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Dear HomeCare Readers,

Normally, this is when I'd sit down and write a nice wrap-up of the past year and offer a glimpse of what's to come in January. But this is 2020, remember? Nothing is normal.

We never could have predicted this time last year what our last few months would look like. But things are looking up: just before press time, we've gotten good news about two potential COVID-19 vaccines, and at-home diagnostic tests for the virus have just been approved. So while the public health emergency may not magically end come New Year's Eve, there may be cause for celebration when we ring in 2021.

Whatever happens, our world and our industry will have been forever changed. Check out our cover story, which has great tips on how to make sure you're out front when it comes to adapting, innovating and preparing for a post-COVID future; it should be a strong one for homecare.

Here at HomeCare, we're also working on some innovations to share with you next year, especially on the virtual learning front. And we're planning out what to bring you in these very pages, so if there's anything you feel you need to know, please don't hesitate to email. Meanwhile, have a wonderful holiday season and a very happy new year!

Thank you for reading,



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2021

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Connect America Names New CEO

Connect America, a provider of comprehensive telehealth, remote patient monitoring (RPM), and personal emergency response systems (PERS) announced that Janet Dillione has been hired to lead the company as its new CEO.

Before joining Connect America, Dillione worked in the health care information services industry as CEO of Bernoulli Enterprise, Inc., and later Siemens Healthcare IT and as general manager of Nuance Healthcare.

Connect America is known for its medical alert PERS that give individuals one-button access to 24/7 emergency assistance. The company offers a comprehensive telehealth platform, including RPM, PERS and medication management tools that allow patients to manage their health from home.

"I am excited for the opportunity to join an organization on the cutting edge of important developments in health care technology, and look forward to bringing my knowledge and experience to the team," Dillione said.

connectamerica.com

Spiro Health Acquires Absolute Respiratory Care

Spiro Health announced the acquisition of

Absolute Respiratory Care, a home medical equipment provider based in Johnston, Rhode Island. Spiro Health has operations in the District of Columbia and eight states.

Absolute Respiratory Care offers a full range of medical equipment and supplies, with an emphasis on providing sleep therapy solutions. Since 2005, its ever-adapting mindset has allowed them to leverage wireless monitoring and create a touchless telehealth model for sleep therapy. This evolution will help Spiro Health deliver on a goal of deploying leading technology solutions to provide patients and partners a seamless experience when ordering home medical equipment and supplies.

absoluterespiratorycare.com,
spirohealthservices.com

BAYADA & Baptist Health Announce Joint Venture

Baptist Health, a health care provider in greater Jacksonville, Florida, has announced a joint venture with BAYADA Home Health Care to expand upon the services provided to the community by Baptist Home Health for more than 25 years.

The combined organization, Baptist Home Health Care by BAYADA, will have the capability to serve more patients at home. The newly formed entity is designed to serve the in-home care needs of residents of Northeast Florida.

BAYADA Home Health Care, based in Moorestown, New Jersey, is the largest nonprofit home health care company in the U.S. Baptist Home Health Care by BAYADA will begin operations in early 2021, pending licensing and regulatory approvals.

bayada.com

Honor Announces Results of Series D Funding

Honor, a United States-based homecare company, announced that it has raised \$140 million in Series D funding. The round was led by Baillie Gifford and funds and accounts advised by T. Rowe Price Associates, Inc., with participation from Rock Springs and existing investors Prosus Ventures, Andressen Horowitz, Thrive Capital and

8VC. With this latest round of funding, the company has received \$255 million of investment since its founding in 2014.

Seth Sternberg, co-founder and CEO of Honor, said the capital raise will allow the company to expand more rapidly into new markets and further invest in its care delivery platform.

Honor provides non-medical homecare services to older adults in over 1,000 communities across the U.S. and has provided over 5 million hours of care.

joinhonor.com

Dynatomy Parent Company Receives Grant for Face Shields

During the height of the COVID-19 crisis, D'Addario, the world's largest musical instrument accessories manufacturer, rapidly converted to producing personal protective equipment (PPE) face shields. Now New York State and the Empire State Development Corporation have awarded the company a \$341,000 grant to expand face shield manufacturing operations.

With the grant, D'Addario will build four semi-automated "work cells" to improve efficiency, lower manufacturing cost, and double production capacity.

When D'Addario was forced to close its factory doors in April, a team of engineers, worked to develop face shields from the clear film used to make the Evans G2 drumhead. Because D'Addario had previously produced certain physical therapy products through its FDA-registered brand Dynatomy, the team was able to develop a prototype in just three days.

To date, D'Addario has sold almost 1.5 million face shields, primarily to hospitals and health care equipment distributors.

daddario.com,
dynatomyproducts.com

UPCOMING EVENTS

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

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



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by ResMed

Home Health Emergency Access to Telehealth (HEAT) Act

S 4854

By Kristin Easterling

The Medicare home health benefit does not currently permit the inclusion of telehealth services as a reimbursable service as part of the plan of care. Despite this, many home health agencies (HHAs) have found great value for their patients in including telehealth as part of care delivery and do so despite the lack of reimbursement.

In 2019, as part of its annual rulemaking, the Centers for Medicare & Medicaid Services (CMS) permitted HHAs to include telehealth-related expenses on their cost reports. This was an important step that will help CMS and Congress understand the value and cost of telehealth in home health, although advocates said it fell short of meaningful action towards providing reimbursement for those services.

The COVID-19 pandemic has accelerated the need for telehealth use in the home. In late October, Sens. Ben Cardin (D-Maryland) and Susan Collins (R-Maine) introduced the Home Health Emergency Access to Telehealth (HEAT) Act to provide a path to reimbursement for telehealth in the home. A similar bill was introduced in the House.

LEGISLATION

This bill would:

- Allow CMS to issue a waiver providing for reimbursement of telehealth services in Medicare home health in the event of a public health emergency,
- Provide CMS the discretion to determine equivalency between an in-person visit and telehealth visit for purposes of reimbursement.
- Provide patient protections, including consent to telehealth services, limitation that no more than 50% of visits can be done virtually, and requirement of a pre-existing relationship with the attending physician ordering services.

The beneficiary must consent to telehealth services in order for the HHA to receive reimbursement.

TELEHEALTH STATS YOU SHOULD KNOW

- Telehealth visits were up 43% in April after the announcement of the public health emergency.
- In 2019, 22% of practitioners used telemedicine to examine patients, versus only 5% in 2015.
- As a result of the pandemic, up to \$250 billion of U.S. health care spending could come from virtual medicine.
- Telehealth technologies are projected to save the U.S. health care industry \$305 billion annually.
- Some 89% of clinicians report that telemedicine is at least a satisfactory method of follow-up care for patients.
- Virtual health care visits were regarded by 62.6% of patients and 59% of clinicians to be just as effective as in-office care.

WHAT HAPPENS NEXT? >>

The National Association for Home Care & Hospice projected at press time that the bill likely won't be considered until early December, when a new federal budget package goes up for a vote. This bill's best hope for passage lies in becoming a rider to that budget package.

LEARN MORE: [Track this bill at congress.gov](https://www.congress.gov/bills/116/s4854)

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By Mark Denissen

The Best Way to Provide Care Over the Air

Wi-Fi versus cellular for patient monitoring

There's a lot of buzz in the health care industry about the coming 5G wireless standard, which promises to bring high speed, low latency connections to businesses. With 5G, health care organizations are able to quickly and easily transmit data that requires a high bandwidth, such as CT scans and X-rays. But it will also have an impact on lower bandwidth applications, such as the data found in home health care applications.

The reality is that for most health care organizations and the patients they serve, 5G won't be available in a broad way for at least a few years. However, remote patient monitoring (RPM) solutions—which can transform seniors' care by helping them live independently—need reliable connectivity options to transmit data between the patient and the doctor's office or hospital.

Patients that benefit most from RPM solutions are those who need consistent monitoring of vital statistics, including blood pressure, oxygen level, weight, temperature and other metrics. By being able to take these vital signs at home and have them delivered to their provider automatically, the paradigm of care is shifted from episodic to preventative. This allows providers and patients to work together in new ways to reduce the need for trips to the doctor's office or hospital. RPM solutions should be two-way, allowing doctors to communicate with patients via voice. Some RPM solutions can also track data over time and spot abnormalities in readings such as low or high blood pressure or oxygen levels, and can connect the patient to the doctor to explore solutions.

91%

percent of Americans who are 65 and older own a cellphone and of those, 53% own a smartphone

These type of RPM solutions allows patients to get involved with their own care, and enable health care providers to:

- Assess situations in real time
- Speak with a patient who might not be feeling well
- Proactively care for patients so they don't end up in the emergency room unnecessarily
- Intervene in the patient's care to stabilize their health

There are two leading technology contenders to connect RPM solutions to the internet: Wi-Fi and cellular. Both are considered ubiquitous, but are they really? Let's take a look at the benefits and challenges of each.

Wi-Fi Connectivity

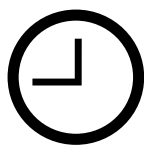
Wi-Fi has been around for more than 25 years and has become the de facto home connectivity option for many people. In many cases, small- to mid-sized businesses also use Wi-Fi to connect their workers to

the internet. In both of these environments, Wi-Fi can be beneficial. It is relatively inexpensive, upload and download speeds have been consistently upgraded by service providers, and, in general, it works when needed. When it comes to homecare, however, there are places where Wi-Fi faces significant challenges:

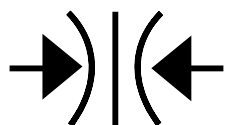
- **Lack of ubiquity:** Although Wi-Fi may seem ubiquitous, and many homes and businesses do have Wi-Fi connections, that number falls off dramatically in more rural areas. According to the Pew Research Group, in 2019, only 59% of people over 65 had access to broadband connectivity at home. That makes it challenging to utilize Wi-Fi in RPM solutions, which require a continuously reliable 24/7 data connection.
- **Limited ease of use:** Wi-Fi requires the use of strong, multi-variable passwords and other configuration steps, which some seniors may struggle with. Some may also be uncomfortable having a lot of equipment in their homes.



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- **Lack of 24/7 reliability:** Wi-Fi signals drop frequently, and if equipment failure occurs, it could be down for hours or longer. If Wi-Fi has a weak signal, loses power or goes offline for another reason—even if it's infrequently—it impacts the ability to deliver consistent patient results back to health care professionals.

To understand how Wi-Fi is an unsuitable solution for RPM and other health care tools that require 24/7 connectivity, imagine trying to use a cellphone in Europe and only being able to connect when there is Wi-Fi available. Connectivity would be limited to areas where there are Wi-Fi hotspots. This considerably hampers the types of things users can do. Likewise, if only Wi-Fi is available as a connectivity option in a home health care environment, options are limited if the patient can't complete setup or if their service is disrupted. Anyone who has ever been in charge of technical support for an older family member's Wi-Fi service understands that there are challenges.

Cellular Connectivity

Cellular, on the other hand, is a much more reliable option for homecare providers and the patients they serve. While there are certainly rural areas with poor coverage and those that still use 3G wireless, providers like AT&T and Verizon have turned up 4G everywhere and are turning down 3G. In areas with 4G coverage today, it will be consistent and reliable going forward.

Some of the benefits of using cellular

connectivity include:

- **Ubiquity:** When it comes to people who are 65 and older, 91% own a cellphone and of those, 53% own a smartphone, according to Pew Research Group. With that level of connectivity, it's easy to see why an RPM solution based on cellular connectivity is a strong option for homecare providers and their patients.
- **Sheer simplicity of setup:** For many RPM devices, no configuration is needed. While some solutions providers retrofit tablets for RPM use, making them more difficult to use, others have purpose-built, out-of-the-box solutions that simply need to be turned on to work consistently. Ease of use is also critically important to these solutions. In a recent pilot with a hospital in West Virginia, care was focused on high-risk patients in rural settings. The expected compliance rate was 15%-20%; however, the trial saw greater than 80% patient compliance with taking vital signs. In addition, patient satisfaction was 4.5 out of 5.
- **Consistent real-time data sets:**

With consistent connectivity comes consistent data. A robust real-time data set developed at regular intervals allows health care providers to see trends and take preventative action, solving small problems before they become larger ones. Take, for example, the case of a patient with high blood pressure. By gathering data over time, RPM solutions can spot anomalies in real time, such as an unusually high blood pressure reading,

and contact the health care provider for immediate follow up. Solutions can also “learn” from the patient's behavior; for example, if a patient does not take their medicine at the same time each day, reminders can be adjusted and establish a time that is better for them. Cellular is a stronger fit for this type of application.

- **An upgrade path to 5G:** 5G is on its way, and some vendors are building 5G capabilities into their devices today to prepare for its arrival. When it is more widely available, RPM solutions that use cellular have a clear path to update to high-bandwidth connectivity.

A few additional benefits that cellular connectivity can provide include:

- The use of open standards and existing infrastructure
- The ability to cover hundreds of devices simultaneously, ensuring that connectivity is always available
- Long battery life

End-to-end security RPM is expanding patients' health data to include real-time and daily readings, extending the access a physician or homecare professional has to data to better understand their patients' needs. Access to an RPM solution allows patients to get involved with their care, assess situations in real time and be able to speak with a physician when they are not feeling well. While RPM solutions are becoming increasingly easier to use, it's cellular connectivity that will ensure they are available 24/7 to help keep seniors safe. **HC**

Mark Denissen serves as the president and chief executive officer of Anelto. He has a storied career in the technology sector. Denissen worked more than three decades with Texas Instruments (TI), serving in various roles before becoming vice president of worldwide strategic marketing and being responsible for the startup of businesses such as medical devices, LED lighting solutions and motor control solutions. He was also responsible for the commercialization of breakthrough technologies developed in Kilby Labs, TI's long-range research and development center, and worked directly with TI's chief technical officer to move numerous projects towards commercialization. He holds a BSEE degree from the University of California Los Angeles.

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IN-HOME CARE: RETENTION



By David Nelson

A Bird in the Hand

9 approaches to improving retention

Turning clients away, increasing wages, waiting for interview no-shows, training in COVID-19 safety: These are some of the realities of managing a caregiving business today. Without enough workers to meet demand, the industry is facing a major shift in how it must plan and provide services. To stem the bleeding, caregiving agencies have turned away from seeking clients to focus on recruiting and retaining caregivers—and are learning new lessons along the way.

It was no secret that caregivers were in short supply even before the pandemic. A rapidly aging population and the declining labor participation rate in the United States has made caregiving a staffing challenge. COVID-19 has turned the homecare market upside down by further decreasing the supply of labor while driving a higher demand for services. The availability of unemployment benefits plus a need to care for children in virtual school have taken a sizable number of caregivers out of the market. There was even a period when caregivers could earn more staying at home than working in the field.

For this article, the owners of three growing caregiving agencies shared their best practices for recruiting and retention, particularly the changes they have made in response to COVID-19 that have helped them run their businesses. They are:

- Tim Murray of Aware Best Care in the greater Raleigh, North Carolina, area;
- Mark Turnbull of ComForCare West Linn in Portland, Oregon; and
- Benny and Alice Latino of Heavenly Care of Austin, Texas.

Here are nine tips on how best to hold onto caregiving staff in difficult times.

1 Pay competitively.

An agency that pays competitively has a better chance at securing the higher-performing caregivers in the market. When candidates have numerous job opportunities available, the agencies that will be attractive to caregivers are those that have always been proactive about offering competitive pay and benefits.

Increasing wages, however, can be tough for owners. They must decide whether to raise client rates or to take a hit on margins. A good way to determine whether an agency has the flexibility to raise rates is to measure how many clients it must turn away during a month because of a shortage of caregivers. If the number represents more than 10% of the current clientele, then increasing client rates in order to keep caregivers may be the right decision.

Aware Best Care targets pay to be at least in the upper 90th percentile of what agencies pay caregivers.

“Homecare is growing a lot, but we have a challenge,” Murray said. “We’ve raised the ante. We just sent out letters for the second price increase this year. We’ve got to do what we’ve got to do in order to get the talent by raising our homecare rates to clients.” Murray said no clients have complained about the increase.

2 Train to retain.

Training is critical to employee retention. According to a Gallup poll, only 12% of employees believe that their company’s onboarding programs adequately trained them for their roles. A study by the Society for Human Resource Management recently revealed that 69% of employees are likely to stay in a role for three years with great onboarding.

For Turnbull, training is an investment in the agency’s most important asset—caregivers. His agency has added several components to its training program, including the assessment of each caregiver’s

character strengths to target areas to coach new employees.

“Unlike other businesses, the employee is the most influential person and has the most impact on your business’s bottom line,” Turnbull said.

3 Keep a budget for retention & spend it.

Having a budget dedicated to retention offers a degree of protection during good times and bad. It can include surprise rewards, such as gift cards or dinners out, but also more regular recognitions, such as awards for monthly top performers. Retention bonuses can also be useful to help caregivers focus on long-term development goals. In essence, spending money on retention sends a message to caregivers that management cares enough to take something from the bottom line.

Aware Best Care uses its retention bonus for many typical expenses, such as gifts and recognitions. They also use it for benefits, including 401k matching and health care. Murray realized that caregivers were stressed about health coverage and sought out a way to offer a plan that was affordable and met employees’ basic needs. Aware Best Care splits the cost of a direct benefit plan with caregivers who opt in. As a result, it can address a lot of staff concerns about being able to receive care if they become ill.

4 Hire recruiters to keep the pipeline full.

Although not all agencies can afford to pay a full-time recruiter, Benny Latino said that should be one of the first administrative positions that a company takes on. Latino said that having the full focus of a recruiter is critical, as an agency needs to be recruiting continuously in order to keep up with demand.

“A recruiter has to show high sense of urgency,” Latino added. “They have a love of what they do—to connect with others. They are someone who is very organized who understands how to use social media and virtual meetings to schedule interviews.”

5 Monitor & measure retention to manage it.

Turnbull says that measuring retention with attrition metrics is key to managing caregivers. ComForCare tracks 30-day, 90-day, 180-day and annual retention so that aberrations from the average are highlighted and addressed. For example, if 30-day retention plummets, then recruiting and onboarding are likely culprits. If 180-day retention falls off, then the problem is more likely related to ongoing communications between administrators and the caregivers or conflicts with clients.

"We are about at 70% retention annually," Turnbull said. "We keep track of everyone who comes in and exits. We have exit interviews for those who leave."

Because his agency focuses so much on the right fit on the front end, he said, a large number of those caregivers who leave are seeking expanded opportunities in care.

"They are inspired as caregivers and want to go on and serve as a nurse and further their careers," he said. "They find they had innate talent."

6 Promote your brand & culture.

Building a culture within an agency and communicating a brand are keys to standing out in a crowd. According to Benny Latino, differentiation is important when it comes to expanding the supply of caregiver labor.

"We're having to sell (caregivers) on the culture of our company in order to reach those individuals who weren't necessarily thinking of being caregivers or being in the health industry," Latino said. "You have to sell your employees more than your clients. We're having to look at people who don't have the background but can do the job with training."

7 Fire clients to retain caregivers.

Caregiving agencies want to be known for managing client-caregiver relationships effectively. Retention can depend on maintaining good relationships between caregivers and the clients. Given that a

caregiver can quickly join another agency to escape a bad client, the key for Murray is protecting the caregiver if the relationship shows signs of stress.

"We have discharged some major clients that were rude or unprofessional to our staff," he said. "If your focus is taking care of your people, you need to back it up. When you do, the staff gets the message and becomes even more vested in the company."

"You have to have the mindset of finding the right clients," added Alice Latino. "That's a different mindset [than in many other businesses] because it's easy to say we have to do everything we can to satisfy the client. Often that's impossible and it's not a good business decision."

8 Become a matchmaker.

In addition to selecting clients carefully, Turnbull wants his agency to become known as "master matchmakers." His enthusiasm for matchmaking stems from observing caregivers who quit based on conflicts or negative interactions with clients. He worked to identify compatibility in caregiver assignments. As a result, it has attracted both prospective caregivers—who will stick around longer for a better client—and clients, who know that they will be placed with caregivers with the right character strengths rather than just the first available.

His agency uses MiliMatch, an analytical application for assessing both client relationship needs and caregivers' strengths to identify viable pairings.

"We were looking for something to help us identify the soft skills," said Turnbull. "With MiliMatch, we can measure them and predict how they best fit a client's needs. Before, we knew whether they could change a brief or feed a client or bathe them, but we couldn't see the interpersonal relationship skills that caregivers possessed."

With established processes for matching caregivers to clients, ComForCare promotes their expertise to both potential clients and caregivers. The clients have been receptive toward finding the right caregiver, and the caregivers, in turn, are surprised to find out

that the company has an interest in seeking good matches.

9 Connect caregivers with resources & communicate.

Limited income presents a stark reality for some caregivers. Add to that the unpredictability of client hours and government subsidies over the past few months, and many have had trouble paying bills. Heavenly Care makes a point of ensuring that caregivers know what support is available, including food, clothing and shelter. To keep the list up to date, leadership reaches out to various nonprofit and municipal organizations.

"We were able to connect [caregivers] with resources in the local counties to provide caregivers with ways to support utility bills and with assistance with making financial decisions," Benny Latino said. "We leveraged our relationships to get caregivers as much information as they could."

In addition, keeping caregivers engaged and feeling appreciated can be just a phone call away. Latino said administrative staff was assigned several caregivers to communicate with regularly, particularly as COVID-19 heated up.

"Everyone took four or five caregivers and called to check on them every week," he said. "During the height of the pandemic, we would call with a list of several questions and find out what we could do to help."

The road ahead

Agency owners face a difficult challenge today—but the pandemic may also provide an opportunity. Those who can master recruiting and retention by learning from others and following disciplined practices will be positioned to realize sizable growth. **HC**

David Nelson is the chief operating officer of MiliMatch, a company focused on recruiting and client matching solutions for the in-home caregiving industry. A long-time technologist with experience in both the software and hardware industries, he seeks to use technology to improve people interactions and relationships.



By Terrey Hatcher

Screening Candidates at Arm's Length

5 ways to get the most from remote recruiting & interviewing

Online interviewing and virtual job fairs have become necessary tools in the recruitment and hiring process for many home health agencies and home medical equipment companies. They have some clear benefits, including convenient scheduling when a busy hiring manager and job candidates are in different locations.

Yet online-only meetings can hinder your ability to make interpersonal connections and pick up on subtle cues about a candidate's personality. They can also make it harder for a candidate to see what makes your business an attractive place to work.

Before the coronavirus pandemic, some organizations started with a phone interview, then a video interview, then an in-person interview. Now, the in-person interview may not happen.

Given cost considerations and the need for many administrative officials to work from their homes amid the coronavirus pandemic, some homecare operators are considering moving to remote operations for good. Successful Solutions

Even for those still reporting to work in person, physical distancing and infection control precautions have made face-to-face meetings a riskier proposition. According to a 2020 benchmarking study from Home Care Pulse, some home-based care agencies already have shifted interviews and training to online options.

While turnover has made recruiting and interviewing a frequent need in home-based care for years, the candidate pool could be expanding as COVID-19 shutdowns lead retail and hospitality industry workers to seek new opportunities. To make the most

of the hiring process in this situation, pay attention to these five aspects of virtual recruiting and interviewing:

1 Ensure that your business stands out.

To prepare information sheets that will inspire and motivate candidates to apply to your company, think about what sets your company apart.

- What makes you proud of working at your organization?
- What benefits do you offer?
- What often seems to surprise new employees about your organization?
- What aspects of your work environment do long-time employees praise?
- How do you recognize excellence among your staff?
- What contributions does your company make to improve the community?

Once you have a good idea of what you should highlight, think about how you will draw attention to your business's attributes during a remote interview.

2 Observe the subtle signs.

As a LinkedIn study noted, company culture is a key factor in attracting candidates who will stay with your organization, and many different aspects of the work environment shed light on your culture.

Remote interviews don't allow candidates to observe the office environment first-hand and interact with other team members outside the interview. Another downside is that video doesn't allow managers and

job candidates to see and interpret one another's body language to the same extent. Unfortunately, you will miss out on these first-person snapshots, which can give you both insight into working together.

Because face-to-face meetings aren't possible, pay close attention to what you do notice about candidates, including fidgeting, impatience, rudeness, friendliness, quick thinking and communication styles.

3 Highlight organizational strengths.

Marketing will play a key role in attracting candidates and convincing them to choose your business after the interview. Consider creating a web page discussing the benefits your company offers and include:

- Quotes from supervisors and employees explaining why they like working there and what makes them proud of the work they do.
- Images of people at work (with their written permission) wearing authentic smiles on their faces.
- Video clips showing nurses, caregivers, sales representatives or managers talking about their personal stories about what makes their work rewarding while highlighting some of those specific organizational strengths.

To prepare team members who will be conducting interviews, supply them with talking points that call out key benefits and overall strengths.

Keep in mind that health care attracts people who want to make a difference in the lives of others. With that thought in mind,



you might ask staff who will be meeting candidates to think of a personal story they could share about the satisfaction their work brings and how they've made a difference in someone's life.

4 Be ready to show & tell.

Think strategically about how you can highlight your leadership approach and your company's selling points during phone and video interactions.

Because of the challenges inherent in online-only interviewing, preparation for interviews is vital for the hiring manager. Some ways recruiters and managers can successfully communicate with candidates remotely include:

- During each conversation, take the time to talk with the candidates in a calm and professional way.
- Outline the interview process when you schedule an interview, including how many people each candidate will talk with and how long the interviewing process is likely to last.
- Turn video cameras on during interviews. Do not just talk over the phone; that means you won't see visual cues.
- Share visual materials that show your culture and your people in a good light.

5 Set the right tone during interviews.

When you get to the online interview, ask job candidates questions designed to explore their personalities and how they would fit into your culture. Some examples:

- Tell me about a time when you disagreed with a teacher, manager or customer. How did you communicate your disagreement? Were you able to move past it together?
- What do you see as communication challenges on the job? What would you do to bridge communication gaps?
- Tell me about a time when your team was challenged to improve. How did you work through the change and motivate one another? What did you learn from the experience?

Be ready to ask follow-up questions that draw out the emotions and motivations behind the candidate's answers and allow you to ease into a real conversation with natural give and take.

Moving Beyond the Status Quo

The preparation you have done will help you attract and hire good candidates. But your work isn't finished yet. Company cultures

naturally change over time along with the employees hired and with continual shifts in the marketplace.

Since the coronavirus pandemic has spread across the United States, some things have changed in the way work is done and how managers interact with their employees. Job candidates' priorities may have shifted, too. Many job seekers now are looking for stability and work that makes a difference in the world.

Be ready to share any lessons you've learned, how your business might change over the long term in response to temporary COVID-19 adaptations, and how you will position your organization for business strength in the future. Your culture should clearly communicate all of those things: stability, continual learning, adaptability and foresight.

Those are the keys to attracting employees who are engaged and want to grow with your organization. **HC**

Terrey Hatcher is a content marketing manager at Relias. She has worked in professional development and curriculum design organizations for more than 20 years. At Relias, she has collaborated with physicians, nurses, curriculum designers, writers and other staff members to shape health care content designed to improve clinical practice, staff expertise and patient outcomes. Hatcher's experience includes sharing best practices in education, IT and international business.



Adapt or Die

8 steps to being out front on business innovation

By Bradley Smith

In a recent article in HomeCare, National Association for Home Care & Hospice President Bill Dombi said: “To thrive in health care, and particularly home health care, one must be ceaseless in exploring innovation, tireless in employing creativity, and willing to roll with the punches that inevitably come when you challenge institutionalized health care powers. That all translates to a willingness to not only embrace change, but to lead it.”

I strongly agree with this sentiment. The one point I will add is that the concrete actions you take based upon what you learn from exploring innovation must be made judiciously and supported by what you understand about industry dynamics. Innovation can do wonders for a homecare business and its clients, but only if the innovation pursued and embraced aligns with regulatory, financial, clinical and operational trends and developments. Misguided efforts around innovation, a lack of support for it, or suboptimal execution can produce lackluster results with the potential to harm or even cripple a home health agency (HHA) or home medical equipment (HME) provider.

Here are eight of the steps your agency should consider taking—if it hasn't already—to further innovate your business in order to achieve short- and long-term success.

1 Explore new services & service lines.

Disruption in the health care delivery system opens doors to those businesses willing and able to step up and address changing needs and demands. Companies that have the financial means and resources to expand



Disruption in the health care delivery system opens doors to those businesses willing and able to step up and address changing needs and demands.

beyond their traditional services and pursue new service lines are in a strong position to set themselves up for growth.

For example, some home health agencies are developing programs to provide staffing support to senior living facilities. Others are expanding the types of services offered to their clients to include things like transportation and shopping. I'm even hearing about agencies providing non-health care services, with caregivers who help with

staff screening and take temperatures, as well as offer guidance and training on proper safety protocols.

It is difficult to predict how long some new services will remain viable. However, as long as companies that pursue growth opportunities make smart investments in technology and remain nimble, there will almost always be ways to pivot services and personnel to pursue new avenues or strengthen core operations and offerings.



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Seniors: Combating Isolation

Technology and activities can help aging-in-place families stay happy, well and in touch.

In the time of COVID-19, social isolation is more present than ever, and people — especially seniors who live alone — are suffering because of it. Studies show that without regular, meaningful contact, people can become depressed, lose motor and mental functions and worse. Thankfully, there are programs and technologies that can help keep loneliness at bay, provide meaningful interactions, and help keep families and friends connected with loved ones. Opportunities for stimulation and activity will be discussed.

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- Discuss the health risks of social isolation.
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- Review proven therapies and new technology for those at risk.



Presenter
Carolyn Merrick
Program Coordinator,
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The Center at Belvedere is a nationally accredited, award-winning nonprofit organization that creates opportunities for healthy aging through social engagement, physical well-being, civic involvement, creativity and lifelong learning. Carolyn will discuss how The Center quickly moved its programs from on-site to online when pandemic stay-at-home orders were enacted so that older adults could maintain vital connections and engagement. For more information, visit www.thecentercville.org.



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2 Be open to a merger or acquisition.

Perhaps the most significant barrier to the pursuit of innovation is a lack of capital. A desire to invest in something new is vastly different from the ability to invest. While there are various ways to raise capital, one approach that can deliver benefits going beyond the issuing of a check is selling your company.

A buyer who is willing to support the growth of your business can provide the funding you need to make investments. The right buyer can also bring a mix of knowledge, experience and professional contacts that help you make smarter decisions about where to invest and how to execute a plan to capitalize on how and where you innovate. To find a partner that will not only pay a fair price for your business but can also provide valuable expertise during this transitional period,

engage a merger and acquisition advisor that specializes in home health or HME.

3 Respond to changing client dynamics.

Despite a turbulent year, homecare companies are well-positioned for success—as long as they put themselves in that position. The appeal of home health services may be at an all-time high. They represent a safe alternative to receiving care at other types of facilities (e.g., nursing homes, skilled nursing facilities, hospitals). This is especially true for elderly clients and those with multiple health conditions who are more susceptible to COVID-19, and for those who may have postponed care due to concerns about the novel coronavirus. In addition, the aging U.S. population and continuing shift toward value-based payments all play into the attractiveness of these services.

Home health agencies have an opportunity to benefit from the growing demand for home services and increasing client base. Pivotal to agencies capturing this client volume will be increasing awareness of services and differentiating the home health approach to care. In competitive markets, businesses will need to go one step further and distinguish themselves from competitors, in part by playing up investments in innovations designed to improve quality, safety and security for clients.

HHAs and HME providers looking to take advantage of this window of opportunity will want to consider various marketing mechanisms to reach and inform prospective clients and referral sources, including those requiring financial investment (e.g., television ads, digital marketing, print collateral) and those that predominantly require time (e.g., interviews with media,

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encouraging word-of-mouth referrals from past and current clients, social media posts, publicizing testimonials).

4 Embrace & build mechanisms to better support the virtual world.

While nothing is ever assured, one can comfortably assume there are at least two emerging trends that are here to stay: telehealth and the remote workforce. Companies that want to remain competitive will need a plan to support the virtual demands from and for clients and staff.

A much larger portion of the consumer population now has first-hand experience with telehealth and various types of telehealth delivery systems, such as remote physiological monitoring. Fair Health's monthly telehealth tracker shows that telehealth claim lines increased more than 3,500% from August 2019 to August 2020, growing from about 0.2% of all

medical claim lines to about 6%. HHAs were permitted to provide even more services to beneficiaries via telecommunications technology within the 30-day period of care thanks to regulatory rule changes.

In October, lawmakers, recognizing the value of home health agencies leveraging telehealth to provide care and support, introduced the Home Health Emergency Access to Telehealth (HEAT) Act (see page 8). It's a bipartisan bill to provide Medicare reimbursement for audio and video telehealth services furnished by home health agencies during this health crisis and any future public health emergencies. For some home health agencies, telehealth was already playing an important role in providing continuous care to clients prior to the pandemic. Now that the benefits of telehealth are better understood by consumers, there may soon be an expectation for virtual care in a care

plan. Lawmakers and payers will hopefully continue to expand their support of its usage.

On the staffing side, many employees are already accustomed to some form of remote work, visiting their agencies' offices only for meetings, training and other activities requiring face-to-face interactions. The pandemic has put a brighter spotlight on the value of virtual work, which has helped reduce in-person contact between team members. In addition, the ability for remote staff to leverage telehealth has also reduced the number of necessary in-person visits to clients. Home health agencies that want to keep staff satisfied with their work, better attract future employees and help their workers more effectively and safely care for clients will want to strengthen their virtual infrastructure. Investments to consider may include secure communications platforms, information technology support and staff and client training.

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6%

Telehealth grew from .2% of all claims lines in 2019 to 6% in 2020.

5 Avoid COVID-19 blinders.

While COVID-19 is receiving the lion's share of attention, and justifiably so, it is not the only dynamic driving change in this space. As advisable as it is to pay close attention to the pandemic and adjust operations accordingly, you will also need to remain cognizant of and respond to other trends, such as the Patient Driven Groupings Model (PDGM) and possible regulatory changes in response to its challenges; changes to the durable medical equipment competitive bidding program; the growing demand for diversity, equity and inclusion; an increasing importance of and potential for big data and analytics; continued evolution of Medicare Advantage; and the anticipated expansion of regulatory oversight.

You do not want to allow yourself to become so consumed with the public health emergency that you overlook those forces that may also have a significant impact on your agency.

6 Don't resist change.

If you believe that the way you ran your company prior to COVID-19 should work just as well after the pandemic, you may be in for a rude awakening. This is one of those pivotal moments when homecare owners, like most businesses, must reevaluate their operations, determine which processes and practices can remain effective and which cannot, and assess what changes and innovations must be embraced for businesses to stay solvent—or even to come out of this period with a more solid footing than before.

7 Monitor industry trends & developments.

The health care delivery system was experiencing significant changes before the pandemic. COVID-19 kicked those changes into overdrive. We came into the year expecting competitive bidding, PDGM and a phaseout of requests for anticipated payment—and how these would affect the industry—to be among the dominant stories of 2020. You can now add the likes of telehealth, surges in transactions and consolidation, a potential reshaping of the Medicare home health benefit, a remote workforce and a slew of other developments to that list. And there's good reason to believe that new or evolving disruptors will greatly affect homecare companies going forward.

Considering the speed that change is occurring, prioritize keeping a finger on the pulse of the industry and health care as a whole. Assess emerging trends and developments to determine what should necessitate an immediate response or the initiation of new plans. If you are considering whether to make significant changes to your operations, such as exploring whether to launch a telehealth program or sell your agency, engage with experts—even if you don't anticipate moving forward immediately. Experienced advisors can answer questions, fill in knowledge gaps you didn't know existed and provide recommendations. And by engaging sooner than later, you can hit the ground running when the time comes to make the change rather than starting from scratch.

8 Stay current on regulatory developments.

This step is essential for making educated and compliant decisions that may transform your agency. Since the beginning of the pandemic, government has issued numerous waivers and rules meant to help businesses respond to the novel coronavirus. These requirements have touched on a wide range of issues, including telehealth, the Stark Law, on-site visits, deferment of tax payments, payroll expenses and plans of care.

Owners must ensure that they are closely monitoring regulatory developments to understand if and when waivers expire, future changes to rules, and how to appropriately leverage rule changes, whether temporary or permanent. Doing so is critical to delivering effective care in this challenging environment, keeping finances sound and identifying worthwhile opportunities to pursue innovation. Without a strong understanding of how rules may affect your company, you run the risk of investing at the wrong time or in the wrong opportunity.

Always Be Innovating (Intelligently)

We're well into this public health crisis and are seeing how critical it is for home health and HME providers to adapt to the "new normal." Many businesses have undergone substantial changes, yet it is likely that they will need to do even more to emerge from the pandemic in a strong position to thrive in the post-COVID-19 era. Innovation has the potential to help agencies take small and large steps forward, but the decisions concerning whether to pursue specific types of innovation must be supported by research and, when available, expert guidance. This will better help ensure you can reap the rewards of daring to be different. **HC**

Bradley Smith, ATP, CMAA, is a former durable medical equipment provider owner, and is currently a managing director/partner with the international healthcare M+A firm VERTESS. He is a member of HomeCare's editorial advisory board. If you would like to personally discuss this article, the value of your health care company/practice, or how to get the best price when you sell it, you can reach Smith directly at (817) 793-3773 or bsmith@vertess.com.

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- User friendly air flow dial offers custom weight settings.
- 350 lb. weight capacity.
- 18 Month non-prorated warranty.

Product	Item #	Description
3000	80030	with standard mattress
3500	83500	with 3" safety base mattress
3600	83600	with cell-on-cell mattress
3600AB	83600AB	with side air bolsters

PROTEKT® AIRE 4000 SERIES DIGITAL LOW AIR LOSS/ALTERNATING PRESSURE MATTRESS SYSTEM



- Digital pump with "Auto Compressor Sleep Technology".
- 400 lb. weight capacity.
- 2 Year non-prorated warranty.

Product	Item #	Description
4000DX	80040DX	with standard mattress
5000DX	80050DX	with 3" safety base mattress
4600DX	84600DX	with cell-on-cell mattress
4600DXAB	84600DXAB	with side air bolsters

PROTEKT® AIRE 6000 SERIES DELUXE DIGITAL LOW AIR LOSS MATTRESS SYSTEM WITH CELL-ON-CELL TECHNOLOGY



- Deluxe digital pump offers (4) alternating cycles (10, 15, 20, 25 min.)
- 450 lb. weight capacity.
- 2 Year non-prorated warranty.

Product	Item #	Description
6400	86400	with standard mattress
6450	86450	with 3" safety base mattress
6000	80060	with cell-on-cell mattress
6000AB	80060AB	with side air bolsters

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- Lateral turn up to 40° - 10 to 95 minute cycle times.
- (5) Alternating cycle times (10, 15, 20, 25, 30 min.)
- Low air loss reduces moisture and perspiration.
- 660 lb. weight capacity.
- 2 Year non-prorated warranty.

Product	Item #	Description
7000	80070	standard mattress 36"
7000-42	80070-42	bariatric mattress 42"

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BARIATRIC MATTRESS SYSTEM



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- 2 Year non-prorated warranty.

Item #	Description
80080	bariatric mattress 42"
86080AB-42	bariatric mattress w/ side air bolsters 42"
80085	bariatric mattress 48"
86080AB-48	bariatric mattress w/ side air bolsters 48"
80080-54	bariatric mattress 54"

PROTEKT® AIRE 8900

LOW AIR LOSS/ALTERNATING PRESSURE/PULSATION
MATTRESS SYSTEM WITH "ON DEMAND" AIR BOLSTERS



- "On Demand" side air bolsters mitigate accidental patient roll out.
- Side air bolsters quickly deflate to allow easy exit from mattress.
- (5) Alternating cycle times (10, 15, 20, 25, 30 min.)
- Low air loss reduces moisture and perspiration.
- 660 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
80089	standard mattress 36"

PROTEKT® AIRE 9900

TRUE LOW AIR LOSS MATTRESS SYSTEM
WITH ALTERNATING PRESSURE AND PULSATION



- True low air loss blower system.
- (6) Alternating pressure cycle times (5, 10, 15, 20, 25, 30 min.)
- Pulsation adds gentle stimulation to increase blood flow.
- 1000 lb. weight capacity.
- 2 Year non-prorated warranty.

Item #	Description
81090-36	standard mattress 36"
81090-36AB	standard mattress w/ side air bolsters 36"
81090-42	bariatric mattress 42"
81090-42AB	bariatric mattress w/ side air bolsters 42"
81090-48	bariatric mattress 48"
81090-48AB	bariatric mattress w/ side air bolsters 48"

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- 700 lb. weight capacity.
- 5 Year non-prorated warranty.

Item #	Description
94001	non-powered self adjusting 35"
94003	non-powered self adjusting 42"
94004	non-powered self adjusting 48"
94001P	powered self adjusting 35"
94003P	powered self adjusting 42"
94004P	powered self adjusting 48"

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2021 Industry Calendar

01
JANUARY

■ 1/11-1/14
CES

Presented Virtually
ces.tech

■ 1/25-1/28

Focus: The EW Conference
Presented Virtually
focus.essentiallywomen.com

■ 1/25-2/6

ATIA 2020 Conference
Presented Virtually
atia.org

■ 1/12-2/2

EDGE Telemedicine Conference
Presented Virtually
americantelemed.org

02
FEBRUARY

■ No Confirmed
Conferences

03
MARCH

■ 3/22-3/26

*NHCPO Hospice & Palliative
Care Leadership and
Advocacy Conference*
Presented Virtually
nhpc.org

04
APRIL

■ 4/12-4/14

Medtrade WEST
Phoenix, Arizona
medtrade.com

■ 4/19-4/21

*LeadingAge Leadership
Summit*
Washington, D.C.
leadingage.org

■ 4/19-4/22

*National Home Infusion
Association Annual
Conference*
Presented Virtually
nhia.org

■ 4/27-4/29

*MAMES Spring Excellence in
HME Midwest Conference*
Des Moines, Iowa
mames.com

05
MAY

■ 5/26-5/27

*AAHomecare
Washington
Legislative
Conference*
Washington, D.C.
aahomecare.org

06
JUNE

■ 6/14-6/16

*VGM Heartland
Conference*
Waterloo, Iowa
vgmheartland.com

07
JULY

■ 7/7-7/10

RESNA Annual Conference
Arlington, Virginia
resna.org

08
AUGUST

■ 8/1-8/3

*NAHC Financial
Management
Conference*
Chicago, Illinois
nahc.org

■ 8/9-8/13

HIMSS 2021
Las Vegas, Nevada
himssconference.org

09
SEPTEMBER

■ 9/18-9/22

*NHCPO
Interdisciplinary Conference*
Memphis, Tennessee
nhpc.org

10
OCTOBER

■ 10/3-10/5

*NAHC Annual Meeting
and Expo*
New Orleans, Louisiana
nahc.org

■ 10/6-10/8

*MAMES Fall Excellence in
HME Midwest Conference*
Welch, Minnesota
mames.com

■ 10/18-10/20

Medtrade EAST
Atlanta, Georgia
medtrade.com

■ 10/24-10/27

*LeadingAge Annual
Meeting and EXPO*
Atlanta, Georgia
leadingage.org

11
NOVEMBER

■ No Confirmed
Conferences

12
DECEMBER

■ 12/5-12/9

*ASHP Midyear Clinical
Meeting*
Orlando, Florida
ashp.org

Stay up to date
on changing
events in 2021.



Help at the Push of a Button

How mPERS can help support both your business & your patients

By Ryan Wall

The vast majority of seniors prefer to age in place in their own homes—and in 2020, aging in place became central to their very survival.

However, many seniors are wary of having visitors in their homes due to the threat of COVID-19, meaning care can be limited and feelings of isolation can increase. Isolation can have dire health consequences: The Health Resources & Services Administration reported that “poor social relationships were associated with a 29% increase in risk of coronary heart disease and a 32% rise in the risk of stroke.”

Telehealth technologies are becoming more prevalent across the care continuum, enabling home health personnel to monitor patients' vitals when nurses or caregivers cannot physically be present. Hospitals and homecare organizations are making great strides in implementing this technology to do regular video checkups with patients and make emergency diagnoses.

However, patients also need a way to get help quickly in the event of a medical emergency when they are alone.

The Need for Emergency Care

One way homecare organizations can offer patients fast access to help in an emergency is by offering mobile personal emergency response system (mPERS) devices, whether through a partnership with a personal emergency response systems (PERS) company or through referrals to home medical equipment providers.

PERS devices have long been the standard for seniors to receive help quickly. The original in-home medical alert systems offered access to help in and around the home. However, these devices forced many seniors to remain homebound out of fear they would not be able to receive help because they had to be near the base station to place a call.

Mobile medical alerts, on the other hand, offer protection anywhere cellular service is available, eliminating the need for a base station. These mPERS devices enable seniors and those with chronic conditions to have a more active lifestyle while still providing protection in the event of a medical emergency. They ensure that patients are

never truly alone by offering access to assistance 24/7.

Enabling Confidence

With mPERS devices in place, seniors can feel confident going to the store, taking a walk or visiting friends and family, knowing they still have protection in the event of an emergency. Mobile medical alert devices also provide an option for social interaction: Patients can speak with a capable operator right through the device around the clock.

If a patient needs assistance, monitoring center operators can locate the patient and send home health aides, family members or emergency services to the patient, depending on what is needed.

Family members can also download an app connected to the device to receive notifications when the patient requires assistance or when the device battery needs to be charged, keeping families connected even when they're separated by distance.

Mobile PERS devices act as a seamless extension of home health organizations, as patient calls can be answered by the

Offering mPERS to your patients can make your home health business a one-stop shop for health and safety products.



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TIPS FOR MARKETING MPERS

When starting to offer mobile medical alerts through your home health business, there are some steps you can take to leverage them as a competitive advantage.

- Set up an mPERS division within your business with staff trained for sales and support questions.
- Choose mobile medical alert products that are simple for you to set up and easy for your patients to use.
- Ensure the monitoring center that answers your device calls has operators who are experts in PERS calls.
- Choose an mPERS supplier who will help you with sales tips, marketing materials and support questions.

monitoring center using the agency's name. With mPERS, patients feel they have easy access to their homecare provider 24/7, increasing the value of your organization as their confidence in your service grows. The devices also help reduce hospital readmission rates because patients can receive help within the crucial "golden hour" after an emergency.

Offering mPERS to your patients can make your home health business a one-stop shop for health and safety products, and mPERS can become a profit center for your home health business by providing recurring monthly revenue. They also give home health organizations the ability to adapt to changes in the marketplace, such as those brought on by COVID-19.

Expect Growth

Throughout 2020, the mPERS market saw strong growth, and 2021 is poised to see that continue as seniors and their families continue to seek ways to stay safe while avoiding communal living settings.

Technology is also continuing to evolve and devices are becoming smaller and more water-resistant with longer-lasting rechargeable batteries. Fall detection, GPS and Wi-Fi location technologies are also improving.

Many home health organizations are now offering mPERS devices in addition to their usual in-home care to protect their patients when they are not there. After all, no hospital, rehab center or nursing home would allow a patient to be alone without an emergency button. With that in mind, no senior should be home or out and about alone without an mPERS. **HC**

Ryan Wall is the vice president of business development for Freeus, LLC, a wholesale provider of mobile medical alerts and personal safety systems.

PERS SURVEY

Survey: HomeCare Readers Report on PERS Sales & Referrals

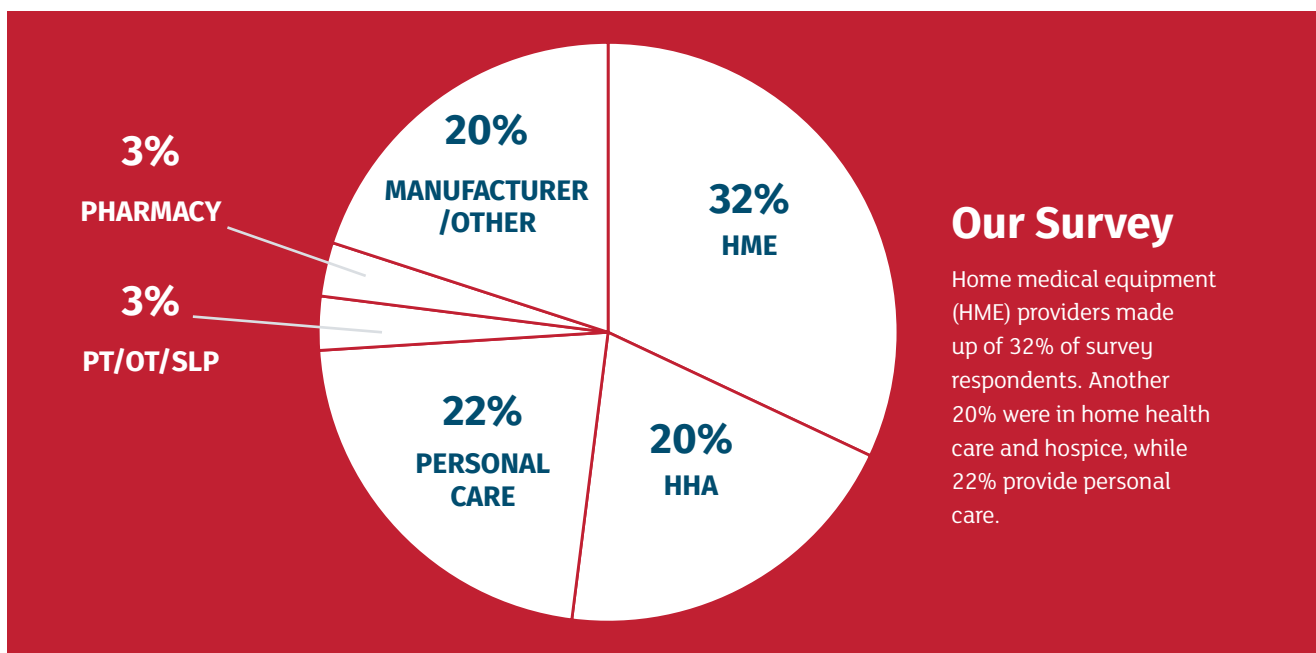
Falls account for \$29 billion in Medicare expenses annually. And when a senior falls, there is a short period of time for them to receive help—called the “golden hour”—

before more serious complications can arise. When a fall does occur, independent seniors need to be in touch quickly. That’s where personal emergency response systems (PERS) come in.

More than 5 million Americans will own a PERS device by 2024, according to a report released at the beginning of 2020 by Parks Associates; the report also forecasts that revenue from both traditional and mobile PERS will hit \$1.1 billion in 2024. And the

COVID-19 pandemic may have accelerated that growth: PERS Insider reported that at the Medical Alert Monitoring Association’s recent conference, 100% of respondents queried during a panel said their business had increased since the beginning of the pandemic.

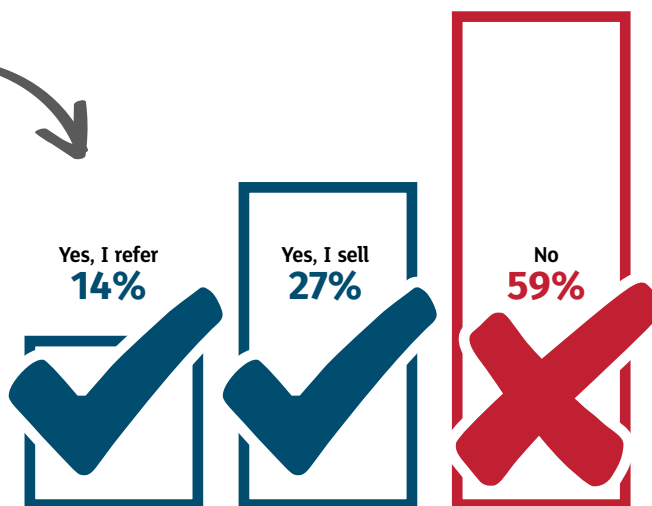
HomeCare recently surveyed our readers to find out more about how they market and refer PERS to their customers and patients. Here are the results.



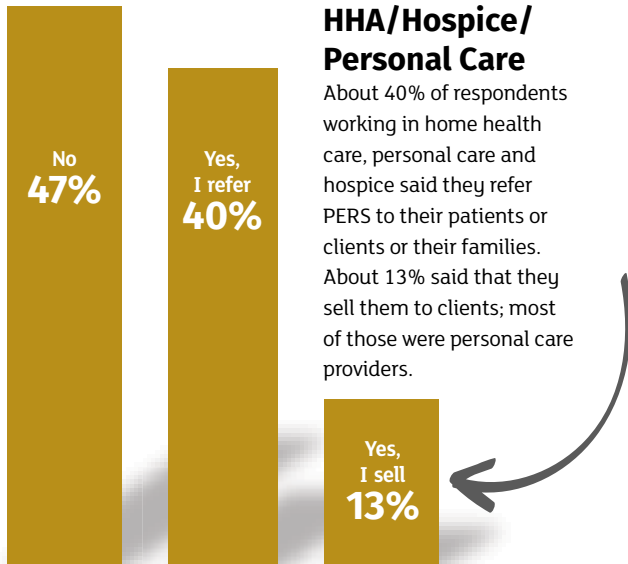
Do you sell or refer PERS devices?

HME/Pharmacy

Almost 60% of HME providers and pharmacy representatives (both independent and chain pharmacies) who responded said they neither sell nor refer PERS. Respondents had a number of questions about the systems, including about the planned sunset for 2G wireless and the cost burden for clients.



Do you sell or refer PERS devices?



82%

Partnering with a PERS provider can be lucrative when a referral is made; however, 82% of respondents who refer the devices said they receive no compensation when a sale is made.

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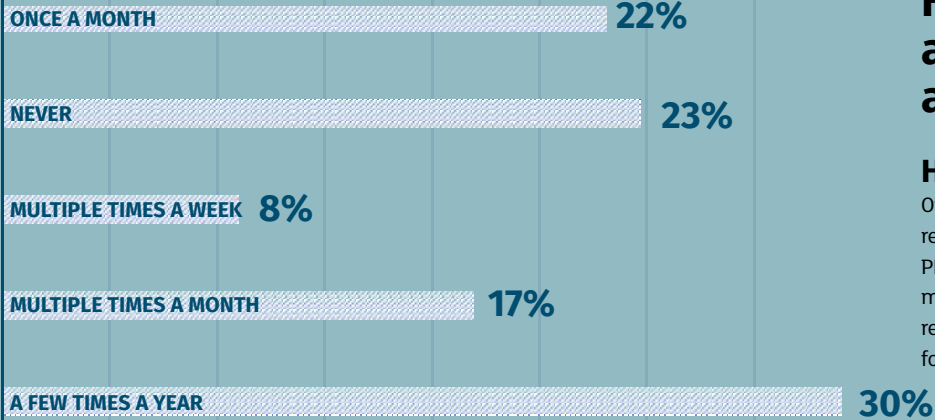
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How often are you asked about PERS?

HME/Pharmacy

Overall, about 25% of HME respondents are asked about PERS by patients or customers multiple times a week or month, reflecting the continued need for these products.



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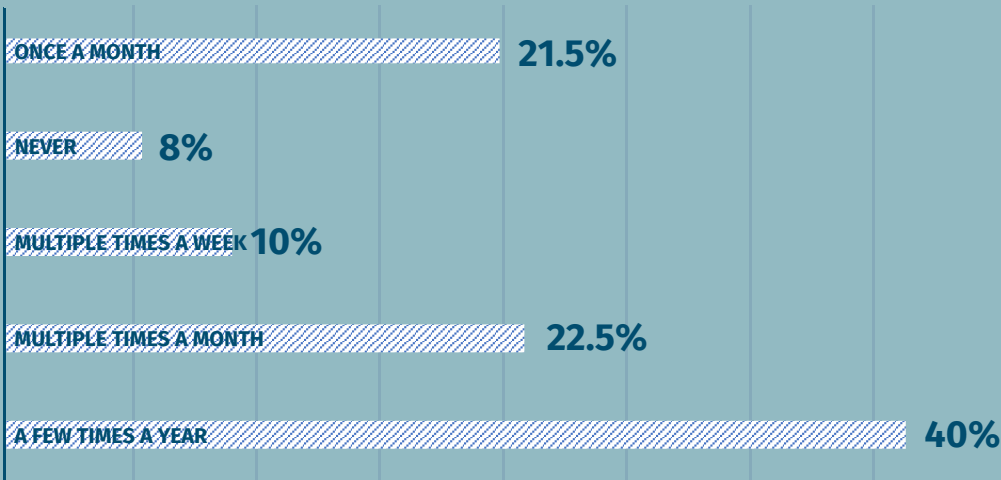
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How often are you asked about PERS?

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A New Frontier for Medtrade

Virtual conference focuses on educational sessions

By Greg Thompson

After 28 educational sessions over two days and eight product demonstrations, Medtrade's first virtual conference finished up its Nov. 4–5 run to positive reviews. With the COVID-19 pandemic still very much a factor in American life, virtual attendees watched familiar faces shed light on a wide variety of topics.

And while the educational opportunities are fleeting at the usual in-person expo, the virtual version is offering on-demand access to all sessions, extending Medtrade's reach beyond the week of the show.

"With a virtual pass price of \$79, we believe [the conference] offered—and continues to offer—a lot of value," said Sarah Varner, senior director of marketing. "There were several COVID-specific sessions, and fortunately or unfortunately, those sessions are still quite relevant here in mid-November."

In addition to educational sessions, eight companies—BREAS, Brightree, CAIRE, Fisher & Paykel Healthcare, Invacare, Philips Respironics, Sunset Healthcare Solutions, and Zopec Medical—showed off their wares via online product demonstrations. Additional sponsors lent their support to the virtual conference.

"It's true that the old conundrum of conflicting educational sessions at in-person events was not a problem at this year's virtual conference," said York Schwab, newly named show director for Medtrade. "Presenting the content virtually allowed so many more eyes on the material. We definitely had several sessions that had a lot more participants than they would have had in person. That's great exposure for our speakers."



From left, Ronda Buhrmester, Mark Higley and Craig Douglas, all of VGM Group, present one of the virtual panels at Medtrade.

“Presenting the content virtually allowed so many more eyes on the material . . . That’s great exposure for our speakers.”

—York Schwab, show director

Presenters fielded written questions during presentations that took place with the backdrop of a national election and a surprise move by the Centers for Medicare & Medicaid Services to not award competitive bidding contracts for most categories.

Cara Bachenheimer's presentation, "Inside the Beltway: What to Expect from Capitol Hill," offered sage advice that still resonates regardless of which party ends up winning the majority in the Senate after Georgia's January runoffs.

"When people talk about our industry and who's better—historically it hasn't boiled down to one party or the other," she said. "It really boils down to where we have relationships—and hopefully, fostering those relationships with the folks in power."

In "Educating the HME Consumer to Grow Your Retail Revenue," Wayne Grau from MK Battery described how cutting-edge home medical equipment retailers are helping consumers understand different products and generating great sales revenue.

Grau outlined several techniques for upselling, while demonstrating how properly guiding one uninformed customer garnered \$428 in retail sales. That same customer ended up referring three friends.

Sessions are still available for on-demand viewing, and will continue to be available for about five months.

For those itching to get back to in-person shows, there is positive news on the vaccine front and Medtrade organizers are cautiously

optimistic that the newly named Medtrade West will go ahead as planned in Phoenix, Arizona. The show is set for April 12-14, 2021, at the Phoenix Convention Center.

“With the Medtrade Virtual Conference completed, we are setting our sights on Arizona in hopes of getting back to in-person shows,” Varner said. “The event is five months away, and we hope the pandemic situation will be manageable. At this point, we believe we can convene a safe, productive

and successful show. People liked the virtual experience and our survey results were solid. Attendees appreciate that the sessions are on demand so they can watch when they have time. That said, we sense pent-up demand for in-person shows, and we hope to get back to it in 2021.”

The newly branded Medtrade East is scheduled for next year in Atlanta at the Georgia World Congress Center. Dates for that show are Oct 18-20, 2021. **HC**

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Greg Thompson is a freelance writer for Medtrade.

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Navigating Stormy Seas

Reflecting on 2020 with HME leaders

By Kristin Easterling

The pandemic shifted focus for many businesses, including home medical equipment (HME) providers. Employees started working from home, customers stopped coming to stores in person, and training and networking events went virtual. HME business owners had to adapt to the new world. But what didn't change was the need for advocacy at the state and federal level.

HomeCare asked members of the American Association for Homecare (AAHomecare) State Leaders Council and Payer Relations Council to give us a geographic look at wins and challenges in 2020 and where they'll focus in 2021.

What has been your association's greatest challenge in 2020, outside of the pandemic?

» I think one of the greatest challenges we are all facing is the continued expansion of managed care organizations (MCOs). In New England we have a multitude of MCO, accountable care organization and senior care option models that all seem to operate by their own rules and often with little to no oversight from the state. The end result is chaotic reimbursement landscape in which providers are unable to get clear answers to questions and are often subject to loss of revenue as a result. One of our top goals in New England is urging the states that use these contracted plans to add clear guidelines with minimum service and reimbursement levels as well as transparent oversight that includes feedback from key stakeholders such as the providers.

» Jason Morin
President & CEO, Home Medical Equipment and Services Association of New England

» The greatest challenge is not being able to gather in face-to-face settings that are so much more effective in producing collaboration and networking to aid our members in navigating the new durable medical equipment (DME) environment we now operate in. We have certainly been able to put together some outstanding virtual meetings; however, the struggle is always going to be keeping folks engaged and in the moment with so many outside distractions, whether they are working from home or in a shorter staffed in-store environment.

» Rose Schafhauser
Vice Chair, State Leaders Council; Executive Director, Midwest Association for Medical Equipment Services and Southwest Medical Equipment Suppliers Association

What has been your greatest victory this year?

» The increased collaboration with our state Medicaid departments, Medicare and commercial insurers and other health care partners during the pandemic. They now have a heightened awareness of our value in the care continuum and how we together can reduce the spread of the coronavirus. Working together going forward with these partners will provide better reimbursement for our industry and ultimately better patient care.

» John Quinlan
Chair, Payer Relations Council; President, Northeast Medical Equipment Providers Association

» I would have to say that our greatest victory this year has been our industry's response to the COVID-19 pandemic. Our

WHAT IS THE STATE LEADERS COUNCIL?

The State Leaders Council is a collaborative effort between AAHomecare and state and regional associations across the country. They discuss the latest advocacy developments and emerging trends, coordinate effective grassroots outreach and share state-specific developments that could impact others.

The State Leaders Council supports the Grassroots Accountability Project (GAP), an initiative that educates Capitol Hill on federal issues affecting the HME community. Under the program, HME grassroots advocates for the industry volunteer to be a point person for each of the 535 federal legislative offices. Additional information on GAP may be found at hmeadvocacy.com.

Key council initiatives include efforts to address Medicare's competitive bidding program and engage payers on issues affecting patient access via policy requirements and reimbursement. The council was instrumental in helping secure over 100 co-signers on a Congressional letter to the administration urging the delay of the next round of competitive bidding and works closely with AAHomecare senior leadership on key grassroots and grassroot efforts needed to affect policy change.

providers came together to overcome a lack of personal protective equipment, remote workforces, staff reduction and a myriad of other challenges and reinvented the way we deliver care to our patients—all while demonstrating for all how crucial our small segment of the health care industry is.

» Jason Morin

What changes have you seen in your work due to the pandemic?

» The recognition from several of our states that HME is an important part of continuum of care. Several of our state Medicaid programs reached out to MAMES and our members asking what they could do to make it easier for their clients to get the equipment and supplies they needed.

» Rose Schafhauser

» The public health emergency (PHE) has forced us to pursue advocacy remotely. This isn't all bad, though; we are able to have back-to-back meetings through virtual platforms with payers and stakeholders across the country without navigating the airport. While we still believe face-to-face interactions are more effective, we are all in this together.

The PHE has also given us great opportunity to shine as an industry and to emphasize the importance of the HME in the health care continuum. This has strengthened our position with the commercial payers and the Medicaid programs in understanding the value of HME. On top of state legislative initiatives, we will also utilize this year to push for regulatory changes that impact our industry such as administrative cost reduction. The budget constraints [states are facing] create an opportunity for these issues to come to the forefront with the Medicaid staff.

» Laura Williard & David Chandler

AAHomecare Payer Relations

What are the biggest concerns that you're expecting or preparing for in your region or your association for next year?

» As an association, we will always be concerned about the increasing consolidation of the HME industry. MAMES has strong support of several of the larger national HME providers and we are blessed to have that support; however, we are always concerned about the health of the rural client and ability to have access to care in those rural communities. The struggles in the rural areas are very real, as suppliers close locations or limit delivery areas, and I really worry about access to care for patients needing HME, complex rehab technology or supplies should the rural relief expire.

» Rose Schafhauser

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ABOUT THE PAYER RELATIONS TEAM

The Payer Relations team consists of Laura Williard, AAHomecare's vice president of payer relations, and Director of Payer Relations David Chandler. Williard and Chandler said their highlights for 2020 included:

- Working with state associations and state Medicaid agencies across the country to relax HME policy requirements during the emergency including: prior authorization, proof of delivery signatures and medical necessity documentation. Thirty-four state Medicaid agencies adopted policy recommendations from AAHomecare and state associations on these issues.
- Doing the same work with all major commercial insurance payers and spearheading an industry sign-on letter to commercial payers endorsed by 150 suppliers, manufacturers and other HME stakeholders.
- Rolling out a legislative and regulatory toolkit for all state associations, which includes best practices for HME stakeholders to advance initiatives in their states, examples of proposed legislative language, and examples of successful language.

» The spread of the national Medicaid managed care insurers and their profit-based care versus our patient care and the way that could affect our abilities to service our patients

» John Quinlan

» Driving the message that HME is part of the solution. States are facing serious budget deficits and are making difficult decisions. However, our industry's value is at all-time high. By keeping patients in the home and ensuring access to quality HME, states and payers can realize massive savings. We are working to refine that message and broadcast it widely. Part of this message will be ongoing work to define the return on investment through the AAHomecare Payer Relations Council data committee. This process is currently underway, and we hope to be able to finalize this in 2021.

» Laura Williard & David Chandler **HC**

Kristin Easterling is managing editor of HomeCare magazine.

HOME INFUSION

How to Get Paid for Home Infusion Therapy Nursing Services

What the 21st Century Cures Act means for HIT reimbursements

By Jennifer Keiser

A necessary presence in home infusion treatments, nurses provide training and support for infusion equipment, both on location and remotely, as well as caring for and maintaining the vascular site for patients. When these nursing services weren't covered by Medicare, HIT providers had to account for these expenses as part of the overhead of being in the home infusion business.

In 2016, nurses in the home infusion therapy (HIT) industry achieved an important milestone when Congress signed the 21st Century Cures Act into law. As part of this wide-reaching law, Medicare Part B coverage was amended to include professional services, including nursing, for HIT reimbursement—and scheduled to take effect in January 2021.

The Bipartisan Budget Act of 2018 also funded a transitional period from January 2019 to December 2020, which allowed qualified HIT pharmacies to bill for nursing services. Now, heading into 2021, home health agencies (HHAs) can also apply to become qualified HIT suppliers in order to directly bill professional services to Medicare.

Although this new process may be daunting, the change presents an opportunity to increase revenue. With a proper understanding of how to utilize it effectively, HHAs can use the Cures Act-triggered changes as an important



new revenue source and a way to get reimbursement for the essential services home infusion nurses are already providing. To ease the transition, here's what you need to know to take advantage of this portion of the Cures Act.

Certification Highlights

Home health agencies that participated indirectly during the transitional period will need to note several changes going into the permanent period. For the last two years, patients with a homebound status continued to fall under episodic payments. But if the

homebound status was not in play, nursing services from HHAs were subcontracted and billed through home infusion pharmacies. From there, they would be billed to one of four Durable Medical Equipment Medical Administrative Contractors (DME MACs), as HIT pharmacies were the only type of qualified Medicare Part B home infusion therapy supplier under the Budget Act.

Starting in January 2021, home health agencies can choose to become certified as a Medicare Part B home infusion therapy services supplier (specialty code D6) in order to directly bill Medicare for nursing

	Category 1	Category 2	Category 3
Description	Intravenous anti-infective, pain management, chelation, pulmonary hypertension, inotropic, and other certain intravenous infusion drugs	Subcutaneous immunotherapy and other certain Subcutaneous infusion drugs	Chemotherapy and other certain highly complex intravenous drugs
G-Code			
Initial Visit	G0088	G0089	G0090
Subsequent Visit	G0068	G0069	G0070

Table 1: G-Codes

J-Code	Description
J0133	Injection, acyclovir, 5 mg
J0285	Injection, amphotericin b, 50 mg
J0287	Injection, amphotericin b lipid complex, 10 mg
J0288	Injection, amphotericin b cholesteryl sulfate complex, 10 mg
J0289	Injection, amphotericin b liposome, 10 mg
J0895	Injection, deferoxamine mesylate, 500 mg
J1170	Injection, hydromorphone, up to 4 mg
J1250	Injection, dobutamine hydrochloride, per 250 mg
J1265	Injection, dopamine hcl, 40 mg
J1325	Injection, epoprostenol, 0.5 mg
J1455	Injection, foscarnet sodium, per 1000 mg
J1457	Injection, gallium nitrate, 1 mg
J1570	Injection, ganciclovir sodium, 500 mg
J2175	Injection, meperidine hydrochloride, per 100 mg
J2260	Injection, milrinone lactate, 5 mg
J2270	Injection, morphine sulfate, up to 10 mg
J3010	Injection, fentanyl citrate, 0.1 mg
J3285	Injection, Treprostinil, 1 mg

Table 2-1: J-Codes, Category 1

J-Code	Description
J1555 JB	Injection, immune globulin (cuvitru), 100 mg
J1558 JB	Injection, immune globulin (xembify), 100mg
J1561 JB	Injection, immune globulin, (gamunex-c/gammaked), non-lyophilized (e.g. liquid), 500 mg
J1562 JB	Injection, immune globulin (vivaglobin), 100 mg
J1569 JB	Injection, immune globulin, (gammagard liquid), non-lyophilized, (e.g., liquid), 500 mg
J1575 JB	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immune globulin

Table 2-2: J-Codes, Category 2

J-Code	Description
J9000	Injection, doxorubicin hydrochloride, 10 mg
J9039	Injection, blinatumomab, 1 microgram
J9040	Injection, bleomycin sulfate, 15 units
J9065	Injection, cladribine, per 1 mg
J9100	Injection, cytarabine, 100 mg
J9190	Injection, fluorouracil, 500 mg
J9360	Injection, vinblastine sulfate, 1 mg
J9370	Injection, vincristine sulfate, 1 mg

Table 2-3: J-Codes, Category 3

services provided with qualified HIT drugs. The Centers for Medicare & Medicaid Services (CMS) website includes complete information on the enrollment applications and process.

Agencies interested in going in this direction will require certification from one of the six CMS-approved accrediting organizations:

- Accreditation Commission for Health Care, Inc. (ACHC)
- Community Health Accreditation Partner (CHAP)
- National Association of Boards of Pharmacy (NABP)
- The Compliance Team (TCT)
- The Joint Commission (TJC)
- Utilization Review Accreditation Commission (URAC)

What Qualifies for Reimbursement?

There are also specific guidelines for which types of HIT visits qualify for reimbursement; only therapies that are covered under the external infusion pump (HCPCS code L33794) local coverage determination listed under each region's DME MAC's website can be billed.

While some nurses do provide support remotely, only visits in which nurses are physically on-site on the day that an applicable drug is administered—and within 30 days of the drug being dispensed—can be billed for reimbursement. Additionally, patients being provided services by an HHA under a 60-day home health care episode cannot have separate HIT nursing services billed to Medicare within that time period.

Unit	Time
1	<23 minutes
2	= 23 minutes to <38 minutes
3	= 38 minutes to <53 minutes
4	= 53 minutes to <68 minutes
5	= 68 minutes to <83 minutes
6	= 83 minutes to <98 minutes
7	= 98 minutes to <113 minutes
8	= 113 minutes to <128 minutes
9	= 128 minutes to <143 minutes
10	= 143 minutes to <158 minutes

Table 3: Visit Length Units

This differs from the policy set out in the transitional period under the Budget Act.

It's also worth noting that the medications themselves will still be filed for reimbursement by the home infusion pharmacy, not the HHA.

How to Bill

During the transitional period, HIT pharmacies filed claims for HIT nursing services through one of four DME MACs. Moving into 2021, all qualified HIT suppliers, including HHAs and pharmacies, will need to file claims to one of 12 Medicare Part A/Part B MACs instead. Professional services for qualifying HIT visits are billed using one of the six G-codes, which determine the amount of reimbursement, laid out in Table 1.

The category is determined by the medication the patient is receiving. Here is how it works:

1. To bill for nursing services, you will use G-codes (Table 1), with the category defined by the type of drug used (Table 2.1-2.3) and further modified by whether a service is an initial or subsequent visit. *Helpful hint:* Only one G-code is allowed per day, so if multiple prescriptions are being administered during a single day, pick the G-code with the highest reimbursement (i.e., the highest category level).
2. Along with the G-code, you will also need to provide a number of units to represent the length of the HIT visit. This number is determined by the amount of time a nurse has spent on site with the patient, as outlined in Table 3.
3. As you are submitting your own claims, you should work with your HIT

pharmacy partner to ensure that they have submitted a claim with a qualifying J-code for the infusion drug itself, so it is incorporated into the common working file (CWF). J-codes must be submitted within the same 30-day time period as the corresponding G-code in order to be processed correctly. If a J-code is not found in the patient's CWF record when your G-code is submitted, your claim will be recycled and brought up again after five days, a process done up to three times. If no match is found after three cycles, your claim will be denied.

Best Practices

For HHAs that want to take advantage of this opportunity to increase their revenue but are wary of regulatory changes, there are some key ways to make sure you are taking full advantage of the new framework:

- Research the guidelines published by CMS

and industry trade associations, including:

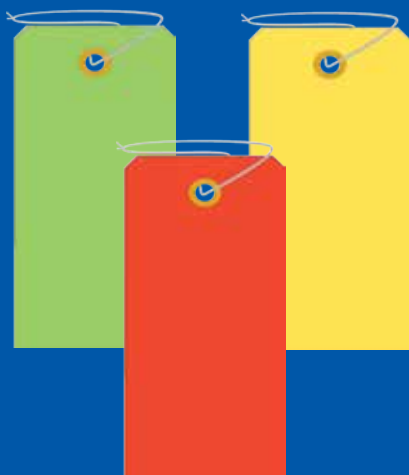
- ◊ *MLN Matters MM11880 Billing for Home Infusion Therapy Services on or After January 1, 2021*
- ◊ *Complete Guide to Medicare Part B for Home Infusion Therapy Services*
- Keep your employees informed about the latest regulatory and operational changes by providing them with educational webinars and the many online resources available from technology providers and media outlets. Use internal communications programs within your agency to make sure all staff are aligned to succeed.
- Look for a software provider that is regularly enhancing its technology to reflect the latest regulatory updates and offers features such as the ability to submit claims in 837P and CMS-1500 formats, which HHAs may not run into frequently.

- Establish points of coordination between your agency and the home infusion pharmacy or pharmacies you work with to ensure a smooth billing process, especially in this new structure that requires pharmacy and nursing reimbursement requests to be aligned.

By using the instructions and best practices outlined here, your home health agency can approach this new framework with confidence that you are taking advantage of all the Cures Act has to offer and maximizing your reimbursement—with minimal headaches. **HC**

Jen Keiser is a senior director of pharmacy product management at Brightree. She has almost three decades of experience in the home health industry developing and supporting software applications for home infusion, specialty pharmacy, HME and home health providers. She has also held previous technology leadership positions at CVS Health and Medivare Information Systems.

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INFECTION CONTROL

Look Into the Light

One bright option to consider for infection control

By Colleen Costello

The COVID-19 pandemic has put a spotlight on the deadly problem of infectious diseases. Bacteria and viruses like MRSA, influenza and salmonella are everywhere and can be transmitted easily. Such harmful pathogens thrive especially well on surfaces, surviving for long periods of time. For example, in some cases *E. coli* can double in colony size every 20 minutes; unchecked, that adds up to millions of potential harmful microbes on a surface in less than a day.

Controlling these agents have always been important, but the pandemic has accelerated new tech innovation and protocols to serve the health care industry effectively and sustainably.

Health care continually seeks the highest form of infection control to ensure that patients and staff are safe everywhere, from waiting and emergency rooms to operating tables and ambulatory services.

It's critical for hospital environments to remain disinfected and clean throughout the day, given the diverse population of people entering and leaving. Unfortunately, the very place that people visit to get "healthy" could ultimately result in serious complications or even death. The Centers for Disease Control & Prevention estimates there are 1.7 million health care-acquired infections and 99,000 associated deaths each year in the U.S., revealing that there is still work to be done.

Health care facilities are typically equipped with large equipment to combat infection. Some include sterilization devices to clean stethoscopes and other tools, sanitation robots, and ultraviolet (UV) lights. While these devices may be suitable for hospitals, they are not practical—let alone cost-effective—for home settings.

Home health care also requires optimal safety conditions and protocols

as it traditionally includes those who are chronically ill, disabled or elderly—all populations susceptible to disease and illness. An estimated 12 million Americans depend on homecare each year, highlighting that a large chunk of the population is susceptible to infection in their own homes. Even before COVID-19, about 3.5% of patients developed infections during their home health experience that led to a hospitalization. It's important for homecare agencies to take charge in ensuring homes have infection-prevention protocols and tools in place to protect patients and staff.

Making Cost-Effective Investments in New Technology

The home is filled with areas that serve as ideal breeding grounds for germs, from common areas like the kitchen and bathroom to more personal areas like the





bedroom. Implementing different technologies for different rooms can be expensive; when tackling infection control and meeting sanitation protocols, it can be easy for homecare agencies to get carried away with purchasing several types of cleaning solutions, costly devices and more. Many companies rely on cleaning crews, but with new social distancing regulations, having staff dedicated to intermittent cleaning can be inefficient, costly and unsafe.

Technology may provide a better option, but it's important to ensure that the product is easy to install, access and maintain. One example is antimicrobial LED technology that continuously cleans in the background—saving energy costs and lasting longer than traditional bulbs that require replacements. Antimicrobial light technology creates environments where microbes can be prevented from growing and replicating.

Integrating Safe & Practical Products

Infection control is crucial, but can be ineffective when facilitated improperly. The harsh chemicals commonly used for cleaning purposes can degrade and damage plastics, rubber and other materials when used on home medical equipment. Additionally, exposure to chemicals lingering in the air can harm the lungs, and the average home lacks natural ventilation or circulation.

Another challenge is keeping spaces clean around the clock. While UV light can kill harmful germs and bacteria, this technology is not safe when used around humans, minimizing the window of cleaning time. It can be difficult to find stretches when bedridden patients are not present in the room or home, meaning UV light cannot continuously sanitize spaces. For patients

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who need additional support at home, it's important to reduce labor-intensive tasks when nurses are off the clock, especially household cleaning. Automated cleaning technology can not only eliminate the use of harsh chemicals, but also ensure a 24/7 clean environment.

Independent living at home should be simple and comfortable—without the need for strenuous, labor-intensive cleaning. The key is seamless integration, which can be accomplished through innovative tech solutions like automated antimicrobial light. Not only it help the patient, it also reassures the caregiver that they are working in a clean environment knowing that any area with the antimicrobial light on is being cleaned continuously.

The Impact of Innovative Infection Control

As home health agencies work to ensure that vulnerable patients do not come into contact with harmful diseases or germs, it is important they seek out cost effective and innovative technology, such as simply replacing an existing light with an antimicrobial LED light. These new technologies also give health care staff clean spaces and a reason to feel safe, comfortable and happy at their job. In July 2020, only 24% of nurses felt that their employer was providing a safe workplace. Having enhanced technology in place throughout homecare settings reassures staff that these spaces have enhanced cleaning, leading to overall trust and satisfaction within the company.

Home health agencies must consider the new tech innovations and investments that combat infection for patients' and nurses' behalf to create safe home health care environments. Staff in home-based care settings are taking care of the most vulnerable population in society, increasing the need for infection control. With over 412,000 homecare provider businesses in the U.S., it's critical for the home health industry to reevaluate investments and make necessary updates to cleaning protocols to keep patients and staff safe. **HC**



GET MORE INFORMATION

Visit homemag.com/january-2020/fighting-germs-light for more on sanitizing with light.

Colleen Costello co-founded Vvy, an antimicrobial light technology provider (formerly Vital Vio), as a biomedical engineering student at Rensselaer Polytechnic Institute (RPI) when her grandmother contracted MRSA during a routine hospital stay. Her career has spanned clinical research, engineering, biochemistry and product development. She has held positions in biochemistry research at Mount Sinai School of Medicine and Weill Cornell Medical College, in surgical device design and pre-clinical studies at Covidien Surgical Devices, and in tissue engineering research at RPI.

PALLIATIVE CARE

How Home-Based Palliative Care Teams Help See the Big Picture

Why tackling social determinants of health can improve patient outcomes & quality of life

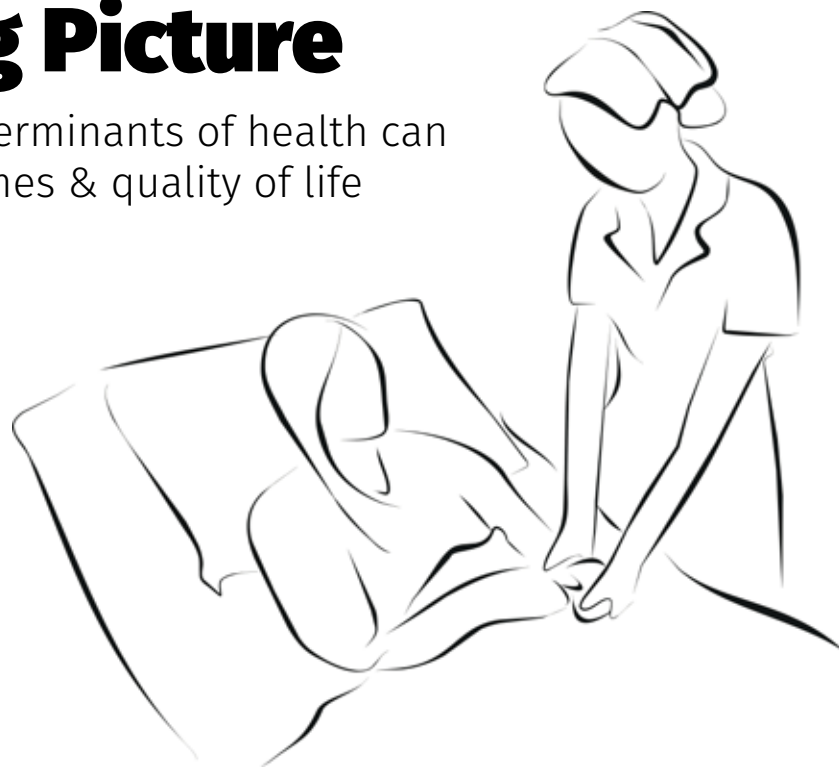
By Terri Maxwell

Throughout the health care community, there is increasing recognition of the significant impact of social determinants of health (SDoH) on individual health and quality of life. COVID-19 has exacerbated social isolation and loneliness, limited food access, and highlighted financial, housing and employment insecurities and transportation issues. For people with serious illnesses, COVID-19 has a significant impact on SDoH. Moreover, social distancing measures have created additional social barriers to healing for those living at home.

Fortunately, there are a growing number of nonmedical initiatives emerging to address the broader social and environmental factors that influence health that are focused on care in the home. One example is the role of home-based palliative care (HBPC) to provide support to people with serious illness and their caregivers.

A Broader View

Recent studies estimate that health behaviors shaped by social and economic factors are responsible for up to 80% of any health outcome. This explains why evaluating patient risk based upon clinical factors, comorbidities and claims history alone often falls short in effectively addressing sentinel events that involve nonclinical issues such as SDoH. We need an approach that includes individual



level information about SDoH and recommendations tailored for each patient to address social and economic needs.

Palliative care is specialized medical care for people living with a serious illness that focuses on providing relief from symptoms and stress to improve quality of life for both the patient and their family. HBPC teams take a holistic person-centered approach that assesses demographics, SDoH and clinical history to develop a plan of care for the seriously ill patient and their family.

This approach aligns with the Department of Health & Human Services initiative called Healthy People 2030, a directive to address the most critical public health priorities and challenges in the United States over the next decade, which includes—for the first time—SDoH.

The Role of HBPC Teams

HBPC providers are in a unique position to see first-hand the impact that social barriers and behavioral health conditions have on the patient experience—specifically those coping with serious illness at home.

Given the complexity of the health care and social service systems, and the complexity of individuals with SDoH needs, there's a great benefit from the support provided by HBPC team members who help them manage and coordinate their care and serve as advocates when necessary. HBPC clinicians develop trusting relationships with the patients and their caregivers, address their goals and connect them with the clinical and social services they need. These interventions serve to fill gaps in

68%

of patients face at least one SDOH-related barrier

care to improve quality of life and health outcomes, reduce acute care utilization and readmissions, and decrease caregiver stress.

Interdisciplinary palliative care team members are trained to help identify and resolve the social, financial, environmental and emotional challenges that patients and caregivers face, and they have the skills to find resources, coordinate care and enhance communication among the patient, health care provider, case worker and anyone involved in the patient's quality of life.

Critical Factors of SDOH & Successful Solutions

Too often, social factors, which vary across individuals, populations, social status, life expectancy and types of diseases, can lead to health inequalities, especially for those with low socioeconomic status. One survey shows that 68% of patients face at least one barrier related to social determinants. Of these, 57% have a moderate to high risk for financial insecurity, isolation, housing insecurity, transportation and/or food insecurity. Here are some of the most significant factors:

1 Social Isolation or Loneliness

Without significant social connections, people experience a reduced sense of well-being, a fact that has been recognized around the world as an emerging health issue. In fact, multiple indices on world happiness suggest that social connection

plays a significant role in both subjective happiness and long-term well-being.

Nearly 20% of Americans over the age of 50 experience social isolation and social isolation worsens as people age. The primary risk factors for social isolation include having a mobility or sensory impairment or caring for someone who does. Other contributors are living alone, experiencing major life transitions and having a low income. While the obvious impacts of social isolation are psychological, the physical health consequences can be staggering. Loneliness is increasingly seen as a risk factor for multiple negative health outcomes.

Given the further isolation and uncertainty created by the COVID-19 pandemic, seriously ill individuals have even greater need for personalized support and information from healthcare organizations they can trust.

» Patient Challenge:

BT is an 84-year-old man who lives alone and has no family or close friends. Although he meets eligibility for hospice, he is not yet ready to enroll. He is frail and ill. His HBPC nurse is concerned about him falling or declining rapidly while home alone. Telephone calls go unanswered because he does not like to talk on the phone, stating it "tires him out."

» Solution:

His nurse shared her concerns with him. He

now texts her every morning to tell her "Good morning! I am okay!" The nurse replies each day and asks if he needs a visit. If she is unable to reach him, she drives by his home. The team is respecting his communication preferences and the nurse has formed a trusted relationship with Mr. B. that allows ongoing monitoring and support.

2 Food Insecurity

While hunger is not a new issue in the United States, the pandemic has provided an alarming wake-up call about how fragile food security is for millions of Americans. According to the U.S. Department of Agriculture, 37 million people were living in food-insecure households in 2018. Since the start of the COVID-19 pandemic, an estimated additional 17 million people now face food insecurity in 2020—raising the total to a staggering 54 million Americans.

» Patient Challenge:

MB is a 69-year-old woman who lives alone with amyotrophic lateral sclerosis, a progressive motor neuron disease. The HBPC care team coordinated service for Meals on Wheels to be delivered to her. During the pandemic-related lock down, the team also called her weekly to monitor her fragile health status and assess any new needs. During one of these calls, the team learned that Meals on Wheels had discontinued providing meals due to the pandemic.

» Solution:

MB's HBPC social worker arranged a family meeting over the phone with her and with her estranged family to request support to obtain groceries and meal delivery. During the call, her grandson agreed to pick up groceries and drop off food for her.

3 Lack of Reliable Transportation

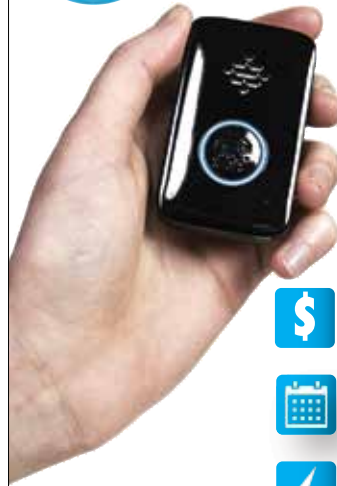
Transportation issues include lack of vehicle access, inadequate infrastructure, long distances and lengthy times to reach needed services, transportation costs and adverse policies that affect travel.

Transportation barriers to health care access are common—and greater for






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vulnerable populations. Transportation access is essential for ongoing health care and medication access, particularly for those with chronic diseases.

Each year, 3.6 million people in the United States do not obtain medical care due to transportation issues, and report things like missed or delayed health care appointments, being unable to fill a prescription, increased health expenditures and overall poorer health outcomes.

» Patient Challenge:

RD is a 69-year-old man with chronic obstructive pulmonary disease who lives alone. He was set up to receive his medications from a local big box store but found himself without transportation to pick them up. He was stressed by the situation and began “rationing” his medications while struggling without success to find someone to drive him to the store. His inability to comply with treatment led to an unnecessary emergency room visit and long hospital stays.

» Solution:

The HBPC team put a Pill Pak mail delivery service in place for home delivery of RD’s medications, which made it easier for him to adhere to his medication regimen.

Addressing SDoH

The best HBPC solutions are designed to motivate patients and caregivers to be fully engaged in choosing and implementing a plan of care that optimizes their quality of life and results in treatment decisions aligned with their goals, preferences and values. Assessing and addressing SDoH is a critical part of that process.

Using structured assessments that include screening questions for SDoH, HBPC team members can assess the issues, provide education and support, initiate referrals to community resources and communicate assessment findings and the plan of care directly with a patient’s health care team and home health care providers.

20%

of Americans over the age of 50
experience social isolation



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HBPC nurses and social workers who make home and telehealth visits are instrumental in proactively managing the patient's condition and symptoms—and helping to avoid the need for unplanned care.

During home visits, these palliative clinicians provide the “eyes and ears” to discover what is really going on inside the home—ranging from the problems of food inadequacies and accessing transportation to housing insufficiencies or identifying and addressing other concerns, such as social isolation and depression.

The teams develop a trusting relationship that enables them to understand the patient's physical and mental health and spiritual and emotional needs. They provide ongoing psychosocial support and help patients and their caregivers understand their illness and the goals of care. They arrange for community-based resources, such as transportation and meal delivery, assist with utility and grocery bills, ensure prescriptions are filled, and arrange for in-home equipment; they also provide health coaching and care training to help patients remain safe at home and reduce caregiver burden. The team also assesses the need for skilled nursing services through home health agencies, home modifications and home medical equipment to promote safety and independence.

Understanding Environmental Factors

Some of the new population health HBPC programs collaborate with health plans to identify and engage members who are living at home and struggling with multiple clinical and nonclinical issues. As the above patient stories indicate, this approach can make a significant difference in the lives of patients by addressing their SDoH issues, improving the patient experience and positively impacting outcomes.

For each patient above, these simple solutions prevented issues stemming from SDoH from evolving into more costly clinical issues, and resulted in more compassionate, affordable and sustainable care. HBPC programs not only address SDoH but also support advance care planning and reduce acute care utilization and overall medical costs.

The significant unmet needs of this high-need, high-cost population and the known health and financial benefits of HBPC are likely to spur expansion across the country. During the COVID-19 pandemic and beyond, this approach offers considerable value for patients and caregivers, as well as the practices and payers that offer this level of supportive care. **HC**

Terri Maxwell, Ph.D., APRN, is the chief clinical officer of Turn-Key Health, a CareCentrix company. She is the recent recipient of the University of Pennsylvania School of Nursing's Lillian Sholtis Brunner Award for Innovation.

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The FreedomWand is more than just a toilet tissue aid, it's a personal hygiene device. The FreedomWand helps people who have limited range of motion with toileting, bathing, shaving and ointment or lotion application needs. Unique from other toilet aids, it offers portability and multiple lengths and grasps multiple items, helping people gain independence and dignity with more than just wiping. The Compact Kit comes with a cloth carry bag, one head and one handle and is 14.5 inches long. Visit freedomwand.com.

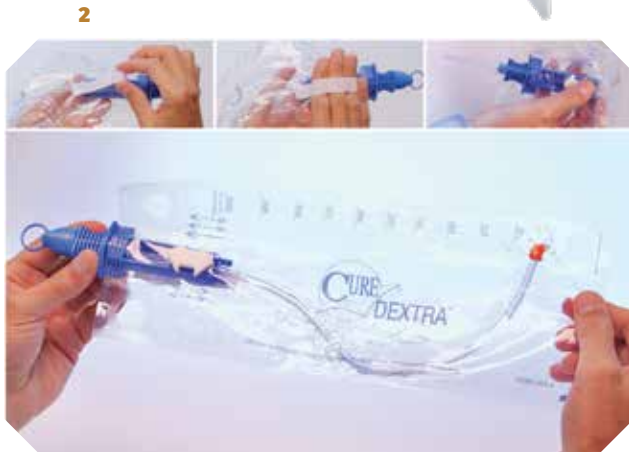
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2 Dextra Closed System

CURE MEDICAL

The Cure Dextra Closed System is an ideal choice for able-bodied catheter users and those with limited dexterity. Proprietary attributes such as a support band, gripper arrow and tip-advancing technology make the Cure Dextra easy to use. It enables sterile use without requiring gloves. Like all Cure Medical catheters, the Cure Dextra features polished eyelets for comfort and is made of quality materials; it is made without DEHP/DINP, BPA or NR-Latex. Cure Medical donates 10% of net income to research for a cure for spinal cord injuries and central nervous system disorders. Visit curemedical-dextra.com.

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3 Hero Medication Management System

HERO HEALTH

Hero is the first in-home, app-connected device that intuitively sorts and dispenses medications according to a member's specific regimen. It has audible and digital reminders, alerts caregivers when a dose is skipped, and automatically sends prescriptions and over-the-counter drugs to a member's door through its optional mail order pharmacy program, thereby ensuring members stay adherent, healthy and out of the hospital. Visit herohealth.com.

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4 UPWalker Lite

LIFEWALKER

The UPWalker's upright design enables users to walk with better posture, looking forward with greater dignity and improved mobility. The UPWalker Lite is 34% lighter than the original UPWalker and is well-suited for indoor use. The UPWalker's patented design addresses the deficiencies of conventional walkers, including fall risk, slouching and lack of user confidence and comfort. The UPWalker Lite's "balanced center of gravity design" positions the user in the center of the unit with body weight directed downward inside the wheels. Visit lifewalkermobility.com.

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COMPRESSION

1 EXTREMIT-EASE

AMERX

The EXTREMIT-EASE Compression Garment Provides 30-50 mmHg therapeutic compression. The design combines a zipper and bungees with large tabs to make independent application and adjustment easy for patients to achieve, even if they have dexterity issues. Users will appreciate the lightweight, air-permeable fabric, which allows for hours of comfortable wear with less sweat, hot spots and pistoning. Available in tall and regular lengths from XS-XXL and in tan and black options; comes with a mesh laundry bag and garment liner. Visit amerxhc.com.

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1

2 IMAK Compression Arthritis Gloves

BROWNMED

Developed by an orthopedic surgeon and arthritis sufferer, IMAK Compression Arthritis Gloves have earned the Arthritis Foundation's Ease of Use Commendation. IMAK Compression Arthritis Gloves provide mild compression for warmth and to help increase circulation, which ultimately reduces pain and promotes healing. The gloves are made of soft, breathable cotton material, meaning they are comfortable enough to wear day and night. The open fingertips allow freedom to feel, touch and grip, so users can perform daily tasks without issues. Helps relieve aches, pains and stiffness associated with arthritis of the hands. Visit brownmed.com.

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2

3 Core-Spun by Therafirm Gradient Compression Socks

KNIT-RITE

Core-Spun by Therafirm Gradient Compression socks feature ultra-stretchy fibers that ensure these socks are easier to put on and more comfortable to wear. High-tech CoolMax or X-STATIC yarns wick away moisture, creating a drier and more hygienic sock environment. Other comfort features include a reinforced heel and toe and a nonrestrictive top, which stays in place all day. Core-Spun socks come in several fashionable patterns and solid colors and are available in four compression levels: light (10-15mmHg); mild (15-20mmHg); moderate (20-30mmHg) and firm (30-40mmHg). Visit therafirm.com.

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3

4 Patella Support Knee Braces

MCKESSON

McKesson's patella support knee braces offer relief from mild-to-moderate ligament joint pain, sprains, strains or patellar instabilities. The pull-on knee sleeve, constructed from durable neoprene, provides compression, comfort and stability. In addition to medial/lateral dual plastic uprights, the sleeve features a sewn-in horseshoe buttress cradling the open-patella kneecap to strengthen the patellar support. Easy-to-adjust thigh and calf straps secure with hook-and-loop closures for additional support, secure positioning and enhanced compression. McKesson's unisex knee braces are available in multiple sizes. Visit mms.mckesson.com.

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4

CARE MANAGEMENT SOFTWARE



1

1 Infection Control Management Solution

CARESAFELY

COVID-19 exposed deficiencies in how the senior care industry manages infection control. CareSafely helps solve this issue by helping homecare providers build robust and sustainable infection control programs to protect seniors and staff. Includes easy-to-use software and expert content so all activities are actively managed and continuously improved. CareSafely's all-digital solution enables 24/7 compliance reporting and cuts the administrative burden by 50%, eliminating paper audits, illegible checklists, etc. Visit caresafely.com.

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2 CMB SOLUTIONS

2 Patient Engagement Services

CMB SOLUTIONS

CMB Solutions provides a robust suite of patient engagement services along with intuitive business intelligence for home medical equipment providers. The user-friendly dashboard and agile interfaces enable data movement without human involvement, affording better accuracy, performance, analytics and reporting to increase patient retention and compliance with a demonstrable return on investment. CMB's services are flexible to serve an individual campaign or deploy nationally across a comprehensive cohort of patients with multiple diseases. Visit cmbolutionsinc.com.

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3

3 Patient Connection Software

CAREXM

CareXM rapidly connects patients with health care staff in one minute or less. The unique combination of telehealth technology and high-quality clinical and nonclinical backup teams transforms the care experience. Patients get care faster. Nurses focus care on the patient in front of them instead of juggling multiple patients and tasks. Administrators streamline care protocols with help from a robust business intelligence platform.

Visit carexm.com.

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4

4 Virtual Patient Care

CITUS HEALTH

Citus Health offers a virtual patient care platform solution that removes barriers to communication and improves your care team, patient and family caregiver experience. With secure, HIPAA-compliant features, auto-translated multilingual instant messaging, real-time video visits, customizable forms and surveys, and an education center, the solution enables real-time communication through a computer, tablet or smartphone. And with its auto-escalation technology, communications are immediately routed to the proper clinician, resulting in a prompt response to patient needs.

Visit citushealth.com.

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5 Healthcare at Home

DINA

Dina powers today's home-based care. The company has an artificial intelligence (AI)-backed care coordination platform that helps hospitals and health plans upgrade traditional case management capabilities in three important ways: 1) staff and coordinate a basket of home-based services; 2) use AI to automate care pathways and coach individuals to appropriate next steps; and 3) act on timely home-based insights that can lead to nonmedical interventions. Visit dinacare.com.

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- 03 Independent Pharmacy/Chain Drugstore
- 15 Hospital with Home Health Agency
- 05 Home Health Agency/Nursing (Medical)
- 16 Hospice Agency
- 12 Personal Care/Home Care Services (Non-Medical)
- 14 Long Term Care Facilities (SKNF, Assisted Living)
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- 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
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SOMEONE YOU SHOULD KNOW

Facing the Music

Shannon Wallace provides seniors with music-based memory workouts

By Kristin Easterling



If you build it, they will come. This misheard phrase from 1989 Kevin Costner baseball epic “Field of Dreams” can refer to many things. In business, it’s usually used to spur creation and push a project forward. And for Shannon Wallace, founder and CEO of Shannon Wallace LLC and Musical Memory Care, the hope that people would reach out for her virtual classes on music, movement and memory spurred her to start over in the midst of the COVID-19 pandemic.

Wallace owns a marketing firm and is a professional jazz singer. That profession led her into creating music classes for people living with cognitive impairments. She has been working in marketing for 25 years—11 as CEO of her own company—and is now able to choose the clients and industries she works with, favoring her passions of music and senior care.

“Of course,” she said, “I chose the two industries that got wiped out by COVID.”

Starting over from scratch in the middle of a global crisis is no easy feat, but since Wallace was already providing in-person music and memory classes before the pandemic, she decided to step out of her comfort zone and try adapting her approach to the virtual world.

“I had to buy a whole new computer,” Wallace said. “I learned what a CPU was and 1080P versus 720 versus HD 4k. I knew some of these things, but not as they applied to what I needed in order to have a live stream.”

Wallace now offers both live and on-demand music classes through her website, musicalmemorycare.com. Individuals or companies can sign up for a Netflix-style subscription plan to access the content. Corporate members can fill out a

questionnaire to determine the best package.

Getting the word out that her classes are available online hasn’t been easy, but Wallace persisted. And, she said, she discovered that it’s important to reach out to a company’s marketing director, not the activities director, when trying to get a foot in the door.

“The activities director doesn’t have the budget the marketing director does,” Wallace explained.

The singer misses the face-to-face interaction of what was once a fun side gig. Wallace hopes, like many of us, to return to her in-person classes in 2021, but also plans to continue the virtual offering. After all, the Zoom platform still allows her to interact with her audience and receive feedback. She asks her class members to keep their microphones on so she can hear them sing along with her.

“They tell me how I’m doing. They’ll say slow down or faster,” she said. Not only do Wallace’s live stream and on-demand platforms offer therapeutic benefits for those living with all levels of cognitive impairment, but they also offer therapeutic and emotional benefits to those who care for them. For Wallace, that’s a win-win. **HC**



Kristin Easterling is managing editor of HomeCare magazine.



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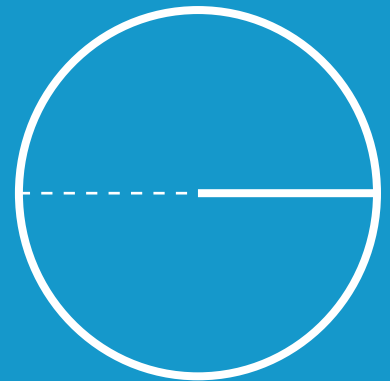


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