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will change everything



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Dear HomeCare Readers,

We're putting up holiday décor here at HomeCare, eating too much pie and ordering our 2022 calendars. Suddenly, this very long year is coming to a close.

We've had a lot of highs—including travel to Medtrade West in Phoenix and Medtrade East in Atlanta. We've been following efforts in Washington to connect homecare to infrastructure. It looks like the durable medical equipment (DME) competitive bidding program may be dead or close to it, and in-home care is getting a new approach with the expansion of the Home Health Value-Based Purchasing Program. And we've talked to a lot of providers who are emerging from the pandemic stronger and more motivated than ever to make a difference in the lives of their clients.

On the other hand, the last year has been rough on many of you. Sluggish supply chains, product recalls and waiting lists, shipping crises and ever-worsening staffing woes have thrown giant obstacles in the path of your businesses. Recent vaccine mandates (see page 8 for the latest on that front) may have added complexity. It's no surprise merger and acquisition activity has heated up as many providers plan their exit.

Hopefully, we've been able to help you navigate these changes. This month, we're bringing you profiles of a handful of providers and programs that have found innovative solutions to some industry problems, whether that's building a robotic walker, delivering home oxygen to the emergency room, approaching care holistically or hiring military spouses. We've got practical advice as well on transitioning your electronic health record, retaining shift workers, the end of 3G wireless, building a partnership between DME and home health providers and much, much more. And, starting on page 26, you'll find our annual Buyer's Guide and Industry Calendar, which we hope will be a resource for you over the next 12 months.

Thanks for reading,



Hannah Wolfson

BE HEARD

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

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

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In this issue

SPECIAL SECTION

26

2022 BUYER'S GUIDE

**FIND YOUR
SUPPLY**

Products & Services Expand to Meet Evolving Needs

COVER SERIES: INNOVATION

- 16 4 companies with a new approach to the industry
- 24 How connected care can perfect home-based care



COLUMNS

- 10 **HME:** Why you should transition your PERS clients to 4G now
- 12 **IN-HOME CARE:** 8 ways to improve working conditions for hourly employees
- 14 **ROADMAP:** Tips to help your clients achieve digital literacy

HME

- 40 Why PDGM is key to building your brand & boosting your bottom line
- 42 Building a digital marketing strategy for a new era

IN-HOME CARE

- 44 6 tips for choosing & working with an EHR vendor
- 46 Understanding new infection control options & strategies
- 49 An argument for expanding, not curtailing, the home infusion benefit



IN EVERY ISSUE

- 6 **Industry News**
- 8 **Government Affairs**
- 10 **Columns**
- 56 **Back Page**

MARKET-LEADING PRODUCTS

- 51 **New on the Market**
- 52 **Compression**
- 53 **Care Management**

We had our **ACCREDITATION.** ***Simplified.*** through *The Compliance Team.*



Cindy Leif, President
Select Care, Inc.
Denver, NC

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HomeWell Starts Palliative & Hospice Support Programs

HomeWell Care Services, a network of nonmedical in-home care providers, has launched its Palliative Care Support and Hospice Care Support programs to offer clients a personalized schedule of in-home care and companionship that complements their palliative or hospice care plan, relieves family members from the demands of caregiving, and gives clients and families peace of mind.

Increasingly, adults facing serious or life-threatening diseases are choosing to receive palliative and hospice treatment at home. Both programs include a focus on minimizing pain and other symptoms, assistance with personal care to minimize

stress, medication reminders for pain management, and emotional support for clients and their families alike.

Each client is assigned a care manager who liaises with the client's palliative or hospice team and who carefully matches clients and caregivers to best provide the companionship and reassurance that clients and families need. As part of the program, HomeWell's care managers and caregivers receive additional training, guidelines and best practices to reinforce their understanding of the complexities of palliative and hospice care.

homewellcares.com.

Curasev Partners With Allegiance Group

Curasev, a provider of enterprise software solutions for home medical equipment (HME) and home health providers, has entered into an agreement with Allegiance Group, a firm specializing in strategies to improve patient pay collections in the homecare market as an integrated solution provider.

This business relationship will combine Curasev's strengths in automating the end-to-end HME supply chain with Allegiance Group's expertise in patient-pay billing and collections. As a part of the partnership, Curasev will offer its customers access to COLLECTPlus, a billing service product from the Allegiance Group. COLLECTPlus will provide Curasev customers with access to proprietary patient pay billing collections solutions, which will enable its users to achieve better financial results.

curasev.com, allegiance-group.com

Encompass Files Against Anthony

Encompass Health Corp. has filed a lawsuit seeking an injunction against former executive April Anthony in District Court in Dallas County, Texas, alleging breach of her employment agreement with Encompass Health, including breach of non-competition and non-solicitation obligation, and for misappropriation of trade secrets.

Anthony founded Encompass Home Health & Hospice in 1998. The company

was acquired in 2014 by HealthSouth Corporation for \$750 million. HealthSouth adopted the Encompass name in 2018.

Anthony stayed on with Encompass Health as CEO of the home health and hospice segment, but stepped down in April of 2021 after announcements that the company planned to spin off the segment.

The company filed the injunction after multiple sources alleged Anthony met in secret with employees, including senior executives, to encourage them to leave the company to join a competing venture. In a press release, the company stated that these efforts began before Anthony left the company's employment and continued thereafter. According to the suit, Anthony took steps to hide her activities, which were in direct violation of her contractual and other legal obligations.

encompasshealth.com

Complia Health Launches Hospice Mobile EVV Solution

Complia Health, a home health and hospice technology solutions provider, announced the launch of Suncoast Mobile Edge, a mobile electronic visit verification (EVV) solution designed to enhance the company's Suncoast software platform.

Suncoast Mobile Edge is a secure mobile EVV and documentation solution that provides real-time access to patient information, schedules and documented care from any internet-connected device in a single application. Hospice and home health aides have real-time access to individualized care plans, schedule changes and complete patient data, notifications and family information.

Agencies can achieve immediate EVV compliance, capture required signatures, track mileage expenses and schedule caregivers more efficiently.

"Staff retention is a bigger issue than it has ever been for the industry. Providing caregivers and clinicians with tools that are purpose built to work on any device is key to driving satisfaction and retention," said Rich Berner, Complia Health CEO.

compliahealth.com

UPCOMING EVENTS

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

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

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

FEB 5-7, 2022 FOCUS
Clearwater Beach, FL
essentiallywomen.com

FEB 23-24, 2022
Texas Association for Home Care & Hospice Winter Conference
Dallas, TX
tahch.org

Principle Business Enterprises Offers Help to Veterans

Principle Business Enterprises, Inc., (PBE), which manufactures Tranquility superabsorbent products, and the Elizabeth Dole Foundation, a prominent military caregivers advocacy group, have partnered to provide veterans and their families free in-home help. Their joint campaign, themed "Relief and Freedom for Veteran Caregivers," encourages caregivers of wounded, ill or injured service members to apply for free respite support and, for those with absorbent product needs, a customized incontinence care kit at tranquilityproducts.com/respite.

The partnership launched with a \$100,000 donation from the Principle Family Fund, a philanthropic affiliate of PBE established by the company's founders. The Elizabeth Dole Foundation committed to matching the gift with additional contributions.

The Foundation's Respite Relief for Military and Veteran Caregivers program offers 35 hours of free in-home care through CareLinx for nonskilled respite services.

In addition to respite relief, veterans who experience incontinence can also request a customized Tranquility product sample kit that contains a selection of adult disposable briefs, pull-on underwear, personal care pads and underpads.

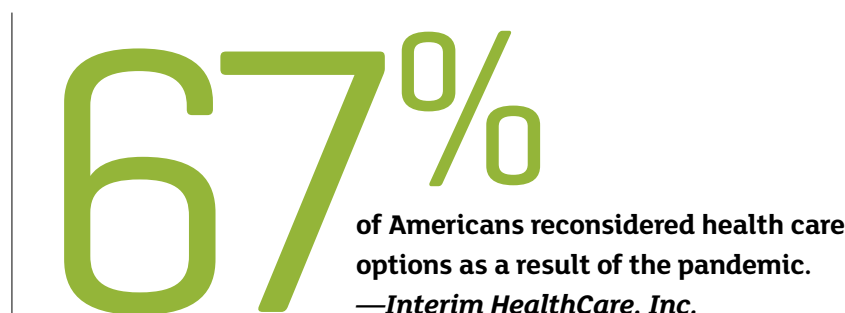
tranquilityproducts.com

Wellspring Capital Management Acquires Caring Brands International

Wellspring Capital Management, a private equity firm headquartered in New York, announced that it will soon complete the acquisition of Caring Brands International, Inc. (CBI). The terms of the transaction were not disclosed.

CBI is a franchiser of home health care services under three global brands: Interim HealthCare (in the United States), Bluebird Care (in the United Kingdom and the Republic of Ireland) and Just Better Care (in Australia).

Together, the CBI brands represent 550 locations operated by more than 250 franchise owners and operators producing more than \$1.3 billion a year in system-



wide sales. The company's franchisees and operators are positioned in their respective markets to offer the full continuum of health care at home, including skilled nursing, home health, assistance with daily living activities and end-of-life hospice care, along with health care staffing. Caring Brands is headquartered in Sunrise, Florida.

wellspringcapital.com,
interimhealthcare.com

AlayaCare Acquires Delta Health Technologies

AlayaCare, a global homecare software company, announced it has acquired Delta Health Technologies, a provider of specialized home health solutions. This is a major development in AlayaCare's commitment to make in-home care a more connected and integrated part of the health care continuum.

Through this acquisition, AlayaCare gains 100+ new customers and more than 45 new employees who will help provide a foundation and blueprint for AlayaCare's ongoing product development in the home health and hospice sectors.

To help providers focus on delivering the best possible patient care, Delta Health's solutions, AppointMate and Crescendo, deliver functionality that optimizes resource management, billing, and clinical point of care for home health, hospice and private duty providers.

alayaicare.com

HouseWorks to Purchase Connected Home Care

HouseWorks, an independent homecare company, announced that it has signed an agreement to acquire Connected Home Care, which serves Medicaid, dual-eligible

and private pay clients throughout eastern Massachusetts. The company expects to close the acquisition by Dec. 31, 2021.

The company's acquisition of Connected Home Care allows HouseWorks to enter the Medicaid personal care sector by servicing aging services access points (ASAPs) and other payers, a sector familiar to HouseWorks' CEO Mike Trigilio. Trigilio has extensive experience running in-home personal care businesses with diverse payer mixes, including Medicaid/ASAP, dual-eligible and private pay.

The combination of HouseWorks' high-touch private pay model and Connected Home Care's ASAP and other payer relationships will create a premier personal care provider in Massachusetts and the Northeast.

Connected Home Care also provides personal care services to a group of private pay clients that is complementary to the current HouseWorks business.

HouseWorks remains firmly committed to its premier private pay homecare business. This transaction will allow further investment into improved services and recruitment and retention of high-quality and compassionate caregivers as well as expansion of HouseWorks' private pay business to new markets within Massachusetts.

house-works.com



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A Shot in the Arm

A look at recent vaccine mandates

By Hannah Wolfson

On Nov. 4, 2021, the Centers for Medicare & Medicaid Services (CMS) issued an emergency interim final rule requiring about 17 million people working for some 76,000 health care providers to be at least partially vaccinated against COVID-19 by Dec. 5, 2021. The administration had announced in September that staff of providers participating in Medicare and Medicaid would need to be vaccinated.

REQUIREMENTS

- Covered providers must establish a policy ensuring all eligible staff have received the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine by Dec. 5, 2021, before providing any care, treatment or other services.
- All eligible staff must have been fully vaccinated—with either two doses of Pfizer or Moderna or one dose of Johnson & Johnson—by Jan. 4, 2022.
- Exemptions may be provided based on recognized medical conditions or religious beliefs, observances or practices. Facilities must develop a process or plan for permitting exemptions in alignment with federal law.

CMS said it would use existing survey and enforcement processes to monitor compliance with the new requirement, and that providers found to be noncompliant will have opportunities to come into line.

INDUSTRY REACTIONS

"We have long supported COVID-19 vaccination of homecare staff as a public health responsibility. ... [The rules] represent the difficult and complex outcome of efforts to address an extended pandemic that has taken many lives in this country, including those on the frontlines of caring for COVID-infected patients in their homes. Still, we remain concerned that the rules divide homecare providers into two categories, those subject to the mandate and those that are not because of size or relationship to Medicare and Medicaid."

—National Association for Home Care & Hospice President Bill Dombi

"The policy could further complicate staffing issues (including the prospect of additional departures) for our members who are already contending with longstanding workforce challenges exacerbated by the pandemic. We cannot overemphasize the need for staffing support and will continue to make our members' needs known to the administration and to CMS."

—LeadingAge President and CEO Katie Smith Sloan

WHAT
HAPPENS
NEXT? »

The rule was issued as an emergency regulation, bypassing the rulemaking process, and went into effect Nov. 5, 2021. Stakeholders have 60 days to submit comments, which CMS will consider and respond to as part of potential future rulemaking. Court challenges are pending.

COVERED PROVIDERS INCLUDE:

- Hospitals
- Outpatient clinics
- Long-term care facilities
- Hospices
- Home health agencies
- Public health agencies that provide outpatient physical therapy and speech-language pathology services
- Programs of All-Inclusive Care for the Elderly (PACE)
- Home infusion therapy suppliers
- End-stage renal disease facilities

The interim final rule posted in the Federal Register does not explicitly list home medical equipment or durable medical equipment (DME) providers, and the American Association for Homecare confirmed that DME providers are not included as covered entities. They could, however, be affected by a broader vaccination requirement for all businesses with more than 100 employees, which had been suspended at press time.

DID YOU KNOW?

In August, the Biden administration required nursing home staff to receive the vaccine. Since then, nursing home staff vaccination rates have increased from 62% to 71%.

LEARN MORE»

View the interim final rule with comment period on the Federal Register by searching "86 FR 61555."

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Don't Let Your Clients Be Left in the Dark After 3G Sunset

Why you should transition them to 4G now

By Ko Matsuo



KO MATSUO is the product line manager for Numera medical alert devices, a provider of personal emergency response systems in the United States. With more than 10 years experience in the professional health care industry, Matsuo plays a vital role in helping caregivers identify needs and find the right solutions for seniors. Visit numera.com.

Technology marches on and faster networking 4G LTE (short for Long Term Evolution) capabilities are now widely offered by the major wireless carriers. To phase out older technologies and to maximize their available bandwidth, carriers such as AT&T and Verizon have set dates in the next year when they will no longer support 3G-based devices.

This exit from 3G will affect users of older connected devices, who will find themselves unable to access many services and capabilities.

If you are a health care professional, you must transition your services to 4G, especially if you have customers using personal emergency response systems (PERS). Many of the core services related to these devices will require a 4G upgrade to provide continued services.

3G Sunset Dates by Major Carriers

Each of the major carriers has announced when they will end their 3G network support. AT&T has indicated it would shut down by February 2022 and Verizon has announced it would end support by Dec. 31, 2022. Sprint/T-Mobile has said that it plans to shut down its 2G and 3G networks without specifying a definite date; it has posted it would complete the shutdown of Sprint's 3G network by Jan. 1, 2022.

Other carriers using these networks will also be affected, such as Boost, Straight Talk, Cricket and several of the Lifeline mobile service providers that provide discounted phones to those in need. It is best to consult

each carrier's website for the most up-to-date information about the sunset dates they have determined for 3G networks, as timelines may change.

While the move from 3G to 4G will not be sudden, like a light being abruptly switched off, it is best to be prepared ahead of time for the inevitable end to 3G service.

Benefits of Switching to 4G LTE

PERS and mobile PERS (mPERS) users who are still on 3G will realize multiple technology and speed advantages in the switch to 4G LTE. Because 4G LTE is a higher performance networking technology, it provides faster, stronger and more efficient broadband connectivity that requires less power consumption. Revamped and expanded LTE networks offer faster communication speeds. These networks are the essential foundation for PERS users, allowing each device to communicate with a monitoring service provider, send fall detection, push alert notifications, enable firmware updates and more.

Another benefit of 4G LTE technology is that users will immediately experience enhanced and expanded network coverage that results in improved reliability and extended life for the PERS device—and that reduces the need for service calls. Furthermore, 4G LTE offers faster over-the-air programming and updating, offering quick and more complete coverage when traveling. Most importantly, the transition to 4G will enable continued service for the foreseeable future while ensuring that the user's PERS



device will continue working at the best of its capabilities for years to come.

What to Look for in 4G LTE PERS

So, what next-generation features and capabilities should be considered when specifying a new 4G-compatible PERS device? Beyond 4G compatibility for broader network coverage and quicker response times, PERS users can realize additional peace of mind from enhanced and new capabilities. Advanced technologies integrated into PERS and mPERS units now enable better location services, event notifications and medical alert services, along with faster emergency communication with a call center. Devices are also easier to integrate with existing monitoring systems and offer longer battery life.

The latest 4G mobile technologies, coupled with new pinpoint location (within one meter of the user) and sensor technologies, deliver quantum leap

improvements to mPERS devices that help give seniors added freedom and mobility confidence. Another plus achieved with updated location capabilities is that many municipalities still rely on older 911 systems that do not have the ability to track phone calls to a location. If someone becomes incapacitated or is away from their mPERS device, this new technology allows emergency responders to locate the wearer.

Fall detection is probably the main reason users and their caregivers choose a PERS device. Accuracy in detecting a real fall depends on the quality and quantity of sensor capabilities within the device, as well as whether the analysis is completed on the device or in the cloud. The best approach is to recommend devices that utilize the 4G network to do analysis in the cloud, because the faster this information is transmitted, the better the outcome.

Professional caregivers also need to consider what state-of-the-art technologies

are embedded in the device, the number and type of sensors used and how often the supplier updates the technologies that sense falls in order to ensure precise sensitivity and higher reliability and to decrease false positives.

How many people in your network rely on 3G PERS devices? It is probably more than you realize. To prevent disruptions in wellness and fall detection capabilities coverage, begin talking to users soon to map out an upgrade plan. While the idea of purchasing new hardware may seem like a hurdle for some, inform your customers that 4G LTE hardware helps offset additional costs by being much more powerful and functional than 3G, supporting more capabilities.

The beauty of a PERS device is that emergency help is on the way with just the touch of a single button. The ability to remain independent while aging greatly increases quality of life and helps people live longer, healthier and happier lives. **HC**

IN-HOME CARE: RETENTION

Shifting Into Higher Gear

8 ways to improve working conditions for hourly employees

By Derek Jones



DEREK JONES spearheads key initiatives at Deputy, a global workforce management platform for employee scheduling, timesheets and communication. With a focus on health care, Jones helps business owners and workforce leaders simplify employment law compliance, keep labor costs in line and build award-winning workplaces. He has more than 16 years of experience delivering data-driven sales and marketing strategies to software as a service companies. Visit deputy.com.

The demand for care is outpacing the rate at which people are entering the workforce, and the need for homecare shift workers continues to grow. These shift workers provide crucial medical and personal assistance to elderly, disabled and chronically ill people in the comfort of their own homes. While this work is vital to the health care sector, schedules involve constant rotation and nonstandard and unpredictable work hours. For many, work starts early and finishes late.

These irregular work dynamics affect the physical and mental health of homecare workers, but the presence of good work conditions can help mitigate the risks associated with health care shift work. In this article, we'll look at eight possible ways to improve working conditions for health care shift workers.

1 Use data analytics to identify & monitor risks.

Now is the time to leverage health care data. With the adoption of electronic health records, providers have access to large quantities of data—which allows employers to identify where accidents occur during shifts. This presents new opportunities for tracking and improving homecare working conditions. The right data can also provide objective information for improving work conditions. This insight will facilitate better work outcomes for homecare shift workers.

2 Implement flexible scheduling.

Flexible shift scheduling helps facilitate work-life balance. This approach allows supervisors to determine work schedule

needs in advance and empowers workers to select and swap shifts on their own.

Furthermore, the right scheduling tool will allow shift workers to discuss their work dynamics and needs via an employee app. Schedule transparency and flexibility are the top perks in shift work, so homecare management should consider integrating these scheduling improvements into the work of homecare providers. For health care management, this approach leads to faster and more efficient scheduling. It reconciles worker needs and organizational requirements, creating a win-win situation.

3 Hire extra workers.

There are significant shortages of staff in health care, which are often made up with overtime for existing employees. This exerts further pressure and strain on your current staff. Shift lengths are extended and rest periods in between shifts are reduced. This affects not only the physical and mental health of your staff, but patient outcomes as well.

Instead of relying on overtime to fill in for staff shortages, you should hire more workers, especially during peak periods. This will help reduce the workload of the existing staff and limit their fatigue and occupational accidents. The ultimate result is better patient outcomes.

4 Prioritize safety.

Homecare workers face a wide range of occupational risks, including chemical, biological, ergonomic, physical and psychosocial hazards. For example, when the COVID-19 pandemic started, most homecare



workers did not have sufficient personal protective equipment, even as agencies took on the care of COVID-19 patients.

Homecare work is also physically challenging. Many clients rely on their caregivers for mobility assistance, and many work accidents have been reported during the process of transferring patients. Back injury claims alone have cost health care providers billions of dollars.

Therefore, it is essential for worker safety to be on the agenda when it comes to homecare management. The working environment should be monitored and protective equipment must be provided. In addition, ergonomics training must be compulsory for all homecare workers to reduce workplace injuries. For this to succeed, you must update your agency's health and safety policies to ensure the full protection of workers.

5 Offer resilience training.

It's an unfortunate reality that stress comes with a homecare worker's duties. The job isn't just technical, it is also relational. Sometimes, workers experience verbal abuse from their patients, but must remain calm to provide patient care. This emotional labor can lead to anxiety and depression—and ultimately, burnout.

To cope with the relational aspect of the homecare job, resilience training is the solution. Resilience training programs empower caregivers with the tools and resources to maintain emotional health and social relationships in their jobs, so that they thrive even in the most stressful working conditions. They also improve their ability

to bounce back from traumatic work events. To support the mental health needs of your employees, regular resilience training is a necessity.

6 Invest in the sector.

The COVID-19 pandemic exposed how unprepared most health care institutions—including homecare providers—were for a major public health crisis. There were shortages of staff, equipment and beds, which made the work of homecare providers and caregivers even more difficult as they accepted COVID-19 patients from overcrowded hospitals.

Going forward, homecare working conditions need to be reimagined. To reduce staff shortages and improve worker and patient safety, more funding must be directed to the homecare sector. These funds must also equip workers with the resources for better ergonomics in their work. In fact, the challenges faced by all health care workers during this pandemic must inform this transformation—should another outbreak occur, the homecare sector should be better prepared. The good news is that the Biden administration's Build Back Better Plan includes \$150 billion for home- and community-based services, which signals a significant investment in the home-based care industry.

7 Partner with various stakeholders.

Homecare owners cannot solve the challenges of working conditions alone. To build a responsive and safe health care work environment, everyone must get involved. Partner with government stakeholders to

drive payment reforms for homecare. To make homecare work more attractive to potential new hires, it is important to provide these essential workers with better wages. Furthermore, partnerships with health tech giants will also help to equip homecare with advanced digital technology to improve responsiveness to emergencies.

8 Show support & recognition.

Homecare employees often go beyond the call of duty. As first responders in the COVID-19 crisis, they risked their lives for the safety of some of the most vulnerable patients. This extraordinary work deserves appreciation and support from everyone, especially their employers.

Managers should build a work environment where shift workers get recognition for the valuable work they do. A simple “thank you” and positive feedback help to create favorable work conditions. Even better, offer professional development opportunities to shift workers to support their career aspirations. This will improve employee retention, because most employees value favorable work conditions compared to other aspects of the job.

Conclusion

A holistic approach to improving homecare working conditions is effective because it addresses all aspects of the work environment. However, keep in mind that proactive strategies work better in health care because they drive preparedness. Equally important is worker participation in the whole improvement process—their input matters. **HC**

ROAD MAP: KEEPING UP WITH TECH

Tips to Help Your Clients Achieve Digital Literacy

A learning community can help

By Lawrence Kosick



LAWRENCE KOSICK is co-founder and president at GetSetUp. Kosick has led business development and partnership teams for decades at companies such as IFTTT, Sight Machine and Yahoo. He works with co-founder Neil Dsouza at GetSetUp to create a learning platform for older adults that empowers them to live more happy, healthy and connected lives, inspired by his father's work helping older adults many years ago as the founder of a senior living community. Visit getsetup.io.

Digital literacy is critical for the older adult population to stay active and connected, and homecare providers play a big role in ensuring that older adults have access to technology. Homecare providers can help encourage digital literacy skills to help supplement a client's care options.

By 2060, more than 25% of the population in the United States is expected to be age 50 or older, so the need for digital literacy isn't going away; in fact, it's increasing. With the shortage of workers for caregiving roles, digital tools will be used to help to fill some of those gaps through services that include virtual companionship, telehealth and more.

Homecare providers can use technology to address some of the social determinants of health by providing virtual socialization, connection and health and wellness opportunities. Technology has become ever more rooted in our lives, and this won't change. Homecare should explore technology as a healthy part of aging.

Digital Literacy & Technology Hurdles for Older Adults

Understanding the hurdles to digital literacy and technology is the first step in being able to address them with up-and-coming innovations, services and technology. The hurdles are:

- **A lack of internet access:** Many older adults lack internet access, including nearly 22 million seniors without broadband internet at home,

according to an Aging Connect study. Homecare providers can offer support by coordinating internet installation in customers' homes. Work with local resources, when available, such as area agencies on aging that may offer internet access options.

- **A lack of devices:** Devices can be expensive for seniors on limited incomes; however, there are options available. Check with local refurbish programs, or keep an eye out for simple devices like Chromebooks that can be offered as accessible options for older adults. Check with local companies and charity groups that may offer device discounts.
- **A lack of education:** Home caregivers and home medical equipment providers aren't tech gurus, and most commercial tech experts are young people using unfamiliar terms or speeding through explanations. Consider offering some options for peer-to-peer learning.
- **A lack of resources:** Many organizations think that older adults can simply find answers, but searching company websites, using Google or watching YouTube tutorials is not easy for them. Resources need to address the needs of older adults at their comfort level. Plus, they need to be available for those with a wide range of tech skills and knowledge. Know local resources that support seniors in your local area, including nonprofits, senior centers, libraries and virtual class options like peer-led classes.

- **The idea that the internet is for youth:**

There is a false idea that technology and the internet are only for the younger generations. “Granfluencers”—older influencers on Instagram—and empowered older adults are proving that stereotype wrong. Older adults are also honing social media skills in communities like Stitch and sharing them in intergenerational groups like Meetup.

While the barriers are high, there are innovative resources that can help older adults navigate technology with confidence. Empowering learning opportunities can help older adults in all stages of aging thrive. Virtual social engagement can help fight social isolation and loneliness at times when homecare services aren’t available.

Using Local Resources

Everything starts with education. When homecare patients, staff and community members are knowledgeable about the resources available to older adults in their area, they can create change together.

For example, the Board of Supervisors for Orange County, California, has taken significant steps to help bridge the digital divide for the over 600,000 older adults in that county. The board set aside \$2.4 million to provide iPads, data plans, device training, technology support and ongoing learning through a subscription to our interactive platform of virtual classes called GetSetUp. GetSetUp offers live interactive virtual classes on a video platform that is customized for older adults. Our classes are taught by older adult experts in the field so members can learn and practice technology skills and join fellow peers in health and wellness classes and other mental enrichment activities. Orange County is providing the tools older adults need to connect from anywhere with people from all over the world.

Homecare companies that connect with local resources can assure that their clients have the internet and digital devices they need. This opens a whole new world of



experiences for older adults on community-based interactive education platforms. Rather than being alone when a caregiver is not in the home, older adults can be empowered to learn technology, create social connections, share insights and improve their health and well-being.

Technology Makes Homecare More Accessible

Technology is not just for those receiving homecare but can also be used to help homecare workers with essential caregiving tasks. Utilizing up-and-coming technology can help homecare workers, caregivers and those involved with care coordinate together and reduce their levels of stress.

There are three key technologies that assist with caregiving.

Wearables:

Smartwatches can be used to help track and monitor the health of those receiving care. Coordinating access to this information can help overall health. Some devices can call in emergencies, share locations or add monitoring apps. Other apps can help monitor care and set reminders for medicines and appointments.

Telehealth:

Telehealth services, combined with data from wearable devices, can help doctors and nurses to monitor a patient’s rehabilitation or daily life. This can help prevent unnecessary trips to the hospital and ensure that patients get the care they need at the first signs of trouble.

Caregiving Apps:

Many apps can help with homecare

management and caregiving, such as:

- **Caring Village**—Stores important documents in one place to create a care team, and coordinates care. It tracks care items such as food, errands, transportation and medication reminders.
- **Lotsa Helping Hands**—Create a community of care. Invite family, friends, volunteers and care aides to help manage appointments, errands and more.
- **Dementia Talk**—Helps families deal with loved ones living with Alzheimer’s disease and other dementias. It includes a behavior tracker, care plan, medication lists and a scheduler.
- **CK Life**—An on-demand service to request qualified care.
- **eCare21**—Remotely monitor a person’s medical data via wearable devices that capture and share health info.
- **MyMeds**—Schedule medication reminders that are sent via text. When a person has taken the medicine, they reply “yes.” Family and care providers can be added to the tracking list to get a notification if patients haven’t taken their medications.

Lifelong learning and technology are critical to solving issues that limit older adults’ independence, connectivity and access to essential resources. A learning-based community that is both virtual and in person can help make aging more equitable and fun (and less stressful for care workers). Communities that are connected through learning and technology offer peace of mind for homecare workers and older adults’ family members when they can’t be present. **HC**

As we examine innovation in the industry, we're profiling a few people and organizations that have taken a brand-new approach to providing home medical equipment and in-home care.



Pictured L-R: Interns Lauren Van Dyke, Ben Olson, David Heier, and Prosperous Robotics Founder Mike Bankowski with the Rose prototype.

The Sweetest Rose

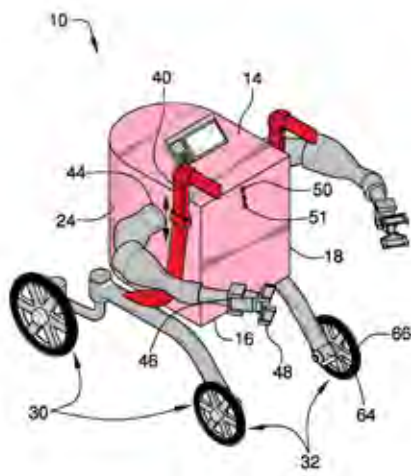
How one home health owner is breaking new ground in the mobility space

By Kristin Easterling

When Mike Bankowski, founder and president of Prosperous Home Health, couldn't find a regular caregiver for a client living with ALS in a rural area near Sioux Falls, South Dakota, he took on those shifts himself.

While the client had an eye-gaze communication device and a robotic feeding device, he still needed help with sit-to-stand movements and general mobility around the house. Bankowski provided physical help where he could using a gait belt and walker, but both he and his patient wondered if there was a better way.

After scouring the internet, Bankowski realized there wasn't a robotic device that met the mobility needs of this patient—or of others he had encountered. So he decided to invent one.



Rose concept drawing

The result is Rose, a walker with two robotic arms that help users with sit-to-stand movements and gait corrections.

"I had a couple sleepless nights where I would just think about this robot," Bankowski said. "There has to be somebody that has invented this because it's a no-brainer [way] to provide physical assistance."

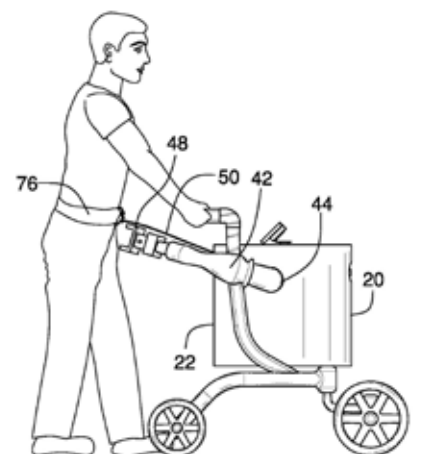
He hired a patent attorney to make sure his idea was original, and when that was officially confirmed, he moved into the prototyping phase.

"Everybody I talked to loves it, especially my Parkinson's patients," said Bankowski. He added that Rose can provide the assistance and stability these patients need, leading to improved outcomes. "If they have increased activity while using Rose, while also staying safe and stable, that's a win-win for everybody."

One area Rose can help most with is fall and injury prevention. In the United States, Medicare spends \$30 billion each year on fall-related injuries. The National Institute on Aging has placed a priority for funding and research for new assistive devices to prevent falls.

"I created Rose to provide that minimal assistance and to prevent falls, but I'm also creating Rose so that if a fall were to occur, ... Rose can ease [the person] down to the ground, keeping their head elevated, which will dramatically reduce fall damage," Bankowski said.

And although Rose is still in the prototype phase, Bankowski wants to add more functions to the robot, such as



Rose concept drawing

medication reminders and dispensing, as well as building in the ability to summon Rose from across the room.

"If [Prosperous Home Health's caregivers] are not setting up [client] meds, it's the kids. And it can be troublesome; it creates conflict. If mom missed Wednesday and Thursday, the whole schedule is messed up. ... Rose having it all scheduled and programmed is something that I look forward to developing," he said.

Bankowski formed Prosperous Robotics earlier this year to build a pathway for development of Rose and other robotic devices for the senior care industry.

"I want to innovate with technology to increase the safety and independence and quality of life of the aging population," he said.

He firmly believes the future of care is in the home—but technology is the way to make that easier. One 90-year-old patient who was resistant to the idea of Rose—or any other robot—in her home realized she would need to be placed in a nursing home if she was hurt in a fall. Presented with that option, the woman said she wanted Rose "delivered the next day."

"The fact that her options were staying in her home and staying independent versus having a robot be with her every single day—she would do that a hundred times versus having to leave her home," Bankowski said. **HC**

Setting a New PACE

As the program hits
50, growth is on
the horizon

By Kristin Easterling

Programs of All-Inclusive Care for the Elderly (PACE) aren't new; the first program opened in San Francisco, California, in 1971 to serve immigrant communities. But how the program helps those in need continues to make it innovative.

PACE's focus is on dual-eligible seniors receiving Medicaid and Medicare who need nursing home level care. The program—which is both care provider and payer—acts as “a nursing home without walls,” said Daniel Drake, president and CEO of Trinity PACE, which serves 3,400 people in nine states. Programs serve participants in their homes, while also providing day centers to meet additional physical and social needs.

Trinity PACE, part of the larger nonprofit Trinity Health, offers a full range of medical services and social support to program participants with its team of providers, social workers and health care specialists.

“We arrange for pickup for our participants to come to the center,” Drake said. “They have a nice breakfast, see the health care providers, maybe go to recreational therapy and get to mingle with other participants. They have a full day.” This also saves times for family members who no longer need to run their loved ones between multiple doctors and specialist appointments.

Fifty years after PACE's founding, insurance companies outside of the senior

care realm are taking notice of how well the model works.

“They want to come observe to see how it could be applied to other age groups,” Drake said.

Because PACE serves the Medicaid senior population, states must add it to their budget—which Drake said is happening more and more. According to the National PACE Association, states pay PACE programs an average of 13% less compared to comparable Medicaid services. PACE participants also average less than one emergency room visit per year. Between cost and outcomes, the incentive is there for states to recruit and add programs; 30 states currently have PACE programs in place.

But to see further growth and innovation, PACE will need additional funding and support from the federal government, states and the organizations that operate the programs, Drake said.

The good news? The Biden administration's Build Back Better Plan, which was expected to be voted on in the House around press time, includes \$150 billion for home- and community-based services, which PACE falls under.

“I think it's fantastic,” Drake said. “When you look at the money that the federal government is putting in home- and community-based services, it's just showing that they work, that we're delivering

excellent care and the cost is less than delivering it in brick and mortar buildings.”

As with so many things today, technology is going to play a large part in the future of PACE programs. Drake said there were plenty of exciting innovations happening before the pandemic, but when centers closed due to COVID-19, that innovation rapidly accelerated.

Now, “when we set up a patient's [tablet], we can set it up for that patient's needs,” said Drake. “If they want to pop in on a five-minute session on proper diet, they can.” He also expressed excitement about new noninvasive fall monitoring technology, which can also alert staff to habit changes that may signal a problem early.

Trinity PACE is focusing on growth to serve more seniors. The company recently signed agreements to open new programs in Pennsylvania, Delaware and Maryland.

“Trinity Health is really supportive of the growth of the program, which is wonderful. You have to remember [Trinity Health] is an acute care system, and we work in the continuing care component,” Drake said. “That investment from the larger health system is vital to future program success, and we are excited for the continuous relationship and support of the executive team, our clinicians and operational managers as part of our Trinity Health family.” **HC**



A recent Veterans Day celebration at Mercy LIFE Norristown in Norristown, Pennsylvania.

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A Breath of Fresh Air

Oxygen provider saves lives by delivering to hospital, not home

By Hannah Wolfson

Sometimes, the best place to deliver durable medical equipment (DME) isn't to the home at all.

That's what CalOx, a family-owned respiratory DME provider based in Los Angeles, learned during the early days of the COVID-19 pandemic. The company specializes in home oxygen therapy, invasive and noninvasive ventilation, sleep therapy and other respiratory treatments.

In the early days of the pandemic—when Chief Operating Officer Steve Yaeger was welcoming home his just-born second son and trying to keep his septuagenarian mother, the company's president, from being exposed to the virus—he got a call from a doctor at LAC + USC Medical Center, a local teaching hospital operated by Los Angeles County. Most of the patients there are primarily insured by Medicaid.

"He called me and said, 'hey, what do you think about storing some portable systems in the emergency room so that if we have patients that we think can probably recover at home, we can send them home with a system?'" Yaeger said.

He agreed. And then he soon found himself fielding 4 a.m. texts about patients needing more oxygen delivered well before his office even opened. So he partnered with hospital's clinical team to provide complete at-home setups that included a portable oxygen concentrator and pulse oximeter.

CalOx trained hospital staff on patient education and setup, and the clinicians came up with a new protocol that specified when the users should report back to the hospital (i.e., if their SPO2 rating dropped too low). The company's respiratory therapists conducted a telehealth visit with each new

patient within 24 hours to make sure they were using the equipment correctly and kept a spreadsheet with data on each patient—data they shared with the hospitals.

"What we discovered was that the majority of patients that were going home on oxygen, typically they would recover within two to three weeks, and then we would pick up the equipment," Yaeger said. "And there were such shortages and crazy lead times."

In fact, at the same time—even as CalOx's program expanded to a second hospital in the Los Angeles County system—he was driving all over California to pick up broken concentrators and getting them refurbished. At the worst peaks in the pandemic, they were delivering 18 to 25 units a day.

"We would show up at the loading dock at the hospitals; we'd literally roll through their materials management or warehouse area and go up in the elevator to the floors, and as soon as we would get off, the nurses would cheer, 'Oxygen's here!'" Yaeger said.

Eventually, they realized some setups weren't being used because the patients had taken a turn for the worse and been admitted. To ensure the equipment would be used, they created a system where each patient received their oxygen equipment under a tent outside the hospital entrance while waiting for their ride home.

"It was an iterative process, figuring how we can improve the flow," Yaeger said. At the same time, he and his team were working nonstop to keep up with the demand and to find equipment despite supply chain delays.

"Everybody was getting burned out, but we said if we don't keep doing what we're

doing, then there are people who will end up dying in ambulances."

Their work did make a difference: The doctor they partnered with published a study in JAMA showing that of 621 COVID-19 patients tracked, none died at home or on their way back to the hospital, and only 8.5% returned to the hospital within 30 days. The investigators wrote that it could help optimize outcomes by "ensuring right care in the right place at the right time and preserving access to acute care."

The program continues, although CalOx is delivering only about a half-dozen concentrators per week. Yaeger says it could change the way HME providers do business even after the pandemic is over.

"I think this has opened up a lot of eyes in terms of the value proposition that DME provides to Part A facilities," he said, adding that it also boosted CalOx's relationship with county health officials and others.

"They knew that all they had to do was make a phone call and we'd be there to help take care of the patient and keep them out of the hospital—but this really showed our worth. And it showed us that you don't necessarily have to be in the patient's home to face-to-face with them."

Yaeger said it also proved the power of remote monitoring, and how well DMEs educate and document their patients, which helped the clinicians publish their study.

"As opposed to just an equipment rental company, we really are a clinical provider," he said. **HC**

Hannah Wolfson is editor of HomeCare magazine.

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Taking Service to New Levels

A case study in caregiver recruiting and partnership

By Rich Paul

Since our founding in 1999, service has been at the very core of SYNERGY HomeCare.

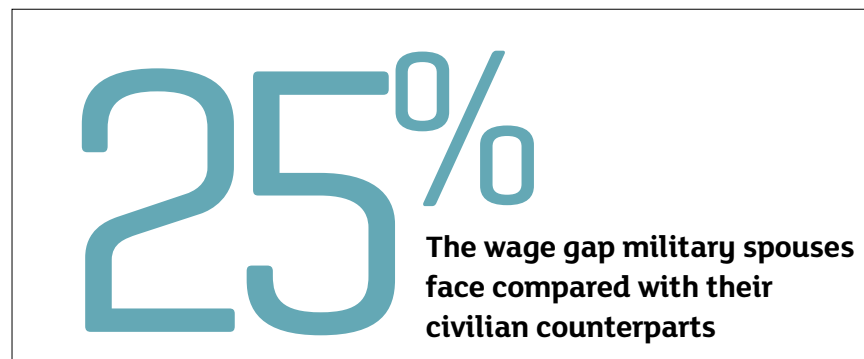
As part of a relatively new industry called in-home care, we were committed even then to demonstrating how our service could help people live fuller, richer lives and provide them with the confidence to propel themselves forward.

We've taken that commitment one step further with a new partnership with the U.S. Department of Defense's (DOD's) Military Spouse Employment Partnership (MSEP). After interviews with the DOD, SYNERGY HomeCare has been accepted into the 2021 employer class, one of 45 new partners.

The MSEP program is both creative and powerful. It connects military spouses with hundreds of partner employers in a range of industry that commit to recruit, hire, promote and retain military spouses.

Since its inception in 2011, MSEP employers have hired more than 200,000 military spouses. This is a significant accomplishment considering that the unemployment rate of military spouses is an unbelievable 24%—four times the current national unemployment rate of 4.8%. The DOD also estimates that military spouses face a 25% wage gap when compared to their civilian counterparts.

MSEP is part of the White House's Joining Forces initiative, designed to increase economic opportunity and mobility for military families by helping develop career and education opportunities for spouses of active duty members, veterans and survivors. In addition to career exploration



opportunities, education and training to help reach career goals and employment readiness assistance, military spouses gain invaluable access to employment

connections that can help them find and maintain a rewarding career.

Here's how it works in our case: SYNERGY HomeCare's open job positions around the

nation will appear in the DOD's MSEP career portal, which is only accessible by military families. The MSEP will also lead training sessions for SYNERGY HomeCare franchisees on how best to reach military families with employment opportunities, including those in traditional military markets.

Considering our growth arc, SYNERGY HomeCare is well-positioned to engage with military spouses in a significant manner through this newly opened employment channel. We are one of the largest franchisers of in-home care services, with more than 190 franchisees operating nearly 400 franchise locations nationwide, we have also been recognized by Franchise Business Review as a Top 200 Franchise as well as a Top Franchise for Veterans.

The MSEP partnership is important to us because we have a long history of providing care to members of our nation's military community, and we take great pride in how

we can support the needs of veterans, active-duty military members or military families. We also recognize the tremendous sacrifice that our military families make each day on behalf of our country. Because of frequent moves and a need for flexible hours, many military spouses are unable to find and maintain employment.

We currently have many military spouses working with our franchisees and their mission-driven attitude and desire to make a difference is visible. We know from experience that joining forces with military spouses has many benefits for both parties. With this informal partnership now official and greatly expanded, we expect to realize even greater benefits for everyone involved.

We are excited about this national partnership, which provides unlimited access to valuable talent we can tap to create personal partnerships at the local level between our clients and military spouses.

SYNERGY HomeCare also gains access to networking opportunities with like-minded companies who have been vetted for inclusion in the MSEP program as well as development opportunities through various mentoring channels.

We are honored to be included in the program and are committed to offering rewarding and fulfilling job opportunities to military spouses and supporting their employment continuity during periods of relocation.

This is truly a win-win relationship as we expand our offerings across the country in order to serve those in need of care. I am deeply proud that together, we will take service to a whole new level. **HC**

Rich Paul is chief partnership officer at SYNERGY Home Care. Visit synergyhomecare.com.

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Tying It All Together

How connected care can perfect home-based care

By Melissa Kozak

Traditional methods of patient care require stitching together health information from phone calls, paper documentation, fax records and disparate technology systems. This is a common source of frustration for many post-acute care providers.

A recent Porter Research survey of home-based care consumers sponsored by Citus Health reported that patients and family caregivers want more real-time communication from their homecare agency. Real-time communication not only improves patient care and staff efficiency, but also can result in higher consumer satisfaction. In today's world of instant access, many patients say they would choose a provider based on that provider's ability to facilitate real-time communication through smartphones, tablets or computers.

With the home-based care market experiencing significant growth, connected care is becoming increasingly essential for clinicians, staff, patients and family members. From the moment a patient transitions into home-based care, there are multiple care team members who must stay connected. And every member of that patient's care team should have real-time insight into the patient's status and data in order to provide effective care. Keeping patients and family caregivers better informed leads to higher satisfaction and can improve outcomes and lower the chances of unnecessary hospitalizations.

Connected Health Technology

When homecare providers have access to the right tools and technology, their ability

to provide better, more meaningful patient care increases substantially, as does their efficiency in responding to patient and family caregiver needs. Using connected health technologies to seamlessly communicate with fellow clinicians, automatically capture and store patient notes, coordinate visits and immediately address patient issues removes a significant amount of administrative burden from clinical teams, especially when it comes to tracking down documentation. It also means they can spend more time caring for patients and executing care plans in a timely manner.

Using such remote patient support and care team collaboration tools to ease the administrative burden on clinicians can help reduce burnout and turnover, which means a happier, more consistent staff caring for patients. We've also seen that these tools can improve consumer satisfaction, as shown in online reviews and Centers for Medicare & Medicaid Services assessments, such as the home health Consumer Assessment of Healthcare Providers and Systems survey, which guide patients toward better care.

For patients and family caregivers, connected care means receiving an immediate response to urgent issues and knowing that each care team member is fully up to speed on their individual care plan. When communication technology includes auto-routing and escalation features, inbound patient communications will receive an immediate response, avoiding unnecessary hospitalizations that could

have happened if a clinician was unavailable to give an immediate solution. With connected digital health solutions, receiving care is easier, providing care is easier and caregivers' ability to engage with a patient's care is easier.

Technology's Impact on the Patient Experience

Without a high level of organization and coordination across teams, miscommunication and misfiring can happen. This creates frustration and delays, additional costs, duplicate ordering or improper relaying of information, all of which impact overall patient care and experiences.

When it comes to home health experiences, patients and their family caregivers are looking for two main things. The first is information about their care. This can include the ability to discuss clinical needs, schedule appointments, coordinate visits, view billing information, coordinate medication or equipment deliveries, access the care plan and self-service education about their care.

The second is support from their providers and the ability to communicate with clinicians and others when assistance or insight is needed, the way they prefer at that time, which could be a phone call, instant message or video call. Health care providers should seek to offer all options of communication to their patients.

By offering patients and home-based care professionals the ability to communicate securely via a single digital



platform in real time, patients experience multiple benefits, including:

1 Instant Gratification

Patients and family caregivers can access help at any time, especially if the technology includes auto-routing and escalation. This means the right person will receive important inbound communications and be able to respond immediately. Providing an immediate response can prevent a lapse in care and helps put patients and family members at ease because they know the provider is always available for them.

2 Convenient Ordering

Through a digital health platform, supply ordering for medications, medical supplies or equipment can be done seamlessly and on an as-needed basis for the patient. With the right platform, external suppliers can be included in care team communication

so they know exactly what is needed. This prevents excessive waste, delays in deliveries, or an inordinate amount of phone calls for patients and their family caregivers to accomplish one task such as a delivery.

3 Better Care

Better coordination between care teams means fewer opportunities for miscommunication. When everyone is in the loop on care plans, less administrative time is necessary when it comes to repeating communications about a patient or copying and pasting notes into a different solution. The result is more time that can be spent with patients and a higher level of patient safety because the chance for human error is reduced.

Home-based care markets continue to grow in popularity, making connected care a necessity to overcome some of today's communication challenges, create smoother

care transitions and improve overall patient care. Digital health platforms allow patients to feel more in control of their care and clinicians to keep their focus on enhancing patient care, rather than performing unnecessary administrative tasks.

In an environment where provider organizations are increasingly managing higher acuity patients in the home during an era of chronic labor shortages, connected care is essential for both patient and provider success.

By embracing connected technologies, we can begin to remove barriers and friction to care to provide a more meaningful patient experience. **HC**

Melissa Kozak is a registered nurse and co-founder and president of Citus Health. She is a seasoned clinician with a deep understanding of the home infusion and specialty pharmacy industries. With Citus, she created post-acute care's first end-to-end digital health collaboration platform to solve the complexities of managing care in this space. Visit citushealth.com.

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PRODUCT & SERVICE CATEGORY INDEX

Accreditation Organizations	27	Fall Prevention	32	Scoters	35
Beds	27	Hearing & Vision	33	Software - Care Management	36
Billing/RCM Services	27	Incontinence Management	33	Software - CRM	36
Billing/RCM/EMR Software	30	Lift Chairs	33	Staffing/Employee Recruitment	36
Buying Groups	31	Lifts	33	Support Surfaces & Mattresses	36
CBD Products	31	Medication Management	33	Telehealth/Remote	
Commercial Insurance	31	Oxygen	34	Patient Monitoring	37
Compression	31	Pain Management	34	Wheelchairs	37
CPAP	32	PERS/Home Management	35	Wound Care	37
Distributor	32	Ramps	35		

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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

PROTEKT® AIRE 7000 LATERAL ROTATION/LOW AIR LOSS/ALTERNATING PRESSURE AND PULSATION MATTRESS SYSTEM



- 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"

FOR MORE INFORMATION, PLEASE CALL OR VISIT:

270 Washington Street, Mount Vernon, NY 10553

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DYNAMIC SUPPORT SURFACES

PROTEKT® AIRE 8000

LOW AIR LOSS/ALTERNATING PRESSURE
BARIATRIC MATTRESS SYSTEM

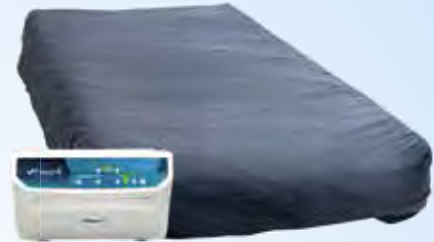


- Digital dual compressors offer greater airflow.
- 660 lb. weight capacity.
- 2 Year non-prorated warranty.

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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SELF-ADJUSTING AIR/FOAM MATTRESS WITH
OPTIONAL ALTERNATING PRESSURE PUMP



- Top foam layer constructed of "Visco Gel Polymer Technology".
- 10 interconnected cells continually equalize pressure.
- Optional user-friendly whisper quiet alternating pump.
- 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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Check 101 on index.

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5-8: CES
Las Vegas, NV & Virtual
digitalhealthsummit.com

11-12: ADMEA Annual Meeting & Convention
Hoover, AL
admea.org

25-26: FAHCS Legislative Conference
Tallahassee, FL
fahcs.us

26-29: ATIA 2020 Conference
Orlando, FL
atia.org

FEBRUARY 2022

2-3: ACMESA Winter Meeting
Durham, NC
atlanticcoastmesa.org

5-7: Focus: The EW Conference
Clearwater Beach, FL
focus.essentiallywomen.com

23-24: Texas Association for Home Care & Hospice Winter Conference
Dallas, TX
tahch.org

MARCH 2022

5-9: NHCPO Hospice & Palliative Care Leadership & Advocacy Conference
National Harbor, MD
nhpc.org

28-30: LeadingAge Leadership Summit
Washington, D.C.
leadingage.org

12-16: National Home Infusion Association Annual Conference
Nashville, TN
nhia.org

APRIL 2022

12-14: Medtrade West
Phoenix, AZ
medtrade.com

26-28: MAMES Spring
Des Moines, IA
mames.com

MAY 2022

1-3: ATA 2022
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DID YOU KNOW?

May is Older Americans Month.

JUNE 2022

13-15: VGM Heartland Conference
Waterloo, IA
vgmheartland.com

DID YOU KNOW?

June is Alzheimer's & Brain Awareness Month.

JULY 2022

14-16: RESNA Annual Conference
Arlington, VA
resna.org

19-22: HomeCareCon
Lake Buena Vista, FL
homecarefla.org

24-26: NAHC Financial Management Conference
Las Vegas, NV
nahc.org

AUGUST 2022

4-5: FAHCS Annual Meeting
Orlando, FL
fahcs.us

10-12: Big Sky Conference
Anaconda, MT
bigskygames.org

30-9/1: Texas Association for Home Care & Hospice Annual Meeting
Woodlands, TX
tahch.org

SEPTEMBER 2022

14-15: ATHOMES Annual Meeting
Nashville, TN
athomes.org

28-29: PAMES Conference
Seattle, WA
pames.org

OCTOBER 2022

16-19: LeadingAge Annual Meeting and EXPO
Atlanta, GA
leadingage.org

23-25: NAHC Annual Meeting & Expo
St. Louis, MO
nahc.org

24-26: Medtrade East
Atlanta, GA
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NOVEMBER 2022

DID YOU KNOW?

November is when we honor our HomeCare Heroes finalists.

DECEMBER 2022

4-8: ASHP Midyear Clinical Meeting
Las Vegas, NV
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DID YOU KNOW?

December 3 is the International Day of Persons with Disabilities with the United Nations.



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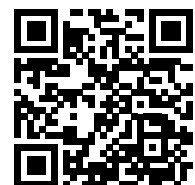
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Check it out

Why HMEs Should Know PDGM

It's a key to building your brand & boosting your bottom line

By Karen Lerner

For durable medical equipment (DME) providers looking for new referrals, the most common call points are skilled nursing facilities (SNFs), pulmonologists, cardiologists, internists and hospital case management departments. One referral source is often missing from their sales and marketing strategies, however: home health agencies (HHAs).

This article will help DME providers build HHA referrals, better distinguish their brand, create new growth opportunities and increase revenue. Understanding the Patient Driven Groupings Model (PDGM) will help HHA sales calls resonate with knowledge and insights, rather than just product and price. This understanding should, in turn, allow you to focus on the positive impact DME can have and why an HHA should partner with you.

PDGM Primer

In January 2020, the Centers for Medicare & Medicaid Services (CMS) finalized a new home health payment model, the Patient Driven Groupings Model. It relies on clinical characteristics and other patient information to create a case-mix classification placing home health care periods into meaningful payment categories.

PDGM transformed payment for home health by removing the incentive to over-provide therapy in favor of a value-based payment system that puts patients' needs first. HHAs receive higher reimbursement for patients coming from institutional settings compared to community-based referrals. Hospitals and SNFs are penalized for higher-than-expected readmission rates under their value-based programs; therefore, HHAs need solid, verifiable data demonstrating

improved patient outcomes and lowered readmission rates to target and grow their referral sources.

A DME provider that can demonstrate how the right equipment can prevent hospital readmissions is a valuable resource to the HHA.

Marketing to HHAs

Start by differentiating yourself from your competitors. Anyone can advertise service, selection or home delivery—which makes it hard to stand out if you offer more of the same. The key is for customers to want to choose you and then to keep coming back for your insight and service.

When it comes to working with home health agencies, you're not just taking orders. You are creating a narrative, and the storyline is the opportunity. You need to speak their language to encourage them to order from you. If you understand their needs, you can approach them with a plan. Saying, "Let's go over those clinical grouping models, and I'll show you what DME products will help your patients in those groups," is a powerful message.

The home health field is very competitive. They are all competing for the same patients and facing staffing shortages. When you help your HHA partners become better at ordering DME, more patients are able to stay home, which keeps the agencies at the top of their game.

Patients want to be home, a trend that will continue in the future. Keep in mind that HHAs have rarely been in the driver's seat when it comes to ordering DME, so they need your expertise, direction and training. As more patients skip short-term rehab or skilled nursing, the acuity of

patients directly admitted to home health care is drastically increasing. Answer the questions they might not know to ask, such as: Where does DME fit in for keeping those sicker patients healthy at home instead of in the hospital? Talk about patient safety and how DME assists with rehab and overall health and wellness. Know the specific health outcome benefits of the products you recommend, including how DME can improve function for certain diagnoses.

Learn how HHAs get referrals and help them get more. There are benefits for the HHA of knowing what DME to order and what to document so Medicare or insurance covers the equipment. If your home health partners can share the correct documentation for an oxygen prescription, that's a marketing tool the HHA can use to help the physician, compared with a competitor who calls repeatedly with documentation questions. Once an HHA is proficient at ordering and documenting DME, they can partner with local doctors and medical groups.

Help With Staffing

Focus on long-term outcomes rather than just 30-day readmissions. HHA nurses and aides play a large role in DME orders, but they often aren't taught about equipment options. Offer to provide in-house training to home health staff on the equipment you have that can make their jobs easier.

Staff turnover is among the highest operational costs for HHAs, and worker shortages are always a top concern. DME providers can help with agency staffing by focusing on specific items and equipment that simplify and speed up nursing care. For instance, train your delivery staff to do home assessments that include fall prevention and

Saying, “Let’s go over those clinical grouping models, and I’ll show you what DME products will help your patients in those groups,” is a powerful message.



bath safety, and share that information with the HHA. Educate your delivery staff about basic manual wheelchair positioning such as front rigging and armrest adjustments, which helps HHAs since they can’t bill for the hours if they need to send a therapist out.

Reviewing Diagnosis Codes

Let’s look at a PDGM clinical group as an example of how a DME and HHA can team up for referrals. Under PDGM, a patient with a Stage 3 pressure ulcer or pressure injury of the sacrum falls into the wound care clinical group. Wound care is one of the best paid clinical diagnoses under PDGM, so if you provide dressings and support surfaces, you can help HHAs acquire wound patients and improve their conditions. This increases the home health agency’s value in the wound care market, resulting in more referrals and growing the HHA’s bottom line and your own.

Review the top diagnoses codes the HHA will see and build a DME suite by condition

or disease state to address unique care needs. Highlight competencies in areas such as congestive heart failure, COPD, pressure injuries, etc. Help the HHA understand key products such as beds, bath safety, lift and transfer devices, wheelchairs, mattresses and cushions or pressure prevention. HHAs may not know about specialty products with clinical benefits that can also be used in the home. Get specific and build your brand to help them build theirs.

Conclusion

Have you been watching the “Choose Home” bill that is currently before Congress? It will most likely pass and if so will divert \$247 million from skilled nursing to homecare. This means HHAs will be getting sicker clients and might not know how to order equipment for these next-level patients. They may not even know what is available and will need more support; work with your local HHAs to show how you can help. This is

how to stay competitive and highlight your differentiating assets.

Take your DME business to the next level by becoming an HHA and/or PDGM clinical grouping diagnosis specialist and using this expertise to market yourself. Look into getting your staff certified as a post-acute care specialist, memory care specialist (dementia is one of the top diagnoses) or another condition-specific specialist to become a better patient advocate and clinical expert. This is a substantial opportunity for you to help patients and partners and to augment your current business plan. **HC**

Karen Lerner is a registered nurse and wound care, long-term care and rehab specialist with over 35 years of industry experience. Since October 2013, Lerner has worked as part of Drive DeVilbiss’ clinical team. She began her career as a critical care nurse specialist in major teaching hospitals from Florida to New Jersey. Lerner received her undergraduate degree from Duke University and her graduate education from the University of Florida. Visit drivemedical.com.

Building a Digital Marketing Strategy for a New Era

From branding to personalization, make sure you understand your options for constructive & community outreach

By Hannah Wolfson

Lisa Wells is a veteran of online marketing and e-commerce with more than 20 years of experience with public relations, marketing communications and web-based product management. She founded Naturally Able, Inc., a consumer support organization and medical device marketing consultancy that advises health care providers on better ways to connect with customers who have disabilities. HomeCare talked with her about how to improve home medical equipment (HME) marketing and public relations.

HEMOCARE: Is there a “step one” for communicating better with customers, especially in these times?

WELLS: COVID-19 caused a lot of disruption in the marketplace, especially in the supply chain. And on top of that, there's a recall from a major respiratory manufacturer. How should HME providers communicate these difficulties with their clients? ... A golden rule of public relations is, if you don't state what the reality is, the people you serve who are dependent on it will make up whatever the truth is for themselves. And 99.9% of the time, that truth will be negative because it's how we are wired psychologically, especially when you're dependent on something.

It is super important through challenging times—whether it's logistic challenges, product recalls, pandemic response—in any one of those situations, you have a lot of uncertainty and a lot of fear. So you have to go back to your caregiver roots in this space to understand how to calm fears and

the way you communicate about what's happening to your customers. And I'm not calling them patients for a reason. They're customers; they're people like you and me and they react like we do. It's better to over-communicate or anticipate a need that you're going to have to explain before you're in the middle of a crisis.

So, when you have to tell somebody you're out of an item, always recommend an alternative, explain the timeline and make sure to share that it is network-wide and not a failing of you as a health care provider, because that helps them understand. People are more likely to be gracious about it and calm down because they're understanding they're dealing with uncertain times. But you have to explain it, because if you don't, they're just going to assume the worst and think you're bad at your job.

HC: What language should providers avoid when they're talking about this kind of issue?

WELLS: You want to avoid language that makes people feel like they are powerless, like they have no choices because chances are, your customers already encounter that feeling because of whatever condition they have on a regular basis. So you don't want to drive away your active base. That's the fastest way to do it—to take away their choice and their power in a situation and to talk to them as if they don't have one.

The second thing is, even if there is no choice because the product or the situation

is untenable and it has to be a change for the better, ... [then you approach it as] we have to work this out together. That is the way, language-wise, to do it. We are here to work it out together, but we need your help to figure out what's best for you. So if you start with that in any type of crisis, it calms down your audience, calms down your employees because you've given them a script that's now helping. And then you work out solutions together, but you have to have a plan before you go into of how to train people. And then you communicate, communicate, communicate to as many touch points as you can.

HC: What are some marketing angles people are missing? Talk a little bit about personalization.

WELLS: If you blast people with emails, personalize them. If you're doing social media, put out content that talks about people like them, that they can identify with. Use technology to your advantage. If you are spending \$300,000 a year on Google AdWords, consider targeting ads instead of blanketing ads like you have done on TV, because it's such a broad-based, expensive way to do it. Look at technology for ways to really drill into your identified customer base. Chances are, if you have a thousand active clients, I guarantee you, you have 10,000 inactive names. Internet Protocol (IP) target those addresses.

The first adopters for this in the health care space were hospital systems because

they have a very defined service area. A hospital has a service map in which they're allowed to provide care, so when people come into the neighborhood, you'll see hospitals targeting those people. They do mailers into those physical addresses, which you can do, too. But when you have the physical address technology, it's called IP targeting. You can send your messaging straight into any computer at that physical address as well.

I've been doing that for five years already to drive brands around big competitors that have 10 times the sales force and 10 times the budget that I did. I'm targeting straight into the physical source that either can choose our products or recommend the products. So instead of doing \$300,000 Google Ad campaigns, I target banner ads into a list of 1,000 urologists that go straight into their office and anyone on their computer, in their office all day long, they're going to see my product ads bounce up in front of them. And they think I'm running a \$300,000 national campaign; I am not, I am running a \$1,000-a-month campaign.

HC: People are often unable to go into the community because of COVID-19 and other things. If you can't go out into the community, how do you engage your audience?

WELLS: Digital is the way. And that's actually a strategy. I've been talking with some of my friends in the industry; so many salespeople are locked out of referral sources right now, because you know, if elective surgeries are canceled, I'm pretty sure your reps not going to be invited there either, right? So that's where things (come in) like appropriate imaging and ramping up your digital presence and personalizing your automated experience and really doubling down on how you would reach out online to get your brand out. This is the time for that. This is the time where, if you haven't understood the power of technology, if you don't know anything about IP targeting, if you don't know how to write an authentic blog and to share it in a condition-based Facebook group that is solely an audience

They're customers, they're people like you and me and they react like we do. It's better to over-communicate or anticipate a need that you're going to have to explain before you're in the middle of a crisis.

made up of people you serve, if you don't know how to get there, now's the time to.

I mean, it's past the time you should already be there, but now is the time to really commit to that digital change. You're a lifeline right now, you know this ... While you're sitting at home, feeling terrible, [it helps to check] in with people online. Don't you feel that yourself? Well, anyone who's recently paralyzed or who's just had a stroke or who's found out they have cancer or who doesn't know what to do with their mom with diabetes is going to find that same comfort level in those online channels, if it's delivered in a way that's meant to be received well by them instead of a sales pitch, right?

HC: Is there anything that we missed that you just really want providers to know?

WELLS: I will tell you that if you are interested, truly, in scaling your business in a way that is meaningful, yet profitable—which means [it's] sustainable for the long run for the people you serve—digital [marketing] is a key component that you can no longer overlook. [And it's] not just having a responsive website that people can see on a cellphone. That's basic, right?

You have to get to the point where you're talking to people on a regular basis in ways that are not a physical cost to you, a physical action by a set of hands. The other thing about buzz versus branding: Brand is who you are, what you stand for; this is the body of the car. Buzz is the wheels on the car. And the wheels on the car are so

important from a digital standpoint because it will influence more than just potential customers. If you ever want to sell your business, it influences the people who might buy it. If you have a recruiting need for your own team, it helps people evaluate who you are and whether or not they want to work for you. If you have shareholders, it gives them more meaning behind what they've invested in so they're not screaming at you all the time because of a blip on the market. Now's the time to do it. There are so many good reasons for doing more in this space than just the bare minimum that I would really encourage providers to consider that as they are making their plan to go to market. Make sure that it's customer-focused first, because if you choose to be the difference then you will be, not just with your own team, but in the families you serve all over your community. **HC**

Want more great marketing advice? Listen to an extended interview with Wells on the HomeCare Podcast at homecaremag.com/podcasts.



Hannah Wolfson is editor of HomeCare magazine.

EHR IMPLEMENTATION

Best Practices for Launching a New EHR System

6 tips for choosing & working with your vendor

By Wenona Palombi & Latessa Hinson

Committing to a new electronic health record (EHR) may seem daunting, and once you've taken the plunge and chosen your technology vendor, the path to implementation still awaits.

That path isn't always clear—in fact, at times, it may be littered with challenges that can feel insurmountable. Yet the effort is well worth the benefits of a modern platform, so have confidence that you can guide your team through the transition. This article will help providers navigate the route to a successful implementation of a new EHR, from selecting a vendor to going live.

1 Embrace discovery calls.

Discovery calls are vital for providers as they gear up for implementation. These calls should include stakeholders from all teams at the organization and include an in-depth analysis of departmental workflows.

If your organization is transitioning from a simple EHR to one with greater capabilities, workflows will inevitably undergo drastic enhancements.

If your organization lacks experience with process improvement, you must fully embrace discovery calls to ensure departments spend as much time as possible establishing current workflows, including why certain processes exist, which reports are necessary and what needs to be completed for clinical purposes.

After defining this information, the implementation team maps current workflows based on past practices versus future practices. From there, providers must

ask: Are there any modifications we need to make within a process or a form?

2 Keep stakeholders engaged & bring in the subject matter experts.

Stakeholders that are part of your sales process must be involved to some degree. These stakeholders are invested in the new EHR based on key objectives for their organization, and those objectives should flow into the implementation process.

Additional stakeholders may be added during implementation, but the importance of these individuals is key to creating an optimized EHR with executive decision-making power to steer your subject matter experts (SMEs) appropriately.

SMEs are not just knowledgeable about the EHR platform itself, but essential to implementation to explain why a decision was made, as well as the impact of that decision. These individuals will be your go-tos as health care providers, not only during implementation but also during and after you go live, leveraging their expertise for data collection, decision-making processes, testing, training and the first line of end-user support throughout the process.

3 Follow best practices.

Every EHR performs differently and prescribes a solution-based set of best practices. It is crucial to align your organization to these best practices when assigning roles, processes and workflows. When best practices aren't followed, it

creates a need for future workarounds, optimization requests and new functionality that do not apply to your new customized workflows.

Even when following best practices, some risks are unavoidable and a normal part of any implementation. With a risk management plan, you and your technology vendor can help navigate and mitigate risks. When risks are not documented or communicated, issues grow and mitigation becomes a fire drill.

4 Enable super users.

Most providers don't have the capital to staff hundreds of administrative trainers, which is why your organization should enable super users or system administrators.

Super users are crucial to any implementation project. In their role as experts, they identify and resolve issues while maintaining open lines of communication between the vendor's implementation team and the end users.

Start conversations with your super users; be sure to engage them along the way. Without ample time to embrace the role of super user, complications can arise along the path to implementation.

Talk to your clinical leadership first, explaining what the super user job will entail and detailing the level of commitment from start to go-live. After establishing workload and responsibilities, determine who has the best technical skills to train.

When identifying your super users, it is vital to identify individuals who can train

any personality for any skillset. These individuals also must be able to view the project holistically. With a global view, the moving parts become more defined, allowing super users to truly understand the importance of each person's training and ongoing participation.

5 Take advantage of project management.

Regardless of which EHR you choose, your technology vendor likely offers a number of services that can make your implementation more seamless.

To avoid overwhelming a particular team or individual at your organization during implementation, take advantage of contracted project management services and purchase a package of hours from your EHR provider. Extra consulting services can allow your organization to reach your benchmarks along the project schedule.

Additional technology support is also available so you can ensure there are ample resources available 24/7 for end users to get the support they need.

6 Define workflows & deliver on time.

Health care providers need to clearly know their existing workflows when they walk into an implementation. This is essential in order for a vendor to consult on how your new EHR should be configured according to best practices and regulatory requirements. The most successful implementations have workflows mapped before the start of the project, and then document the new workflows before go-live.

It is key to a project timeline for all deliverables to be completed when agreed upon. The repetitive slip of deliverables can have a major impact on timeline and morale for both the provider and the end users.

Most of the deliverables and tasks within the project plan are dependent on others. The build cannot be completed without data collection, testing cannot occur without build, training cannot occur without testing and so on.

While the goal for every implementation is success, without these focal points, health care providers can lose their footing along the path. As you move toward implementation, use these three practices as guideposts, pointing you along the route to success well beyond go-live. **HC**

Wenona Palombi is manager of health care informatics at Treasure Coast Hospice. Recently, Treasure Coast implemented the Netsmart person-centered EHR, myUnity, to improve agency workflow, streamline clinical documentation and enhance patient care.

Latessa Hinson is vice president of post-acute consulting at Netsmart, a health information technology provider that supports more than 40,000 post-acute care and human services organizations. Visit ntst.com.

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A New Way to Clean the Air

Understanding infection control options & strategies

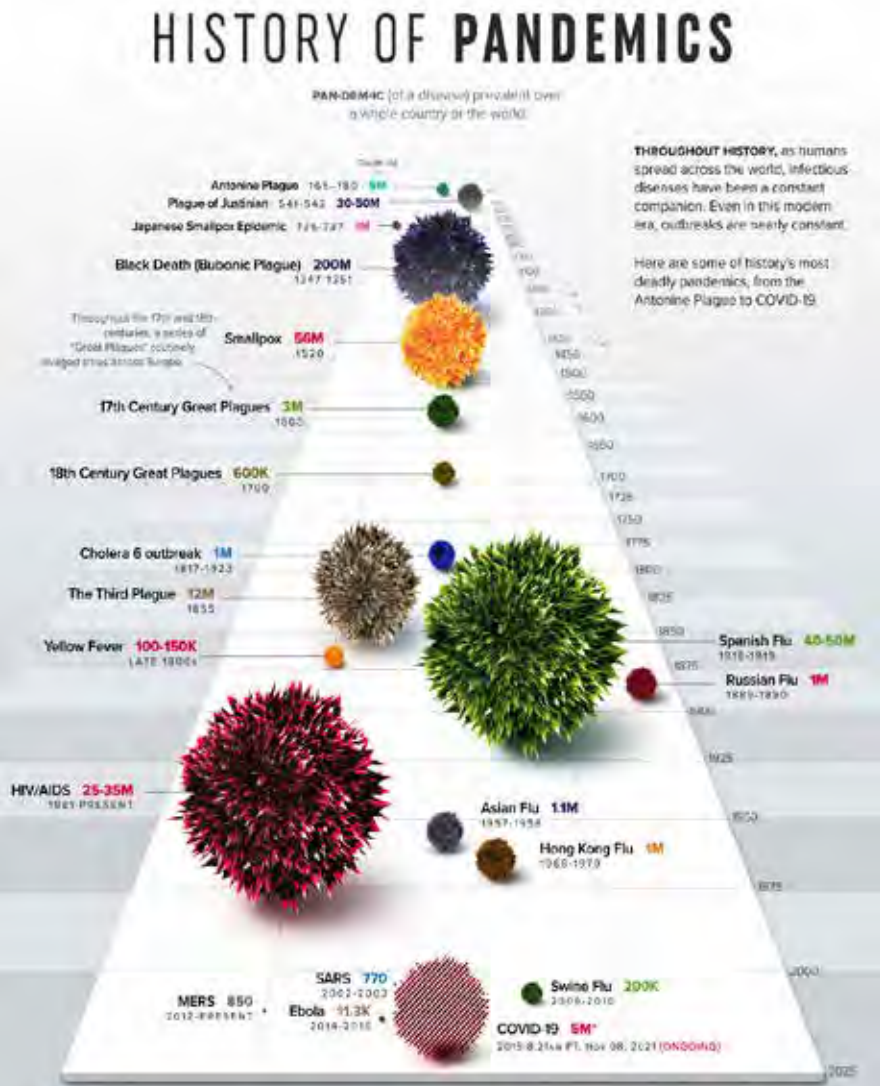
By Charles Zittin

During the COVID-19 pandemic, many people have become more aware of the air that they breathe and how to best protect themselves from harmful pathogens in the air. This is not the first pandemic; nor will it be the last. The world has had eight pandemics since the year 1900, including the Spanish flu, which killed upwards of 50 million people between 1918 and 1920. Protecting senior citizens, the disabled and health care workers from airborne and other infections must be a multifaceted approach.

How Pathogens Spread

Pathogens—or germs—are anything that produce a disease. This includes viruses, disease-causing bacteria and mold. Pathogens are transmitted in several different ways, including through the air, via direct contact, and from surfaces, skin or inanimate objects or substances that can transmit infectious organisms from one individual to another. There are also zoonotic pathogens, which are spread from animals to human and humans to animals.

Humans express droplets that vary in size according to where they originate within the body. Different sized droplets emanate



Partial view of "A History of Pandemics" by Visual Capitalist

from the lungs, esophagus, nasal passages or mouth. Some of these droplets are large and drop readily to the surfaces and others become aerosolized and can spread as far as 30 feet. These droplets can carry pathogens that can potentially infect others.

According to the Centers for Disease Control and Prevention, most disease-causing pathogens are spread by airborne transmission. The greater the concentration of people in a room, the increased potential for a higher viral load and the spread of these pathogens.

3 Widely Employed Strategies for Disinfection

The most common disinfection strategies are implemented on a surface level and/or in the air within a building environment.

Surface-level disinfection usually involves cleaning and sanitizing with chemical sprays. Although these are helpful, they are only one part of the equation. In addition, some chemicals may affect individuals who are susceptible to these cleaning solutions. More importantly, these products disinfect

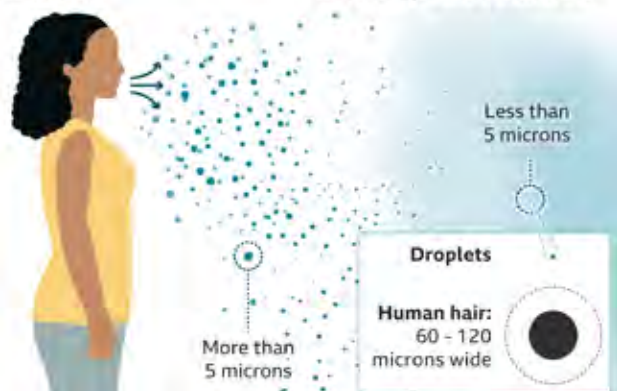
The difference between droplet and airborne transmission

Droplet transmission

Coughs and sneezes can spread droplets of saliva and mucus

Airborne transmission

Tiny particles, possibly produced by talking, are suspended in the air for longer and travel further



Source: WHO

only at the surface level and last for a short period of time; they have no impact on airborne pathogens. If someone with COVID-19, flu, MRSA or whooping cough is in the area, they can transmit those pathogens—sometimes without showing symptoms.

Airborne disinfection strategies have several alternatives that include air purification; increased ventilation; controls for heating, ventilation and air conditioning (HVAC); high-efficiency particulate absorbing (HEPA) filters and upper air germicidal irradiation (UAGI). Let's look at three options in depth.

1 Air Purification

Bipolar ionization (sometimes called needlepoint bipolar ionization) is a technology that can be used in HVAC systems or portable air cleaners to generate positively and negatively charged ions. These ions attach to pathogens, causing them to fall to surfaces, partially eliminating them from being airborne. However, these pathogens can still be acquired by individuals when they touch affected surfaces. There are also potential side effects such as the production of ozone, which can create negative respiratory issues. In addition, there is not sufficient research to fully understand the interaction of charged ions with chemicals used on the surfaces. It is important when selecting a disinfection strategy from a manufacturer to ask for both independent lab and field studies. The favorable results achieved in the labs may not translate to actual results in a live study in the field.

2 HEPA Filters & UV Lighting for HVAC

HEPA filters remove pathogens from the air, whereas ultraviolet (UV) lighting kills the pathogens. These are complimentary strategies, along with increased ventilation (air exchange) to eliminate any pathogens from the building. It is



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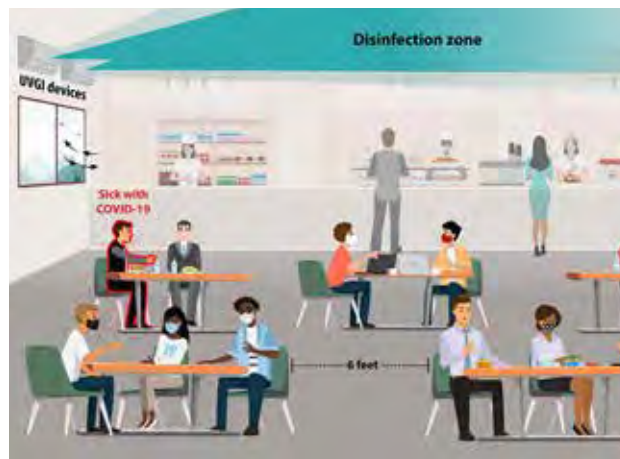
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Source: CDC

important to understand that there are dead zones within certain rooms where there is little to no circulation and increased air flow may be difficult and costly for an extended.

UV has been used in health care settings for over a century and is a well documented and recommended infection control solution.

3 UVGI Solutions

Ultraviolet germicidal irradiation (UVGI) equipment disrupts pathogens' DNA. UVGI should be disbursed at least eight feet above the floor and air exchange should be allowed for at the same time. A high air exchange rate is similar to introducing clean air into the room. A process called "convection" causes warmer air to naturally rise to the upper portion of the room.

UV-C light is deployed in the upper air of the room to inactivate any pathogens caught in the convection currents. Louvers are used to keep the UV-C rays in the upper portion of the room away from the room occupants. This system allows up to 18 air changes per hour and has an efficacy rate of 99.9%.

Note that upper-air UVGI solutions can help reduce both the airborne pathogen load and, in combination with normal surface cleaning procedures, helps further reduce the surface pathogens. **HC**

Charles Zittin is national sales director/distributor for PandemicUV, marketing to senior living centers, retail businesses, transportation services, public venues, office complexes and more. Visit pandemicuv.com or email him at charles@pureairuvgi.com.

HOME INFUSION

Sound the Alarm: Home Infusion Utilization Dips

An argument for expanding, not curtailing, the benefit

By Connie Sullivan

The COVID-19 crisis has reinforced the need to treat the most vulnerable patients at home. Home infusion pharmacies have been safely and effectively providing a wide range of intravenous (IV) medications to patients in their homes for more than 40 years. And, as in home nursing services, there has been a significant uptick in home infusion referrals for patients who are best served by avoiding facility-based care during and after the pandemic.

Home infusion's proven model of care is overwhelmingly preferred by patients and is also cost effective compared to other sites of care. A 2017 study published in the journal "Healthcare" shows that up to 95% of patients who are dependent on IV medications prefer to be treated at home, and nearly 98% of patients indicated in a 2020 study in "Infusion" that they are highly satisfied with their home infusion services.

Commercial payers, Medicaid programs and other payers recognize the advantages to patients as well as substantial cost savings and have put "site of care optimization" programs in place, using tools such as benefit structuring and prior authorizations to encourage patients to choose home infusion. For Medicare beneficiaries, however, a comprehensive, straight-forward home infusion benefit does not exist. The National Home Infusion Association (NHIA) estimates that 17 million to 24 million seniors with underlying health conditions don't have coverage for home infusion and are forced to either pay out of pocket, receive treatment in more expensive

facility-based settings or skip needed medical treatments.

Reduced Utilization: a Red Flag

In the larger scheme of things, Medicare only offers home infusion benefits for a limited subset of drugs—about 30 medications that require an external infusion pump to administer. These drugs are covered under the Part B Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) benefit. However, there are more than 100 medications—including antibiotics, hydration and monoclonal antibodies—covered under Part D that are routinely administered at home using simple methods (e.g., IV push or gravity drip). Because they do not require a pump, these drugs are not eligible for Medicare's Part B coverage of home administration supplies and services.

Among the medications for which home infusion services are covered, severely limited reimbursement and an improper interpretation of legislation intended to

increase beneficiary access to care under the Part B benefit has actually worked to reduce the utilization of services. New data from the Centers for Medicare and Medicaid Services (CMS) shows that utilization of Part B DMEPOS infusion drugs declined 2% from 2018 to 2019 and 31.3% from a six-year high in 2015 (see Chart 1). In addition, provider participation in the program declined to its lowest point in five years (see Chart 2). All this despite a new reimbursement model that includes payment for nursing services under the home infusion transitional benefit, which went into effect Jan. 1, 2019. A permanent benefit that included some modifications went into effect Jan. 1, 2021.

These trends within Medicare contradict what is happening in the commercial market. Overall, home infusion utilization is growing, not shrinking. A report published by NHIA in 2020 shows overall industry growth exceeded 300% during the past decade, largely driven by an aging population, higher demand for home-based care and cost savings. The United States Census

Beneficiaries Using the DMEPOS Benefit (2014-2019)

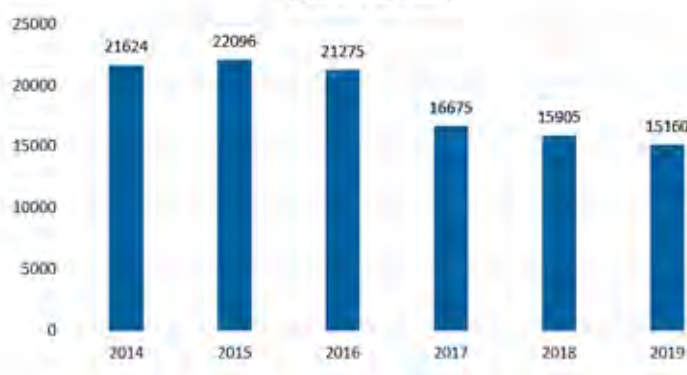
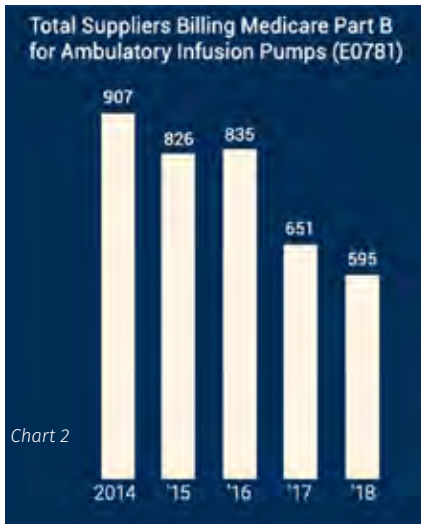


Chart 1



Bureau estimates that the 65-and-older population grew by 34% from 2010 to 2019, yet fewer beneficiaries are using the Part B home infusion benefit. NHIA interprets a drop in Medicare utilization of home infusion services as evidence of CMS's flawed interpretation of the current law. While the Part B DME benefit is important in addressing home infusion access for a small and highly vulnerable population, the structure of the program has ultimately failed the beneficiaries it was designed to support.

Addressing the Core Issues

Congress included provisions in the 21st Century Cures Act and the Bipartisan Budget Act of 2018 to create a professional services benefit for Medicare Part B home infusion drugs. The intent in establishing this benefit was to maintain patient access to home infusion by covering professional services, including assessments; education on administration and access device care; monitoring and remote monitoring; coordination with the patient, caregivers and other health care providers; and nursing visits. Despite Congress's intent, CMS improperly implemented the benefit by requiring a nurse to be physically present in the patient's home for providers to be reimbursed. As a practical matter, the current home infusion therapy benefit only

acknowledges face-to-face visits from a nurse and fails to account for the extensive clinical and administrative services that are provided remotely by home infusion clinicians.

The Cures Act also broadened the definition of a home infusion therapy services supplier to include physicians, home health agencies and others—in addition to infusion pharmacies. However, as of March 2021, fewer than 250 total suppliers (including pharmacies) have enrolled nationwide. If CMS's goal was to recruit nursing agencies to the benefit, the effort appears to be falling short. Only 41 nursing agencies in 12 states have enrolled to provide services, and 59% of the 41 are located in just three states.

NHIA believes that future beneficiary access to home infusion under Part B will depend on the DME pharmacy's ability to secure nursing care, which can no longer overlap with Part A home health. Achieving sufficient participation in both DMEPOS home infusion and Part B home infusion therapy services to maintain beneficiary access will be challenging given the small number of potential beneficiaries and low reimbursement compared to the expense of achieving and maintaining accreditation.

To fix this situation, it is vital that reimbursement for home infusion services reflect all the services necessary to administer IV drugs safely and effectively at home—including both face-to-face services provided in the patient's home and the extensive pharmacy services conducted behind the scenes. Consistent with the successful commercial market model, this would require reimbursement to occur every day a drug is infused, rather than just on days when a skilled professional is physically present.

The Preserving Patient Access to Home Infusion Act provides technical clarifications that will remove the physical presence requirement, ensuring payment regardless of whether a health care professional is present in the patient's home. The legislation also acknowledges the full scope of professional services provided in home

infusion—including essential pharmacist services—into the reimbursement structure.

Preliminary analysis of the legislation from the Moran Company suggests that the measure will create savings for patients and taxpayers by moving care into more cost-effective home settings. "Our model estimates on balance that the legislation would produce more savings than costs—with an estimated savings over 10 years of \$93 million," the report concludes.

The legislation does not address the coverage gap for the more than 100 home infusion medications that do not require a pump for administration. For those therapies, the Biden administration could leverage its authority under the Center for Medicare & Medicaid Innovation to establish a demonstration that would bring the same cost savings and patient benefits to Medicare that other payers have enjoyed for years. Millions of seniors that lack access to coverage for home-based care could gain from this expansion, and such a demonstration could easily leverage existing Medicare infrastructure to establish a meaningful home infusion benefit.

Conclusion

Medicare is the only major payer of health care services in the United States that lacks coverage for administering IV drugs in the home, despite an overwhelming need for patients to remain at home during the pandemic and the significant potential for cost savings. While commercial payers are modifying benefit design to incentivize beneficiaries to use home as the site of care, CMS policies have pushed beneficiaries back to facilities. It's time for Medicare to recognize the value of home infusion for both patients and taxpayers and expand this benefit to ensure access is available for all of America's seniors. **HC**

Connie Sullivan, BSPHarm, is the president and CEO of the National Home Infusion Association (NHIA). Her efforts are focused on advocating for expanded Medicare coverage of home infusion services, advancing industry data initiatives to improve the quality of patient care and establishing educational programs to advance the technical capabilities of the industry. She can be reached at connie.sullivan@nhia.org.

NEW ON THE MARKET

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



1 MaskFit AR

AR MEDICAL TECHNOLOGIES

MaskFit AR is a mobile app-based communication platform that makes getting an accurate mask fit for the treatment of obstructive sleep apnea easier. With a large CPAP mask database integrated with a network of input from facial measurements, demographic and clinical data and satisfaction scores, MaskFit AR's patent-pending smart algorithms will automatically recommend a selection of best-suited masks for individuals of any age, gender and ethnicity. For maximum security and privacy, MaskFit AR does not transmit or store any images. MaskFit AR can be used in person or for remote contactless mask fitting. Visit maskfitar.com.

Check 200 on index.



2 HDL-400-FTS

INDEELIFT INC

The HDL-400-FTS floor-to-stand lift is a game changer in patient care. This lift is designed to get people up from wherever they may be sitting: a chair, the commode, a wheelchair or even the floor. Self or assistant operated. Visit indeelift.com.

Check 201 on index.



3 Health Hose Pro

LIVILITI HEALTH PRODUCTS

The Healthy Hose Pro is an antimicrobial CPAP tube designed to eliminate or prevent up to 99.99% of bacteria. This eliminates any need for extra sanitizing after manufacturer-recommended washing of the tube and leads to healthier lives for CPAP users. Patent pending and ISO 22196 certified. Visit liviliti.com.

Check 202 on index.



4 NozeSeal

NOZESEAL LLC

NozeSeal offers a unique solution to challenges faced by sleep apnea patients who use positive airway pressure (PAP) with a nasal pillow. NozeSeal's adhesive strip is an accessory that secures and seals a PAP nasal pillow to a patient's nose. This new product helps prevent air leaks, headgear discomfort, embarrassing facial marks, hair damage and skin irritation to deliver a great night's sleep for those living with sleep apnea. Benefits include improved PAP efficacy and comfort. It is easy to use, inexpensive and compatible with any commercially available nasal pillow. Visit nozeaseal.com.

Check 203 on index.

COMPRESSION



1 LF9000 Intermittent Sequential Pneumatic Compression Pump

COMPRESSION THERAPY SYSTEMS

The LF9000 pump is used in the treatment of lymphedema. It features digital displays for pressure, time and interval settings. Patients and caregivers can skip selected channels when wounds are present. LF9000 has four modes: pre-therapy mode, squeezing mode, distal intensive mode and a combined pre-therapy and squeezing mode. Visit compressiontherapysystems.com

Check 204 on index.

2 FlexPress Compression Bandage System

DERMARITE

The FlexPress Compression Bandage line offers a selection of comfortable and convenient compression kits. The wraps are effective in the management of edema related to venous leg ulcers and other associated conditions for individuals with appropriate arterial circulation and ankle circumference. FlexPress Compression Bandage systems may be worn for up to seven days. Visit dermarite.com.

Check 205 on index.



3 Leg & Air Compression System

IRELIEV

The iReliev Leg & Foot Air Compression System is an easy-to-use device that applies gentle air pressure to the feet and legs to increase blood circulation back to the heart. Compression therapy can be used to prevent, manage and treat a variety of conditions, including lymphedema, leg pain, varicose veins, orthostatic hypotension, chronic venous insufficiency, leg and foot ulcers and more. This device is also ideal for relaxing and soothing tired, achy muscles. Visit ireliev.com.

Check 206 on index.



CARE MANAGEMENT SOFTWARE



1 Clinical Eval Software

ATLAS

ATLAS Clinical Eval Software (ACES) increases annual revenues for both the assistive technology professional (ATP) and the mobility provider. The ATP can prepare integrated patient mobility and home evaluations within the software and refer it to the therapist's ACES portal. The therapist can use ACES for clinical mobility evaluations either in person or remotely at the patient's home. ACES manages the necessary documentation to support the patient's mobility equipment needs to ensure it is the best fit. Visit acesevals.com.

Check 207 on index.

2 CareSmartz360

CARESMARTZ

CareSmartz360 is a HIPAA-compliant software that helps homecare businesses manage their operations seamlessly. The software offers effortless and quick scheduling, accurate clocking in/clocking out, error-free billing and payroll, and access to numerous third-party integrations. Agency owners and managers can also identify caregiver churn risks and easily view business metrics. The software offers two user-oriented apps for administrators and caregivers to manage operations on the go. Both apps have all the administrative tools you need to run your business effectively. Visit caresmartz360.com.

Check 208 on index.

3 CareCoordinator for Home Care

EDENTECH SOLUTIONS GROUP

The easy way to schedule appointments, securely record and collect notes and coordinate activities. This product was designed for independent homecare agencies not affiliated with franchise vendors or health care systems. CareCoordinator features the power and flexibility of a web-based application with no special equipment requirements. Visit carecoordinatorlive.com

Check 209 on index.

4 Care Coordination Platform

FORCURA

The Forcura Care Coordination Platform combines provider workflow and collaboration tools, patient and provider engagement capabilities, and analytics powered by clinical data exchange to support the unique needs of health care providers across care settings and services. Forcura helps providers reduce their administrative expenses, optimize their revenue cycle management and deliver better clinical outcomes, elevating the opportunities of all health professionals devoted to patients who deserve quality, continuous care. Visit forcura.com.

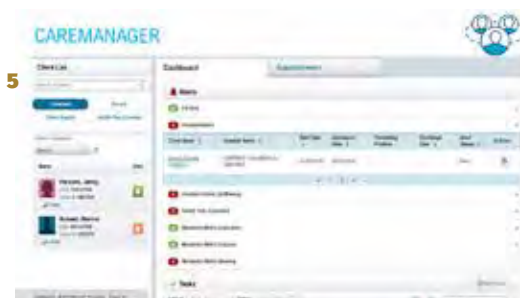
Check 210 on index.

5 CareManager

NETSMART

Netsmart CareManager creates a comprehensive view of individual health records, highlighting gaps in care and providing visibility into the entire care continuum at the point of care. The solution provides population health insights by aggregating data to identify trends, stratify risks, and present health and treatment outcomes to support analytics-driven decision making. CareManager reduces administrative burden by automating staff assignments and care coordination tasks, which helps agencies increase operational efficiencies, minimize the cost of care and improve the quality of care. Visit ntst.com.

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Centratel	<input type="checkbox"/> 114	48	Philadelphia		
Dignity Lifts	<input type="checkbox"/> 117	55	Insurance Companies.....	<input type="checkbox"/> 106	19
Dispatch Health.....	<input type="checkbox"/> 104	3	PointClickCare.....	<input type="checkbox"/> 108	IBC
			Proactive Medical Products.....	<input type="checkbox"/> 101	28,29
			Smart Caregiver.....	<input type="checkbox"/> 111	48
			Sunset Healthcare Solutions.....	<input type="checkbox"/> 112	23
			TeamDME!.....	<input type="checkbox"/> 110	9
			The Compliance Team.....	<input type="checkbox"/> 109	5

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Company Name	RS#	Page			
AR Medical Technologies.....	<input type="checkbox"/> 200	51	Dermarite	<input type="checkbox"/> 205	52
Atlas	<input type="checkbox"/> 207	53	Edentech Solutions Group.....	<input type="checkbox"/> 209	53
CareSmartz.....	<input type="checkbox"/> 208	53	Forcura	<input type="checkbox"/> 210	53
Compression Therapy Systems	<input type="checkbox"/> 204	52	Indeelift	<input type="checkbox"/> 201	51
			iReliev.....	<input type="checkbox"/> 206	52
			Liviliti Health Products.....	<input type="checkbox"/> 202	51
			Netsmart.....	<input type="checkbox"/> 211	53
			NozeSeal	<input type="checkbox"/> 203	51

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- ☐ 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab Specialist, Other Licensed Medical Professionals
- ☐ 19 Sales/Marketing Rep, Mgr, Dir
- ☐ 20 Other (Please Specify)

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

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

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

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

'It's All Good'

Collins Medical Equipment celebrates 90 years of success

By Kristin Easterling

In 1975, Jack Collins graduated from the University of Connecticut School of Pharmacy and went to work for his family business, Collins Pharmacy, in Bridgeport, Connecticut. Preparing for the future, he added a durable medical equipment (DME) showroom. Collins Medical Equipment and Accessibility Solutions celebrated its 90th anniversary in September.

Collins Pharmacy was founded in 1931 by Thomas P. Collins. His son, Tom Collins, Jr., who took over after serving in World War II, moved the pharmacy to a larger facility next door to the original in 1963. The store has moved—and grown—two more times since; the current location is just up the road in Fairfield. Jack, Tom's son, who is now president, took over in 1998, and in 2002 the retail pharmacy was sold to CVS.

"We've been fortunate as a family business to succeed in Connecticut all these

years," Jack said. "Our growth has been almost astronomical in the last five years. A lot of it is hard work, honesty and integrity."

Jack's son, Bryan, launched Collins Accessibility Solutions in 2012. He is a Certified Aging-in Place-Specialist and licensed home improvement contractor. He said the home access business generally ebbs and flows, but the company has seen a boom in stairlift and ramp orders of late.

"I think we can directly correlate that to the pandemic, with people having a much deeper desire to remain home," said Bryan.

The company tried to do virtual home assessments during the pandemic but found the model just didn't meet their customer service standards.

"Our motto is to care for people like family," said Bryan. "So [virtual evaluations] didn't really give us that personal touch that we're looking for."



Top: Tom Collins, Sr. in the pharmacy
Middle, L-R: Jack Collins, Tom Collins Jr., Chris Collins
Bottom: The Collins' storefront today.

Fortunately, with the advent of the COVID-19 vaccine, the company has been able to return to in-person evaluations, Bryan said.

Working in DME is not without its challenges, however; right now, the industry as a whole is facing major supply chain issues, leading to soaring prices for suppliers and consumers.

"Walkers, wheelchairs, commodes—[they] come in dribs and drabs, but it's clearly a considerable challenge for us," said General Manager Chris Collins. "I think we're all trying to adapt to it. But we still don't have good communication about what's available and what's not."

That said, Jack is optimistic about the future of the company, which currently has seven members of the Collins family on staff and 26 people on the payroll overall.

"Accessibility is poised for tremendous growth," he said, and the company's diabetic supply line is growing week-over-week. "It's all good." **HC**



Collins Home Medical Staff celebrate 90 years.

Kristin Easterling is managing editor of HomeCare magazine.

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¹Hasani A et al. *Chron Respir Dis*. 2008;5(2):81-86. ² Roca O et al. *Respir Care*. 2010;55(4):408-413.

* The softFlow is FDA cleared for flow rates up to 50 L/min and in hospital and long-term care facilities. The 60 L/min version and the home use version are being made available in the US under the FDA Enforcement Policy for Ventilators and Accessories and Other Respiratory Devices During the COVID-19 Public Health Emergency.

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