills or reach other goals is what he enjoys most about his job.

"I love making that difference in that person's life that day," he said. **HC**

Messaging Strategies to Help Grow Your Business

Start by studying the market

By Ashton Davis

Marketing teams in the home medical equipment (HME) and broader post-acute care industry often spend extensive hours shaping their sales and marketing strategy—but how do you know you are reaching the right people with the right message, at the right time?

It is critical to take the time to review your message and validate that your marketing is data-driven, persuasive, targeted and conveys your HME organization's strengths in the market.

Before starting a marketing campaign, your team should reflect on the following:

- Do we understand our position in the market and do we have the data available to accurately track our market share?
- Does our message align with the goals of our sales team and are we able to identify the best-fit opportunities for growth?
- Are our reps engaging in the right activities based on our overall marketing strategy?
- Does our sales team feel confident presenting our marketing message and are they able to articulate quality and strengths based on the data-driven metrics that matter most to referral sources?

If the answer is “no” to any of these questions, it's time to determine how you can adapt and improve your marketing plan to build more credibility with referral partners, gain more referrals and grow your business. Fortunately, there are simple ways

you can immediately begin implementing changes to your message and strategy.

1 Evaluate your current marketing strategy.

When evaluating your marketing strategy, you should determine if the messaging you have in place does the following:

- Addresses your targeted audience
- Provides the information they are seeking
- Articulates your company's value proposition

To do this accurately, your marketing team needs to have a strong understanding of your referral sources' needs and challenges, as well as of patients' needs. This can be done by strategizing with the sales team and using insights drawn from conversations they are having in the field.

What questions are referral sources asking? What additional marketing collateral or insights does your sales team need to address those concerns? Find the gaps in your current strategy to re-evaluate your messaging so your sales team is equipped to build stronger referral partner relationships and gain more business.

2 Create your marketing playbook.

To build a successful marketing plan in HME, you need to be aware of your market, understand your strengths and identify the referral partners you should be targeting. This entails knowing who your biggest competitors are, uncovering your

differentiators and competitive advantages, and finding the right way to convey this to referral sources.

By starting with the research and planning stage, you can align those elements to create a marketing playbook that can be an ongoing resource for your sales and marketing team. Here are some steps to follow.

- **Study your market.** Studying your market should be the first step when designing your marketing strategy. Who are your reps visiting and what are their patients' needs? It's important to know your market to align your message with the persona of your referral partners and for the message to resonate. In addition to understanding referral sources, you need to also strategize with your sales team on the competition. What are the existing referral relationships that your sales reps are up against, and what messaging might persuade referral partners to work with you instead?
- **Know your strengths.** To design a strong marketing playbook, your organization must utilize messaging that portrays the strengths, differentiators and value proposition that you can provide a referral partner and their patients. Identify what services or benchmarks should make up the focus of your marketing message. This will help you to highlight the benefits of your organization and also to showcase the ways that you stand out above the competition.

- **Align your marketing messaging with referral partners.** Not all referral partners are alike, so you will want to make sure the message your team uses is applicable to each referral source. Your marketing team should continue to work with your sales team to ensure your messaging is up to date and applicable across platforms to build and maintain a trusting relationship with your referral sources.

3 Execute your marketing plan.

Once your marketing playbook has been finalized, it's time for your sales team to execute. The preparation for doing this is just as important as the creation of your marketing playbook. Your sales team should feel equipped to tell the story of your company and comfortable presenting your messaging. Your marketing team should ensure they have the following:

- **Conversation starters:** Your sales team's interactions with referral sources are limited and valuable. They need to begin referral partner conversations with a compelling message that will grab their attention. The goal is to get them to engage further in a deeper conversation on your offerings.
- **Key company highlights:** When designing a marketing message, keep in mind the daily capacity of a sales representative to engage with referral partners. Quality over quantity is key here. To differentiate your organization, focus on the key items that will impress your referral source and be specific on how you stand out above the rest.
- **Data-driven talking points:** With your marketing message, don't simply tell referral sources how your operation is better, show them with data-driven talking points. Your marketing should utilize the insight on your referral sources to determine the competitive and care quality metrics that matter most.

These elements will ensure your sales team is able to walk into a referral partner



meeting equipped with the tools they need to drive the conversation—and showcase your company—with confidence.

4 Measure & optimize your marketing efforts.

At the end of the day, you want to be able to prove your marketing strategies helped grow the business. As you create your marketing plan, start thinking about the goals tied to your efforts.

For example, is your goal to create additional brand awareness in a new market? Or are you looking to steal market share from a key competitor?

Next, select the metrics or key performance indicators that best align with these goals. This may include creating a reach and frequency report to ensure sufficient rep activity in a market or tracking the number of referrals you are receiving compared to the competition.

After these goals are established and your marketing plan is in motion, be sure to review these metrics frequently and optimize as you go. Use ongoing market insights, sales team activity reporting—such as you would see in a customer relationship management dashboard—and keep the conversation going with reps in the field to get a better sense of your marketing

campaign effectiveness. Then decide where to make changes to build a better campaign.

An Ongoing Process

A successful marketing strategy is a continuous process of planning, execution and monitoring. As we enter the last months of 2022 and began preparing for the new year, it's a great time to reflect on your marketing strategy and evaluate how you can adapt your playbook for 2023.

Do your market research, align with your sales team and make sure that your external-facing team has the messaging and tools members need to build stronger relationships with referral partners. This will ensure your referral sources are speaking highly of your organization to patients and will build your company's reputation and brand. This is key for the growth of your organization. **HC**

Ashton Davis is the marketing engagement manager for Trella Health. With a diverse background in sales and marketing, Davis manages Trella's events, press releases and association relationships. She graduated from Florida State University with a major in communications and has always had a passion for the health care industry. At Trella Health, she's able to do all the things she loves about marketing—engaging at events, interactions with partners and creating marketing pieces that share insight on Trella's journey. She can be reached at adavis@trellahealth.com. Visit trellahealth.com.

Fighting to Fix Access to Infusion Therapy at Home

Plus other current priorities from the head of NHIA

By Hannah Wolfson

From 2019-2021, fewer than 1,300 Medicare beneficiaries used the home infusion benefit each calendar quarter—even though about 3.2 million patients are served each year by home infusion pharmacies. The National Home Infusion Association (NHIA) and other advocacy groups are working to pass the Preserving Patient Access to Home Infusion Act, a bill that would fix flaws in Medicare's coverage, including adding pharmacy services. HomeCare talked with NHIA President and CEO Connie Sullivan about

those efforts and other priorities for the organization and the home infusion industry as a whole.

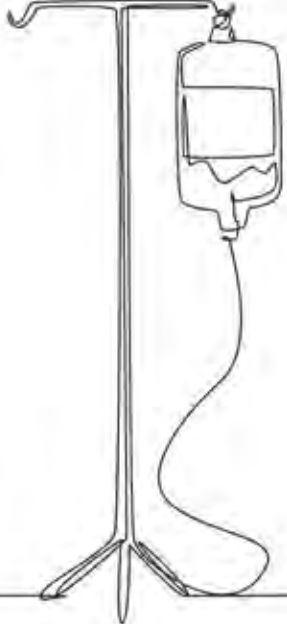
HEMOCARE: The Preserving Patient Access to Home Infusion Act has been a major priority, right? How is work going on that?

SULLIVAN: It's going well. We are seeing signs that the bill is moving forward; we are waiting for a Congressional Budget Office score and are receiving technical assistance

from the Centers for Medicare & Medicaid Services (CMS). All of those things, we feel, are a positive sign that the bill is under serious consideration.

HEMOCARE: Is there anything else going on in Washington right now that you're paying very close attention to?

SULLIVAN: Things going on in Washington? Always! I think the other thing that we are optimistic about is the Inflation Reduction Act, the capping of out-of-pocket costs for Medicare Part D for seniors that would start phasing in in 2024 and be fully implemented into 2025. That'll reduce out-of-pocket spend for seniors who use some of these higher dollar home infusion drugs. If they want to have their infusions at home, their out-of-pocket will be more comparable to what they pay in a physician's office under Part B. So that's really encouraging and we're really happy to see that. It doesn't necessarily fix the coverage gap for Medicare Part D drugs—there's still no coverage for services and supplies, and for a drug that costs \$30,000 a month, a co-pay in the catastrophic range of 5% is not achievable for a lot of these patients, so it takes home infusion off the table. But I think that going forward with that cap in place will make home infusion more of an option for these patients, especially disabled patients for whom it's a real effort to get out of their house to a clinic every day or every month.



Any time we can give back time to people who are trying to care for family members or keep their kids in school or be productive in the workforce is a very important, valuable byproduct of home-based care.

HEMOCARE: NHIA is hosting a payer summit soon after we speak. Tell me why you took that on.

SULLIVAN: It's the first time we've done this; our aim is to provide an opportunity for commercial payers to learn more about home infusion services and the benefit and how to leverage it to improve and lower the total cost of care for these really complex patients. A lot of the patients that we serve in home infusion are some of the sickest patients that these payers take care of, and we feel like there's more that we could be doing in terms of these payers and partnering with them. So here's an opportunity to have some dialogue about how we could be helping each other. I also feel like there's some signs that the acute side of the home infusion industry needs some reform to be successful going forward. And we want to be proactive and we want to be collaborative with the commercial payers on how do we make sure that our members can stay in business and be available to service these patients as they come out of the hospital.

HEMOCARE: The association has also put a lot of energy into research collection and you're now encouraging providers to collect race and demographic data. Why is that important?

SULLIVAN: As an industry, we just need to know if we're reaching a diverse range of communities out there with our services. The first place to start is to understand your own situation. I think we are probably doing a good job, maybe better than some other health care services are, but we don't have evidence of that. So we want to collect that data and just find out what the situation is from an equity standpoint, and what story do we have to tell, or what improvements do we need to make?

HEMOCARE: Have you seen any indicators yet?

SULLIVAN: It's probably a two-year cycle: One to issue a definition or categories that we recommend providers implement, then they have to implement and actually collect it. And then we can start to ask for that data through the foundation or our benchmarking programs. But we have seen some indicators; actually, CMS's data for the Part B benefit indicates that we are serving the African American population at higher rates than their enrollment in Medicare. I felt like that was a really positive indication that we are reaching some diverse groups of patients—but I certainly don't want to get ahead of ourselves and say we're doing a good job. I think we can always probably do better.

HEMOCARE: And that data, if favorable, presumably can also help tell the story to Congress, to CMS and to payers as to the value of the industry.

SULLIVAN: Yes. I'm not going to say for sure we don't have gaps. We've always known that from an economic diversity standpoint,



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we have a large percentage of managed Medicaid and we serve a wide range of patients from an economic standpoint. And I think there have sometimes been opponents of the home side of care saying, 'Oh, it's only for the wealthy,' or, 'You have to have a nice house,' or something like that. That perception is very, very wrong and I don't even know where that comes from, because it's certainly not the case. There's no economic bar that you have to achieve to have home infusion. In fact, I feel like these services are most important for people who are more reliant on being at work and not missing days. ... Or little things that we don't think about: having to pay for parking if you go to a health system or something like that. I think the time component is really significant if you have a major illness and I think any time we can give back time to people who are trying to care for

family members or keep their kids in school or be productive in the workforce is very important, valuable byproduct of home-based care.

HEMOCARE: I'm interviewing you as we're putting together our HomeCare Heroes issue and I see that NHIA was recently named a "COVID Hero of New York" by NewYorkBIO. Tell me more about that award.

SULLIVAN: It was very nice of NewYorkBIO to recognize entities they felt made some extraordinary efforts during the pandemic. I feel pretty strongly that it's our members and the providers and the nurses and the pharmacists and the technicians who showed up every day during the pandemic that are the real heroes. They were recognizing NHIA for the efforts that we made to try to connect patients with

providers that could administer monoclonal antibodies in the home. And going back to those days in early 2021 or late 2020 when we had these treatments, but they were sitting on shelves and not being utilized. We worked with (the Department of Health and Human Services) to kind of marry up home infusion providers with nursing homes, initially to go in to support that staff with administration of these products because they were overwhelmed with just caring for their patients. We have the expertise in this area for administration of these types of products and it was a way to try to mobilize our members and they were happy to do it and serve their communities in that way. **HC**

Hannah Wolfson is editor of HomeCare.

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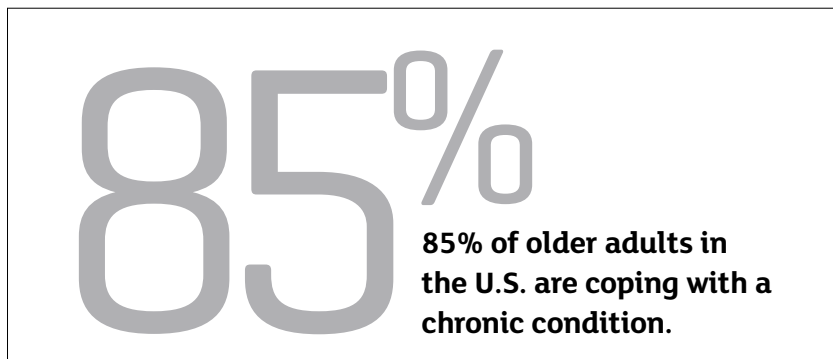
By Francesca Rinaldo

For 85% of older adults in the United States, as estimated by the Centers for Disease Control and Prevention, coping with a chronic condition is a way of life. This also applies to the one in five adults that AARP estimates serve as unpaid family caregivers.

Among these conditions, Alzheimer's disease and related dementias (ADRD) are a devastating and costly challenge that are slowly robbing millions of people of their abilities and independence. As of this year, 6.5 million U.S. adults have been diagnosed with Alzheimer's, and this number is expected to reach 12.7 million by 2050. Medicare spends three times more annually on beneficiaries with dementia than those without the diagnosis in the same age group (\$41,757 vs. \$14,026 per patient, respectively).

For these patients, functional challenges such as difficulties with bathing, feeding and mobility can be significant drivers of morbidity and mortality. In fact, fainting due to dehydration, falls and other forms of accidental trauma are reported to be the leading cause of hospitalization in Alzheimer's patients—even though they are often preventable. Opportunities to support these patients and their family caregivers in their home environments stand to improve outcomes and reduce total cost of care.

In response to this impact on patients and caregivers, CareLinx by Sharecare partnered with a large national insurance provider to intervene with respite care to



enable not only effective care partnerships between patients, families and their care teams, but also to optimize physical and mental health for the greater family unit. Through a tailored program and benefit designed for patients and caregivers managing ADRD, the partners established a valuable framework for respite care tailored to any disabling condition, with the goal of minimizing long-term costs and maximizing their outcomes.

A Person-Centered Approach to Care

As standard practice upon deploying support, the program matches professional caregivers with families and care recipients on multiple dimensions beyond the skill set needed to provide care. These include the language spoken by the individual, their cultural background and understanding, and how they connect with families during an interview process.

For individuals living with dementia—which significantly impairs memory, thinking and social abilities—considering the patient's preferences, dislikes and interests is an important opportunity to establish a successful, sustainable respite care plan. The goal is to match families with caregivers who will create strong and lasting interpersonal connections beyond the transaction of providing in-home care. In this model, knowing the person and understanding what is important to them guides every interaction between the patient, their caregiver and the homecare professionals.

With this consideration given pre-deployment, caregivers can identify activities that positively engage the patient and embed them into the care approach. As common examples, the caregivers often lead the patients to play favorite card games and help the care recipient apply makeup,



brush their hair, or attend to other grooming needs, in addition to supporting them with their activities of daily living (ADLs). By helping fulfill both social support and health care needs, they also give the unpaid family caregiver an opportunity for respite in both areas while still ensuring their loved one's needs are met.

The progression of dementia also is accompanied by the need to increase assistance for ADLs such as bathing, dressing, toileting, mobility and eating. As done in this ARDR respite program model, support should take into consideration the level of cognitive decline presented as well as the patient's remaining abilities. This allows them to maintain a sense of dignity and gives them the ability to make choices.

Targeting Condition-Specific Risks From Home

A single hospitalization can drive significant cognitive and functional decline, so it is

imperative to minimize the risk of avoidable acute care utilization. Through this disease-specific respite care model, caregivers working in the home collaborate with clinical teams to help to facilitate focused tasks that can reduce the risk of hospitalization.

For example, studies show that among people with dementia, medication adherence can vary significantly (between 17% to 42%), with medication nonadherence being associated with hospitalization and increased mortality risk. Furthermore, in patients with dementia, polypharmacy is a strong predictor of avoidable hospitalizations—even more so than the severity of the dementia itself.

In response, caregivers deployed under the ARDR respite care program support medication adherence initiatives by providing medication reminders, assisting patients and their families by picking up prescriptions or providing transportation, and facilitating medication reconciliations

in collaboration with clinical or care management teams.

Addressing the Social Determinants of Health

Observing a patient at home also can reveal characteristics of their environment and other social factors that can't be determined at their regular appointments, but may play a significant role in clinical outcomes. In fact, an estimated 60% to 80% of health outcomes can be attributed to social determinants of health (SDOH), such as socioeconomic factors, home safety and individual behaviors.

In-home caregivers can act as the "eyes and ears" of clinical and care management teams by helping identify unmet needs associated with patients' physical and social environments. For instance, caregivers can identify hazards in the home that increase fall risks or factors such as social isolation or food, housing or transportation insecurities

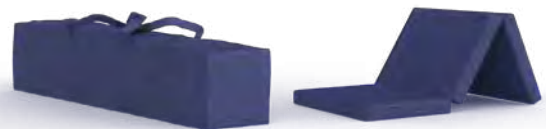
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that impact patient well-being and the results of the care plan. In the ADRD program, once these needs are identified, caregivers serve as a bridge between the patient and other resources, services and covered benefits to address these needs—especially when the caregiver-family relationships are longitudinal and built on trust.

Easing the Family Caregiver Load

According to estimates from the Alzheimer's Association, 11.3 million family and other unpaid caregivers of people with ADRD provided over 16 billion hours of care in 2021 (an average of 27 hours per caregiver per week). Supporting the complex needs of a loved one with dementia (often over years of care) can take an enormous mental and physical toll. As a result, family caregivers experience higher rates of serious health conditions, such as obesity, hypertension, anxiety and depression. Caregivers for individuals with dementia more often report emotional, financial and physical difficulties due to their caregiving responsibilities. In turn, this can impact outcomes for the family caregiver and the patient. In fact, studies show that high levels of emotional distress in family caregivers can lead to increased falls, avoidable emergency department visits and hospital admissions for individuals with dementia.

By taking this tailored approach in response to patients with ADRD, the model not only has matched patients with the in-home care providers needed to navigate ADLs, but also yielded positive feedback from their caregivers regarding their own well-being and that of their care recipients. As a respite program, a primary success metric is satisfaction among the caregiving family members. To date, these caregivers have reported:

- Direct enablement of aging in place and independent living for the care recipient
- Increased cooperation with the patients' assisted ADLs
- Reduced absence time from work
- Enhanced social interest and engagement observed between patient and family members as well as the home care provider
- Strong levels of patient and family satisfaction with the insurance provider

Further, the blended net promoter score for the new model stands above the industry average at 88.

As outcomes continue to be evaluated and other condition-specific applications are considered, the model offers a valuable foundation for delivering tailored care that supports both patient and family well-being. **HC**

Francesca Rinaldo, MD, Ph.D., is the senior vice president of clinical product and innovation at Sharecare. As a physician-scientist, her clinical interests include end-of-life care and the impact of loneliness, social isolation and other social determinants on the health of the rapidly aging global population.

Using Pneumatic Compression for Better Healing

Improve outcomes by going beyond the standard of care

By Kim Rozman

Lower extremity venous disease, also known as chronic venous insufficiency (CVI) and chronic venous disorders, encompasses a broad spectrum of functional abnormalities of the venous system, according to a 2017 definition published in *Ostomy/Wound Management*. The severity of CVI can range from spider veins and edema to more complicated findings like lipodermatosclerosis, hemosiderin staining, brawny edema and venous leg ulcers (VLUs).

VLUs are wounds located below the knee that are difficult to treat due to the nature of controlling edema and the result of CVI and lymphedema. A 2014 study published in the *Journal of Vascular Surgery* found that 80% to 90% of all leg ulcers are VLUs and that 1% of people will develop a VLU in their lifetime. A 2016 *Journal of Wound, Ostomy, and*

Image provided by Huntleigh.



Continence Nursing study found that VLUs affect 4% of adults 65 years or older, and ulcers in this Medicare population account for 90% of all leg ulcers. Ninety-seven percent of patients with VLUs experience prolonged healing and often will develop recurrent leg ulcers, according to the study.

The VLU population represents a significant economic burden to the health care system. A 2014 study found that VLU patients had increased inpatient stays, emergency department visits and home health care days. They incurred additional annual incremental medical costs as well. The total economic burden of VLUs was found to be \$14.9 billion annually. VLU patients had 77% more hospitalizations, 50% more emergency room visits and 27% more physician office visits.

A New Form of Compression

The gold standard of treatment for VLUs is multi-layered compression bandaging with 30 to 40 millimeters of mercury (mmHg) at the ankle. Advanced wound dressings are placed beneath the bandaging to address the wound characteristics. Correctly applied compression is the foundation of VLU treatment and has shown improved healing rates and outcomes in patients who are compliant with properly applied multi-layer bandaging, the 2016 study found.

However, chronic disease management fatigue takes a toll in this patient population. A number of patients who need compression, or who require higher levels of compression, fail to utilize it for many reasons. Standard of care (SOC) multi-layered compression dressings unfortunately may be fraught with issues—pain, discomfort and exudate can cause poor patient compliance or the application of less than the desired 30 to 40 mmHg compression at the ankle. Patients have reduced strength and difficulty applying their hosiery or reusable Velcro type of compression. Once a patient needs compression, it becomes a lifelong challenge to manage.

A 2020 study published in *Eplasty* found that the use of intermittent pneumatic compression (IPC) in addition to SOC therapy has been shown to improve circulation to lower extremity wounds, thus decreasing pain and edema and improving healing rates and patient outcomes. IPC is not routinely utilized in every wound care clinic. The

Wound Ostomy and Continence Society (WOCN) has been active in studying the use of IPC in patients with VLUs. In June 2022, the WOCN Society updated a consensus- and evidence-based VLU algorithm with the addition of lymphedema, since lymphedema shares many features with VLUs. The document summarizes the data for VLU management and provides a decision tree that recommends IPC be used in addition to SOC therapy to increase circulation, decrease pain and edema and improve wound healing for VLUs.

IPC can be a game changer for patients with VLUs. Improving blood flow to wounds is imperative for healing. The use of IPC can improve wound healing to lower extremity ulcers two times faster than use of just SOC alone the Eplasty study showed. Oftentimes, the full leg garment of the IPC is difficult to apply and, because it compresses over

the wound, is painful for patients to use. This can be a barrier for patients to use IPC to improve blood flow and improve healing to the leg ulcer. Other alternatives must be used to provide this therapy while decreasing pain.

A recent article in the International Wound Journal describes a study with an IPC cuff that is placed on the thigh away from the wound. The study used 20 healthy volunteers and 13 patients with leg ulcers of different etiologies. Arterial and venous velocity was measured below the cuff. The results found that venous and arterial flow were increased with this application of IPC. Compression at the thigh level can produce positive hemodynamic effects in patients with chronic leg ulcers, which leads to improved healing rates in patients with VLUs.

CVI and lymphedema are difficult disease processes to manage from both the patient

and clinician perspective. Pain, increased exudate and discomfort are barriers to management of venous leg ulcers with SOC therapy alone. IPC can be a non-invasive addition to the treatment plan that gets results.

Getting IPC on patients with VLUs early in the disease process improves healing rates, decreases pain and edema, decreases costs associated with VLUs, decreases the burden to health care and enhances patient quality of life. **HC**

Kim Rozman MSN, RN, CWON, is the clinical program manager for Huntleigh Healthcare. She has recently become passionate about increasing intermittent pneumatic compression access to patients with venous and mixed etiology ulcers. She lives in Colorado and enjoys mountain biking, skiing and hiking with friends and family in her free time. Please see woundexpress.com or contact kimberly.rozman@arjo.com for questions.

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When Dementia Calls for a Special Kind of Support

Confronting increased need & caregiver distress

By Jessica McFarlin & Joe Rotella

People living with Alzheimer's disease and other dementias have complex care needs that not only affect the patient but result in high levels of caregiver distress. Like all serious illnesses, it affects the whole family.

Palliative care is specialized medical care that focuses on the stress and symptoms of patients living with serious illness. Palliative care specialists do not replace other trusted health care providers such as primary care physicians or neurologists, but rather act as an extra layer of support for patients and their caregivers. All health care providers have skills in caring for patients with serious illness, but palliative care specialists are trained to evaluate and treat the unmet needs that impact quality of life of a patient and their loved ones. A robust palliative care team includes physicians, advanced practice providers, social workers, nurses, chaplains and pharmacists. This team-based approach helps ensure that physical symptoms are evaluated and also that proper care is given to the patient's spiritual, emotional and social concerns.

Many families facing the challenges of Alzheimer's disease don't know what

palliative care is, but once they find out, nearly all of them want it. In fact, we often hear that they wish they had asked for it sooner.

Anita's Story

Anita has been living with Alzheimer's disease for three years. Her husband, Solomon, is her primary caregiver and began missing his own medical appointments because he was having difficulty caring for his wife at home. Their primary physician referred Anita to a community-based palliative care program. The assessment revealed that Anita was still active but had declining memory and needed assistance for most complex activities of daily living. Her most troublesome symptom was sleeplessness, which caused Solomon to stay up all night with her.

The palliative care team was able to explore what was most important to their family as she became more ill. Anita was then able to complete a living will designed for people living with dementia. The physician reviewed Anita's symptoms and taught Solomon how to help improve

Anita's sleep and hygiene, and avoided using new medications. The social worker connected them to a local day program that Anita attends. Anita enjoys the interactions with others and the live music that is often performed there. The team conducts follow-up appointments with Anita every few months to check on new symptoms and to help support Solomon as her caregiver and prepare them both for what to expect as the disease progresses. Recently, the palliative care team has been able to provide telehealth visits when Anita is having a rough day, which helps relieve some of the caregiver burden that Solomon experiences.

The Need for Better Access

Expanding access to palliative care is crucial, as over 6 million people in the United States are living with Alzheimer's disease and that number is anticipated to rise sharply over the next few decades. In addition, there are many people living with dementias of other causes, such as hardening of the arteries, Parkinson's disease and other degenerative conditions, who face similar challenges and would benefit from palliative care.

There are obstacles to overcome, however, to make sure that palliative care is available to everyone who needs it, whether in a facility, a clinic or at home. Palliative care services are not universally offered in all care settings, and the current palliative care workforce is stretched too thin. The root causes are:

- lack of training for care providers;

Palliative care services are not universally offered in all care settings, and the current palliative care workforce is stretched too thin.

- traditional payment models that do not support the full palliative care team; and
- misaligned health care policies.

The American Academy of Hospice and Palliative Medicine (AAHPM) is the professional organization for physicians specializing in hospice and palliative care. Members also include nurses, social workers, spiritual care providers and other health care professionals deeply committed to improving quality of life for people living with serious illness. AAHPM's mission is to advance hospice and palliative medicine through enhancing learning, cultivating knowledge and innovation, strengthening workforce and advocating for public policy.

AAHPM has engaged in a range of sustained initiatives to address the barriers limiting access to palliative care, foremost among them by advocating for the Palliative Care and Hospice Education and Training Act. This bipartisan legislation, which has passed the House twice, would authorize Congress to fund palliative care and hospice education centers and academic and career incentive awards to increase palliative care training for physicians, nurses and other interdisciplinary health care professionals at both the specialist and generalist levels.

To overcome misaligned payment and economic incentives, AAHPM has proposed an alternative payment model that would enable delivery of palliative care in the home setting. Along with coalition partners, AAHPM continues to engage with the Center for Medicare and Medicaid Innovation to urge testing of payment models that support palliative care and hold participating organizations accountable for quality outcomes that matter for people with serious illness. In addition, AAHPM has endorsed bills that would allow for the ongoing use of telehealth to provide specialty palliative care in the patient's home after the current public health emergency has ended.

Alzheimer's disease and other related dementias are often not the diagnosis that bring people into palliative care or hospice services. Frequently, patients do not explore these services until they have received an additional diagnosis of a chronic illness. However, patients and their caregivers can benefit from a variety of palliative care services upon their initial diagnosis. Creating environments where patients can flourish and maintain a high quality of life are some of the leading goals of palliative care and hospice professionals, as well as AAHPM. **HC**

Dr. Jessica McFarlin is an associate professor of neurology at the University of Kentucky. She is certified by the American Board of Psychiatry and Neurology in neurology and hospice and palliative care. She is also board certified in neuro critical care. She can be reached at jessica.mcfarlin@uky.edu.

Dr. Joe Rotella is the chief medical officer of the American Academy of Hospice and Palliative Medicine. During his previous role at Hosparus, a community-based hospice in Louisville, Kentucky, he helped establish hospice inpatient units, palliative care consultation services and a palliative medicine fellowship. He can be reached at jrotella@aaahpm.org.

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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 for durable medical equipment and home health. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. **HC**

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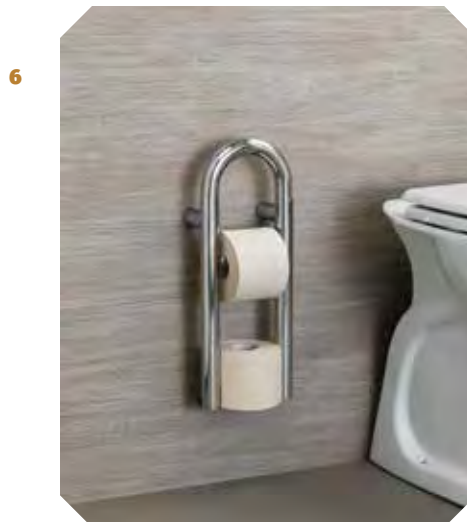


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6 Grab Bar & Toilet Paper Holder With Shelf

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Sales International	<input type="checkbox"/> 211	45
Invacare	<input type="checkbox"/> 206	43
Kivicare	<input type="checkbox"/> 201	42
Liquiguard Technologies, Inc.	<input type="checkbox"/> 212	45
Ponte Guilio USA	<input type="checkbox"/> 213	45
Rangemaster	<input type="checkbox"/> 202	42
React Health	<input type="checkbox"/> 207	43
Synicare	<input type="checkbox"/> 203	42

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

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

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

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

- 41 Home Medical Equipment Provider
- 42 Hospital with HME
- 43 Independent Pharmacy/Chain Drugstore
- 44 Specialty Pharmacy (Compounding/Infusion)
- 45 Hospital with Home Health Agency
- 46 Home Health Agency/Nursing (Medical)
- 47 Hospice Agency
- 48 Personal Care/Home Care Services (Non-Medical)
- 49 Long Term Care Facilities (SKNF, Assisted Living)
- 50 Physical/Occupational Therapy
- 98 None
- 99 Other (Please Specify) _____

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O&P WOMAN OF THE YEAR

Recognizing Women in Orthotics & Prosthetics

Education specialist lands top honor

By Mandi Joyner



Nina Bondre has been named the 2022 Orthotics & Prosthetics (O&P) Woman of the Year. The Orthotic and Prosthetic Group of America (OPGA) presented the award to Bondre during the American Orthotics & Prosthetics Association's National Assembly on Sept. 29.

"I am so grateful and honored to receive the O&P Woman of the Year award," said Bondre. "Being recognized for my work in O&P is very special to me as this field and my many mentors have shaped who I am. This award reinforces my goal to become a bridge between clinicians and corporations to improve care for our patients."

Bondre is an education specialist with Ottobock Healthcare. As a certified

This award reinforces my goal to become a bridge between clinicians and corporations to improve care.

prosthetist/orthotist (CPO), she witnessed firsthand the startling inequities in the U.S. health care system. These experiences inspired her to co-found a diversity council at Ottobock, where she has started a mentorship program and led an inclusion workshop for Ottobock's North America executive team.

Her clinical and educational experiences have shown her how important patients and clinicians are to the innovation process. Most recently, she has been exploring design thinking and its applications to the patient experience.

Having completed her Bachelor of Science in Neuroscience at Duke University and Master of Prosthetics & Orthotics at Northwestern University, Bondre is currently pursuing an MBA at the Wharton School at the University of Pennsylvania.

"On behalf of everyone at OPGA, we want to congratulate Nina on winning this year's O&P Woman of the Year award," said Adam Miller, president of OPGA. "Nina's commitment to furthering her own education, while at the same time being committed to making O&P care more inclusive and attainable for patients, represents everything this award is about. Her contributions are helping move our

profession forward—not just now, but into the future."

"Nina, thank you for all you do, and congratulations again on this well-deserved honor," he continued.

The other finalists were:

- Adrienne Hill, CPO, Area Clinic Manager with Hanger Clinic
- Maggie Baumer, Area Business Clinic Manager with Hanger Clinic
- Manisha Bhasker, Senior Director of Communications & Development with American Academy of Orthotists & Prosthetists

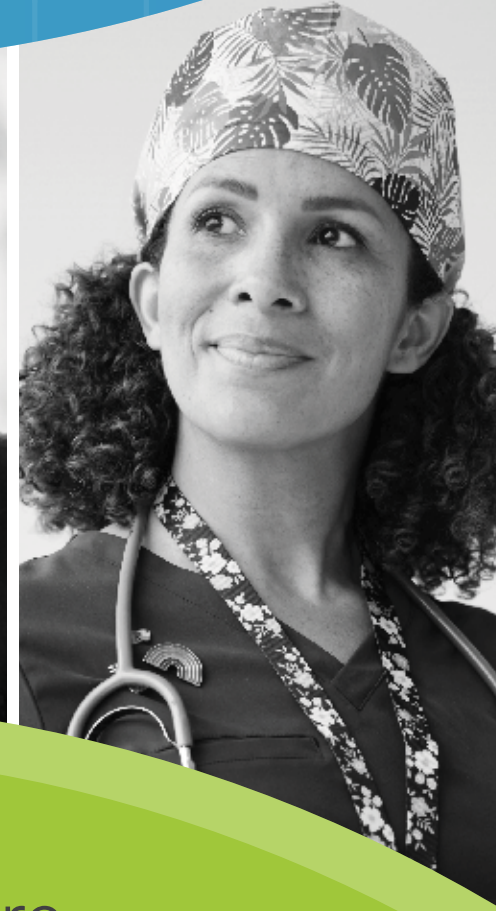
The O&P Woman of the Year award was developed by OPGA, a division of VGM & Associates, and is open to all women who work in the orthotic and prosthetic profession. A selection committee of four O&P professionals review nominations and select finalists by considering the nominees' contributions throughout their careers to patients, the community and the O&P profession. **HC**

Mandi Joyner is the senior director of marketing for VGM & Associates. Visit vgm.com.

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