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Dear HomeCare Readers,

As you've probably heard, 90% of Americans want to age in place, which brings a host of benefits, including a better quality of life, higher self-esteem and more satisfaction.

But there are also hurdles. When we write about things like home modifications, it's easy to forget that making aging in place accessible for many Americans requires addressing food insecurity, financial instability, transportation barriers, social isolation, housing costs and the need for assistance in the home. Those may sound like insurmountable obstacles, but many states are tackling all or part of the issue. Delaware, for one, set up a task force that reported back last year with about a dozen recommendations to the state legislative assembly. It will be interesting to watch as other states tackle the issue, and see whether it gains traction in Washington.

Meanwhile, in this issue we look at some recent advancements that can help seniors live safely and independently at home. I talked with Brian Hutto, the CEO of SageHome, who came to home modifications from a customer services angle (think Best Buy's Geek Squad) and wants to build his fast-growing company into a coast-to-coast aging in place business. There are also stories about how to help those with mobility issues stay fit at home and how Wi-Fi systems can be used to remotely monitor falls.

I'll be looking forward to learning more about aging in place at the end of this month at Medtrade in Dallas. If you're there and that's your area of expertise—or if you just want to say hello—stop by to see HomeCare at booth 747!

As always, 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 Editor Hannah Wolfson at hwolfson@cahabamedia.com. We'd love to hear from you!

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Named President
and CEO of
Empath Health



Jan. 17
Jennifer LoBianco
Named Best Life
Brands' New
Chief Marketing
Officer



Jan. 17
Jane Webster
Becomes Vice
President of
Strategy, Growth
and Regulatory
Affairs for Board
of Certification



Jan. 24
Encore Health
Names Sarah
Brundidge as
Director of Quality
and Innovation



Jan. 26
Rob Barrow
Announced as Chief
Operating Officer
of PurposeCare



Jan. 26
Comfort Keepers
Appoints Ramzi
Abdine CEO for
North America



Jan. 31
Home Care Pulse
Announces Bud
Meadows as
New CEO



VieMed Invests \$2M in ModoHealth

VieMed Healthcare, a respiratory care and technology-enabled home medical equipment (HME) services company, announced it has made a strategic investment in ModoHealth, a value-based care and patient management platform connecting payers, patients and post-acute providers. ModoHealth expects to use the investment to fund the expansion of its proprietary patient management network, which combines clinical tools, remote patient monitoring, data analysis and patient-centric engagement.

ModoHealth's technology enables partners across the care continuum to collaborate through a secure platform to treat disease states, supporting joint care coordination, evidence-based planning, tracking of patient engagement and reporting of outcomes. Payers seeking to develop, implement and manage value-based arrangements can use the platform to measure and improve costs by reducing hospitalizations and overall utilization.

VieMed expects to leverage its connected health care expertise to treat patients in the ModoHealth network suffering from chronic obstructive pulmonary disease, sleep apnea and other respiratory conditions.

viemed.com, modohealth.com

Invacare Files for Chapter 11

Invacare Corporation announced it has filed for Chapter 11 bankruptcy, saying the move should help the company move forward with less debt and invest in the future. Invacare "does not anticipate these filings to impact its ability to manufacture and deliver products to its customers globally," the company said in a news release.

The post-acute care medical device manufacturer said it has entered into a restructuring agreement with most of its debtors that could reduce Invacare's funded debt by approximately \$240 million and provide the company with \$60 million of equity capital to repay some debts and fund a transformation plan.

"The actions announced today mark a big

HME RECALLS TOP ECRI'S LIST OF HEALTH HAZARDS

ECRI, a nonprofit organization focused on technology evaluation and safety in health care, said that the nation's most pressing health technology safety issue for 2023 is communication gaps in recalls of HME.

"Recall notices for home-use products often do not reach users, placing patients at serious risk of harm," the organization said in its report, "Top 10 Health Technology Hazards."

As the trend toward care in the home accelerates, ECRI is concerned about homecare patients not receiving safety notices that warn of problems with the medical devices they are using. Device manufacturers seldom have direct

communication with homecare patients, and health care providers may not proactively contact patients about recalls. Patients with affected products may learn about a recall long after it was issued, and potentially from an unreliable source, the organization said in a news release.

One example cited in the report is the current recall of Philips' CPAP and other machines.

The recall was initiated in June 2021 and affected 5.5 million devices; however, several months elapsed before some patients became aware of the recall. Moreover, because of the language used in the recall notice, patients were confused about whether to continue to use their devices and what actions to take.

ecri.org



step forward for Invacare,” said President and CEO Geoff Purtill. “Having the full support of our secured term loan lender and a majority of our convertible noteholders will enable the prearranged filings to proceed efficiently. The company expects to emerge with significantly less debt on its balance sheet and will secure additional liquidity to support long-term growth.”

The restructuring plan includes a \$70 million debtor-in-possession term loan that includes \$35 million in new funding. The company said that funding, if given court approval, will allow Invacare to operate as normal during the restructuring. It has requested the authority to continue paying employee wages and benefits uninterrupted, and to support its customer programs and product warranties.

In November, Invacare announced it was discontinuing the production of respiratory products to focus on its core categories of lifestyle and mobility and seating products. Invacare.com

Hospice Leaders Urge DC to Change Hospice Oversight

Four national hospice provider organizations—LeadingAge, the National Association for Home Care & Hospice, the National Hospice and Palliative Care Organization and the National Partnership for Healthcare and Hospice Innovation—have reached out to the Centers for Medicare & Medicaid Services (CMS) and key congressional stakeholders with recommendations for legislative and regulatory changes to strengthen hospice program integrity.

The recent entry of large numbers of new hospice organizations in several states has heightened long-standing concerns among hospice leaders about the adequacy of Medicare certification, accreditation and enforcement processes.

The groups asked Congress and CMS to act expeditiously to ensure that only well-qualified advanced illness care providers are permitted to care for and support

beneficiaries and their families at the end of life.

They made 34 recommendations on 11 core issues, the culmination of a year-long effort by each of these organizations to assess various options for improving program integrity in hospice care.

nahc.org, leadingage.org, nhpco.org, hospiceinnovations.org

Medline, CareXM Form Exclusive Agreement

Medline and CareXM have announced an exclusive marketing and distribution agreement to serve the home health and hospice industry. The partnership between the two companies is focused on leveraging technology to relieve challenges of patient triage to help reduce staff burnout.

Home health and hospice agencies are experiencing increased call volumes, staffing challenges, high burnout and maxed-out resources. While outsourcing patient calls is nothing new for these agencies, it often results in poor care outcomes, inconsistency in service, lower patient quality scores and higher costs, the companies said in a news release.

Under the terms of the multiyear agreement, Medline members will receive preferred pricing on CareXM’s technology, which guides incoming calls to available providers, and, when necessary, redirects and supplements these resources with CareXM’s 100-plus registered nurses.

medline.com, carexm.com

Dynarex Launches Bariatric Line

Durable medical equipment company Dynarex Corporation has announced Bari+Max, a new line of bariatric products.

According to the company, Bari+Max encompasses a robust selection of heavy-duty products featuring weight capacities of up to 1,000 pounds and with larger widths, sturdier platforms and heavy-duty supports. The line spans mobility, bathroom safety, homecare beds, patient lifts and slings and more.

UPCOMING EVENTS

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

March 4-6
ATA 2023
San Antonio, TX
americantelemed.org

March 25-29
National Home Infusion Association Annual Conference
Washington, D.C.
nhia.org

March 28-30
Medtrade
Dallas, TX
medtrade.com

“The welds for these items are reinforced and engineered for long-lasting use by larger patients,” said Heshy Grosinger, bariatric product expert at Dynarex. “In addition, most of our Bari+Max products are designed for tool-free assembly and adjustments, providing time-saving convenience to users and medical staff.”

The company also said it is changing the standard practice of providing bariatric products on a made-to-order basis, instead keeping the full line available whenever orders are placed.

dynarex.com



GET MORE NEWS

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

Fixing Prior Authorization in Medicare Advantage

Seniors' Timely Access to Care Act/CMS Proposed Rule

By Hannah Wolfson

In recent years, legislators and regulators have become concerned about potential barriers to care access resulting from Medicare Advantage (MA) plans' use of prior authorization (PA).

In September of 2022, the House of Representatives unanimously passed the Improving Seniors' Timely Access to Care Act, or HR 3173/S 3018. The bipartisan legislation finished the 117th Congress with 53 Senate cosponsors and 327 in the House, and with broad support from homecare and other health care organizations, but did not move forward in the Senate.

The bipartisan bill would have automated prior authorization in MA plans through electronic submission of PA requests and encouraged integration into electronic medical records. It would apply to all providers contracting with MA plans subject to prior authorization.

More recently, the Center for Medicare & Medicaid Services (CMS) added similar and comprehensive prior authorization requirements to its 2024 proposed rule for MA and Part D Medicare plans. Like the legislation, CMS' proposed rule, which was issued December 27, 2022, would:

- Require MA plans to adopt electronic prior authorization
- Ensure that MA plans respond to PA requests within specific time frames
- Require public reporting on the use of PA
- Support waiver or modification of PA based on provider performance
- Prevent MA plans from denying coverage of a Medicare-covered item or service based on criteria not found in traditional Medicare coverage policies

"In recent years, CMS has received numerous inquiries regarding MA organizations' use of prior authorization and its effect on beneficiary access to care," the proposed rule reads.

WHAT
HAPPENS
NEXT? >>

The public comment period for the proposed rule closed Feb. 13; more than 650 comments were listed on the Federal Register at press time.

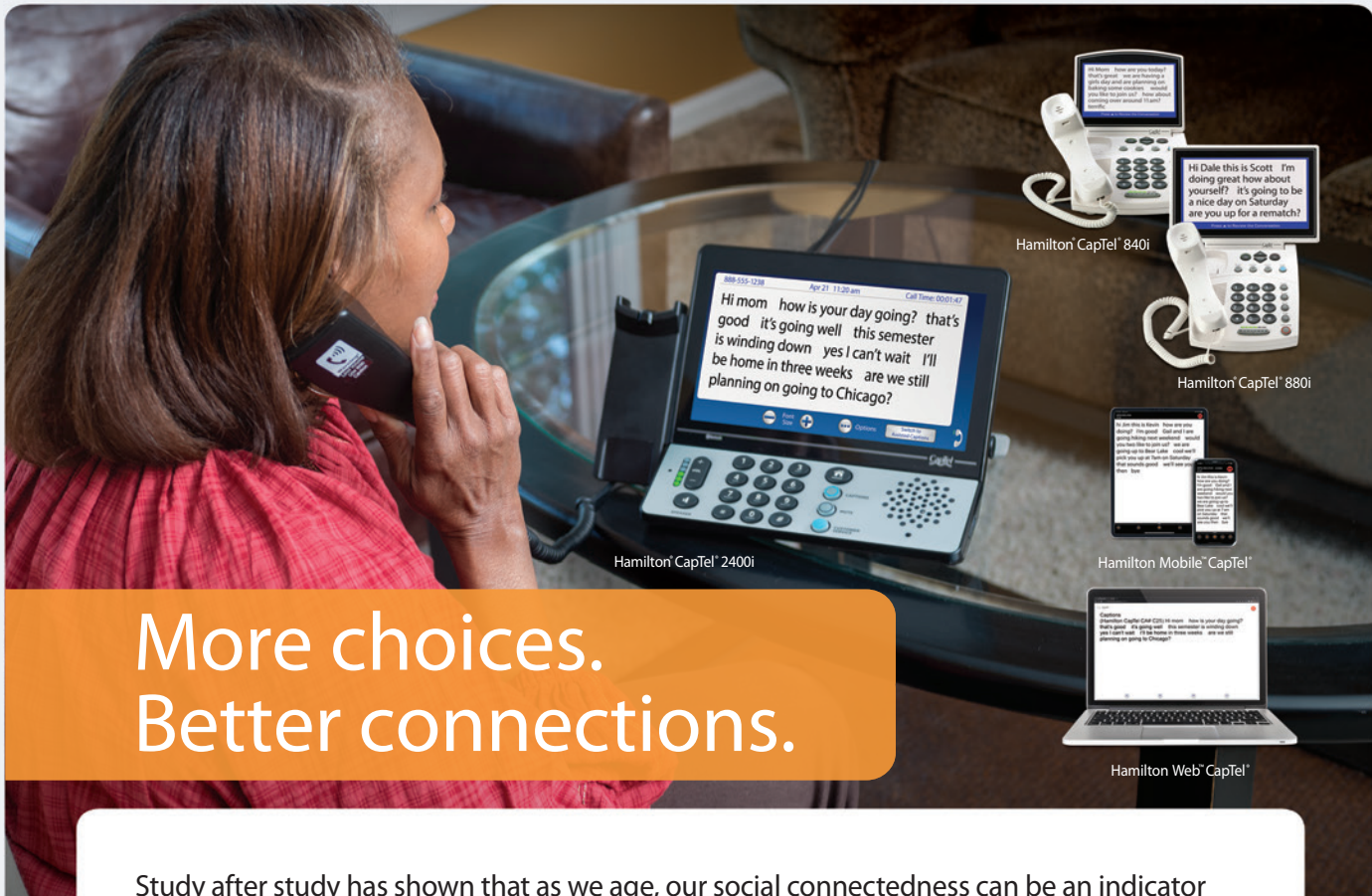
ALSO INCLUDED:

As well as revisiting prior authorization, a section of the proposed rule addresses questions of health equity in MA plans. It expands the list of populations that may require specific considerations or cultural competency, including minorities, people with disabilities, rural residents and gay or transgender people.

CMS also addresses "evidence of disparities in telehealth access," including among seniors who may face barriers due to lower digital health literacy. "This is concerning for the MA program because its enrollee population includes older adults," CMS writes before going on to require MA plans to develop procedures to offer digital health education to enrollees who may need it to help them access telehealth benefits.

LEARN MORE

<https://www.federalregister.gov/documents/2022/12/27/2022-26956/medicare-program-contract-year-2024-policy-and-technical-changes-to-the-medicare-advantage-program>



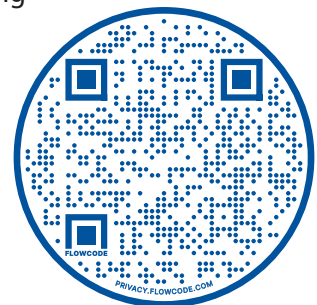
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Reimbursements Remain a Priority, Fresh Challenges Await

Competitive bidding, e-prescribing, MA on the DC docket

By Tom Ryan



TOM RYAN is president and CEO of the American Association for Homecare. He has spent the last 25 years as president and CEO of Homecare Concepts Inc., a respiratory and home medical equipment company founded in Farmingdale, New York. Ryan was a founding member and former chairman of the New York Medical Equipment Providers Association. Visit aahomecare.org.

Advocacy for reimbursements that reflect market realities remains a top priority for home medical equipment (HME) suppliers and for the American Association for Homecare (AAHomecare), but our industry must be proactive in identifying other challenges and seizing opportunities to improve our business and operational environment.

The AAHomecare team is excited by the prospect of building on our recent reimbursement win on Capitol Hill and to address new challenges on the horizon; I'll expand on a couple of the newest issues as well.

Extending a Win on Reimbursement

The persistent efforts of HME advocates and our lobbying team paid off with the inclusion of provisions in December's omnibus bill extending 75%/25% blended Medicare rates in non-rural areas beyond the conclusion of the COVID-19 public health emergency (PHE) to the end of 2023.

When the Biden Administration signaled its intention to end the COVID-19 PHE effective mid-May, the importance of the omnibus legislation became clearer: It will result in around \$30 million more for HME suppliers in those additional seven and a half months, based on Congressional Budget Office estimates. Those non-rural rates will also have influence on other payers who peg reimbursements to these rates, including Medicaid rates in 21 states and TRICARE.

With the December 2023 end date for those enhanced non-rural rates established, the focus now turns towards a longer-term extension, as well as to continuing to push for long-sought adjustments for suppliers in former competitive bid areas (CBAs). Convincing congressional leaders to provide additional funding for HME against the headwinds of efforts to rein in federal spending will be another big challenge for leaders and advocates in our industry—but our previous achievements moving the needle forward on reimbursements shows our industry's grassroots advocates can effectively put our issues in the spotlight on Capitol Hill.

Keeping Our Eyes on Competitive Bidding Program

Even as we focus on shoring up current rates, HME stakeholders need to prepare for what's next for the competitive bidding (CB) program. We are engaging with the Centers for Medicare & Medicaid Services (CMS) to get clarity on the future of the program. If CMS indicates it plans to move forward, we will work with Congress to ensure that important policies currently in place—including clearing price methodology and using the unadjusted fee schedule as a bid ceiling—are part of the next round.

If the CB program does move forward, we'll need to partner with Congress to require CMS to accept higher rates if that is the result of the bidding process. Suppliers can't be expected to make good-faith efforts to

develop bids that allow them to be profitable while providing effective care if CMS has carte blanche to invalidate the results.

Leveraging Technology

The health care field has seen tremendous technological advancements in recent decades, and the HME sector is no exception. Mobility products, respiratory devices, medical supplies and other home medical equipment and service protocols continue to improve, to the benefit of the patients, caregivers and clinicians our industry supports.

One area where HME has been slow to innovate, however, is the order process for equipment. Reliance on phone calls or faxes to order homecare products is gradually decreasing, but we need to accelerate that transition through more widespread adoption of e-prescribing. Taking “touches” out of the ordering process benefits patients, prescribers and providers. In addition to facilitating quicker patient discharges, and reducing errors, e-prescribing also has important benefits on the back end of the order by helping reduce denials and improper payments.

AAHomecare is planning to engage CMS and Congress to push for policies that will help spur further adoption of e-prescribing. I’m excited to see how this technology continues to evolve and gain acceptance by both prescribers and HME suppliers.

A Road Map for MAPs

Twenty years since its inception, the Medicare Advantage program now has nearly 29 million participants and will soon cover more than half of all Medicare beneficiaries. AAHomecare is stepping up our policy efforts to ensure that Medicare Advantage Plans (MAPs) provide the same access to home-based care as Part B.

To that end, AAHomecare has developed extensive policy recommendations on MAPs focusing on improved oversight and

transparency, ensuring network access and patient choice, offering clear and consistent guidance on prior authorization requirements and including HME suppliers in their value-based care programs.

Specific examples among our dozen-plus recommendations include:

- Ensuring MAPs have published coverage and documentation requirements that are no more restrictive than Medicare fee-for-service (FFS) clinical or medical, operational, billing, advanced beneficiary notice and payment policies
- Requiring MAPs establish clear network adequacy criteria by durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) product category and by geographic area to ensure there is real patient choice
- MAPs should only have prior authorization requirements for DMEPOS items where the Medicare FFS program requires them
- Implementing additional transparency measures to enforce data reporting requirements for MAPs

MAPs have been under increasing scrutiny from policymakers and health care advocates alike. Over the past year, reports from the Department of Health and Human Services Office of Inspector General and the Kaiser Family Foundation have put a spotlight on unwarranted prior authorization denials.

Legislation to improve transparency for these plans and streamline prior authorizations passed in the House in 2022 but failed to advance in the Senate. The need to strengthen oversight and access to care under MAPs is becoming more apparent in Washington and across the health care spectrum, and the HME stakeholders must be a part of related policy discussions and action.

Continuing to Strengthen Our Capacity for Advocacy

In addition to the areas spotlighted above,

AAHomecare has an ambitious policy agenda that includes reimbursement advocacy across the full spectrum of non-Medicare major payers, including state Medicaid programs and managed care organizations, TRICARE and major private payer groups.

Other priorities include:

- Maintaining coverage for oxygen and continuous glucose monitor (CGM) patients granted under relaxed PHE requirements beyond the end of the PHE
- Working with industry stakeholders on legislation to establish oxygen criteria via critical data elements and preventing expansion of the bidding program into CGM, ostomy and urological products
- Leading on mobility issues such as titanium or carbon fiber upgrades and right to repair
- Working to reduce audit and review burdens on HME suppliers

Our ability to win—and to continue winning—on these policy issues is directly linked to the leadership of AAHomecare members on our councils and work groups, as well as their passionate advocacy work at the federal and state level. These efforts have raised the credibility of this industry with legislators and regulators and raised awareness on the value of high-quality, home-based care. Member dues and additional corporate partner funds also help fuel this work.

Growing our base of engaged advocates is critical to building on our successes and continuing to improve the legislative, regulatory and business environment for HME. If you’re not a part of AAHomecare, please consider making this the year you join us in the advancement of our industry through policy initiatives that will help you continue to provide exceptional care and bolster your bottom line. Learn more about us and find membership info at aahomecare.org. 

Getting the Better Care Act Over the Hump on the Hill

The effort is useless without strong support & action

By David J. Totaro



DAVID J. TOTARO has been chief government affairs officer for BAYADA Home Health Care since 2009. He is chairman emeritus of the Partnership for Medicaid Home-based Care, an alliance of homecare providers, managed care companies, national and state homecare associations and technology companies that he helped found in 2014. He also serves as chairman of the Hospice Action Network, an affiliate of the National Hospice and Palliative Care Organization, and is a board member of the National Association for Home Care and Hospice (NAHC). He has also served on the board of the Partnership for Quality Home Healthcare, the Home Care Association of America and the Pennsylvania Homecare Association.

In late January, Sen. Bob Casey, D-PA, and Rep. Debbie Dingell, D-MI, reintroduced the Better Care Better Jobs Act to expand access to home- and community-based services (HCBS) for seniors and people with disabilities, increase direct care workers' wages and benefits and help create middle-class jobs. This reintroduction signifies Congress's recognition of the importance of rebalancing home care and realigning professional caregivers' wages with their value.

The good news is that through this move, Congress is signaling to the homecare industry and aging Americans: "We see you, we hear you and we value you."

The bad news is that the move is largely symbolic. The likelihood of real changes happening in America's long-term care landscape anytime soon is mediocre at best. The reality is that many people—including federal legislators—don't factor in

the benefits and impact of long-term care options until the issue directly affects them.

If the stark reality of homecare hasn't hit you yet—that is, that finding readily accessible care from a pool of trained, well-qualified and reliable caregivers is even more unlikely now than it was even three years ago—then it probably will soon, when a loved one, friend, neighbor or even you yourself begin to need that care. The population is getting older, and due to medical advancements and fewer available hospital beds, the vast majority of Americans are being sent home from facilities sicker and quicker, while the number of baby boomers reaching old age is growing rapidly.

We all know what needs to happen. First, homecare needs to be rebalanced at the federal level to be recognized as the setting of choice for those seeking long-term care. Current Medicaid and Medicare rules, which

10%

Amount the act would increase federal match for state Medicaid



have largely remained untouched since their original writing in 1965, make “rest homes” the default setting for medically fragile and older Americans. Second, those of us who provide care in the home need to be able to compete for the workforce. While we continue to struggle to pay home health aides \$15 or more per hour, the Amazons and McDonald’s of the world can steadily increase their starting wages while passing costs off to consumers. This silently tells the public that caregiving jobs are not valued in our society. Lastly, the administrative hurdles that prevent those seeking homecare from being able to easily access it must be removed.

It’s too often that families decide to institutionalize their loved ones because facility-based care is the only option available. To overcome these and other hurdles, it’s important that the homecare industry unites and further invests its time and resources into advocacy.

It doesn’t take a full-scale professional government affairs program to make your voice and the voices of your employees and clients heard in Washington. A simple call, email or social media post to your legislators can go a long way.

Finding readily accessible care from a pool of trained, well-qualified and reliable caregivers is even more unlikely now than it was even three years ago.

One simple way to share your voice is by telling lawmakers, “We care for X number of constituents in your district and employ Y number of professional caregivers. We care about homecare, and you should too.”

When we come together to share a singular message, it’s much more impactful than when we do so disjointedly. We can be louder than other settings’ lobbying presences—because we have powerful stories to tell.

It’s important to note that the Better Care Better Jobs Act would increase the federal match for states’ Medicaid programs by 10%—effectively giving states a monetary boost to spend on HCBS specifically. Casey, who introduced the bill, has long been a champion for homecare and for

seniors. But this bill is unlikely to get to the president’s desk without further support from his colleagues in both the House and Senate, where there are currently 40 and 39 cosponsors respectively. Congressional members have taken key steps, and now it’s up to the industry and to long-term care consumers, family members and communities at large to gain the support of all senators and representatives and the public.

Casey and Dingell have written a strong bill we can support—now we must tell our country’s decision-makers how and why they should support it. If we don’t speak up today, the vulnerable communities that need homecare tomorrow will be worse off. **HC**

ROAD MAP: SUCCESSION PLANNING

How Best to Hand Off Your Business's Baton

7 ways to mitigate the loss of former owners

By David E. Coit, Jr. & Kim Harrison



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Most senior leaders think of succession planning as putting in place the next generation of leaders. That's a somewhat myopic perspective. A mergers and acquisitions (M&A) approach to succession planning is more holistic. We ask, "What needs to be done to ensure the company's ongoing success after the owners are no longer involved?"

Business owners often do not keenly appreciate how much influence they have on the day-to-day success of their company. In this column, we'll delve into several functional areas of an organization that are influenced by business owners. We'll then identify potential actions that can be taken to mitigate the loss of the former owners. We'll refer to the time after the former owners are no longer involved with the company as the subsequent succession.

1 Get your house in order.

The first item on your succession planning agenda is cleaning up all outstanding or unfinished matters. New leadership should be focused on learning how to create company value rather than mopping up work previously left uncompleted. Some examples include:

- Attempt to resolve any outstanding legal issues, such as lawsuits and expired or expiring contracts.
- Terminate unproductive employees.
- Ensure employee files are complete and performance reviews are current.
- Complete and submit requests for patents

or trademarks, if necessary.

- Consider undertaking a quality-of-earnings examination with a reputable accounting firm to ensure your financial statements are compliant with generally accepted accounting principles.
- Undertake a compliance review to ensure your company complies with all related governmental and payer standards.
- Update the employee handbook, if necessary, to reflect current company policies, procedures, philosophy, organizational structure, etc.
- Ensure you are in good standing with the secretary of state with whom your company does business.
- Compile a current listing of all company physical and property assets.
- Ensure all patient records are up to date and complete.

2 Fix your staffing issues.

Departing owners or managers should not expect new owners or managers to have to immediately address existing staffing issues, so they should take the necessary steps to ensure there are none outstanding. For example:

- Identify skill gaps and training needs and attempt to reduce both.
- Develop a means to solidify institutional knowledge.
- Fill open positions.
- Attempt to standardize specialized tasks to limit exposure to employee turnover.
- Develop a plan to replace employees who

- are retiring.
- Set up a plan to hire seasonal workers, if applicable.
- Identify critical and vulnerable positions, then create a plan to reduce the risk of losing the employees in those positions.
- Identify and share with new owners or managers a list of superstars in your organization and develop a specific retention plan for those individuals.

3 Evaluate the IT infrastructure.

Succession planning for information technology (IT) infrastructure comes with a unique set of challenges and may be overlooked by business owners beyond identifying successors for technology leadership (e.g., a chief information officer). Businesses should develop a more holistic approach when planning for the future of technology investment. A comprehensive IT succession plan constructs a sustainable culture that supports IT investment, plans for IT optimization and encourages knowledge sharing.

Technology is changing at a rate that makes it difficult for businesses to keep pace. IT needs must be constantly reevaluated to meet the demands of the evolving business. Unsupported or irrelevant systems will increase the perceived risk in the eyes of the new owners or managers, which decreases the overall value of the organization. Businesses should create a team tasked with developing a plan to sustain existing technology investments and leverage new platforms as these resources are available. Tasks for this team may include:

- Review technology resources regularly using key performance indicators to assess asset performance.
- Replace proprietary or outdated software systems with software that is universally recognized in the industry.
- Ensure there is proper bandwidth for IT planning, maintenance and upgrades.
- Develop a plan for future subject matter experts.

- Cross-train staff on critical infrastructure to avoid business disruption due to turnover.
- Create an IT-focused disaster plan.
- Plan for regular IT audits by a third party to make improvements and bring new ideas to the table.
- Verify confidential information and logins are documented in a secure location.
- Develop and document policies that support a painless transition to new leadership.

4 Take a look at loyalty.

It's common for employees to develop a strong loyalty to business owners. Similarly, it's quite common that long-time employees who are loyal to the departing owners or managers decide to leave the company rather than adapt to new owners or senior management. We'll address employee retention later in this column, but for now, keep in mind that departing leaders should encourage their employees to give new management a chance to prove themselves worthy of employee loyalty.

Moreover, you need to identify those employees who may seek to sabotage the success of new ownership because of their unwillingness to switch loyalties, their inability to accept change or in retaliation for being denied a promotion due to the incoming new leadership.

5 Define your role.

Should you choose to stay on with the company during a transition period, be aware of your own inherent desire to remain in charge. It's instinctive for owners and former managers to want to be leaders of their companies. However, you must push back those feelings. Your new role is to become a champion of the new leadership. You must set an example of acceptance and loyalty to them. Reassure employees that they remain valued in the organization. Stand side by side with the new owners when they share their future vision of the company with employees. Show employees

how the new owners or managers will create more opportunities for employees.

6 Develop leadership.

Just because the next generation of leaders has been identified does not mean this stage of succession planning is complete. A frightening number of newly appointed leaders fail because, while they have the skills to perform the technical part of their role, they lack the capacity to be effective leaders. Successful leaders are developed, not born. It can take years to cultivate them.

Businesses must be purposeful in their strategy to prepare successors to be productive leaders. Development programs typically include a combination of programs and initiatives. While classroom training and conferences certainly play a role, the most meaningful moments often include on-the-job learning opportunities (which are more budget-friendly). Internal executive development helps bridge the gap between theory and real life. Some ideas for internal leadership development programs include:

- Project management (customer relationship management or enterprise resource planning implementations)
- Job rotation
- Ongoing feedback or mentoring programs
- Speaking engagements
- 360-degree feedback process
- Self-reviews
- Networking opportunities
- Opportunities to work through complex issues and experience failure

7 Plan for customer & employee retention.

Future leaders of the organization are particularly concerned about customer and employee retention in the subsequent succession. As such, buyers typically want one or more of the sellers to stay with the company during a transition period to help retain customers and employees.

The primary reason some acquisitions fail to provide buyers with their expected return

on investment is the loss of customers or patients and key employees. For customers or patients in health care-related industries, a change in ownership may be felt in a big way. Typically, companies see a significant drop in customer satisfaction in the wake of an acquisition and up through the first two years following the sale.

Organizations should look for ways to retain the customer brand experience as much as possible rather than asking long-time customers or patients to adapt to a different experience. Cultural differences between buyers and sellers create challenges for customers, patients and employees. When a buyer's culture is like the seller's, customers, patients and employees will more easily adapt to the new environment.

M&A also often has a negative effect on customer satisfaction because transactions aren't completed on behalf of customers; they're completed on behalf of shareholders. The buyer and seller need to keep a customer- or patient-focused perspective during and after the acquisition process. Buyers must take additional steps to reach out to customers to let them know they are valued and will be cared for post-sale. A few recommendations:

- Take steps to ensure that the customer or patient experience and satisfaction do not decline.
- When competitors hear the news of a sale or buyout, they often use customer uncertainty and doubt to their advantage. The best way to mitigate the threat of pilfering competitors is to make clear the value of the newly acquired business. Organizations can go on the offensive and proactively communicate their strengths and the benefits of the acquisition for the customers or patients.
- Establish and standardize processes early so everything that made the organization successful has the best chance of being repeated by the buyer organization.
- Establishing teams focused on customer retention throughout the integration

process is essential.

- Plan on communicating with customers why you selected a buyer who will continue providing them with valued products and services.
- Create multiple ties between clientele and staff to reduce the risk of employees taking customers to potential new employers.
- Having one-on-one handoff meetings with key customers may be worthwhile.
- Consider working with the buyer to fend off any competitors trying to take advantage of uncertainty regarding the sale of your business.
- Similarly, competitors may attempt to steal employees who are uncertain of their future with a buyer. Plan on taking steps with the buyer to maximize employee retention.

Furthermore, according to a recent Economist Intelligence Unit report, organizational differences and human capital integration issues are two of the most significant challenges faced during M&A. The reasons include the following:

- Experienced senior leaders may leave an organization if they no longer feel connected to its purpose.
- Managers who receive mixed messages pass on their confusion to direct reports.
- Uncertainty resulting from an acquisition can increase stress levels and signal risk to the seller's employees.
- Acquisitions tend to result in job losses for employees in redundant areas in the combined company.

What can you do to reduce the impact of a sale or acquisition on employees? Take these steps:

- Attempt to align compensation and benefits so employees are not negatively financially affected by the acquisition.
- Employees will likely find themselves in unfamiliar territory with new coworkers and the management team. Increase the level of communication between

employees and the new management team. Provide employees with additional reassurance that they are valued and respected.

- Emphasize to employees the many benefits of the transaction, such as new job opportunities, upward mobility, new training opportunities, the virtues of being employed by a larger organization and the possibility of job relocations, if applicable.
- M&A often opens the door to innovations. Employees who ordinarily have little chance to present new ideas to senior leaders may suddenly find themselves with access to a receptive audience. Those who are willing to speak up may get noticed.
- The new management team should be looking to take advantage of best practices. Wise leaders will seek input from all employees on how to best do their jobs and create value. This is a great time for employees to shine in the eyes of the new management team.

An effective succession plan includes assessing progress and evaluating effectiveness at regular intervals. Businesses should constantly be monitoring for changes in the organization and the business environment. Owners must be flexible to changes that support the evolving needs of the company and the next generation of leaders.

When executed and updated properly, succession planning can add value to both the buyer and owner/seller and create transparency that goes a long way in getting a deal to the finish line. **HC**



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Aging in Place

When Is Aging in Place Not Aging in Place?

SageHome targets younger clientele, acquisitions

By Hannah Wolfson

What do you get when a former Best Buy and Home Depot executive decides to turn his entrepreneurial attentions to home modification? SageHome, an Atlanta-based remodeler with an ambitious goal of creating a full-service, national aging-in-place solution.

The trick, says CEO Brian Hutto, is not to call it aging in place—especially when there's a huge market in

aging boomers who just want a new bathroom that looks great now and will be ready for them in a decade.

"Falls are a serious problem for someone who is 62 years old and can run 60 miles. They'll come in and they'll say, 'I just don't want to step over my tub.' We see people in their aging progression, and they just want a shower that's easier to get in and out of," Hutto said.

"We think it insults them to say 'aging in place,'" he added.

A Pandemic Project

Hutto conceived SageHome in 2020, in the midst of the pandemic, when he had left his role at the technology deployment company StayMobile and was looking for an entrepreneurial next step.

"I just started studying the marketplace to see what's interesting, what's compelling, and I started seeing that the baby boomers have a profound impact on the economy wherever they go," Hutto said.

Then he did the math: Predictions say there will be 116 million Americans older than 60 by 2030, but only about 1 million spots in assisted living facilities exist today, according to the American Health Care Association. And he realized that something needed to change.

"People are going to have to age in place, and aging in place is highly fragmented and underserved," Hutto said.

So he found seed investors and launched SageHome in Atlanta in 2021. Then, in May 2022, SageHome partnered with a strategic investment





THE COMPANY SAYS IN ITS PRESS MATERIALS THAT 2023 SHOULD BE A 'TRANSFORMATIONAL YEAR' WITH 'AGGRESSIVE GROWTH.'

and advisory committee Cairngorm Capital Partners LLP and set out to grow through acquisitions. First up was New Bath Today Inc., a bathroom renovation company headquartered in Indianapolis. With 90 employees and a team of subcontractors, New Bath Today served six states across the Midwest at the time of its purchase.

In September 2022, SageHome launched the Smart Bath brand in the Atlanta suburb of Marietta, Georgia. In November, it bought Midwest Bath Company, LLC, a Moline, Illinois-headquartered remodeler specializing in one-day installs of walk-in tubs and low-threshold showers in Illinois and Iowa.

In January 2023, SageHome announced it had acquired another brand: CareFree Home Pros LLC, an Avon, Connecticut-based bathroom remodeler that specializes in renovations for seniors and others with accessibility needs; it was founded in 1991 and in its second generation as a family business. That acquisition gives Sage a platform for expansion and growth across New England and the Northeast, Hutto said.

With those purchases, Sage Home has expanded from operations in six states to 15 and increased its year-over-year revenues by 70%. And that's just the beginning, according

to the company, which says in its press materials that 2023 should be a "transformational year" with "aggressive growth."

Bathrooms in the Spotlight

Even as the company began to grow, Hutto said, its leadership came to a realization. Most of their potential clients were most concerned about slipping and falling in the bathroom.

"We started noticing this trend in bathrooms," Hutto said. "What do the most customers want? They want to be safe in the bathroom." After all, some studies estimate that 80% of the falls seniors experience happen in the bathroom.

So SageHome decided to focus primarily on bathroom renovations—specifically on showers and tubs, also known as the "wet area." The average bathroom remodel costs more than \$20,000, Hutto said, and 70% of the spend in any bathroom model is replacing the wet area, mostly due to plumbing, subflooring, fixture and waterproofing costs.

Their strategy includes making the bathroom modifications look high end; that prioritizes the work SageHome does as a renovation as opposed to the safety aspect

"The practical thing for a 55-year-old who wants a nicer bathroom is to put a low-entry shower in because why would they want to have to redo



SageHome CEO Brian Hutto in a showroom. Images provided by SageHome.

it again when they hit 65, right?" Hutto asks.

Staffing & Showrooms

SageHome follows a strategy that aligns a bit more closely with home renovation and design companies than with the typical home medical equipment provider. The company has partnerships with bathroom fixture companies Kohler and Jacuzzi and with Swanstone, a solid-surface material maker. Clients meet with a designer—but can also consult with an occupational therapist who then advises the customers and designers on the products and solutions that best fit their needs.

And while there are showrooms attached to the industrial warehouses SageHome has in each state where it operates, Hutto said most customers don't come in but prefer to get 3D computer renderings instead.

Hutto says the company's partners do a lot of marketing for them by providing referrals, as do some local clinics and medical offices. They

Aging in Place



Staff from Midwest Bath, which SageHome acquired in November 2022. Source: SageHome

also advertise on television and in newspapers—including digital advertising—as well as on social media and through flyers and mailers.

Marketing, however, isn't what keeps Hutto up at night. He says the company's main hurdle isn't finding customers, it's finding installers, especially with the burst in remodeling demand that has occurred since 2020.

SageHome has an entire recruiting department—they've added about 40 installation crews since April, Hutto estimates—and it's critical for the construction staff coming into people's homes to be thoroughly vetted and trained.

"It's an extensive onboarding process they go through before we let them go and do these jobs by themselves, because if you're putting a grab bar in a shower or a fold-down shower seat, you can't mess that up; it's got to be done right," he said. "We could service even more people if we could scale the labor faster, but we're

investing a lot in that because we have to do it the right way."

It's something he brings from his experience as vice president of the services group at Best Buy—which includes the Geek Squad business—and vice president of services assurance and strategy: a focus on the "last mile" of the business. That means that the moment someone steps into the home, they need to be providing an excellent experience, following all the right processes and leaving things cleaner than they found them, he said.

"I got this picture yesterday of one of our installers putting socks on a customer because she just, couldn't get to them," Hutto said. "We celebrate stuff like that, because that's the kind of brand we want to be."

A Win-Win

While bathroom modifications are likely to remain the core of SageHome's business into the

foreseeable future, Hutto says he's willing to expand in some ways if they can fill a need, such as providing stair lifts and ramps if clients need them.

He also says that there is plenty more room for development in the aging-in-place sector.

"The truth of the matter is that this industry is bigger than we think of it as being," he said.

One advantage, he says, is the good feelings those in the business get from the work they do.

"When I talk to our sales people and our installers, they really do have a sense of altruism—they truly are helping people," Hutto said. "And it's nice when you can do that and still create jobs for people; make money and create value and help people all the same time—that's what I consider a win-win." **HC**

Hannah Wolfson is the editor of HomeCare media.

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Making Workouts Accessible for All

6 adaptive technologies changing the game for inclusive fitness

By Lawrence Kosick

As more and more people are looking to work out at home, it's essential to consider the needs of people with mobility limitations. There are multiple options for adaptive technologies, virtual programming and equipment that can be used to create accessible home workouts for seniors and others with disabilities. With minimal effort, a combination of these low-cost resources can be used to create an inclusive fitness environment for anyone to get exercise in the comfort of their own home, making homecare fitness options more equitable both financially and for those who have mobility challenges.

According to the Centers for Disease Control and Prevention (CDC), regular physical activity can help improve the overall health and function of older adults, including reducing the risk of chronic diseases such as heart disease, diabetes and depression. These benefits are why it is important to ensure all aging people have access to a fitness routine that works for them.

Popular Adaptive Technologies for Home Fitness

Many old and new technologies can be used or adapted to make home

fitness routines more available to people of all mobility levels, seniors and otherwise.

1 Resistance Bands

These are one of the most popular adaptive technologies for home workouts. The large rubber bands come in various strengths and can be used to work on strength training, balance and flexibility. Resistance bands can be easily adjusted to accommodate different levels of ability and can be used for a wide range of exercises, from upper- to lower-body workouts. Studies have shown that resistance training, specifically, can help improve muscle strength and function in older adults, which can reduce the risk of falls and improve overall mobility.

2 Exercise Balls

These balls come in many sizes and can be used for a wide range of exercises, including core strengthening, balance and stability. They can also be used for seated exercises, making them an excellent option for those who have difficulty standing for long periods of time. Exercise balls are shown to be effective in helping older adults improve balance and stability, which

can reduce the risk of falls and improve overall mobility.

3 Seated Exercise Equipment

Great for those who have difficulty standing, these machines provide a low-impact workout and can be used for various exercises, including arm and leg presses, leg curls and more. They are also equipped with adjustable resistance levels, which makes them suitable for people of all fitness levels.

4 Adaptive Yoga Equipment

Those who are looking for a full-body workout can investigate adaptive yoga equipment. These products include yoga blocks, straps and other tools that can be used to modify poses and make them more accessible for people with disabilities. Adaptive yoga classes are also available online, which can be accessed from the comfort of your own home. Adaptive yoga has been shown to improve flexibility, balance and overall well-being in older adults and individuals with disabilities.

5 Adaptive Cycling Equipment

These cycling adaptations can provide a low-impact cardiovascular workout suitable for older adults and individuals with disabilities.

6 Mini Trampolines

Most people would not think that a trampoline could be an excellent exercise for older adults, but trending rebound products are proving them wrong. These small trampolines allow people to bounce slightly (no big jumps required) to help them improve their balance and stay active.

According to a study by the National Institute on Aging, regular



physical activity can help older adults maintain their independence and ability to perform daily activities. The CDC says older adults should aim for at least 150 minutes of moderate intensity aerobic activity or 75 minutes of vigorous intensity aerobic activity per week. Staying motivated to reach these goals can be hard if you're homebound.

Finding Supportive Virtual Fitness Communities

Whether you have a smart watch that allows you to compete in challenges with your friends or use Strava to share your sports successes, it's becoming clear that tracking athletic performance is becoming gamified. And why shouldn't it be? Isn't that a fun way to share your wins with others?

Ways to share your fitness wins—be it a marathon or a virtual accomplishment marker—with others are an important part of staying

accountable for your fitness goals. Those with limited mobility can use smart watches or step trackers to track goals and accomplishments using some of these common apps, but it's also important to find groups to motivate them to keep up with regular physical activity.

Now, there are multiple virtual fitness programs customized for older adults that include adaptations for mobility for the whole group, or whose instructors demonstrate modifications for those who require them. These programs can often be found through regional sports centers such as the local YMCA or through health insurance plans with virtual programming that may be available through SilverSneakers.

For those looking for interactive fitness classes available around the clock that are custom designed for older adults, look no further than fitness on GetSetUp, which focuses on core, strength and balance in

classes featuring weight training, tai chi, yoga and more.

In conclusion, there are many adaptive technologies and equipment available to create accessible home workouts for seniors and others with disabilities, and virtual classes to help people find a community to support them in their fitness journey.

As a homecare business, it's important to consider the needs of individuals with mobility limitations and offer products that can help them maintain an active and healthy lifestyle in a community that empowers them to thrive. **HC**

Lawrence Kosick is co-founder and president of GetSetUp. Kosick has led business development and partnership teams for decades at companies such as IFTTT, Sight Machine and Yahoo. He is pleased to work 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 the work his father did to help older adults many years ago. He can be reached at lawrence@getsetup.io.

Aging in Place

Your Wi-Fi May Be Watching You

A new approach to providing remote support for aging in place

By Spencer Maid

In today's connected world, the internet is dominant in our lives. With the Internet of Things (IoT) and smart devices, the continued rise in entertainment streaming and gaming, and work- or learn-from-home arrangements for many, we're spending more time than ever on Wi-Fi and connected devices. In fact, a 2019 study from Deloitte found that U.S. households had an average of 11 connected devices—a number that has likely increased in the wake of the COVID-19 pandemic. Within these devices are wireless radios, which send and receive information from a central access point.

While you may be familiar with using Wi-Fi for your smart devices, did you know Wi-Fi signals can be used for home monitoring, home security, health monitoring and more?

How It Works

Wi-Fi signals in your home function much like waves in a pool—as you move around the pool, the waves bounce, break and bend around objects. In homes, these waves bounce, break and bend around walls, ceilings and people. When paired with artificial intelligence (AI) capabilities, such as machine

learning, Wi-Fi waves can be harnessed to sense these obstructions and interpret movement. This is called Wi-Fi Sensing. Wi-Fi Sensing builds on the devices already used in wireless networks to detect environmental changes in your home.

For example, by crossing the communication path of a wireless router and your smart voice assistant, an agent running on the router can sense the disruption and, using these waves, determine your presence, location, etc.—much like radar. With use cases in motion and presence detection, security, home automation and elder care, Wi-Fi Sensing is quickly becoming a less-intrusive option for remotely monitoring loved ones and more.

Aging in Place on the Rise

The number of adults over 65 is rapidly growing, especially within the United States. By 2060, the 65-plus age group's share of the total population will increase from 16% to 23%. As the population ages, key questions arise, such as: Who will take care of these older adults? Where will they live?

A recent survey found a staggering 90% of adults aged 50 and older want to age in place rather than move into care facilities. Historically, aging in place was often not possible due to significant health and safety concerns, but in recent years, the health technology industry has developed cutting-edge solutions that make aging in place a safe, attainable option for many seniors in response to this growing demand.

Fall Detection, Remote Health Monitoring & Activity Insights

Falls are a primary health and safety concern for those with elderly loved ones living alone. One out of four seniors fall each year. Fall detection and medical alert systems have moved far beyond Life Alert's well-known "I've fallen, and I can't get up" buttons.

Emerging fall detection



U.S. households have an average of 11 devices connected to the internet

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Aging in Place

technologies and options include wearable insoles, wall-mounted cameras that use software algorithms to detect falls and smart watches specifically designed to monitor falls. Notably, wearables (e.g., watches, insoles, pendants) often have lower adherence rates; Wi-Fi Sensing offers a non-wearable fall detection option without the limitations that obtrusive cameras bring.

Applying AI to Wi-Fi Sensing allows for an analysis of the motion data gathered by the devices placed around a home. Sensitive enough to recognize abrupt changes and initiate the appropriate chain of responses, Wi-Fi Sensing is an efficient tool for elder care. Because of its inconspicuous nature, Wi-Fi Sensing home monitoring enables seniors to remain independent and can sense the unique signature of a trip and fall movement, triggering an alert to local caregivers or family members. Even changes in a person's activity like breathing, sleeping and gait can be derived from the data produced by these devices and used to alert caregivers of irregularities, not only serving as indicators of health challenges but also preventing incidents before they occur.

Wi-Fi Sensing can even detect whether a loved one is at risk of falling by monitoring their gait—and can thus prevent dangerous falls.

In addition, gait and presence monitoring can determine whether a senior is wandering, as happens with memory care patients. Eventually, we anticipate these detection capabilities will be able to differentiate between a trip-and-fall scenario and a fall caused by the onset of a heart attack.



New Health & Monitoring Technologies Benefit All

Emerging technology like Wi-Fi Sensing that supports aging in place is being embraced by caregivers and elderly loved ones alike, primarily because they provide both parties with what they need. Caregivers and family members need to be assured that their loved one is safe, while seniors are seeking independence and autonomy.

Elderly loved ones are often concerned about feeling like a burden, so they are more comfortable asking for help through gadgets and innovative technology rather than going directly to friends or family, particularly as requesting help from family can be viewed as an inability to care for oneself and thus a threat to one's independence or ability to age in place. Increased comfort with technology over family could mean seniors are more likely to get the help they need when they need it. New technology has the added benefit of appearing flashy and exciting, which

could improve adoption rates above some legacy remote monitoring tech.

In addition, even those with fewer financial resources can afford many technologies that support aging in place, replacing certain tasks that might otherwise require a caregiver, and allowing families to dedicate funds to where in-person help is most necessary. New tech and devices take pressure off caregivers, helping them do their jobs more efficiently and with less stress.

These innovations will change lives and deeply influence the possibilities for seniors living on their own, improve health outcomes for older adults and empower caregivers and elderly loved ones alike with greater autonomy while preserving privacy. Through technology that supports independent living, aging in place truly is more viable than ever. **HC**

Spencer Maid is CEO at Origin, the inventor of Wi-Fi Sensing technology. He has 30 years of experience in sales, marketing, product management, innovation and business development. Visit originwirelessai.com.



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Rear Straight Anti-Tipper w/Wheels



Part #	Description
PP-RATSW	Universal Rear Anti-Tipper Straight w/Wheels (pr)

* Compare to Drive Part# STDS833N. Fits Silver Sport I & II, Rebel, Chrome Sport.

Rear Adjustable Anti-Tipper w/Wheels



Part #	Description
PP-RATK3	K3 Anti-Tipper w/ Wheels (pr)

* Compare to Drive Part# STDS819. Fits Cruiser III & IV.

Rear Chrome Anti-Tipper w/Wheels



Part #	Description
PP-RATBW	Universal Anti-Tipper Chrome w/Wheels (pr)

* Compare to Drive Part# STDS802. Fits Sentra, EC, Recliner, Winnie Series.

Rear Chrome Anti-Tipper w/o Wheels



Part #	Description
PP-RATNW	Universal Anti-Tipper Chrome w/o Wheels (pr)

* Compare to Drive Part# STDS818. Fits Sentra Reclining, Bariatric, EC, Silver Sport I & II.

Wheel Lock Extension



Part #	Description
PP-WLE6	Wheel Lock Extension 6" (ea)
PP-WLE8	Wheel Lock Extension 8" (ea)

Universal Wheel Lock Assembly



Part #	Description
PP-RWLACR	Universal Wheel Lock Assembly Push-to-Lock (Right) (ea)
PP-RWLACL	Universal Wheel Lock Assembly Push-to-Lock (Left) (ea)

Universal Calf Pads



Part #	Description
PP-RCP	Universal Calf Pad w/ Hardware (ea)

Elevating Leg Rests



Part #	Description
PP-ELR	Universal Elevating Leg Rests (pr)
PP-HDELR	Universal Heavy Duty Elevating Leg Rests Aluminum (pr)

Swing-Away Footrests



Part #	Description
PP-SF	Universal Swing-Away Footrests (pr)

Universal Desk Length Arm Pads



Part #	Description
PP-RAPD	Universal 10" Desk Length Arm Pad w/ Hardware (ea)
PP-RAPUD	Universal 10" Urethane Desk Length Arm Pad w/ Hardware (ea)

Universal Full Length Arm Pads



Part #	Description
PP-RAPF	Universal 14" Full Length Arm Pad w/ Hardware (ea)
PP-RAPUF	Universal 14" Urethane Full Length Arm Pad w/ Hardware (ea)

Push Button Seat Belts



Part #	Description
PP-SB48	Push Button Seat Belt 48" (ea)
PP-SB60	Push Button Seat Belt 60" (ea)

Hand Grips



Part #	Description
PP-RHG	Hand Grips - Fits 7/8" Tubing (ea)

Anti-Fold Bar



Part #	Description
PP-AFB18	Anti-Fold Bar for 18" Recliner (ea)

Universal Replacement Vinyl Seat



Part #	Description
PP-RSV16	Universal Replacement Vinyl Seat K2 - 16" (ea)
PP-RSV18	Universal Replacement Vinyl Seat K2 - 18" (ea)
PP-RSV20	Universal Replacement Vinyl Seat K2 - 20" (ea)

Universal Replacement Vinyl Back



Part #	Description
PP-RBV16	Universal Replacement Vinyl Back K2 - 16" (ea)
PP-RBV18	Universal Replacement Vinyl Back K2 - 18" (ea)
PP-RBV20	Universal Replacement Vinyl Back K2 - 20" (ea)

Universal Replacement Nylon Seat



Part #	Description
PP-RSN16	Universal Replacement Nylon Seat K1 - 16" (ea)
PP-RSN18	Universal Replacement Nylon Seat K1 - 18" (ea)
PP-RSN20	Universal Replacement Nylon Seat K1 - 20" (ea)
PP-RSNK316	Universal Replacement Nylon Seat K3 - 16" (ea)
PP-RSNK318	Universal Replacement Nylon Seat K3 - 18" (ea)
PP-RSNK320	Universal Replacement Nylon Seat K3 - 20" (ea)

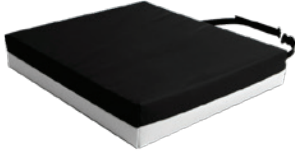
Universal Replacement Nylon Back



Part #	Description
PP-RBN16	Universal Replacement Nylon Back K1 - 16" (ea)
PP-RBN18	Universal Replacement Nylon Back K1 - 18" (ea)
PP-RBN20	Universal Replacement Nylon Back K1 - 20" (ea)
PP-RBNK316	Universal Replacement Nylon Back K3 - 16" (ea)
PP-RBNK318	Universal Replacement Nylon Back K3 - 18" (ea)
PP-RBNK320	Universal Replacement Nylon Back K3 - 20" (ea)

Parts & Cushions

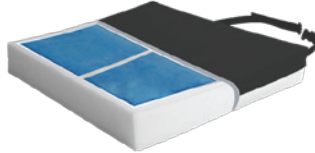
Protekt® Foam Cushion HCPCS E2601



- Helps in prevention & treatment of pressure sores.
- High density polyurethane foam.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 1 year warranty. • Weight Capacity: 250 lbs.

70001	16"x16"x2"	71002	18"x16"x3"
70002	18"x16"x2"	71003	18"x18"x3"
70003	20"x16"x2"	71004	20"x16"x3"
71001	16"x16"x3"	71008	20"x18"x3"

Protekt® Gel Cushion HCPCS E2603



- Helps in prevention and treatment of pressure sores.
- Gel bladder designed to eliminate migration.
- High density polyurethane foam.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

73001	16"x16"x2"	74002	18"x16"x3"
73002	18"x16"x2"	74003	18"x18"x3"
73003	20"x16"x2"	74004	20"x16"x3"
74001	16"x16"x3"	74014	20"x18"x3"

Protekt® Supreme Cushion HCPCS E2605



- Molded high density pressure sensitive foam.
- Leg troughs promote thigh alignment and postural symmetry.
- Raised front ridge controls sliding.
- Low shear and breathable stretch nylon cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

76017SP	14"x14"x3"	76003SP	18"x18"x3"
76001SP	16"x16"x3"	76004SP	20"x16"x3"
76002SP	18"x16"x3"	76008SP	20"x18"x3"

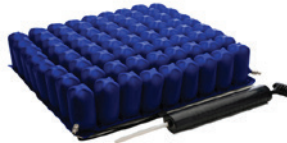
Protekt® Ultra Cushion HCPCS E2607



- Gel Bladder designed to eliminate migration.
- Gel infused visco foam top layer.
- Medial and lateral side supports facilitates positioning.
- Trochanter cut outs facilitates proper pressure redistribution.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 275 lbs.

77001	16"x16"x3"	77003	20"x16"x3"
77002	18"x16"x3"	77009	20"x18"x3"
77008	18"x18"x3"		

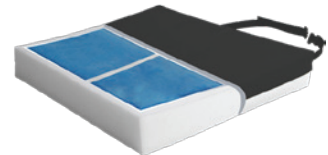
Protekt® O2 Cushion HCPCS E2624/E2625



- Adjustable 2" or 4" high air cells offers deep immersion to provide excellent pressure redistribution.
- Dual valve compartments can be adjusted independently to increase positioning and stability.
- Nylon breathable cover with non-skid bottom and safety straps.
- 5 year warranty. • Weight Capacity: 500 lbs.

78001	16"x16"x2"	78004	16"x16"x4"
78002	18"x16"x2"	78005	18"x16"x4"
78007	18"x18"x2"	78008	18"x18"x4"
78003	20"x16"x2"	78006	20"x16"x4"
78011	20"x18"x2"	78009	20"x18"x4"
78012	22"x18"x2"	78014	22"x18"x4"
78013	22"x20"x2"	78015	22"x20"x4"

Protekt® Gel Bariatric Cushion HCPCS E2604



- Ultra high density top foam layer.
- Gel bladder designed to eliminate migration.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

74005	22"x18"x3"	75004	22"x18"x4"
74006	24"x18"x3"	75005	24"x18"x4"
74008	24"x20"x3"	75009	24"x20"x4"
74007	26"x18"x3"	75006	26"x18"x4"
74020	26"x20"x3"	75010	26"x20"x4"

Protekt® Ultra Bariatric Cushion HCPCS E2608



- Gel Bladder designed to eliminate migration.
- Gel infused visco foam top layer.
- Medial and lateral side supports facilitates positioning.
- Trochanter cut outs facilitates proper pressure redistribution.
- Breathable and comfortable stretch cover.
- Safety buckles keeps the cushion in place.
- 18 month warranty. • Weight Capacity: 500 lbs.

77004	22"x18"x3"	77011	24"x20"x3"
77010	22"x20"x3"	77006	26"x18"x3"
77005	24"x18"x3"	77012	26"x20"x3"

Protekt® Back Cushion HCPCS E2611/HCPCS E2612



- Improves seating posture while providing back support and comfort.
- Conforms to provide support to lumbar region.
- Stabilizing board insert prevents hammocking in sling back wheelchair.
- Low shear and breathable stretch nylon cover.
- Adjustable safety straps for added security.
- 18 month warranty.

79001	16"x17"	79005	24"x19"
79002	18"x17"	79006	26"x19"
79003	20"x19"	79009	28"x19"
79004	22"x19"	79010	30"x19"

Protekt® Adjustable Tension Back Cushion HCPCS E2611/E2612



- Provides lumbar support and is the perfect solution for patients with kyphosis.
- Full range of infinite seating positions.
- High density foam and adjustable tension straps.
- Helps encourage proper spine alignment & seating posture.
- Breathable nylon cover.
- Convenient storage pocket.
- 1 year warranty.

79400	16" - 21" wide x 16" high
79401	22" - 26" wide x 16" high

A Key to Unlocking Business Success

Strong communication demonstrates a company's value

By Miriam Lieber

Twenty years ago, Medicare Advantage (MA) plans and Managed Medicaid in the home medical equipment (HME) business were not part of our everyday conversations. Rather, we worried more about traditional Medicare, Medicaid and private insurance, as we called it. Revenue for most HME companies was comprised of 70% to 80% traditional Medicare and Medicaid.

Today, for many HME companies, less than 50% of revenue is comprised of traditional Medicare. Last year, MA revenue grew more than 40%, according to the 2022 VGM and Associates financial survey.

Most companies are now focused on MA and Managed Medicaid plans. Patients currently have up to 40 different MA plan options from which to choose. With the number of MA plans growing to nearly 4,000 in 2023, approximately 50% of Medicare recipients are enrolled in one of them. Moreover, according to the Kaiser Family Foundation, 69% of Medicaid beneficiaries are enrolled in comprehensive managed care nationally.

How Payer Plans Impact Business

All of this means that relationships with payers are pivotal to the success of the HME

business. However, that takes on different meanings for different providers.

For some, "payer relations" is a position that manages the relationship with the payer and addresses any issues that arise. When the payer doesn't abide by the contract, for example, payer relations staff can address this directly with their contact(s) since they have an established rapport. In other instances, if the contract states that the payment terms are 45 days and receivables are outstanding for more than 150 days, this can also be addressed by payer relations. If the payer requires paper claims for whatever reason and they could be submitted electronically, this is a matter that payer relations staff should resolve. Most importantly, payer relations personnel should meet regularly with the payer to review activity, progress, reports and metrics.

Invariably, the better the payer contracts and relationships, the more valuable the partnership between the payer and provider. To illustrate the need for this position, in a recent search, 674 open payer relations positions were advertised in California alone on indeed.com. As HME businesses jockey for their position with payers, anyone in this position needs to be a sophisticated thinker. They should be able to forge and sustain relationships and understand how to use data and reporting to influence change.

In every company there should be at least one person who is capable of this level of responsibility. For smaller companies, payer relations might be a shared position—for larger companies, the role and responsibilities might be fulfilled by a team of people. Either way, this position is quickly becoming one that HME companies can't do without.

Payer Relations Staff

Knowing payer relations should be a primary focus today, how does an HME supplier find the right person or people to do the job?

"Payer relations personnel might be a current employee, or it may be someone you

have to find externally," said Craig Douglas, vice president of member and payer relations for VGM. "The ideal candidate understands how payers work, how they think and what is important to them. It is someone that can speak their language but also understands your business well enough to protect you from contracts that could jeopardize your business. It goes way beyond simply reviewing a contract offer and deciding 'yes' or 'no.'"

Payer relations staff should also engage with internal HME operations personnel to regularly ensure they communicate key issues to the payer for a healthy partnership.

Demonstrating Value

Behind every great relationship is proof that the HME provider enhances quality of life and reduces costs—but how do you provide such proof? It is essential to know what data is meaningful to the payer.

As we continue to see a value-based approach overtaking fee-for-service, we need to determine how to report on value. In other words, are the patients getting their equipment in a timely fashion, and is their quality of life improving at home without readmitting to an inpatient stay? According to the American Association for Homecare (AAHomecare), you prove your worth by showing the payer that you reduce hospital readmission rates and that you help with avoidable bed days and delays in hospital discharges. Essentially, positive patient satisfaction survey results and prompt service to relieve a bed day typically speak to the payer as a way for them to reduce cost and improve quality.

This means regular communication with the patient is a must. Reporting on the number of times you are in contact with your patients to assure adherence to protocol and proper use of equipment and supplies is meaningful to the payer. This is a true measure of success and will continue to gain traction over time as we veer away from fee-for-service reimbursement in favor of value-based care payment methods.

The Cost of Doing Business

As we continue to explore the need to consider value for the payer, HME companies should also know the cost of doing business. Know what it takes to deliver product, train on equipment setup and manage other related activities—all factors in the cost of doing business. It is also appropriate to turn away contracts with payers for which you can't recover your costs. The notion of the loss leader rarely pans out today.

At a minimum, constantly measure your costs against reimbursement to stay nimble. Additionally, when payers reduce fees or do not pay on time, use your payer relations team to resolve these issues. At least they will be able to renegotiate or drop the contract once it is up for renewal.

Service & HME

It is also our job to make sure the payer

knows we do not simply drop off equipment. Rather, as HME providers, one of our differentiators is that we provide services needed to ensure the patient understands how to properly use their equipment. Additionally, if there are any issues with the equipment, the provider will be there to help. Amazon can't do that. The truth is that nobody understands the HME industry like HME providers. Our job is to educate the payer on this fact.

"Even absent a wholesale shift to value-based care, market trends suggest that the relationship between providers and payers is becoming much more dynamic," said Michael Patti, principal at Baker Tilly. "Improved data sharing, collaboration and performance measurement will deliver value today and in the future."

As you navigate the ever-changing landscape of the third-party payer, know

that the relationship with the payer is the key to your success. Use payer relations staff to forge and foster those relationships using education, reporting, regular meetings, data and proving value through service.

There is no doubt that HME is a thriving and viable solution to value-based care and reducing costs by keeping patients out of inpatient settings. According to AAHomecare, 94% of beneficiaries prefer receiving care in their homes rather than in a skilled nursing facility. It is our job to make this readily known to the payer community. We are, and always have been, the answer to keeping the patient where they most want to be—at home. **HC**

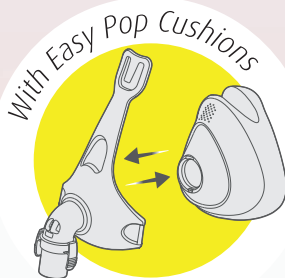
Miriam Lieber is president of Lieber Consulting, LLC, and a member of HomeCare's Editorial Advisory Board. She can be reached at (818) 692-1626 or miriam@lieberconsulting.com. Visit lieberconsulting.com.

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Embrace Technology to Improve Patient Outcomes

Understand the benefits of connected tools for COPD, apnea & more

By John M. Zelczak

If the last three years of the COVID-19 pandemic taught us anything, it may have been that if you weren't prepared to embrace technology in a global pandemic, then you and your business were probably in a lot of trouble. Virtual Zoom or Teams meetings became the norm in society—along with health care at home. Due to fears of contracting or spreading the virus, controlling and minimizing direct patient contact became a necessity. Additionally, with rising costs everywhere, it became imperative for many health care providers to re-examine their entire business model.

Staffing shortages and supply chain issues have pushed health care providers and manufacturers to make difficult decisions about how to keep their businesses running. It became a triage-like atmosphere that had never been seen before in the history of home-based health care. With hospital admissions and subsequent discharges at historic highs, it became even more critical to get patients the care they needed.

Speedy and efficient discharge to home became a critical element of the care process. Any acute but stable patient that could be managed at home had to be discharged from the hospital as efficiently as possible to make room for higher acuity and critically ill patients. The unprecedented volume of patients, along with the myriad of challenges created by the pandemic—including the lockdown, remote work, and human resource and supply chain shortages—only exacerbated a complex

situation. These historic events forced most industries to rethink their business. This was most evident in health care, which is the definition of an essential service.

Devices to assess, monitor and treat respiratory illness saw unprecedented demand. Unexpected sales of pulse oximeters, digital thermometers, blood pressure monitors and other equipment resulted in shortages and backorders globally. Essentially, any device capable of

monitoring heart rates or respiratory rates became in demand—even devices not commonly considered medical equipment. Smart watches that detect atrial fibrillation or blood oxygen levels became popular. Fitness trackers were also used to monitor user health and well-being.

Even with many of these capabilities available at home, tragedy could not be averted. The pandemic had both direct and indirect effects on other causes of death in



the U.S. From 2019 to 2020, death rates for heart disease, accidents, stroke, Alzheimer's disease and diabetes increased significantly. As a result, it was even more important to monitor patient health and well-being at home during these critical times. Telehealth, in its many forms, became a popular choice with patients and health care providers as it made it possible to treat large numbers of patients virtually using video calls and other interactive technologies. This triggered the development of more sophisticated technologies intended to expand "virtual" interactions between the health care provider and patient.

Looking Forward

Many health care manufacturers have turned their attention toward the future and have started developing products with remote communication or connectivity

features. One example of a device that has shown great potential to reduce exacerbations of COPD or asthma is "connected" or "smart" metered dose inhalers. The technological capabilities of these devices include recording when the inhaler was last used, next dose reminders and breathing technique analysis. This real-life data can also be securely transmitted to the physician or health care professional to determine adherence, medication effectiveness and any need for additional intervention.

Technology-based products have existed in the market for years with varying levels of success and adaptation. CPAP and bilevel devices used to treat obstructive sleep apnea use connectivity to track compliance as well as determine effective therapy. Auto-adjusting or auto-titrating PAP devices also can learn when patients are obstructing and

how much pressure is needed to overcome these obstructions. These devices have shown varying results in relation to patient compliance.

Auto-adjusting or "smart" oxygen-conserving devices that adjust to patients' needs on demand have been shown to reduce blood oxygen desaturations and potentially help avoid COPD exacerbations that lead to costly hospital readmissions. In dynamic breathing conditions, these devices will adjust the oxygen dose the patient receives based on their breathing patterns and respiratory rate. In theory and in practice, these devices have allowed patients to become more active.

One study showed that a breath-responsive, variable-bolus, oxygen-conserving device—when used with ambulatory oxygen in patients with moderate to severe COPD—will help improve

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oxygen saturations and lead to improved quality of life while reducing oxygen source utilization. These results demonstrated a benefit to the patient population, the oxygen source provider and the health care system.

More recently, devices such as portable oxygen concentrators (POCs) have introduced some level of remote connectivity. Whether through Bluetooth or cellular connectivity, these devices can transmit crucial data from the end-user to the oxygen provider and clinician. Some of the information that can be gleaned from these devices include patient data, such as therapy adherence, or device data, such as operating conditions, alarms, etc.

This information can help providers or clinicians determine how the patient is interacting with the device, along with proactively monitoring the performance of the device. They may include monitoring the

hours of use, current settings, current device status and simple troubleshooting, including whether the unit needs servicing. With the ability to troubleshoot devices without unnecessary and costly trips to patient locations, health care providers can increase their return on investment and lower their cost of ownership while providing quality service to their patients and caregivers.

Tailored Therapies & More

Manufacturers have and will continue to shift gears toward developing more products that address connectivity and remote communication between end-users, providers and clinicians. The role of connectivity in home health care devices is still evolving, but it's fair to say connected devices will become an integral part of remote telemedicine in the future.

Providers and end users who have

embraced technological advances in health care will likely reap the benefits more and more over the next several years as these technologies evolve. Physicians, respiratory therapists, nurses and other clinicians will be able to tailor or adjust therapies based on the data received from many of these connected devices without actually having to physically see the patient.

Ultimately, embracing these technological advances should improve overall patient satisfaction, compliance with therapy and clinical outcomes. **HC**

John M. Zelczak, BS, RRT, CPFT, has more than 30 years of experience in critical care, durable medical equipment and the medical device manufacturing world. He has assisted providers across the country with his clinical expertise as vice president of clinical respiratory at Drive DeVilbiss Healthcare, where he was recognized as Category Vice President of the Year in 2017 and 2020. Zelczak holds a bachelor's degree in respiratory care from Indiana University of Pennsylvania. He can be reached at jzelczak@drivemedical.com.

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Good Vibes Only

Vibration therapy offers a different approach to recovery

By Hannah Wolfson

These days, active seniors, those with chronic pain and even weekend warriors are looking for new ways to manage pain and shorten recovery time—and home medical equipment (HME) providers have a number of options to present to customers. One is wearable vibration therapy (VT).

“There’s definitely some interest in it. I think we’re seeing a trend,” said Matt Garver, vice president of marketing at Brownmed. The company introduced the first wearable vibration therapy wrap in 2016 and has been working to develop the technology ever since. This month, the company plans to launch a new product that includes vibration therapy with the option of heat.

There are two main therapeutic aspects for vibration therapy, Garver said: rehabilitation and pain relief.

For rehab, the devices provide relief and stimulation similar to transcutaneous electrical nerve stimulation (TENS) devices. But with TENS, small electrical impulses are delivered into the body—which means it is not recommended for those who have pacemakers, are pregnant or have other risk factors. With VT, a gentle vibration stimulates the muscles, causing them to contract and relax—thus increasing blood flow and promoting healing. Some studies of VT, especially whole-body therapies, have also been shown to assist with bone growth and increasing bone density; in fact, early VT developed in part out of NASA’s efforts keep astronauts’ bones strong.

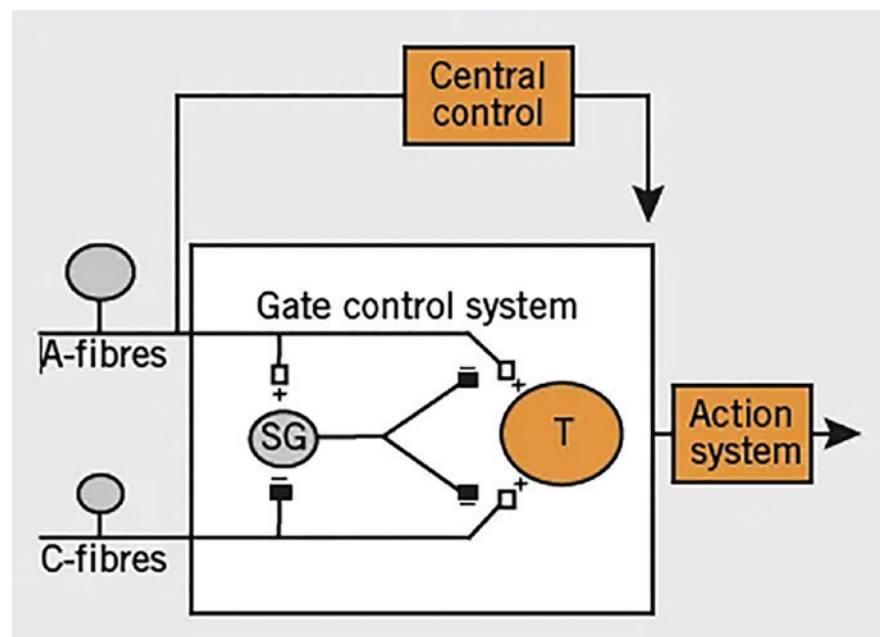
Garver said that VT can also help relieve pain through a mechanism that’s described by the gate control theory. The initial research into gate control dates back to the 1960s, when it was found that flooding the body’s nerve endings with non-painful—or even pleasurable—stimuli could basically block pain signals from being sent to the brain. In effect, experiencing something non-painful like a massage or vibration closes the “gate” and overrides or reduces the body’s pain signals.

The gate control theory of pain describes how non-painful sensations can override and reduce painful ones by rerouting messages to the brain. Source: Brownmed

“There’s only so much bandwidth that you have in your nerves, and if you distract them, the pain signals can’t get through the gate” Garver said. “In the case of vibration therapy, what’s registering in your brain is a gentle massaging sensation.”

Use in HME

When VT was first developed, it was designed as a whole-body therapy; whole-body VT is still used, usually in the form of a large plate that a user stands or lies on to receive the





Targeted vibration therapy wraps can be used on the face and head to relieve headaches. Source: Brownmed.

benefits, which can range from lymphatic drainage to weight loss, some claim. The full-

body set-ups are bulky (picture a smaller-version of a stair-stepping machine you'd

find in a gym) and can cost several thousand dollars.

Like TENS, whole-body vibration therapy can be hard for some people to handle, especially those with severe diabetes, pregnant women and people on blood thinners. Enter a wide range of products that focus vibrations in a specific part of the body, including: gloves; wraps for feet and ankles, knees and elbows, and different parts of the legs and back; and eye masks and bands designed for headache relief.

"We've found it to be very effective for headaches," Garver said. He recounted hearing from a contact who reached out for samples after an executive at Walgreens appeared wearing the head band on a video call and told her team she wasn't going to take it off until it was in all of their stores.

"That's a pretty ringing endorsement," Garver said. "We obviously sent a sample!"

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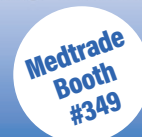
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- Alleviated stress
- Reduced joint pain
- Improved bone and muscle strength

Garver said there's still a need to educate customers about vibration therapy, but the recent popularity of hand-held massage devices such as Theragun and Hyperice, especially among amateur athletes and weekend warriors, has made VT easier to sell.

"All the awareness that came from that has been beneficial to us," Garver said. "They put a lot more validity in it because they see

it in lots of other places, and they're like 'I've seen this before.' So I think that education hurdle is sort of falling away."

He also said that home medical equipment providers might find VT therapy products appeal both to older customers looking for chronic pain relief—from arthritis, for example—or to build bone density, or may draw a more active group of

seniors looking to speed their recovery time from a rough pickleball match or an old knee injury.

In fact, Garver said, some of it crosses the line from pain management to what's sometimes called "performance health;" that is, using devices to help live your best life and overcome obstacles, whether that obstacle is chronic arthritis pain or a twinge of mild tennis elbow.

"It can help just improve your range of motion; it can help you recover better," he said. "It's both for warming up and then you can sit down and use it for recovery—I myself had some quad pain and I put it on my leg while I was sitting at my desk, because it's totally portable and hands free." **HC**

Hannah Wolfson is editor of HomeCare media.

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Don't Let Supply & Payment Pressures Impair Patient Access or Care

How to better work with payers

By Connie Sullivan

Most of us are familiar with pandemic supply chain issues and associated price increases, but for health care providers, those challenges are combining with prolonged drug and supply shortages, staffing challenges and other market dynamics to stress their ability to provide services to patients who need them. In the home infusion industry, these factors have coalesced to impact the most resource-intensive therapies, such as parenteral nutrition (PN) and IV anti-infectives.

For example, a recent white paper by the National Home Infusion Association (NHIA) analyzed pandemic-related cost increases for PN components and disposable supplies. The analysis of 402,940 bags of PN from 12 home infusion providers found the cumulative five-year price increase per bag of PN is 50.12% more than 2016 costs. In addition, the mean overall cost increase for 223 disposable supplies in 2021 was 9.88%. Before 2021, the typical cost increase was 5% annually.

Disposable supplies are bundled with professional services, equipment and administrative costs and paid as a set per

diem amount to the provider each day the patient infuses the medication. In most cases, drugs are billed separately, so as the cost of a drug increases over time, the indexed allowable for the drug also tends to increase. The exception to this rule is drugs that are considered standard ingredients in PN. Unlike other therapies where drugs are billed separately, standard PN nutritional components are all bundled into the per diem payment.

With reimbursement relatively fixed, providers have almost no flexibility to offset the rapid increases in acquisition costs resulting from shortages. That's not even considering the increased cost of labor in a sector marked by pandemic fallout. Providing services under these pressures for reimbursement that has not kept pace is becoming more and more problematic. Providers are facing difficult decisions that, if adopted widely, have the potential to impede patients' access to care. We saw this last year when a national infusion provider realigned their business strategy, consolidating branches and shifting therapeutic focus.

Conversations With Payers

Over the past year, NHIA has been working to bring issues like this to the forefront with commercial payers. We aim to better partner with them to achieve their goals of lowering the total cost of care. It's important that they have a full understanding of the context in which home infusion providers are delivering high-quality, cost-effective care to ensure fair and sustainable access to services.

Last fall, NHIA held its inaugural Home and Specialty Infusion Payor Summit, where payer representatives with responsibilities for benefits structure, network decisions, value-based programming and specialty pharmacy policy were invited to attend and discuss ways to improve access and efficiencies associated with home- and alternate-site infusion services. The result of that meeting was the development of recommendations designed to be incorporated into contracts between health plans and providers. The association encourages payers to:

- Establish distinct specialty networks of locally based, full-service infusion providers to offer infused medications
- Require the coordinated provision of infusion supplies, equipment, and services
- Address the lack of coverage for resolving catheter occlusions
- Incentivize infusion providers to place peripherally inserted central catheters
- Add codes for use of ambulatory infusion suites to home infusion contracts
- Allow home infusion providers to provide nursing for managed Medicaid patients, especially pediatric patients
- Remove multiple therapy discounts for complex patients
- Coordinate and/or combine prior authorization procedures for home infusion drugs and services to avoid delays in treatment due to having to wait for separate authorizations

These recommendations are intended to remove barriers to accessing certain

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infusion services. For example, a payer may not realize that by changing their coverage policies to allow a home infusion nurse to go out and resolve a catheter occlusion, they can reduce ER visits. Removing barriers allows payers to reduce the total cost of care by avoiding hospital stays and emergency room visits, limiting hospital outpatient department use and preventing admission to long-term care facilities.

This also holds true for the issue of sharp supply cost increases not being reflected in per diem rates. If an organization can no longer afford to provide a therapy, that doesn't change the fact that patients truly value the flexibility of home- and alternate-site infusion, and for patients in rural areas or with transportation challenges, home-based therapy provides access to care they might not otherwise have.

Accordingly, payers understand that for many therapies, home infusion is an optimal site of care. The alternatives—inpatient care, long-term care facilities and hospital outpatient departments—are costly, undesirable and unnecessary.

To address the skyrocketing costs of PN components and supplies and ensure continued availability of these essential treatments, NHIA recommends payers consider the increased cost of items and services included in the per diem payment bundle as they negotiate rates with providers and ensure that payment reflects the complexity of the care being provided.

Ingredient costs aside, PN is also one of the most clinically intensive therapies for pharmacists, dietitians and nurses. A recent study published in *Infusion Journal* showed that pharmacists spend on average more than 40 minutes per day providing clinical support such as monitoring labs, responding to pump questions and making formula changes in response to changing nutritional needs. To ensure patients retain access to these services, payers should review their PN payment policies to ensure they align with the HCPCS code description and allow providers a to bill separately (outside of the per diem) for lipids, specialty amino acid formulas and other non-standard drugs.

Health care delivery is complex and interrelated. The challenges and pressures affect each unique discipline differently, but one thing holds true: Patients' access to care relies on payers and providers aligning their interests based on a deeper understanding of one another.

NHIA is encouraging payers interested in continuing this dialogue to sign up to be included in a future payor summit at nhia.org/payors. **HC**

Connie Sullivan, B.S. Pharm., is president and CEO of the National Home Infusion Association. Sullivan has over 25 years of home infusion industry leadership, management and clinical practice experience. Visit nhia.org.

Easy-to-Understand Dementia Training Is Essential

5 key concepts staff should know

By Pam Brandon

According to a 2022 Lancet Public Health study, dementia prevalence is expected to rise 166% worldwide over the next 30 decades. That means global cases will increase by 3 million in 2023 alone.

Dementia is one of the leading causes of dependence in older people, and as symptoms progress, people living with dementia (PLWD) need comprehensive

health care services. Most people want to remain in their homes as long as possible and to receive quality care from their families and professionals.

Better Equipping Staff

Creating a quality training program must go beyond compliance training. Too often, this approach to checking off a box to meet

requirements leaves caregivers with little knowledge and virtually no tools that will prepare them to meet the complex needs of PLWD.

With homecare staffing turnover averaging more than 60%, delivering dementia training that is easy to understand and to digest is critical.

Components of relevant and reliable training include:

- Engaging and interactive content
- Real-life examples and scenarios
- Delivery meets multiple learning styles
- Experiential learning components
- Interactive and hands-on

Quality Dementia Training Should Be Results Driven

Leadership is key to integrating consistent dementia training across agency staff who work independently and with little direct supervision. Equipping leaders with the tools to deliver dementia training efficiently and effectively should be done with solid planning and goal setting.



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Telehealth & the Development of Hybrid Patient Care

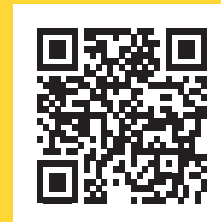
This white paper examines the origins and development of the emerging hybrid care model and how it is being implemented.

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A train-the-trainer model of dementia education encourages champions to mentor staff in various ways. Examples include:

- Leaders are provided tools for peer-to-peer learning groups, huddle guides and tips to keep information fresh and engaging.
- An ongoing practice of learning and reviewing helps encourage the team's essential dementia care skill-building and techniques.
- As staff becomes more confident in caring for PLWD, other champions (or leaders) can support the agency's training goals. This approach also provides career growth opportunities.

The Person-Centered Care Approach

Person-centered care (PCC) is a holistic and integrative approach designed to maintain well-being and quality of life for people living with dementia. It includes the elements of care, the individual, the care partner and the family.

PCC helps ensure that people with dementia can take part in the things they enjoy. In addition, it can be an effective means of preventing and managing behavior symptoms and stress reactions of PLWD.

The emphasis on PCC offers multiple opportunities for integrating dementia-specific training that supports five key concepts:

1 Understanding a client's needs and preferences is essential to delivering care meaningfully.

Understanding needs and priorities helps in providing better care, leading to a better quality of life for people who are living with dementia and for those close to them. PCC recognizes that everyone's journey in living with dementia is unique, and everyone should be treated as an individual.

2 In a shared decision-making process, care partners, families and PLWD make decisions together to determine the best choices.

This kind of shared decision-making

requires information to be accessible and shared in meaningful ways between members of the care team.

3 Empathy is a core element of PCC for homecare staff and families.

Empathy is the capacity to understand how others experience the world through their lens. When we walk in their shoes, their feelings and reactions make sense, and we begin to share their emotional response. Empathy is a foundational learning tool that is critically important in dementia training. When a person learns empathy, other education will be much easier to retain.

4 Active listening is a skill directly related to empathy.

This term is sometimes limited to observable behaviors such as using eye contact and nonverbal responses and clearly giving one's full attention without multitasking or interruptions. Active listening requires that care partners have a sense of compassion and empathy first so the care partner's needs remain front and center.

5 Communication skills are essential to person-centered care practices.

Asking questions that encourage clients to tell their stories helps build empathy and trust and allows care partners to uncover what really matters to the person they are serving. Open-ended questions trigger reflective conversations, which prompt PLWD to think more deeply about their experiences and actions while letting them know that you care. These conversations can prepare the PLWD to help themselves and create an atmosphere for self-management rather than one where care partners drive the agenda.

The benefits of person-centered care are well studied and suggest improved outcomes. PCC emphasizes that individuals maintain their identity despite cognitive impairment. Care partners are tasked with providing PCC by implementing

environmental approaches such as redirection to meet patient needs and bring unique perspectives on caring.

After developing and validating measures to assess the dimensions of person-centered care among PLWD, informal caregivers and healthcare professionals, research has shown improvements in PCC lead to better physical and social well-being among patients. PCC practices are also linked to higher satisfaction with work and well-being among health care professionals and satisfaction with care and well-being among informal caregivers.

It is essential that homecare providers receive quality, specialized dementia training for their workers. PLWD have unique needs at different stages of the disease, and a properly trained homecare worker is better equipped to meet the complex challenges that arise. Research shows that proper care for people with dementia can improve their quality of life and avoid or reduce the need for medications. In contrast, research shows that a lack of proper training can lead to a more challenging situation for the worker, the client and the family.

Trained Dementia Staff Brings Competitive Advantage

As we look toward the future, the oldest baby boomers are just the beginning of what will be an unprecedented growth for homecare. Not only will dementia training be a must for providing quality care, it will also become a competitive advantage for those seeking services. Families' expectations for highly trained care for their loved ones will continue to increase the demand for a well-trained, competent work force to care for people living with dementia. **HC**

Pam Brandon is the founder and CEO of AGE-u-cate Training Institute and creator of the Dementia Live simulation training used by aging service providers across the United States, Canada and Australia. She is a passionate advocate for high-impact training and life engagement that improves the quality of life for older adults. Visit ageucate.com or contact her at pam@ageucate.com or (817) 857-1157, extension 202.

Why Data Can Make All the Difference

A PACE-based approach to care disparities among seniors

By Victor Agbafé

In the wake of the COVID-19 pandemic, the racial gap in life expectancy hit its highest levels since 1998, with Black Americans living six years less than their white counterparts. This gap can be explained in part due to disparities in senior care. Older Black adults are more likely to rely on Medicaid or Medicare as their only form of health insurance and are more likely to report financial strain associated with caregiving. Beyond payer source, Black adults are more likely to receive care in the emergency room than in a primary care doctor's office. In addition, Black seniors are more likely to move to nursing homes rather than assisted living situations, and when

they moved to assisted living facilities, they were more often in segregated settings with higher levels of acuity.

Hispanic communities similarly face unique obstacles in obtaining broader care and senior care. In a survey of Medicare beneficiaries, Hispanics across various geographic regions are less likely to get necessary care in a timely manner. In addition, Hispanics are less likely to get needed care coordination, and Hispanics in rural areas are more likely to report poor experiences regarding medical communication. When it comes to senior care, fewer than 25% of Hispanics aged 40 or older believe that home health workers,

assisted living facilities or nursing homes can tend to their cultural needs.

The Value of PACE

The Program of All-Inclusive Care for the Elderly (PACE) is a senior care program that serves individuals aged 55 and up who are certified as needing nursing home care. PACE provides beneficiaries with all medical needs including provider visits, transportation, medications and homecare in order to avoid preventable hospital visits. This program was started in the 1970s in the Chinatown-North Beach community of San Francisco with the goal of supporting the elderly immigrant population in the region,



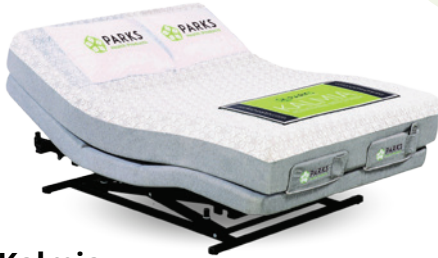
In order to adequately address disparities, we must understand the specific context and details that underlie them.



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and has since expanded to 148 programs in 32 states as of September 2022.

PACE has proved to be an effective value-based model for providing care to Medicare and Medicare-Medicaid dual-eligible patients relative to fee-for-service comparison groups. PACE participants have reported better management of care, a reduction in preventable hospitalizations and lower long-term mortality. This reduction in adverse outcomes has been a cost saver for the Medicare program, as exemplified by an analysis by the state of Oklahoma that shows that for every 100 individuals served by PACE, the state saves \$1,243,044 per year. In addition, PACE programs mitigate disparities in Black-white senior care, as Black patients enrolled in the system emerge with a lower mortality rate than white patients after one year of enrollment.

Why Data Matters

PACE has provided an opportunity to address disparities while effectively incorporating value-based care into senior care. We suggest a data-centered approach in senior care to enhance these efforts.

As a first step, PACE organizations should collect targeted data to identify disparities in senior care. In order to adequately address disparities, we must understand the specific context and details that underlie them. This data collection should include beneficiary data related to zip code and race, which are tied closely with the social determinants of health.

Creating standardized formats for this data collection can ensure that care teams can address social needs either before or as they occur. On a population level, this can allow PACE organizations to identify patterns in care needs within certain communities that can inform interventions.

An example of this in action would be the Z-code primer that the PACE-focused analytics platform IntusCare employs to allow a clinician to input or see that a patient is experiencing food insecurity. A standardized data structure is necessary to empirically note and begin to address patterns of disparities.

Furthermore, data should be used to identify and analyze disparity trends in PACE populations. This analysis can begin to uncover not only what is occurring, but also the “why” behind existing disparities.

For example, if white patients in a PACE program are healthier, collected data can form the basis of questions to inform interventions. Are these patients more empowered to speak out with their concerns? Do these patients live near a hospital they can admit themselves to? Are the differences due to the pernicious effects of racism in medical care? Asking these questions in a specific context can provide a road map of what markers of care are most important to focus on in the context of a specific PACE program.

Making a Change

Most importantly, targeted data collection must provide the basis for community-based interventions to address disparities in the PACE program. This could include creating specific programs that address a systematic need within a certain zip code that a PACE operates within.

On a systemic level, more effective data collection can also allow PACE organizations to structure partnerships with social service delivery organizations like CityBlock Health and Unite US that focus on patients with managed care plans. Data may also allow PACE entities to focus on preventing negative outcomes in specific disease areas, such as chronic kidney disease, in which significant disparities and outcomes based on race are known to exist. This would provide them with the means to proactively improve care outcomes in their populations.

In addition, targeted data collection on disparities in the PACE program can form the basis for Quality Improvement (QI) initiatives within PACE to be compared with “benchmark” QI initiatives that exist in the Medicare program, with the purpose to nudge to improve outcomes.

PACE has served high-cost and high-need populations well. Companies like IntusCare are well suited to provide data and internal resources to further support PACE programs in improving care outcomes and alleviating disparities that exist in senior care. The timing could not be more opportune as the U.S. senior population grows and numerous startups—including Papa, Harmonize, DispatchHealth, AlayaCare and Grayce—are working to help seniors age better in the comfort of their own homes. A structural policy focus on identifying and addressing disparities in resources, care and outcomes in PACE programs would better position us to make deeper inroads in their mission.

A holistic use of data in the senior care space that incorporates information about a patient’s access to food, proximity to pollution and potential medication errors, with tools for best practices to improve outcomes, has the potential to alleviate disparities in life outcomes that are the most harrowing and consequential reminder of inequities in our medical system and community.

This is an opportunity to leverage technology to bring justice in our health system that benefits individuals in their golden years. **HC**

Victor Agbafé is a Dean’s and Medical Innovation Scholar at the University of Michigan Medical School, an MD/JD candidate at the University of Michigan and Yale Law School, and a Third Culture Capital Venture Fellow working on the Bridging Equity Initiative.



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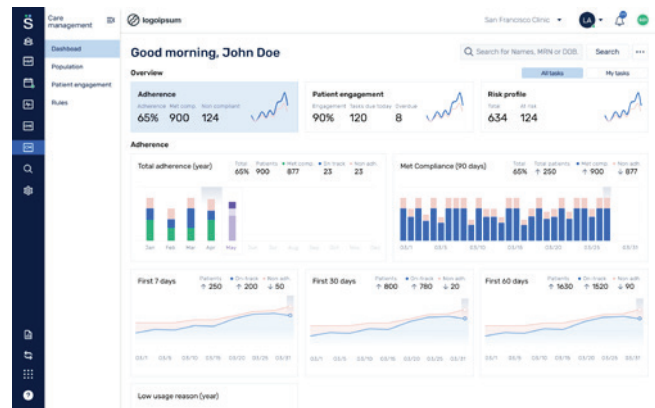
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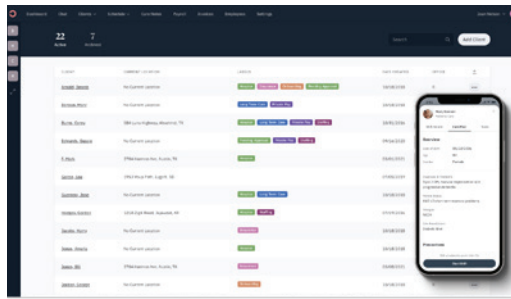


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Careswitch is a free award-winning home care software with optional built-in payroll processing so you can put your time and money into giving great care. Signing up is simple. Just open a free account on Careswitch to get started, then choose your upgrades inside the platform. Add upgrades from Day 1 or try out the system and add upgrades as you need to—you're in charge.

careswitch.com



10

11 Business Education

DYNAMIC SEMINARS & CONSULTING, INC.

Louis Feuer, MA, MSW, for the first time in more than 15 years, is presenting an online series of presentations dedicated to helping grow your homecare business. With dynamic and insightful presentations, Feuer has been educating the home care industry for close to 35 years. He has published more than 300 articles on professional development issues and lectured throughout the United States and Canada. His unique presentation style has been the highlight of health care conventions and programs throughout the industry.

dynamicseminars.com

11



12 Sontro OTC Hearing Aids

SOUNDWAVE HEARING, LLC

Sontro OTC Hearing Aids are for customers 18 years and up with mild to moderate hearing loss. Made in the U.S.A., Sontro OTC Hearing Aids are designed to be simple, affordable, and convenient. The otoTune app provides a three-minute hearing test, customizing the hearing aids to your customer. Soundwave Hearing provides a risk-free, 45-day money-back guarantee with a one-year warranty and lifetime care support, and free shipping and returns. Insurance is available. They also provide one month free of Amptify DTx (a \$50 value) in Soundwave's otoTune app, including a hearing health coach, brain training games, a daily curriculum and a peer support.

hearsoundwave.com

12



MEDICATION MANAGEMENT

1



2



3



1 Your•Minder Recording Alarm Clock

MEDCENTER SYSTEMS

A familiar voice reminding loved ones to take their medication with a message such as “Good morning Mom, take your heart medication!” or “Hi Grandpa, don’t forget to take your pills!” can make medication compliance joyful. Taking medications on a set schedule is crucial for managing health. The Your•Minder talking alarm clock features up to six daily alarms. What sets the Your•Minder apart from other alarm clocks is the recording feature that allows users to create their own personalized alarms. Works alone or with any of the weekly or monthly medication organizers in the MedCenter line of products.

medcentersystems.com

2 Medication Splitting, Crushing & Mixing Cup

CGS

This splitting/crushing/mixing cup is easy to use, low cost, food grade and made in the United States. It is perfect for home and clinical use. Well-made and can be reused many times; there are no metal blades to corrode. Custom logo printing is available.

pillcrush.com

3 InFloCone-V

ALLIANCE TECH MEDICAL, INC.

The InFloCone-V disposable mouthpiece is designed to simply and economically provide the user with consistent and efficient delivery when inhaling pressurized, metered dose medications.

alliancetechnical.com

ORTHOPEDIC SOFTGOODS

1 Adjustable Back Support

ALEX ORTHOPEDIC, INC.

The new Alex Orthopedic single pull-back support with pulley offers customization for a tailored compression fit. The brace is breathable, lightweight and easy to wear.

alexorthopedic.com

1



2 Heel Keeper

ULCER SOLUTIONS, LLC

The Heel Keeper prevents or treats pressure injuries of the heels and ankles. It is a cost effective and comfortable substitute for traditional off-loading foam and fiber-filled heel elevating boots for the prevention and treatment of heel and ankle pressure ulcers and enhances patient compliance. Patients wear the Heel Keeper five hours longer per day and prefer the Heel Keeper over traditional boots by 11 to one. It lets patients walk and transfer with reduced fall risk. Dressings can be changed and the foot can be inspected without removing the device.

ulcersolutions.com

2



3 Miracle Pro II Customizable Back System

DOCTOR IN THE HOUSE

Key to the Miracle Back Pro II are its heat-moldable, adjustable and removable posterior, anterior and lateral orthoplastic panels to fit like a glove with step-down healing. Doctor In The House brings superb customer service, fulfillment and product support by live therapists for all their braces and your patients. Their full line of off-the-shelf and customizable back braces are truly made to fit and heal patients with complete adjustability and are semiflexible for comfort and stepdown, allowing optimal patient compliance.

docinthehouse.com

3



4 VibraCool Cryovibration—Extended for Knee or Ankle

PAIN CARE LABS

The VibraCool Cryovibration—Extended for Knee or Ankle is a mobile knee pain solution. It is the only wearable neuromodulation device using National Institutes of Health-funded mechanical stimulation therapy. Use wearable hot or cold therapy and high frequency patented M-Stim mechanical stimulation to reduce pain on contact for injuries, recovery or physical therapy or to get moving quickly after surgery. Simple one-touch activation for home, clinic, gym or office use. Comfortable neoprene wrap is easy to attach. VibraCool is more effective than TENS and safe with pacemakers. Ideal for post-surgical pain, arthritis, meniscal injury, ACL strain, ankle sprains and even calf or hamstring strain. Risk-free, 30-day money-back guarantee.

paincarelabs.com

4



MOBILITY AIDS/WALKERS AND ROLLATORS



1 Nitro Sprint Rollator

DRIVE MEDICAL/DRIVE DEVILBISS HEALTHCARE

New from the award-winning line of European-style Nitro rollators, the Nitro Sprint's enhancements include a patented integrated slow-down brake for increased control on diverse terrain and an enhanced braking system for reduced tire wear and easy replacement of the brake pad and cable. Users love its extra-large backstrap with viewing window, durable yet sleek frame and patented storage bag system with mounts in multiple locations for easy access.

drivemedical.com/us/en/Products/Mobility/Rollator-Walkers/c/RollatorWalkers



2 Knocked Down Economy Steel Rollator With 6-Inch Wheels

COMPASS HEALTH BRANDS

The ProBasics Knocked Down Economy Steel Rollator is the perfect blend of style, comfort and affordability. Constructed of durable powder-coated steel, it offers great maneuverability and stability. It features easy-to-operate ergonomic hand brakes, a removable padded backrest and a water-resistant nylon pouch. The rollator is also equipped with an easy folding mechanism for storage and transport. Supports patient weights up to 300 pounds. The new knock-down version features a five-minute, tool-free first-time assembly. HCPCS code: E0143.

compasshealthbrands.com/products?pSearch=RLS6



3 Protekt Pilot Upright Walker

PROACTIVE MEDICAL PRODUCTS

The Protekt Pilot Upright Walker enables users to walk erect and look forward for a safe, stable and comfortable mobility experience. The Pilot's design improves posture, mitigating pain in the lower back, hands and wrists, enabling users to walk longer distances, leading to a more active lifestyle. Features include: adjustable height armrests, lockable handbrakes, comfortable seat with backrest, stand assist handles, compact design and convenience package including beverage holder, safety LED light, personal item bag and cane holder.

proactivemedical.com



4 EZ-Walk SandPad

AMERICAN VENTURES, LTD.

Presenting the SandPad/EZ-Walk Cane and Crutch Pad, the cane and crutch tip that provides a wider base of stability to support a user's weight for easier travel across sand, grass, snow, mud, rocky terrain and regular paved surfaces. This stabilizer fits both cane and crutch stems and also features sand and water drainage vents with a flat bottom that keeps a cane or crutches standing upright when not in use. Engineered in lightweight rubber and weighing 12 ounces, the SandPad/EZ-Walk is an all-season solution for anyone who wishes to maintain an active and healthy lifestyle.

ezwalkpads.com



5 Military Walker Bag

GRANNY JO PRODUCTS

Military Walker Bags are licensed and made in the United States of heavy-duty denim. They feature adjustable straps, easy-to-secure clips, an outside pocket and a military insignia patch indicating the user's branch of service.

grannyjoproducts.com

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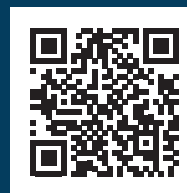
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- 15 Owner, CEO, CFO, COO, Pres, VP, GM, Dir
- 21 Manager, Supervisor, Controller, Accountant, Purchasing Agent
- 22 RT, Nurse, Doctor, OT, PT, Pharmacist, ATP, SMS, Rehab Specialist, Other Licensed Medical Professionals
- 19 Sales/Marketing Rep, Mgr,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

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STUDYING SENIORS

100 Is the New 80

The SuperAgers Study seeks to find the key to a long life

By Meg Herndon



Aging is something to be celebrated and studied, and SuperAgers aims to do just that.

Centered around uncovering ways to protect humans against age-related diseases and ways to improve the aging process, the SuperAgers Family Study is working to create a large biorepository for research into healthy aging. The study collects data from those who have lived to age 95 or more, and from their families.

“SuperAgers show us what is possible,” said Sofiya Milman, principal investigator at the SuperAgers Initiative. “What we see here is that these longest living people actually delay the onset of age-related diseases. So, by the time they’re 100 years old, 50% of them are still healthy and have no manifestations of age-related diseases.”

Age-related diseases include cancer, congestive heart failure, heart attacks, strokes, dementia and diabetes, which tend to present themselves in the last 10 to 20 years of the average 84-year life span. The SuperAgers Study seeks to find the key not just to a longer life span, but also to a healthier one, defined by more years of being disease and disability free.

Interestingly, the study has found SuperAgers’ backgrounds don’t seem to matter; no matter their nationality, ethnicity or race, they all show a similar trajectory of delaying age-related diseases.

The study found the protection SuperAgers have from age-related diseases also seems to be inherited by their offspring, even if they share nearly identical lifestyle and environmental factors as non-SuperAgers.

“When SuperAgers were compared to this general population control, it was found that the SuperAgers were no less likely to smoke, no less likely to drink alcohol, to exercise more, to eat a low-calorie, low-fat or low-salt diet,” Milman said. “There were really no lifestyle differences between the SuperAgers and the general population—and yet the SuperAgers achieved this exceptional longevity.”

This discovery led researchers to believe lifestyle is less important in combating age-related diseases and that other factors, such as genetics, play a larger role. According to the group, studies have been conducted for decades with different animal organisms showing a potential link between having lower levels of growth hormones in later life and longer life spans. With the SuperAgers study, the SuperAgers Initiative aims to see if the same is true in humans.

“The hope is, once we identify those biological pathways, then we will be able

to translate those into interventions for therapeutics,” Milman said. “You will see that our goal is really not to do gene therapy, but to guide us into rational drug design by identifying longevity associated genetic variants in our SuperAgers.”

Ultimately, the SuperAgers Initiative hopes to contribute to an improvement in the quality of life by developing these therapeutics to delay age-related diseases through direct discovery in humans—and for now, they’re actively recruiting health elders to add to their data pool.

“We firmly believe that all the SuperAgers carry that secret for longevity, and the more SuperAgers we can study, the more we can understand what it is about them that allows them to age well,” Milman said.

Those who wish to be a part of the SuperAgers Study can find study qualifications by visiting superagersstudy.org/en/superagers. Those who might not qualify for the study but still wish to be a part of the community can visit afar.org/superagers. **HC**

Meg Herndon is managing editor of HomeCare media.

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