# HomeCare®

THE LEADING BUSINESS RESOURCE FOR HME & HOME HEALTH PROFESSIONALS
HOMECAREMAG.COM
JANUARY 2023

**HME**
OIG's advice on contracts

**IHC**
A federal fix for workforce development

# SETTING A NEW COURSE

Industry experts weigh in on what 2023 will bring

## Dear HomeCare Readers,

Are you feeling optimistic or pessimistic about the year to come? All of the experts I talked to about their 2023 industry forecasts leaned on the optimistic side: Despite big challenges and a lot of looming economic questions, the future seems bright for homecare, thanks largely to ever-increasing demand. You can read more about what industry professionals think will be most important for the next year and how to keep your organization on top of it in our cover series, which starts on page 16. And we've got columnists looking at an expected bump in audits next year and how to focus your resources on strategy setting for the next 12 months.

At our company we've been spending time creating a new corporate vision not just for 2023 but for the years beyond. And yet, I still feel compelled to make some simple resolutions for this calendar year. They include: making HomeCare even more invaluable for you, our readers; ensuring we're not just serving up great content but also doing it on the platforms that work for you; telling more provider and user stories to help inspire change; and, last but not least, connecting more with those of you doing the work on the ground on a daily basis. That may be through polls, virtual panels or just hitting the road to meet you at state association meetings as often as I can. If you'd like me to add yours to the list, please email me the details at hwolfson@cahabamedia.com.

Happy New Year and, 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!

**HomeCare**® (ISSN# 0882-2700) is published monthly by the Cahaba Media Group, 1900 28th Avenue S., Suite 200, Birmingham, AL 35209. Periodicals postage paid at Birmingham, AL, and additional mailing offices. SUBSCRIPTIONS: Free of charge to qualified HME and home health workers. Publisher reserves the right to determine qualifications. **Annual subscriptions:** U.S. and possessions $48, all other countries $125 U.S. funds (via air mail). Single copies: U.S. and possessions $5, all other countries $15 U.S. funds (via air mail). Call 800-256-2785 inside or outside the U.S. POSTMASTER: Send changes of address and form 3579 to *HomeCare* Magazine, PO Box 271, Lincolnshire, IL 60069-9835. 
VOLUME 45 NUMBER 1

**HomeCare**
The Leading Business Resource for HME & Home Health Professionals

EDITORIAL

**Editor**
Hannah Wolfson | (205) 278-2825
hwolfson@cahabamedia.com

CREATIVE SERVICES

**Art Director**
Jessi Tygielski

**Digital Project Manager**
Matt Hodges

**Web Developer**
Greg Caudle

CIRCULATION

**Subscription Changes & Inquiries**
homecaremag@omeda.com | (800) 256-2785

ADVERTISING

**Associate Publisher**
Jim Harmon | (205) 933-0333
jharmon@cahabamedia.com

**Sales Development Representative**
Jill Kuerner | (205) 961-3378
jkuerner@cahabamedia.com

**Client Services Representative**
Presley Dean
pdean@cahabamedia.com



CAHABA MEDIA GROUP

**Publisher**
Matthew G. Conroy

**Director of Finance**
Brandon Whittemore

**Vice President of Sales**
Greg Meineke

**Director of Operations**
Laurie Tisdale

1900 28th Avenue South, Suite 200
Birmingham, AL 35209 • Phone: (205) 212-9402

JANUARY 2023

# In this issue



## COVER SERIES: SCANNING THE HORIZON



## HME



## IN-HOME CARE



## COLUMNS



## MARKET-LEADING PRODUCTS



## IN EVERY ISSUE



### Enhabit Buys Fort Myers Home Health Agency

Home health and hospice provider Enhabit, Inc. has announced the acquisition of Southwest Florida Home Care, Inc.'s home health agency located in Fort Myers, Florida.

"We are excited to welcome the Southwest Florida Home Care employees to our Enhabit team," Enhabit President and CEO Barb Jacobsmeyer said. "We look forward to continuing to support our new team members as we serve more patients in need of high-quality home health services."

This acquisition increases Enhabit's existing footprint in Florida, which now totals 22 home health locations. The Fort Myers location will expand Enhabit's ability to serve the communities of southwest Florida.

Enhabit is the fourth largest provider of Medicare-certified home health services and the 12th largest provider of Medicare-certified hospice services nationally.

*ehab.com*

## UPCOMING EVENTS

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

**Jan. 23–24**
**Home Care Warm Up**
**Daytona Beach, FL**
**homecarefla.org**

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

**Feb. 4–6**
**Focus: The EW Conference**
**Clearwater Beach, FL**
**focus.essentiallywomen.com**

**Feb. 8–9**
**Texas Association for Home Care & Hospice Winter Conference**
**Austin, TX**
**tahch.org**

### OxyGo Launches Sleep Line With Web-Based Provider Portal

Portable oxygen concentrator maker OxyGo has launched its new sleep line, complete with a web-based compliance program that allows providers to manage OxyGo CPAP patients.

OxyGo SLEEP offers a full line of sleep products including CPAP and BPAP, travel batteries, sanitizers, accessories and a new web-based compliance portal for managing patients' devices.

The CLOUD provider portal gives providers secure web access to manage and monitor patient data. Providers will also have the ability to share data and statistics with physicians and other health care professionals.

The new portal will work with any current OxyGo CPAP and BPAP models via card-to-cloud and will also connect with the newly launched second-generation Wi-Fi models now available.

"Launching a portal that will allow providers to communicate stats and share data with other health care professionals is key to making the user experience better for both sleep providers and patients," said Duane King, OxyGo director of sales. "We are very excited to be adding this sleep line to our award-winning products and services."

*oxygo.life*

### Clear Arch Launches Mobile RPM App

Clear Arch Health, a provider of remote patient monitoring (RPM) solutions, has launched a new mobile app to support convenient, secure and seamless real-time remote monitoring of patient vital signs.

Clear Arch Mobile is an RPM application that is compatible with Bluetooth-enabled technology and offers an alternative to the company's remote monitoring tablet.

Clear Arch Mobile also extends the functionality of the validated LifeStream Clinical Monitoring Dashboard by enhancing security (with two-factor authentication) and simplifying collection and transmission of patient data for clinician assessment and intervention, as needed.

LifeStream became part of Clear Arch Health's portfolio when the company acquired Life Care Solutions earlier this year.

"Over the last few years, remote patient monitoring has proven to be a highly effective tool in managing chronic illness," said Joseph C. Kvedar, who is MobileHelp's board director, a professor of dermatology at Harvard Medical School and immediate past chair of the board of the American Telemedicine Association. "Clear Arch Mobile is going to advance remote monitoring even further, by putting this easy-to-use tool literally at a patient's fingertips, providing always-on access to their health data, educational information about their condition, messages from their providers, appointment reminders and more."

*cleararchhealth.com*

### CAIRE Buying MGC Diagnostics

CAIRE Inc. announced plans to acquire MGC Diagnostics Holdings, Inc, which develops, manufactures, and markets non-invasive cardiorespiratory diagnostic systems, accessories and consumables for the detection, classification, and management of cardiorespiratory disease. The acquisition was expected to close by the end of 2022.

Established in 1977, MGC is the No. 2 player globally in the cardiorespiratory diagnostics sector. In addition to its St. Paul, Minnesota, headquarters, MGC has more than 200 employees in facilities in Belgium, Germany, France and Australia. The company has a broad portfolio of products anchored by its pulmonary function testing systems, cardiopulmonary exercise systems, spirometers, flow sensors, gas analyzers and associated consumables. After the acquisition of Spirosure (now CAIRE Diagnostics), a developer and manufacturer of a proprietary asthma diagnostic technology in 2020, the company will now have a global distribution channel directly into hospitals and clinics.

"CAIRE is firmly committed to driving future growth by expanding our offerings in the clinical setting to better serve those individuals affected by cardiorespiratory diseases," said Earl Lawson, CAIRE president and CEO. "MGC has a state-of-the-art portfolio that is widely adopted to diagnose respiratory disease and to ensure that the information obtained benefits disease management. These tools are an excellent complement to CAIRE's complete range of oxygen therapy solutions."

***caireinc.com***

### Cardinal Health Launches Velocare Supply Chain Network

Cardinal Health has announced the launch of Velocare, a supply chain network and last-mile fulfillment solution capable of reaching patients in one to two hours with critical products and services required for hospital-level care at home.

Through a strategic collaboration with Medically Home, Cardinal Health at-Home Solutions is now supporting a Medically Home health system customers with Velocare, collectively enabling scaled, high-acuity care in the home.

Velocare brings together Cardinal Health capabilities through a combined offering intended for health systems, payers, digital health companies, telehealth providers and other entities moving high-acuity care to the home. Legacy Cardinal Health capabilities include global logistics and distribution expertise, management of a large network of suppliers and vendors, and access to a wide range of home-based care providers. The pilot will test the use of new technology, new order handling processes, small-format depots and short-haul delivery vehicles to enable safe and consistent hospital-level care in the home.

With the right infrastructure in place, patients who were historically admitted to brick-and-mortar hospitals such as those with severe pneumonia, complicated urinary tract infections, cellulitis, blood infections and congestive heart failure exacerbations can now receive high-quality, safe, hospital-level care in the comfort of their homes. The Velocare pilot includes real-time evaluation of the technology, service levels, effectiveness, patient experiences, plus consideration for future growth in new markets.

"The ability to further scale the delivery of goods to the home will advance the rapidly growing hospital-at-home market, driving scale and efficiency for Medically Home's high-acuity care model," said Rami Karjian, CEO of Medically Home. "The complexity of supply chain logistics is one of the significant barriers to health systems providing hospital-at-home care to their patients. This collaboration with Cardinal Health further enables the transformation of the delivery of patient care."

***cardinalhealth.com***

### Best Buy Invests in Coeus h3c's Home Health Cloud

Coeus h3c announced that Best Buy has made an initial investment in the company and will use its Home Health Hybrid Cloud (h3c) to accelerate customer access to the full benefits of its home health devices and solutions.

H3c is an end-to-end solution for remote patient monitoring vendors to help with the technological and logistical requirements that leave many patients unable to onboard successfully. H3c provides a friction-free experience for end-users, which pilot study data showed improves participation by up to 50% and decreases abandonment by 30%.

"Living independently, living well and accessing healthcare at home have clear and compelling benefits for people," said Deborah DiSanzo, president of Best Buy Health. "We're committed to enabling care at home for everyone, and we're continually seeking new ways to apply our core capabilities in omnichannel retail, in-home services, logistics, caring centers and technology with our leading home health solutions for wellness, aging in place and managing health conditions at home."

***coeushealth.com***

### Quality Biomedical Releases Equipment Tracking Technology

Quality Biomedical, a biomedical equipment management service provider to the post-acute and home medical equipment (HME) markets, has released a new technology to help HME and clinical providers solve one of the biggest problems related to respiratory equipment service.

"Customers often commented about the time required to generate return merchandise authorizations (RMAs), and their ability to accurately track the equipment they sent for service and received back after service" said Jim Worrell, chief commercial officer of Quality Biomedical. "We listened to those concerns and developed a comprehensive solution called "QTag" to solve this industry-wide problem.

QTags are a QR code label integrated to the company's industry-first equipment management platform, called QConnect. An online app turns a smartphone into a scanner for QConnect. A customer applies a QTag to the equipment needing service, then scans the QTag. This generates a request for a pick-up, assigns a unique identification to the equipment, and advises the customer of the next pick-up date.

The Quality Biomedical driver who picks up the equipment then scans the same QTag and produces an electronic receipt for the units picked up. The entire transaction between the customer and the driver is completed in a few seconds and establishes a very secure record of the pickup for both parties.

A similar solution will be implemented for deliveries as well, establishing the industry's first ultra-secure chain of custody for all equipment sent to and received from Quality Biomedical's eight service centers.

***qualitybiomedical.com***

# Creating Coverage for Compression

## The Lymphedema Treatment Act

By Hannah Wolfson

Lymphedema is a chronic, progressive group of conditions that cause swelling and discomfort in parts of the body due to malfunctions in the lymphatic system.

One of the critical components of treatment for lymphedema is doctor-prescribed compression supplies, which patients use daily. Medicare and many other insurance policies do not cover compression supplies.

The Lymphedema Treatment Act would allow Medicare Part B coverage of doctor-prescribed compression garments, which would set a precedent for Medicaid and private payers to follow.

S 1315 was introduced in April of 2021 by lead sponsors Sens. Maria Cantwell (D-Washington) and Chuck Grassley (R-Iowa). S 3630, the House version, was introduced in May of 2021 by Reps. Earl Carter (R-GA), Jan Schakowsky (D-IL), Earl Blumenauer (D-OR) and Mike Kelly (R-PA). It passed the House on November 17, 2022, with a vote of 402 in favor and 13 against.

The law would amend Sec. 1861 [42 U.S.C. 1395x] of the Social Security Act to enable coverage of these items under durable medical equipment. Details such as quantities or rates are not included in the statute. The goals of the act are to provide insurance coverage for prescribed medical compression supplies for use treating or managing lymphedema and to reduce overall health care costs associated with the disease, its comorbidities and its disabilities.

WHAT HAPPENS NEXT? »

**The last in-session day for the current Congress was scheduled for December 16 (after press time). If the bill was not signed into law by that date, the process will begin again at the beginning of 2023.**

### EQUIPMENT TO MANAGE SYMPTOMS

There is currently no cure for lymphedema, but it can be managed with complex decongestive therapy (CDT). Several compression products are used:

- Inelastic multilayer bandages are typically used in the first phase of CPD, with the main goal to reduce limb volume as much as possible.
- Flat-knit compression hosiery is mainly used for the long-term management of lymphedema in the maintenance phase.
- Wraps with hook-and-loop closure or bra hooks can be used in the first and second phases of CPD therapy. Wraps are easy to don and doff and are easily adjustable.
- Circular-knit compression hosiery is only used in the very early stages of lymphedema where the limb has not yet reached extreme sizes.
- Intermittent pneumatic compression (IPC) is a mechanical method that massages the fluid out of the limb. IPC is applied with stationary devices which hinder movement during treatment.

(Source: Sigvaris)

DID YOU KNOW?

**Between 1.5 million and 3 million Medicare beneficiaries have lymphedema, including many cancer patients.**

**LEARN MORE** **Visit congress.gov/bill/117th-congress/senate-bill/1315/all-info**

# Reviewing 2022 & the Landscape for 2023

## As the world opens up, investigations have returned

By Mary Ellen Conway

MARY ELLEN CONWAY, RN, BSN, is president of the Capital Healthcare Group and a member of the HomeCare Editorial Advisory Board. Reach her at meconway1@comcast.net.

It's hard to sum up audit activity in 2022, as it was a roller coaster in the almost-three-year-long public health emergency (PHE) that resulted from the COVID-19 pandemic. It's equally hard to predict what will happen in 2023 if—and when—the PHE ends.

Perhaps it's wiser to review what was in place for Medicare audits before the PHE.

For those of us in the durable medical equipment, prosthetics, orthotics and supply (DMEPOS) world, our claims are paid by the regional DME Medicare Administrative Contractors (MACs) in Regions A, B, C and D. Other than with some mobility equipment, which requires pre-authorization of the item, Medicare operates in a "pay and chase" model; that is, they pay the claim and then chase the dollars that were paid. Audits can occur either prior to or after payment (i.e., pre- or post-payment). If you have satisfied all of the requirements and become a Medicare-approved supplier for DMEPOS items, you generally get paid for an item once you submit a compliant claim. There are several reasons why a supplier may receive an audit of their claim, either pre- or post-payment. Let's take a look.

### Finding a Target

Medicare may identify a specific claim or a group of claims through data analytics, which might flag the claim for a variety of reasons:

- An increase in the volume of claims being billed by the supplier
- A trend of aberrant claims, outliers or unusual billing patterns is discovered
- The supplier is in a "heat zone" identified by Medicare where other fraudulent providers have been discovered
- An increased number of claims submitted for certain products with high reimbursement rates
- An increased number of claims being submitted per beneficiary

Other reasons might include:

- A complaint to Medicare by a patient or family member
- A report from a whistleblower against the supplier
- A complaint from a competitor that the supplier is engaging in unfair or illegal business practices
- Possibly during the testimony or evidence that was obtained during the investigation of another supplier.

This is certainly not the complete list of reasons why a claim might get flagged for audit, but it's a start. Medicare is not an open door where suppliers can submit a claim for any DMEPOS items without ever being questioned. Claims can be subject to an audit either upon billing or after the payment has been made.

Look at it this way: Medicare would need to employ or contract out for legions of case management staff to review every claim being submitted to ensure that the patient's medical condition indicates the need for that item. In the case of private insurers and

Medicare Advantage plans, DMEPOS items are authorized by a case manager who gives an authorization number for that item to be provided to the beneficiary and then billed to the insurer with that unique authorization number. This system does not exist for fee-for-service Medicare suppliers; this is the reason documentation from the prescriber is required to be submitted when responding to an audit—to ensure that all of the criteria for reimbursement (listed in the Local Coverage Determination) for that item has been determined to be in place.

**We are seeing an increase in TPE audits and the expectation is that they will continue to grow.**

### A Temporary Pause

The rules for Medicare audits were largely put on hold during the first 12 or 14 months of the pandemic. At the beginning of COVID-19, you will recall, many prescribers were not seeing patients in their offices, nor did Medicare beneficiaries want to leave their home and go out into public areas where they ran the risk of contracting the virus.

Before that time, the rules for providing telehealth were very strict and reimbursement for telehealth services was only available when specific criteria was met. Telehealth was paid by Medicare initially to accommodate rural clinics and health centers that used the services of a prescriber via video call that met certain criteria when a local prescriber was not always available to be in person on-site. A prescriber could not be reimbursed for seeing beneficiaries from their home or through the use of Zoom. At that time, the prescriber had to be located in an approved telehealth location, which was most likely a preapproved telehealth center in an authorized facility with approved telehealth electronics.

In 2022, we've seen the world start to open up again, with schools and classrooms back in session and prescribers' offices once again open for patients. Contracting COVID-19 in the earlier days of the pandemic could be lethal. But now, infections, while they still can be very tough, are largely much less severe and can be managed at home, without needing hospitalization, thanks to the widespread adoption of the vaccine and boosters.

### TPEs Return

As life returns to normal, we have been starting to see an uptick in the Targeted Probe and Educate (TPE) audits that Medicare performs.

These audits come before the supplier is paid for a claim (thus, they are a pre-pay audit) and/or are targeted to a specific item or health care common procedure coding system (HCPCS) code.

They progress in the following stages:

1. A TPE audit begins with an initial review of 10 claims. If all 10 claims are determined to be correct and complete, the supplier is determined to have successfully completed the audit and that product or HCPCs code is not audited again for a period of 12 months.
2. If there are one or more claims that do not pass this initial audit, the supplier is placed into Round 1 of a TPE, during which the DMEMAC reviews between 20 to 40 claims. If the supplier passes this round, the audit is determined successful and the 12-month hiatus on that particular product being audited begins.
3. If the supplier fails Round 1, they are placed on Round 2. The DMEMACs have not provided a specific percentage of bad claims that lead to failure, but our experience has shown it is around 20% or higher.
4. If still unsuccessful, a Round 3 is scheduled. Hopefully a supplier does not fail a Round 3 TPE. If they do, they may be referred to other entities where things can get a lot worse than just an audit.

### The End Is Near?

We have been assured by the White House and the Department of Health and Human Services that they will issue a 60-day warning of the date of when the PHE will be ending. In the latter months of 2022 and as 2023 begins, we are seeing an increase in TPE audits and the expectation is that they will continue to grow. What you can do in the meantime is to make sure you have reviewed your compliance plan and that you are performing internal audits on your claims.

Ensure that you are collecting the prescriber's documentation upon referral in anticipation of potential future audits. Don't accept an office telling you that "no one else asks for that;" insist that you have the information you need to protect yourself. Others may not have required the documentation in prior years, but these days it's required every place a prescriber makes a referral—from DMEPOS to a lab test.

If you request the medical records at the time of the referral, you have time to review it and be certain it's in compliance or to ask for any additions you might need added to their documentation before you provide the item or bill the claim. Often it is too late to start requesting this by the time your claim gets audited, whether it's during a pre-pay or post-pay audit.

By knowing that you have compliant documentation on hand, you can detect any problems you might have and work to fix them long before a Medicare audit arrives on your doorstep. HC

# Let's Get More Than Physical

## Why telehealth should also include social & behavioral health

By Josh Klein

JOSH KLEIN takes care of business by taking care of people. An entrepreneurial visionary, he is on a mission to refocus the care community sector on the people that serve. That's how has he has successfully grown Emerest, Royal Care and U@PERKS. Visit emerest.com.

It's no surprise that when COVID-19 hit, the world was totally focused on the idea of a single, traditionally defined pandemic. There were, however, two pandemics that emerged in the spring of 2020. The first was the spreading virus itself, and the second followed hard on its heels: a pandemic of loneliness, anxiety and depression. In 2019, 11% US adults reported symptoms of anxiety and depression in 2019. This surged to 40% in 2021.

So, here we were, facing this fast-emerging mental and physical health emergency just as access to care became severely limited—and health systems were under unprecedented strain.

Cometh the hour, cometh the technology. Care providers and patients turned to telehealth in huge numbers. McKinsey reports that telehealth usage volumes were 78 times higher in April 2020 than they had been just four months earlier. While these sky-high figures have levelled off in recent months, telehealth volumes were still running at 38 times the January 2020 baseline in 2021.

Real-world application has shown us, however, that technology alone isn't enough. We have learned the value of the human face in providing care. We now understand that social and behavioral health are critical to effective telehealth delivery. How we employ these insights is less certain, however.

### Social & Behavioral Health: the New Bedside Manner

At the most basic level, telehealth technologies offer care providers the ability to remotely monitor metrics such as heart rate, blood sugar levels and blood pressure. But we're talking about teleHEALTH here, not teleDATA. Health care is about far more than numbers. As John Hopkins Medical School's first chief of medicine, Sir William Osler, wrote: "The practice of medicine is an art based on science."

I would argue that this art is how we engage with our patients—essentially replicating what we call "bedside manner." It's a fundamental component of health care, as broadly acknowledged by the caring professions.

"Bedside manner among all medical professionals is a crucial part of their patients' recovery," writes the David Geffen School of Medicine at UCLA.

And bedside manner isn't simply being nice to the patient: It's about a whole range

**Loneliness, particularly within older patient populations, is a direct threat to health.**

of factors that combine to create social and behavioral health.

So how does telehealth create an effective social and behavioral bedside manner when it's so far from the patient's bedside?

## Blending Art & Science

I believe the key is to create a sense of community. Loneliness, particularly within older patient populations, is a direct threat to health. As a volunteer paramedic in New York, I saw the negative impacts of the pandemic on vulnerable people—and immediately ordered hundreds of devices to help our patients stay in contact with the outside world.

While a well-intentioned first step, that wasn't enough. The ability to keep connected (the provision of technology) must be combined with the opportunity to become part of a community (the creation of a network that encourages and facilitates user engagement).

If we think about the traditional model, visiting a doctor's office presents many such opportunities to look outwards and interact, from the simple act of leaving the house, to speaking to the receptionist, to chatting with fellow patients in the waiting room and talking to a nurse and a physician.

Most of those opportunities are lost when using telehealth, so providers need to maximize the chances for engagement. While technology used in a vacuum can be the problem, tech can also be the answer.

We can create a perfect blend of art and science here by following these three guidelines.

1. **The Tech Baseline:** The "tech" aspects of telehealth of course come into play, with vital sign tracking, 24-hour online access to health care professionals, emergency services, nutritional advice, medication management and access to diagnostic services. It's a combination that is not only clinically necessary but can also help patients to feel safe and cared for.
2. **Behavioral Insight:** Tech can also help us understand who our patients are, what moves them and how we can meet their needs. Telehealth providers need to understand factors such as determinants of health—where and how our patients live, for example, and how we can enhance these environments.
3. **Social Activation:** By leveraging our behavioral insights, we can deliver one-to-one and group engagements with social workers, nurses and other clinicians to speak to our patients in the right ways at the right times with the right interventions. Beyond this, we can also use tech to connect like-minded patients and create communities of interest, offering access to activities such as bingo, quizzes, film societies and book clubs.

I have seen how poorly applied technology can strip the humanity from health care: Treating a patient like a number leaves them feeling isolated. Yet I've also seen how its intelligent application can deliver the insight we need to bring people together and promote health and happiness.

The challenge and opportunity for telehealth is to leverage this understanding. If we can, the industry will play a meaningful and distinctive role in the health care delivery mix, and not simply a pandemic backstop. HC

# Creating a Successful Growth Strategy for 2023

## 4 areas to focus your resources now

By Kara Justis

KARA JUSTIS is the vice president of strategic consulting for Trella Health. Before joining Trella, she was the vice president of growth solutions for Amedisys, managing sales and marketing operations. She brings deep expertise in the home health and hospice industry along with strong business development, operations and leadership experience. She is responsible for building Trella's consulting practice to implement strategic initiatives and business development best practices that enable Trella's customers to meet their goals. Visit trellahealth.com.

The year 2023 is here and growth strategies are being scrutinized and finalized. The process of analyzing, planning, testing tactical execution plans and preparing for industry headwinds are resource-intensive activities, with little room for miscalculation.

It's important to spend time now on these four areas of creating a growth strategy to ensure your time later is spent refining, versus starting from scratch.

### 1 Alignment & Intel

Align with the overall vision and strategic direction of your organization. If your CEO's organizational vision is to grow organically, then your growth strategy should be anchored in increasing share in your currently serviced markets.

Utilize high-value market data to answer these five questions:

- How is utilization trending in our market?
- How do we compare?
- Who are the biggest referral sources in our market?
- Who are our biggest competitors?
- How do we stand out?

Use the answers to these questions to identify target segments and accounts and define your competitive advantage. Additionally, you should identify the "personas" you will target.

In each segment, consider the professional roles that refer (or influence referrals) to post-acute care. What are the characteristics of those roles? What experience do they typically have? What motivates them to refer?

### 2 Sales Planning

Spend time digging into your targeted accounts, organizing them into manageable territories, assigning the right representatives and creating a plan for each account that leverages your organization's strengths. The time you spend now will pay off later.

To start, keep it simple by categorizing your target accounts into four groups based on overall referral opportunity and your current share of the opportunity. Then align your approach with the opportunity.

Below are the four groups to segment your accounts into:

- **Group 1:** High opportunity, high share; protect and grow
- **Group 2**: High opportunity, low share; grow
- **Group 3**: Low opportunity, low share; walk away
- **Group 4:** Low opportunity, high share; reevaluate

Next, organize your accounts into manageable, logical territories. The size of a territory will vary based on the segments included, but shouldn't exceed 45 accounts. Assign representatives to territories based on their skill set, not geography or convenience.

And finally, arm your reps with a sales playbook that will empower them to engage referral sources effectively.

Selling post-acute services today requires high-quality interactions with referral sources who demand solutions proven to address their needs; driving consistent referrals requires sales reps to navigate those interactions with ease. What proven strategies or "plays" do you teach your sales force? Do you have a sales playbook? Reps need to know what "plays" to run by segment, persona, and situation.

Updated regularly, and used consistently, a sales playbook will empower sales reps to appropriately engage referral sources. If you don't have a sales playbook—or if the pieces of your playbook are disorganized, incomplete or unstructured—start the process of building a standardized, effective and dynamic playbook today. Begin by assembling a group of successful sales reps and leaders and determine what plays they currently use that are successful. Create work groups to pull content together and develop each section. Start simple. Use what you have and iterate over time to perfect your playbook.

Your sales playbook, territory design and account-level strategies are all critical components of sales planning. And while sales planning will look a little different in every organization, it should always be a standard practice in your organization.

Once a growth strategy and a sales plan are in place, you're ready to execute and drive results.

## 3 Sales Execution

Successful sales execution not only relies heavily on having the right sales reps in the right position, but also on setting clear expectations and direction for your team. Don't overcomplicate it. Stick to the fundamentals of sales: activity, audience and messaging.

Focus on protecting representatives' time to ensure they're in the field during the most critical selling hours. Help your reps establish an activity cadence that optimizes their time—allowing them to make as many quality sales call as possible—while also distributing that time appropriately across their accounts.

You've done the hard work to define your target accounts. Now help your reps perfect their messaging. Successful execution relies on delivering the right message to those target accounts. Effective messaging is more than talking about your organization. It's understanding and solving problems for the customer.

It requires striking the right balance of art and science. Strong interpersonal communication skills and a genuine interest in understanding and helping others, paired with a proven sales process and data-driven solutions should be prerequisites for a sales position.

Arm the right individual with strong sales prerequisites consistently and watch them thrive. As a leader, much of your time should be spent in the field coaching your reps, helping them articulate the strengths of your organization through meaningful conversations with referral sources—working the plays in the playbook.

Successful sales leaders should closely monitor the correlation between representative activity and account performance and know when to change course, or coach team members through a behavior change.

Ensure that your growth strategy includes a cadence for coaching and holds leaders accountable to it.

## 4 Sales Support

Sales reps can and will drive their own success, but it's crucial to support them along the way. Your 2023 growth strategy should include the tools to enable your sales force, the methodology and cadence for measuring and monitoring performance, and structured development for representatives and leaders.

Sales roles are largely autonomous, but that doesn't mean accountability should be. Sales reps must understand what is expected of them and how you will measure their success. Establish key performance indicators (KPIs) and hold reps accountable for hitting benchmarks.

Sales KPIs to track and measure include:

- Referrals, admissions and conversion rate
- Call activity
- Performance as compared to goal/quota

A customer relationship management (CRM) tool is a valuable tool for visibility into representative activities and will highlight correlation between that activity and performance. Make sure your CRM is mobile-ready, so your reps can track tasks and to-dos on the go.

Overall, the right CRM will simplify territory management, increase rep efficiency, promote better sales conversations and provide the insights you need to make data-informed business decisions.

Supporting your sales team starts with the right tools and defined KPIs, but that won't drive consistent growth unless paired with a structured rep and leader development program. No matter the size of your organization, a formal onboarding process and development plan for your reps is critical.

It can be a simple plan that's enhanced over time, but there must be an intentional focus on the professional development of the sales team.

Whatever the current state of your 2023 growth strategy may be, make sure the four areas discussed here are addressed to be best prepared for the new year. And remember, growth strategies are circular—never linear—and require ongoing refinement.

Regular strategic discussions with your team will ensure that everyone is on the same page and that they understand the goals set for the year, and will help prepare them for challenges that may arise and affect your growth marketing strategy as well as your organization. HC

# SCANNING THE 2023 HORIZON

## Industry experts forecast what may come our way

It's a little bit hard to feel joyous heading into this new year. Economic predictions range from shaky to dire, with stagnant growth, continued inflation, a tighter-than-ever labor market and soaring deficits bringing bad news. On top of that, a continuing public health emergency and shifting control of Congress all make it harder than ever to predict what's to come in the world of homecare. And yet, our industry experts weigh in here about their biggest predictions and priorities for the future—and most say they are optimistic about the future.

# A View From Washington

> “I’m optimistic about the future prospects for homecare, and I see the industry being in a better place at the end of 2023.”

Of course, reimbursement rates will remain a top concern for the home medical equipment (HME) community and for the American Association for Homecare (AAHomecare), but I’ll take this opportunity to highlight a particularly pressing issue for 2023. We hope and expect that the Biden administration will be able to lift the COVID-19 public health emergency (PHE) sometime this year, and when that finally happens, there will be a significant impact on various flexibilities and waivers granted to health care providers during the PHE.

For HME providers, the waivers for oxygen and continuous glucose monitors that were put in place for the duration of the PHE are especially important. We will need to lobby Capitol Hill and the Centers for Medicare & Medicaid Services (CMS) to grandfather in all of these patients set up during the pandemic. We also want to see telehealth flexibilities made permanent, and policymakers need a find a way to maintain access to care for the millions of people who could potentially lose eligibility for Medicaid and who are currently utilizing HME.

We need to ensure a stable Medicare reimbursement methodology that reflects the full scope of costs associated with providing high-quality, home-based care. We can’t move forward again with a competitive bidding construct that allows CMS to reject bidding results because they didn’t see the cost savings they wanted. Why should suppliers go through that exercise again only to potentially have CMS reject the results?

In the nearer term, we’ll continue to press for a 90/10 blended rate for suppliers in former competitive bid areas (CBAs) and to have the 75/25 blended rate in non-CBAs and 50/50 blended rates in rural areas made permanent.

I’m optimistic about the future prospects for homecare, and, if inflation rates and supply chain challenges continue to ease, I see the industry being in a better place at the end of 2023.

Two of our country’s biggest challenges in decades ahead are rising health care costs and meeting the needs of an aging population. HME should be a major component of addressing both of those. We’ve made some strides in communicating more effectively about the value of HME and high-quality home-based care to policymakers and the public, but I think we’ve just scratched the surface of what this industry can achieve in highlighting those messages.

**Tom Ryan, President, American Association for Homecare (AAHomecare)**

## What one question should homecare providers ask themselves as they prepare for 2023?

The one question providers should ask themselves as they prepare for 2023 is: How can they maximize their return on investment on the services they provide? We all feel the pain of increased prices since the pandemic—fuel, equipment, service fees, labor, etc. It is more important than ever to determine how to become efficient in your operations.

You may not be able to affect the costs of goods, but you can look at how you are processing orders, claims, deliveries, and so on and make changes that will reduce the cost attributed to those tasks. Ask yourself:

- Can you outsource any functions?
- Are there products or services you need to cut to be more profitable?
- Can you hire a consultant to help identify the waste and duplication of efforts that reduce your profit margin?
- How can you better leverage technology to decrease costs?

These questions seem logical, and suppliers have asked these for decades, but the issue is that they are asked and maybe even some action is taken, but long-term execution of those initiatives rarely come to fruition. Make it your 2023 resolution to act and execute on those profit-making plans.

**Sarah Hanna, VP of Consulting Services, ACU-Serve Corp.**

## Do you see providers ending 2023 behind or ahead of where they are now and why?

I try to be the eternal optimist, so that's why I would say I suspect that providers should be further ahead in 2023. If employee shortage challenges dissipate and technology continues to improve, providers should be assisted in shoring up their operational efficiency—and, of course, their bottom line.

I also believe that as payers continue to provide integrated services such as HME and they contract with HME companies, providers will need to be more savvy and selective about the businesses they partner with. Even when they want to negotiate for a contract, they'll have to make sure that pricing is such that they can still earn a profit.

With regard to pricing itself, the consumer price increase—which will be a fairly healthy this year—will help improve the situation. Even as the public health emergency waivers and loosening of the pricing regulations goes away, we'll still see still some relief. And because we have payer diversification and don't rely so heavily on Medicare, I believe we'll be in a position to negotiate better pricing with some contracted parties or third-party payers, so I look forward to more diversified opportunities for HME companies.

With respect to the recall and supply chain shortages, I believe this will continue to improve in 2023, and will enable HME businesses to get back to doing business the way they know how and dispense products in a more timely fashion, which will in turn help with operational efficiency.

**Miriam Lieber, President, Lieber Consulting**

## What do you think will be the biggest issue to face the industry in 2023?

The biggest challenge in the complex rehab and mobility sector will be educating state legislatures on real solutions to address the delays consumers are experiencing in getting timely access to wheelchair service and repairs. Unfortunately, it is a multifaceted problem that will require multiple actions to resolve, but both the National Coalition for Assistive and Rehab Technology and AAHomecare are working in collaboration with members to proactively address it.

The biggest opportunity for this segment of the industry is on the Medicare coverage side. CMS is scheduled to release a proposed decision memo for Medicare coverage of power seat elevation systems in February, and the power standing systems national coverage analysis (NCA) should be released for comment in 2023 to start that coverage process. Over 3,500 supportive comments were submitted to CMS as a part of the initial comment period on the power seat elevation NCA, and coverage of this technology is a win-win for all stakeholders, including Medicare.

**Seth Johnson, Senior Vice President, Government Affairs, Pride Mobility Products Corp.**

## Is there a single thing—a regulation, legislation, or economic factor—that would make the greatest impact on the industry?

Yes: Any regulation or legislation outlining value-based quality and outcomes metrics that can be directly impacted by home-based care. The idea is to incentivize care that's less fragmented and siloed in favor of coordinated, longitudinal care. We've seen a lot of movement to value-based care over the past decade, and while that will continue, we need to be clear on aligning incentives specific to home-based care so that we get the desired outcomes—including better patient outcomes, lower cost, and higher patient satisfaction. These are consistent with CMS's goals in its value-based care programs.

**Vijay Kedar, CEO and Co-Founder, Tomorrow Health**

# A Future Focus for PACE

For people with complex care needs, receiving highly coordinated home-based medical and social services is essential to safely aging in place. Value-based care programs, such as the Program of All-Inclusive Care for the Elderly (PACE), which assume full financial risk for participants' medical and social services needs, are becoming an increasingly attractive option for those wishing to remain in their communities. PACE-covered services include the core benefits provided to all Medicare recipients such as primary care, physical and occupational therapies, home care, hospital care, social services, and prescription medications—but PACE also offers so much more in the way of flexibility and creativity to deliver personalized care to enrolled participants.

Since many PACE participants have complex care needs, often driven by multiple chronic diseases, it's common for participants to take several medications. Ensuring that all medications and their doses work together safely and optimally is crucial for individual well-being. For example, certain drugs for urinary incontinence are associated with delirium, dementia and falls. Taking higher doses of these medications could increase risk for the participant. And since value-based programs like PACE use a capitated payment model of care, where the organization is paid a set fee to deliver the person's care, this quickly becomes a cost risk to the organization.

Optimizing drug therapy is key for PACE programs to promote health and well-being while avoiding unnecessary downstream health care expenses. While traditional medication therapy management targets people based on the number of chronic diseases and how many different drugs they take, modern, more sophisticated technologies can simultaneously analyze how all the drugs being taken interact with each other. This approach better determines the risk of harm from a person's daily medication routine, which can be particularly complex.

With opportunities to launch new programs and expand enrollment in existing programs on the horizon, PACE is well-positioned for growth in 2023. Integrated solutions that include modern, sophisticated medication therapy management can help programs drive success by optimizing drug routines and promoting the health and wellbeing of their participants, all while avoiding unnecessary health care expenses and improving operational efficiency.

Beyond optimizing medication use, PACE programs have opportunities to reduce costs and enhance efficiencies in other areas of their operation such as third-party administration, provider education, and risk adjustment with partners expert in supporting value-based care organizations. When all of these functions are part of an integrated suite of solutions, tailored specifically to value-based care, programs can deliver optimized care to participants, streamline operations, lighten administrative workload for staff, and make data more accessible and useable.

**Carlos Perez, Executive Vice President, CareVention HealthCare at Tabula Rasa HealthCare**

**"The biggest issue for 2023 will be the unwinding of all the activities related to the end of the public health emergency. HME providers will have to address a myriad of issues, many of which we don't know because Medicare and other payers have yet to articulate the important transition issues regarding coverage and documentation for the provision of respiratory and other items to patients who have continued medical need."**

***Cara Bachenheimer, Head of Government Affairs Practice, Brown & Fortunato***

> I'm feeling incredibly optimistic heading into 2023 regarding Medtrade! We have achieved a long-term goal of ours by moving to one show in a new city next year and as excited as I am for 2023, I'm even more excited for 2024 (our first true annual cycle). The show is in a new centrally located state, which will surely bring in lots of new faces and create new opportunities for connections: To put it simply, we connect buyers and sellers. We had a fantastic event in October saying goodbye to our home of many years and you could certainly feel the appreciation for what the city has given our show. You could also feel the excitement for something new.

*York Schwab, Show Director, Medtrade*

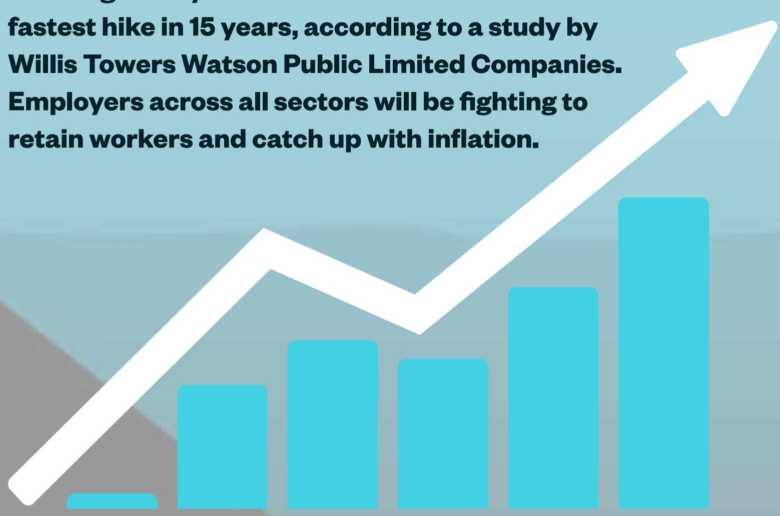
**25%** of U.S. adults with chronic conditions will be using remote patient monitoring tools in 2023, according to Forrester, a global market research company.

## CHANGES FROM CMS

- A 3.925% rate reduction for home health
- Net inflation adjustment 4%
- OASIS-E changes to be implemented
- Expansion of the Home Health Value Based Purchasing Model
- Electronic Visit Verification mandate begins

## Prediction: Wages Will Climb

U.S. wages may increase 4.6% in 2023—the fastest hike in 15 years, according to a study by Willis Towers Watson Public Limited Companies. Employers across all sectors will be fighting to retain workers and catch up with inflation.



"One significant external factor that will dramatically affect the whole industry is the continued rise in interest rates. The Federal Reserve Bank will continue to raise interest rates at an aggressive rate throughout the foreseeable future in an effort to curb inflation. In particular this will greatly affect the mergers and acquisition market, resulting in more scrutiny in due diligence, longer transaction cycles, less leverage and private equity being more careful with their acquisitions."

*- Bradley M. Smith, Managing Director/ Partner, Vertess*

# A Clear Path for Home Access

The home access industry has seen a turning point arrive in the last 18 months. There has been a great deal of investment into the industry, public awareness has grown, legislation has been introduced and, most of all, the increased demand for our services has resulted in our estimation an 18% to 20% industry growth rate for 2022.

We believe that double-digit growth will continue through the next four to six years fueled by the retail market for aging in place.

The industry is starting to take steps to define what we do and professionalize ourselves. To ensure sustainability, we are starting to build an apprenticeship program for field technicians. This will be a long-term project that will bring more value by providing skills and knowledge to the current workforce and incubate a whole new generation of technicians who are attracted to the construction field and the meaningful customer touch that home access brings.

Here at VGM, we are working to produce a white paper that will detail the best practices for collaboration between clinical specialists and home access professionals. By defining roles and conforming the assessment process, we hope to build an industry that can become an added and valuable piece to the homecare spectrum—and more broadly to the continuum of care.

The one question home access companies need to ask themselves as they prepare for 2023 is: "What infrastructure and systems should I implement into my business operations to allow for scalable growth moving forward?" As a small but growing niche industry, we currently do not have project management or operating software specifically designed for our unique needs. In many cases, we also do not have polished sales programs that enable us to effectively present ourselves and our solutions to retail prospects. We foresee potential solutions on the horizon and the home access industry needs to embrace this type of technology and growth.

I see the next two years as the time where the home access industry shows great progress in its maturity and becomes a known entity in the United States market. There are many challenges ahead, but market growth is not one of them.

**Jim Greatorex, Vice President,**
**VGM Live at Home**

**"Post the pandemic, where the impact of loneliness and social isolation have been brought to the forefront as one of the most important issues facing modern society, with massive negative impact to older adults—inflating cost of care and caregiving burnout—I believe that the most important step policymakers can take is to set aggressive targets and policies to track and address the state of loneliness with older adults in our community."**

***Dor Skuler, CEO and Co-Founder,***
***Intuition Robotics***

# Gain Control of Your Own Destiny

## 5 must-dos for home health agencies in 2023

By Adrian Schauer

One year ago, demand for home-based care was surging. It had emerged as a political priority, and the primary obstacle seemed to be labor shortages. Amid this momentum, we may have expected 2022 to be the moment when reimbursement rates for homecare would climb or new doors would open, enabling agencies to better compete for talent.

This didn't quite come to pass. So, care organizations in 2023 are forced to focus on what they can control to drive sustainable growth and gain greater control of their own destiny.

The most pressing areas will be:

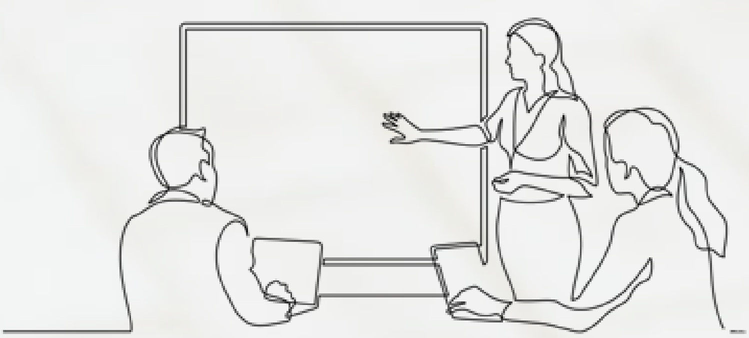
- fully realizing new technology to shore up operations
- training and developing skilled staff
- leveraging demand for homecare to pursue new sources of funding or partnerships.

Here are my five most important considerations for agencies in 2023.

### 1 Declare war on repetitive tasks by back-office staff.

I would estimate that most care providers spend as much as one-third of their gross profit in coordination and supervision. This leaves staff spending far too much effort on administrative tasks and not enough on decision-making and building relationships with clients and caregivers.

Agencies must dissect their workflows and deploy automation tools within their software to govern repetitive tasks. Other artificial intelligence (AI) tools can be set to monitor clinical notes and assess risk so that supervisors can manage deeper caseloads and respond quickly to clients in need. Scheduling optimizers and automated dispatch can save coordinators and caregivers tremendous amounts of time, revolutionizing back-office operations.



### 2 Simplified operations will become part of the delivery of care.

An efficient back office is one of simplification—and part of that is making administrative efforts legitimate aspects of care delivery. To unlock this potential, agencies can strip away friction to invite new levels of efficiency and collaboration across the care ecosystem.

For example, software that seamlessly connects all members in a circle of care creates a clear bridge of communication and visibility for clients, families and providers.

Another simplifiable workflow exists within subcontractors. By automating offers and referrals, data captured at the point of care (e.g. punch data or progress notes) can be synced through from the supply-side system to the demand-side system.

### 3 Offer continuous learning & growth opportunities.

Labor shortages remain the most persistent problem in homecare, from aides and personal support workers to registered nurses and physical or occupational therapists.

## IN BRIEF

**DECLARE WAR ON REPETITIVE TASKS BY BACK-OFFICE STAFF.**
***Seize the power of automation in your software system.***

**SIMPLIFIED OPERATIONS BECOME PART OF CARE DELIVERY.**
***Lose the friction, leverage the freedom.***

**OFFER CONTINUOUS LEARNING AND GROWTH OPPORTUNITIES.**
***Upskill to attract and retain top talent.***

**BREAK CONVENTION AND SEEK NEW FUNDING SOURCES.**
***Hospital at home, anyone?***

**RESIST THE COMMODIFICATION OF OUR INDUSTRY.**
***Own our value, gain a true seat at the table.***

In 2023 and beyond, it will be crucial to invest more in continual upskilling efforts to get a leg up on this ongoing challenge.

Today, employees across the industry seek opportunities to learn and grow. The key to attracting and retaining talent is to integrate continuing education tools and training resources into a platform that caregivers can freely access on their own watch.

Supplement this by putting technology in place that makes your team's jobs more efficient, relieves administrative burdens and keeps them working at the top of their skills and licensure.

### 4 Break convention & seek new funding sources.

Hospitals are in crisis and, no matter the slow pace at which health systems evolve, we all know that a "hospital-at-home" focus is the necessary model of the future. There is an opportunity for agencies to strategize a new approach—and reimbursement—directly with hospital administration, thereby avoiding intermediaries.

The foundation is there now, motivated by the COVID-19 pandemic. The Center for Medicare & Medicaid Services' (CMS') Acute Hospital Care at Home waiver means that inpatient-level care can already be delivered at home at an equal funding level—and this is sure to exist long into the future on the promise of improved patient safety, better outcomes and cost savings. Plus, health systems are building new home-based programs and are open to novel partnerships and risk-sharing agreements.

In this climate of change throughout the care continuum, homecare organizations have the footing and experience to make a different pitch to different groups more than they ever have before.

### 5 Resist the commodification of our industry.

Finally, it's time for a rallying cry. To build thriving agencies that work for all stakeholders and deliver on the promise of better patient outcomes, we must trade in those outcomes—not in hours of care. Homecare cannot be pushed down the value chain.

Sometimes it requires lobbying with a governing body like CMS. For example, Medicare gave managed care organizations the ability to manage home health episodes directly and they have started procuring "hours of care" from agencies as a result (versus bundled models).

An era of high demand and scarce supply provides an opportunity to set the terms on which we are willing to engage, be that with managed care organizations, Medicare Advantage plans or with state or other health authorities.

Let's highlight the value we bring our clients and preferentially engage with payers that allow us to unlock profit pools by focusing on patient outcomes. The alternative—being continually squeezed between wage rates rising faster than reimbursement rates—is a road to ruin.

Against this backdrop for 2023 will emerge opportunities for providers of home and continuing care that could mark success for years to come. It will require some outside-the-box thinking, some key internal investments and some strategic capitalization on a surging public demand. HC

Adrian Schauer is co-founder and CEO of Alayacare. He is a serial technology entrepreneur, having built two successful mobile software companies. He sits on the boards of several companies including fast-growing technology firms. Visit alayacare.com.

# Gathering Clouds & Growing Turbulence

## What the economic forecast will bring in ’23

By Phillip M. Perry

Businesses are preparing for a more challenging operating environment in 2023. After two years of frenetic commercial activity fueled by a post-pandemic recovery, strengthening headwinds will tap the brakes on a robust economy. Among the culprits: rising inflation, higher interest rates, a softening housing market, continuing supply chain disruptions, declining capital investments and escalating costs for wages and energy.

The loss of some helpful economic initiatives is only adding to the downward pressure.

“Government stimulus packages, ultra-low interest rates, and strong money supply creation had been helping to compel business activity until mid-2022,” said Anirban Basu, chairman and CEO of the Sage Policy Group. “All those fundamentals have been inverted.”

The deceleration in retail operations is echoed in the larger economy.

“We expect real gross domestic product (GDP) to increase by 0.7% in 2023,” says Bernard Yaros Jr., assistant director and economist at Moody’s Analytics. “The projection for 2022 is 1.7%. Both figures represent much slower activity than the 5.9% increase of 2021.” (GDP, the total of the nation’s goods and services, is the most commonly accepted measure of economic growth. “Real” GDP adjusts for inflation.)

### Strong Employment

Reports from the field reflect early glimmers of a less robust business environment.

“In the first half of 2022, many of our members were still experiencing high demand,” said Tom Palisin, executive director of the Manufacturers’ Association, a York, Pennsylvania-based regional organization with more than 390 member companies. “But as the year progressed, there was a significant slowdown caused by the labor shortage, inflationary issues and global events.”

With its diverse membership in food processing, defense, fabrication and machinery building, Palisin’s association is something of a proxy for all American industry.

The good news is that a strong employment environment at the association’s members—as well as at companies elsewhere in the nation—is

## Q Will We Have a Recession?

“An economic slowdown is the likeliest scenario for 2023. What are the chances of that becoming a recession or an actual decline in business activity?

While Moody’s Analytics sets the odds at 50-50, avoiding a recession will require a bit of luck.

‘The U.S. economy will enter 2023 being vulnerable to anything that might go wrong,’ said Bernard Yaros Jr., assistant director and economist at Moody’s Analytics. He pointed to risks such as a resurgence of the pandemic in China, a worsening of the war in Ukraine and another energy supply shock that would hit consumer pocketbooks.

Avoiding a recession will also depend on a couple of things going right, Yaros adds. The ebullient labor market will need to cool down at a pace that softens wage increases without sparking economic turmoil. Most important, the Federal Reserve will need to successfully tame inflation without allowing interest rates to spike the economy.

Yaros, however, is optimistic.

‘We think inflation will steadily slow from more than 8% to a pace that is consistent with the central bank’s 2% target by the end of 2023.’”


helping alleviate the negative impact of the economy's headwinds.

Moody's Analytics expects a continuation of that favorable condition, forecasting an unemployment rate of 4.1% by the end of 2023. That's not much higher than the 3.7% rate of late 2022. (Many economists peg an unemployment rate of between 3.5% and 4.5% as the "sweet spot" that balances the risks of wage escalation and economic recession.)

On the downside, low unemployment usually increases business costs by forcing employers to boost wages to attract scarce workers. Today is no exception.

"Our organization surveys members annually on their baseline entry level hourly wage figure," Palisin said. "Increases typically run around 2.5% to 3%, but the figure was 8% in 2022."

While Moody's Analytics forecasts a continuation of labor cost increases, they should moderate to 3.5% in 2023, down from their current 5%. Even so, those increases are expected to affect business profitability.

## Worker Shortage

The tight labor market hits business profitability not only in the form of higher wages, but also in a scarcity of the very workers needed to produce goods and services.

"Employers will be very focused on labor availability in 2023 as baby boomers continue to retire and the supply of immigrant labor has yet to fully recover from severe pandemic-related disruptions," Yaros said. "Despite a slowing economy, layoffs are low, indicating that businesses are holding onto labor in a reaction to the hiring difficulties they encountered during the pandemic."

When will workforce availability increase? Not anytime soon, say observers.

"The labor market's going to be tight for years to come," said Bill Conerly, principal of his own consulting firm, Conerly Consulting, in Lake Oswego, Oregon. "The decade from 2020 to 2030 is expected to have the lowest growth of working age population since the Civil War. One reason is the retirement of the baby boomers; another is the low rate of immigration over the last few years."

Palisin agrees that a labor shortage is going to be a long-term condition, and said his members are making moves to lessen the effect.

"Employers are trying to be creative in the way they keep and retain workers, not only by offering higher salary rates but also by extending benefits and encouraging work flexibility," Palisin said. "They are also investing more in automation for labor-intensive tasks."

## Retail Slowdown

If high employment levels can stress the bottom lines of many employers, they can also fill workers' pockets with spendable cash. And flush consumers can help drive a robust retail sector—an important slice of the economic pie.

"Wage rates, as measured by the Employment Cost Index (ECI), remain very high by the standards of the last couple of decades," says Scott Hoyt, senior director of consumer economics for Moody's Analytics.

## THE ECONOMY TAKES A BREATHER

Annual change in U.S. GDP:

- 2014: 2.3%
- 2015: 2.7%
- 2016: 1.7%
- 2017: 2.2%
- 2018: 2.9%
- 2019: 2.3%
- 2020: -3.4%
- 2021: 5.9%
- 2022: 1.7%
- 2023: 0.7%

*Sources: World Bank; projections by Moody's Analytics.*

Even so, activity is decelerating at the nation's stores.

"2023 is likely to be a challenging year for retail, with growth only at 2.8%," Hoyt said.

The projected growth is well below the sector's historic 4.3% average as well as the 8.3% increase expected when 2022 numbers are finally tallied. The recent trend is well below 2021, when a 17.5% increase was fueled by a consumer shift away from services and toward goods.

A slowing economy is contributing to retail's deceleration, as is a penchant for post-pandemic consumers to shell out less cash on merchandise and more on services such as hotels, travel and restaurants. Any softening of inflation from recent highs should also depress results, since retail activity is measured in nominal terms.

### Supply Chain Disruptions

Higher wages and scarce workers are not the only forces depressing business profits. Another major factor is a rise in interest rates—the Federal Reserve's favorite tool for fighting inflation.

"The purpose of increasing interest rates is to drive down demand," Palisin says. "So, our members are expecting to see a decrease in new orders that will impact the overall economy. Too many of our companies have lines of credit that rely on floating interest rates. Rising rates will take a hit to the bottom line as companies decide whether to utilize those lines to support their cash flow and investments."

Adding further downward pressure are disruptions in the delivery of goods that continue to plague companies large and small.

"Supply chain problems have improved over the past year, but there hasn't been the significant resolution we had hoped for," Palisin said. "Random shortages in materials and deliveries are still plaguing our members, and that's leading to backlogging of orders—companies just can't get the materials or parts."

The Russia-Ukraine war has worsened the situation, Palisin said.

"The war has created an energy crunch and a disruption in raw materials from that region that have trickled through the economy to exacerbate the supply chain issues," he said.

Companies are responding by moving to reduce their reliance on China, he added.

"They're sourcing from additional countries to reduce disruptions."

### Housing Headwinds

Housing, a key driver of the economy, has also entered a period of correction.

"The underlying dynamics of the housing market are changing as lower affordability spurred by higher prices and mortgage rates is starting to significantly weigh on demand," Yaros said.

Limited affordability is discouraging consumers from signing on the bottom line. Median prices for existing single-family homes are expected to increase 11.5% when 2022 figures are finally tallied. That comes off a strong 18% increase in 2021. Any relief will only come in 2023, when prices should decline by 2.6%.

While affordability has sunk to its lowest level since late 2007, the 30-year fixed mortgage rate is within striking distance of its highest level in over a decade, leading to a decline in purchase applications.

Tight housing supply is only adding to upward pricing pressure. The inventory of homes for sale remains historically low, and new ones will be scarce on the ground.

"We expect housing starts to fall by 1.8% and 2% in 2022 and 2023, respectively," Yaros said. "This compares with a 15.1% increase in 2021."

There's only so much the industry can do to bolster housing supply—one big reason being the above-mentioned labor shortage.

"The unemployment rate for experienced construction workers is about as low as it's ever been," Yaros said. "Capacity limits have delayed housing completions and contributed to a record number of housing units in the pipeline."

One bright spot in the housing picture: Mortgage credit quality has never been better.

"The percent of loans delinquent and in foreclosure is at a record low," Yaros said. "This goes to the stellar underwriting standards since the financial crisis, and borrowers' credit scores are much higher."

While lending standards for mortgage loans are now tightening, the credit spigot is unlikely to seize up as it did during the financial crisis of 2008.

## Looking Ahead

Given these concerns, it's little wonder corporate confidence is taking a hit. As the calendar flips over, companies are responding to soaring interest rates and inflation by scaling back the capital investments that help fuel the economy.

"Up until the second half of 2022, most companies were taking advantage of low rates to plan ahead for equipment purchases and expansion opportunities," Palisin said. "Now, though, many are taking second looks at anything planned for 2023."

Businesses are also taking steps to increase their liquidity to cushion against tough times.

"We are all going to need to watch our cash flow," Palisin said. "Most of our members anticipate a slowdown in orders, and as a result they are holding off on some future investments and pulling back in hiring."

Uncertainty is the name of the game, and that makes planning difficult.

"We are faced with a kind of a two-sided coin," Palisin says. "The positive side represents strong current orders and a continuing need for more workers, while the negative side represents inflationary pressures  and global headwinds."

Which side of the coin will show its face in 2023? Economists advise watching a few key indicators.

"In the early part of the year, companies should keep an eye on what is happening with the cost of money," says Basu of Sage Policy Group. "Inflation is the driver of near-and-medium term economic outlooks."

A second vital element, he says, is the employment picture.

"Employers should watch for any emerging weakness in the labor market."

Finally, what about consumers?

"Any softening of spending would point to a looming recession." HC

Award-winning journalist Phillip M. Perry has published widely in the fields of business management, workplace psychology and employment law. A 20-year veteran of both sides of the editorial desk, Perry is now syndicated in scores of magazines nationwide. Perry is a two-time winner of the American Bar Association's annual Edge Award for the best article of the year as well as of that organization's "Value to the Reader Award." He has spoken before the American Society of Journalists and Authors on the subject of business magazine journalism. Visit editorialcalendar.net.

# Steering Clear of Kickbacks

## Recent guidance clarifies the risks of the Personal Services & Management Contracts Safe Harbor

By Jeffrey S. Baird

The federal anti-kickback statute (AKS) prohibits a durable medical equipment (DME) supplier from paying (or offering to pay) or receiving (or asking to receive) anything of value in exchange for:

- the referral of a patient covered by a federal health care program (FHCP)
- arranging for the referral of an FHCP patient, or
- recommending the purchase of a product or service covered by an FHCP.

A number of federal circuits have adopted the "one purpose" test. This states that if one purpose behind paying a party is to reward the party for referrals, the AKS is violated—even if the principal purpose behind the payments is to pay for legitimate services.

Because of the breadth of the AKS, the Office of Inspector General (OIG) has published a number of safe harbors. If an arrangement falls into a safe harbor, the compensation paid under the arrangement does not constitute illegal remuneration in violation of the AKS. If an arrangement does not fall into a safe harbor, it does not mean that the arrangement violates the AKS. Rather, it means the arrangement needs to be carefully examined in light of the language of the statute, court decisions and other published guidance.

### A Safe Harbor

The Personal Services and Management Contracts and Outcomes-Based Payment Arrangements (PSMC) safe harbor allows a DME supplier to pay a referral source for legitimate services on the condition that all of the elements of the safe harbor are met. Before January 1, 2021, it was difficult for a supplier to fully comply with the PSMC safe harbor. In particular, there were two elements of the safe harbor that were challenging. One was the requirement that the compensation be fixed one year in advance. The second was the requirement that if the payee renders services on a sporadic or part-time basis, the schedule of such services must be spelled out in the agreement.

However, the PSMC safe harbor was modified January 1, 2021, to give providers or suppliers more flexibility in furnishing products and services to FHCP patients. The sporadic or part-time requirement was removed. More importantly, instead of requiring the parties to the arrangement to fix the compensation a full year in advance, the modified version requires the parties to set the *methodology* for calculating the compensation one year in advance.

This opens up the possibility of the compensation being on an hourly basis or, perhaps, based on a unit of service.

The shift to "methodology of calculation" might cause a supplier to develop a false sense of security. A supplier might take the position that the compensation to a referral source for services can, without question, be on a per patient or per encounter basis. However, this is a slippery slope. There is a risk that compensation to a referral source on a "per" basis is tied to referrals from the referral source.

For example, in United States of America, et al., ex rel. Dr. Kuo Chao v. Medtronic PLC, et al., as part of a procedural ruling, the court stated that even some fair market value (FMV) payments will qualify as illegal kickbacks, such as when the payer has considered the volume of reimbursable business between the parties in providing compensation and otherwise intends for the compensation to function as an inducement for more business. The court stated that under the AKS, "neither a legitimate business purpose for the arrangement, nor an FMV payment, will legitimize a payment if there is also an illegal purpose (i.e., inducing federal health care program business)."

> **The Medtronic PLC ruling and the OIG advisory opinion provide guidance to DME suppliers.**

### A Proposed Arrangement

Recently, the OIG issued Advisory Opinion No. 22-09, which states that a "per service" compensation would likely violate the AKS.

The party requesting the opinion ("requestor") operates a network of clinical laboratories. Under the proposed arrangement, the requestor would enter

into contracts with hospitals (the "contract hospitals"), pursuant to which the requestor would pay the contract hospitals on a per-patient encounter basis to collect, process and handle specimens ("services") that are then sent to the requestor's laboratories for testing. The requestor would bill FHCPs for the testing.

The requestor certified that:

- the proposed arrangement would be set out in a writing signed by the parties, cover all of the services to be provided, and be for a term of at least one year;
- the services would not exceed those that are reasonably necessary to accomplish the commercially reasonable business purpose of the aroposed arrangement;
- the per-patient encounter compensation rate would be FMV;
- contract hospitals would not separately bill payers or patients for the services; and
- none of the contract hospital's employed physicians, contracted physicians or affiliated practices would be required or directed to refer to the requestor nor receive any remuneration from the contract hospital for referrals to the requestor.

### The OIG's Opinion

The OIG determined that the proposed arrangement would implicate the AKS because it would involve remuneration from a laboratory to a party that is in a position to make referrals to the laboratory paid for, in whole or in part, by an FHCP. Where an individual presents to a contract hospital without a laboratory specified on the order, the contract hospital could refer specimens from that individual to the requestor for reimbursable testing.

Because of the per-patient encounter fees paid by the requestor for the services, contract hospitals have a financial incentive to direct specimens to the requestor. The proposed arrangement would not be protected by the PSMC safe harbor because the per-patient encounter compensation methodology would take into account the volume or value of referrals or other business generated for which payment may be made in whole or in part under an FHCP.

The proposed arrangement warrants careful scrutiny because lab services may be particularly susceptible to the risk of steering and because it would involve a "per-click" fee structure that generally reflects the volume or value of referrals or business otherwise generated between the parties. Here, the per-patient encounter fee could induce the hospitals to refer specimens to the requestor for testing. While the requestor certified that the compensation it would pay the hospitals would be consistent with FMV and that the hospitals would be prohibited from separately billing payers or patients for their services, these safeguards do not overcome the risk of inappropriate steering to the requestor given the financial incentive inherent in a per-patient encounter compensation methodology.

While the requestor certified that the contract hospitals would be required to represent that none of their employed physicians, contracted physicians or affiliated practices would be required to or asked to refer to them, this safeguard also does not sufficiently mitigate the risk of inappropriate steering. The hospitals have an incentive to encourage their doctors and affiliated practices to order lab services from the specific requestor.

### Applicability to Suppliers

The Medtronic PLC ruling and the OIG advisory opinion provide guidance to DME suppliers. Assume that a referring physician serves as a medical director for a supplier. While a credible argument can be made that fixed annual compensation (for example, $6,000 over the next 12 months) or hourly compensation (such as $300 per hour) is appropriate under the PSMC safe harbor, assuming it is fair market value, there is a risk that such an argument cannot be made for compensation that is a fixed dollar amount per patient chart review.

The January 1, 2021 modification to the PSMC safe harbor is helpful. But it does not allow parties to enter into an arrangement that common sense dictates is a kickback. HC

Jeffrey S. Baird, Esq., is chairman of the health care group at Brown & Fortunato, a law firm with a national health care practice based in Texas. He represents pharmacies, infusion companies, home medical equipment companies, manufacturers and other health care providers throughout the United States. Baird is board certified in health law by the Texas Board of Legal Specialization and can be reached at (806) 345-6320 or jbaird@bf-law.com.

# Keep Your Data & Your Company Safe

## 4 ways to protect digital information

By David Lukić

In the home medical equipment (HME) industry, an enormous amount of information is stored digitally, including protected health information. Don't underestimate the wealth of information your organization holds that might be desirable to hackers.

Client and vendor information, financial records and intellectual property data are all valuable and susceptible to cyberattacks. Hackers can and will target anyone using several different methods, including phishing, social engineering and data breaches.

Taking a proactive stance is the best way to protect your company from online attacks. What can you do to protect yourself and your colleagues?

### How They Target You

There are several methods cybercriminals use to access valuable data. Some of the most common methods are:

- **Data Breaches:** A data breach occurs when sensitive, protected or confidential data is copied, transmitted, viewed, stolen or used by an individual unauthorized to do so. This can be done through the installation of ransomware on your computer via a phishing attack.
- **Ransomware & Phishing Attacks:** Ransomware is harmful software that can be installed on company equipment, most often downloaded by unsuspecting employees who click on a harmful link. Why might an employee click on a harmful link? This is where social engineering and phishing come into play.
- **Social Engineering:** This is a form of manipulation used by cybercriminals to get employees to help release confidential information. By imitating a company email or an email address or format from a trusted source, cybercriminals can make their attempt convincing to those ignorant about the signs of a phishing attack.
- **Insider Threat:** The above types of fraud can come from both past and current employees through inattention or carelessness.

### What Happens to Your Data?

What does a hacker do with information they've stolen from your company?

Credit card numbers and security codes can be used to create clone cards for making fraudulent transactions and social security numbers and home addresses can lead to identity theft or fraudulent tax returns.

Cybercriminals not only sell your data to other people, but they can also attempt to sell it back to you in the form of a ransom. They may threaten to leak client and/or vendor information and blueprints to competitors unless you send them an exorbitant sum of money to buy their silence.

All of this creates lot of risk for you, your company and your employees. However, there are several steps you can take to ensure the safety of company data.

### 1 Educate your employees.

The most important factor in being proactive against cyberattacks is to educate your employees. Remind them to use strong passwords when using company systems and email.

One suggested method is to skip the complicated password and opt for a simpler solution. Instead of creating a convoluted password that they're tempted to write down (which increases the chances it may get stolen), encourage employees to use a phrase from their favorite show or movie that they will remember, but will be difficult for someone else to guess. The longer the password, the more secure it is.

Inform employees about phishing, ransomware and other forms of social engineering. This can be mandated with training videos, but it's better to make the sessions interactive.

Encourage employees to take a phishing test on their own and reward those who earn the top scores. Engagement leads to

better retention, which improves the safety of your company's intellectual property and other sensitive data.

**2 Create a cybersecurity plan.**
A recent risk management report suggested that company owners create a disaster relief plan and perform mock drills to gauge employee response. The report suggests designing a cybersecurity plan that is unique to your company.

Determine your own cybersecurity goals and needs through a risk assessment. Too often, organizations are sold a plan by a vendor. However, if a breach occurs, such a plan would do little to prevent legal and technical risk.

**3 Be aware of emerging threats.**
It's important to stay current on cybersecurity trends, as well as threats affecting all different types of businesses. Northeastern University recently highlighted seven important cybersecurity trends in 2021:

- New technology and devices
- Increasing ransomware attacks
- Attacks on cloud services
- Outdated and inefficient systems
- Remote work risks
- Continued use of multifactor authentication
- Increased interest in data privacy

While many of these may seem like no-brainers, it's important to dive deeper into each one if you are serious about protecting your company. Set aside time in your day to review cybersecurity news, and pay attention to how HME organizations are handling safety to avoid serious data breaches.

**4 Consider third-party penetration testing.**
While it's important to have your own robust internal monitoring systems, it can also be helpful to have an outside perspective on your cybersecurity plan. Consider hiring an outside information technology firm to perform penetration testing and a security audit to spot gaps or issues your team may have overlooked. Companies that conduct identity monitoring and provide regular credit reports and credit score checks are available, but be sure you're hiring a trustworthy source.

All companies should be concerned about cybersecurity, regardless of their goals or purpose. Act today to protect your construction company's financial data. You can do this through staff education and employing rigorous cybersecurity measures. HC

David Lukić is an information privacy, security and compliance consultant at idstrong.com. He has a passion for cybersecurity and shares his knowledge in order to make it accessible and interesting for businesses. Visit idstrong.com.

# People + Tech = Improved Care

## How states plan to use federal funds to build a better direct care workforce

By Stephen Vaccaro

The homecare industry is on the precipice of a historic opportunity, with an estimated $12.7 billion infusion from the American Rescue Plan Act (ARPA). Long considered low-pay, non-skilled, demanding work with too few people to fill the needed jobs, homecare is now in the spotlight as more focus is being put on the importance it plays in helping people live healthier, happier lives.

The stimulus money provides vital funding to support the expansion and enhancement of home and community-based services (HCBS) for Medicaid patients. Initially, this funding was to be available for three years, until March 31, 2024. However, after delays in approving state plans, the pressure was placed on homecare organizations to quickly ramp up to benefit from the money being provided.

The Centers for Medicare & Medicaid Services (CMS) saw problems with the tight deadline and has extended the availability of the funding through March 31, 2025. This gives homecare organizations more time to better execute on their strategies—which include improving the pay and benefits of homecare workers, expanding hiring to serve more patients, and deploying technologies that improve efficiency and the ability to care for a growing number of individuals who wish to recover or age at home, and to adjust spending if they see changing needs in their communities.

### A Rapidly Increasing Demand for Homecare

The United States is in a bit of a crisis when it comes to homecare. A significant aging population with an increasing need for at-home services combined with the COVID-19 pandemic have resulted in a booming demand for organizations and individuals who can provide homecare services—whether it's attending to medical needs so a patient can return home rather than to a skilled nursing facility, or simply helping individuals who require assistance with daily tasks.

And this demand is expected to only increase. The U.S. Bureau of Labor Statistics shows that homecare is among the fastest growing jobs in the country, and the number of openings for home health and personal care aides will increase by 37% in the next six years. However, we're already facing a shortage in home health care workers—and that gap is expected to grow even more—with a shortage of more than 446,000 workers anticipated by 2025.

Faced with this ever-increasing demand for, and shortage of, homecare workers—a profession that was already in short supply and experiencing a decline due to employee burnout, long hours and low wages—the Biden administration made this issue a priority. Passage of ARPA, with funding allocated specifically for in-home care, initiated a framework for change in the homecare sector.

With this funding, states can take actions to address unique needs within their

> **Almost every state has included workforce development in its spending plans, including using funds for pay increases, recruitment, retention bonuses and additional benefits like student loan forgiveness.**

borders, including making changes aimed at improving the HCBS workforce and structural concerns.

The funding also helps states grow capacity for providing critical services, meeting the needs of family caregivers and people on HCBS waitlists, and tailoring HCBS activities to address priorities in their communities.

CMS has already signed off on HCBS investment proposals in all 50 states, with each state planning to spend between $31.6 million and $4.63 billion in combined state and federal funds for homecare initiatives. Given the amount of money on the table, CMS is also taking steps to ensure the funds are used appropriately.

Under CMS safeguards, states will have to report their progress and their compliance through the March 2025 funding time frame.

However, CMS recently updated its requirements to reduce states' reporting burdens while ensuring the agency has accurate, up-to-date details about state spending under the act.

### Compensation, Training & Technology

So, how are states using this infusion of new funds? According to Medicaid.gov, states are thinking creatively about how to improve the lives of patients at home. New programs address providing more home-based services to prevent admission to nursing facilities after hospitalization, behavioral health crisis response for individuals with intellectual and developmental disabilities, and greater access to assistive technologies to promote independence. But the focus is on people and technology, first and foremost.

Almost every state has included workforce development in its spending plans, including using funds for pay increases, recruitment, retention bonuses and additional benefits like student loan forgiveness. Many states also are creating

$12.7 BILLION

**Estimated funds from ARPA for homecare**

certification and training programs that support homecare workers and provide skills they need to be successful in their jobs in an effort to stem burnout and help individuals see the long-term career opportunities in homecare and health care.

Technology to support homecare is also in the mix. While states must ensure that their technology purchases meet ARPA guidelines, the spending criteria is broad, which ensures that state governments can use and deploy solutions that meet their unique needs for homecare services. Technology purchases that offer the most value include software or solutions that integrate with existing electronic health records (EHRs) or support quality and risk-management functions.

These types of tools are critical as the industry increases its focus on value-based care. The technology enables greater communication between a patient's health care providers and the homecare workers visiting patients on a daily basis. By fostering real-time information sharing from the front lines of homecare, providers will get better insights on patients' conditions, which allows them to address problems that may arise outside of a doctor's office or hospital. More attention to the day-to-day changes will enable quicker responses that improve patients' outcomes or minimize the need for emergency care or hospital readmissions.

Homecare workers play a vital role in the care that a growing number of Americans receive, whether they are patients returning home after a hospital stay or surgery, individuals seeking to age in place, or those who have disabilities and require daily assistance. While often underpaid and overworked, homecare workers are now being highlighted for their important contributions to value-based care and patient well-being.

With funding from ARPA available until March 2025 and forward-looking state spending plans, now is the time to elevate homecare workers with compensation, training, and technology that enable them to efficiently address the growing need for their services and support the increasing number of individuals who rely on them for care. HC

Stephen Vaccaro serves as president at HHAeXchange, where he leads the market strategy and national expansion of HHAeXchange's state, payer, provider and fiscal intermediary portfolios. With more than 30 years of leadership experience in the health care industry, Vaccaro has spent time on both the payer and provider sides of the market. He has a track record of success in executive leadership, sales, service delivery, strategic planning, project management, profit and loss management, product development and acquisition integration. Visit hhaexchange.com.

# Using Tech to Keep Tabs

## How age tech is bridging the labor gap in homecare

By Geoff Gross

According to data from AARP, 77% of adults age 50 and older want to remain aging at home longer for as long as they can. Unfortunately, ongoing and growing challenges across the senior care industry—including the immense labor shortage of home health care workers—is inhibiting these individuals from doing so.

This rings especially true for seniors who wish to return to their homes after a hospital stay caused by a fall or other health emergency. In the weeks and months after they are discharged, seniors are at their most vulnerable and also most in need of enhanced monitoring.

This is precisely why this is a pivotal moment for homecare businesses and agencies to explore more innovative and accessible solutions to meet the needs of their patients and overcome industry strains. Luckily, there are many solutions available to help bridge this gap.

### The Correlation Between Labor Shortages & Senior Safety

According to one study, the number of U.S. adults aged 60 and older is expected to increase 30% by 2050, and home health aides are predicted to be one of the fastest growing professions in the next 10 years. This means homecare businesses are increasingly challenged by an inability to keep up with the demand for care. To put it simply, the skyrocketing demand for home health nurses vastly outpaces the quantity of workers available due to ongoing shortages.

Additional data from the National Association for Home Care & Hospice shows this is causing some agencies to reject upwards of 40% of new patient referrals. As a result, seniors are being forced to move out of their homes and into facilities sooner than they planned or wanted to, which is only further compounding the labor shortages inside of facilities.

This is where the opportunity for technology lies. Technologies like medical alert devices, telehealth and remote-patient-monitoring services can help home health workers monitor vitals and activity remotely, thereby extending care capabilities even amid staffing challenges and ultimately reducing health care costs to businesses and patients.

With Medicare incentives for preventing a second hospital stay after a senior returns home from an initial stay being cut for a second year in a row, utilizing technology resources is a key strategy at this time.

Home health aides and businesses need supplemental support to ensure that they are protecting patients and that recent

technological advancements are primed to ease that burden.

### What Solutions Look Like

Overall, homecare is an area that is uniquely positioned to adopt new technologies to provide greater quality of care, but is susceptible to a host of challenges that can make it difficult to execute. As we've established, the nursing shortage is leaving many older adults without the proper quality and frequency of care. To supplement in-home care, homecare businesses should be leveraging data and insights collected by consumer health devices, such as personal emergency response systems (PERS), to monitor patient vitals and safety.

Data is playing an increasingly important role in determining how care is delivered to all patients, not just seniors. But in the case of seniors, family caregivers often turn to consumer-friendly options such as security systems or alert devices to provide peace of mind, either before or in conjunction with hiring professional care. These devices can serve as "boots on the ground" inside the home, collecting critical insights and learning the needs and health habits of senior patients.

This is a tremendous example of the synergies between homecare and personal safety in the home and why homecare businesses and agencies should be leveraging PERS devices and remote patient monitoring (RPM) to enhance the quality of care they provide. The capabilities of these devices and services are designed to maintain the patient-clinician relationship long after an appointment or hospital stay is finished. For example, many of these devices come equipped with features such as appointment and medication reminders, as well as calling and messaging features that can keep seniors connected with their loved ones.

For higher acuity patients managing multiple chronic conditions, remote patient monitoring is a great tool to supplement PERS and traditional care delivery. RPM has proven efficacy in reducing avoidable hospital readmission and lowering the total cost of care. These insights can help bolster care plans and deliver critical insights to stakeholders across the continuum. By layering on engagement tools enabled with artificial intelligence (AI), home health agencies can further empower self-care management. This allows for longitudinal care management, even beyond home health episodes of care.

40%

**Agencies may be rejecting this many referrals due to staffing**

### Bridging the Labor Gap

As studies and the pandemic have proven, there is a significant need to innovate how senior care is delivered and, with aging populations rising, this is something that must be addressed urgently.

PERS devices are longitudinal; the beauty is their ability to track patient habits inside and outside of the home for an extended period of time. In comparison to other tracking tools that may be more episodic, equipping senior patients with a PERS device means as a homecare health professional, you're able to collect a much

**These devices can serve as 'boots on the ground' inside the home, collecting critical insights and learning the needs and health habits of senior patients.**

richer set of data. This data can be used to identify trend lines over a longer period of time, which can be inherently valuable in driving preventative and proactive care.

Furthermore, by implementing a longitudinal tool or tools, home health professionals are able to accumulate a richer data set sooner than they would with traditional methods. That allows them to be proactive about preventative care, before there's escalation that could lead to another hospitalization.

It's critical that homecare businesses align themselves with technology partners that make the integration of these tools as seamless as possible. Partners should be evaluated on whether or not they offer installation and other logistical support; if they have a reputation for offering excellent customer service; and whether their financial and data science teams can establish return on investment and outcome benchmarks for program. Establishing these partnerships are the first steps to bridging the labor gap.

At the core of keeping seniors safe in post-acute care is the staff tasked with protecting them. For homecare business, labor shortages will continue to be a challenge, but with innovative technologies and data, organizations can take charge and provide better quality care.

Those of us on the forefront of developing and refining these tools know that homecare businesses need support in order to effectively grow and, more importantly, to care for one of the most vulnerable populations.

Considering new and evolving technology can provide cost effective solutions to an escalating problem. HC

Geoff Gross is the founder and CEO of Medical Guardian, a provider of personal emergency response systems (PERS) that protect and provide peace of mind to over 100,000 older adults nationwide. Gross has been named a 2018 Top CEO by Glassdoor, featured in Philadelphia Business Journal's "Most Admired CEOs" list, a finalist for Ernst & Young's Entrepreneur of the Year, Smart CEO Magazine's "Future 50," and a "40 under 40" by Philadelphia Business Journal and Direct Marketing News. Visit medicalguardian.com.

# Knowing When the Time Is Right

## Sometimes moving a patient to hospice earlier is better

By Joseph Shega

As health care professionals, we innately want what's best for patients. Of course, in order to determine the best possible treatment path, we must work together—not just with the full health care team, but with patients and their loved ones as well. Defining the goals of care requires deeply personal decision-making, and it's our responsibility to help patients and their families understand their choices, and to honor their wishes with compassion and respect.

For some patients with serious illness, especially those requiring home health care, there may come a time over the course of their health care journey when curative and restorative treatment no longer aligns with their values and end-of-life priorities. For these patients, hospice can provide tremendous relief and the kind of support they need at the right time.

To be clear, entering hospice is not about losing hope—it's about giving patients a renewed sense of hope for how they'll be able to spend their final chapter of life.

### Understanding the Benefits of Hospice Care

First, it's important to distinguish the differences between home health and hospice care. The two modalities of care certainly share some similarities: Both are aimed at improving quality of life, allowing the patient to remain at home and receive important physical and psychosocial care while also helping prevent or reduce the need for hospitalization. However, each approach is meant to address distinct patient populations with unique needs and goals.

Unlike home health care, which is intended to help patients recover from injury or illness or progress toward improved functionality, hospice care is for those with advanced illness for whom curative treatments are no longer effective or preferred. Patients are eligible when they have a prognosis of six months or less if their disease or illness runs its natural course, as certified by a physician; this approach to care is squarely focused on improving quality of life and prioritizing patients' and families' wishes during whatever time they have left.

Routine hospice care takes place wherever the patient calls home—a private residence, nursing home, assisted living community or residential care facility. Daily care is provided by a family caregiver, friend or private duty caregiver who is supported by an interdisciplinary team of hospice experts, including nurses, aides, physicians, chaplains, social workers, volunteers and bereavement specialists, all of whom specialize in compassionate end-of-life care.

Common hospice services include the delivery of medications, equipment and supplies necessary to manage the patient's diagnosis. Covered by the Medicare Home Health Benefit, these services are—importantly—provided at no cost to the patient or family. Medicare also covers continuous, inpatient and respite care for hospice patients. In fact, hospice is the only Medicare benefit designed to titrate whatever care the patient needs in order to keep them in their setting of choice.

Home health services, on the other hand, do not cover inpatient stays if symptoms become unmanageable at home. Caregivers of those in hospice also receive access to additional layers of psychosocial support. Simply put, hospice care gives patients and their loved ones the peace of mind that comes with knowing their final days will be filled with specialized support and comprehensive, round-the-clock comfort care, without undue economic burden.

> **Earlier identification of hospice eligibility can actually help patients remain in their preferred care setting, which plays a large role in quality of life.**

## Identifying Hospice-Eligible Patients

Home health is ideal for patients who are stable or improving, but when a home health patient declines or fails to achieve therapy goals, it can take a significant emotional and financial toll on the individual and the family.

Identifying hospice-eligible patients earlier in the progression of their illness can have a measurable impact on their quality of life and medical expenses. A 2020 Trella Health study found that hospice patients overall benefitted from significantly fewer unnecessary hospitalizations and reduced health care costs compared to patients who did not receive hospice.

This was especially true for patients who were referred to hospice earlier in their disease course (receiving at least three months of care) compared to late hospice patients (receiving fewer than two weeks of care). Patients who received early hospice care were 10 times less likely to be admitted to the hospital during their final month of life than their nonhospice peers, and emergency room visits were five times more likely for late hospice patients compared to early hospice patients.

That means earlier identification of hospice eligibility can actually help patients remain in their preferred care setting, which plays a large role in quality of life. After all, no one wants to spend more time in emergency departments and hospital rooms than they have to.

If you're wondering whether a patient may be ready to transition to hospice care, consulting VITAS Healthcare's hospice eligibility guidelines is a great first step. It may also help to keep these significant predictors of declining prognosis in mind:

- Reliance on others for help with three or more activities of daily living, such as bathing, dressing, urine or bowel control, moving from one place to another, walking and feeding
- Shortness of breath or fatigue at rest or minimal exertion
- Emergency department visits or hospitalizations
- 10% weight loss within six months or 5% in one month
- Recurrent falls with injury
- Decreased tolerance of physical activity
- Complications related to Alzheimer's disease/dementia, cardiac or lung disease, cancer or sepsis/post-sepsis syndrome

When a patient and their caregivers are struggling with these issues, it may be time to consider the transition to hospice.

## Facilitating the Transition

For hospice-eligible patients, goals-of-care discussions are so important, yet many home health care professionals may feel ill-equipped to initiate these conversations. As advocates for patients' well-being, it is incumbent upon us to speak up and present them with their care options. Keep in mind that an informed patient armed with choices and an understanding of their current health status ultimately feels more in control.

It's important to take an approach that's informative, but also empathetic and open to hearing the patients' wishes and concerns. This should be a compassionate two-way dialogue. You may wish to broach the subject with open-ended questions, such as, "How has your health changed over the last year?" or, "What are your most important goals for your care?"

At VITAS Healthcare, we recommend the 'SPIKES' approach to ensure goals-of-care discussions are as patient-centered as possible and firmly rooted in respect:

- **Setting:** Choose a private, comfortable and non-threatening atmosphere
- **Perception**: Uncover what the patient and family think is happening
- **Invitation**: Ask the patient what they would like to know
- **Knowledge**: Explain the disease and care options in plain language
- **Emotion**: Respect feelings and respond with empathy
- **Summarize**: Recap and decide next steps

Home health care professionals who care for patients with advanced illness are uniquely positioned to shape patients' end-of-life experience by helping them get the right care at the right time in their disease course. HC

Joseph Shega, MD, is executive vice president and chief medical officer for VITAS Healthcare, a leading provider of end-of-life care. He is board-certified in geriatric and hospice and palliative medicine and has been caring for, studying and teaching about geriatric patients and end-of-life care since 1999. Visit vitas.com.

# BILLING/RCM SOFTWARE/EHR/EMR

In this directory, HomeCare delivers a monthly breakdown of our annual Buyer's Guide, providing the most up-to-date information on the products and services your business needs. This month, we're covering billing software and services providers for home medical equipment and in-home care providers. Here and on homecaremag.com/buyers-guide, you can find the essentials to help your business thrive. HC

## HOME MEDICAL EQUIPMENT PROVIDERS

### SOFTWARE

ACU-Serve Corp.
Cuyahoga Falls, OH
(800) 887-8965
acuservecorp.com

Allegiance Group
Overland Park, KS
(913) 338-4790 ext. 202
allegiance-group.com

ATLAS Enterprise Software
Las Vegas, NV
(855) 221-4860
atlas-vue.com

bflow
Palmdale, CA
661-750-8012
bflowsolutions.com

**BRIGHTREE**
Peachtree Corners, GA
(833) 916-1554
brightree.com

Change Healthcare
Nashville, TN
(615) 932 3000
changehealthcare.com

Computers Unlimited (TIMS Software)
Billings, MT
(406) 255-9500
timssoftware.com/medical

Curasev
Skillman, NJ
(609) 608-9396
curasev.com

DMEWorks, Inc.
Fleming Island, FL
866-363-9679
DMEWorks.com

NikoHealth
Middletown NJ
(877) 850-8088
nikohealth.com

Noble House
Deerfield Beach, FL
(800) 749-6700
nobledirect.com

PC Solutions Software Development, Inc.
Woodstock, CT
(860) 975-1156
dmefree.com

QS/1
Spartanburg, SC
(800) 231-7776
qs1.com

**TEAMDME!**
Brentwood, TN
(888) 832-6363
teamdme.com

**UNIVERSAL SOFTWARE SOLUTIONS, INC.**
Davison, MI
810-653-5000
universalss.com

WellSky
Lenexa, KS
(888) 633-4927
wellsky.com

### SERVICES & CONSULTING

Allegient Billing & Consulting, Inc.
Elizabeth, CO
(303) 646-9903
allegientbilling.com

AnCor Healthcare Consulting, Inc.
Coral Springs, FL
(954) 757-3121
ancorconsulting.com

**BRIGHTREE**
Peachtree Corners, GA
(833) 916-1554
brightree.com

DavLong Business Solutions
Savannah, GA
(800) 413-7764
davlong.com

Domos HME Consulting and Billing
Redmond, WA
(877) 425-2455
hmeconsulting.com

HME Billing & Consulting
Santa Teresa, NM
(702) 800-3689
hmebillingandconsulting.com

Lieber Consulting
Sherman Oaks, CA
(818) 789-0670
lieberconsulting.com

Prochant
Charlotte, NC
(888) 349-9015
prochant.com

Rndsoft
Katy, TX
(877) 868-8013
rndsoftech.com

WellSky
Lenexa, KS
(888) 633-4927
wellsky.com

Wonder Worth Solutions, LLC
Wilmington, DE
(302) 613-1356
wonderws.com

## IN-HOME CARE PROVIDERS

### SOFTWARE, HOME HEALTH & HOSPICE MEDICAL

AlayaCare
Toronto, ON
(647) 477-4174
alayacare.com

Alora Healthcare Systems
Atlanta, GA
(800) 954-8250
alorahealth.com

Axxess
Dallas, TX
(214) 575-7711
axxess.com

Carecenta
New York, NY
(646) 774-2000
carecenta.com

CareVoyant
Schaumburg, IL
(888) 463-6797
carevoyant.com

Change Healthcare
Nashville, TN
(615) 932 3000
changehealthcare.com

Complia Health
Schaumburg, IL
(866) 802-7704
compliahealth.com

Delta Health Technologies
Altoona, PA
(800) 444-1651
deltahealthtech.com

HealthWare
Pensacola, FL
(850) 688-9045
healthware.com

Homecare Homebase
Dallas, TX
(877) 853-1492
hchb.com

Inovalon
Bowie, MD
(301) 809-4000
inovalon.com

KanTime Healthcare Software
San Jose, CA
(408) 615-8880
kantime.com

MatrixCare
Bloomington, MN
(800) 869-1322
www.matrixcare.com

Net Health/Casamba
Agoura Hills, CA
(800) 648-2596
casamba.net

Netsmart
Overland Park, KS
(800) 842-1973
ntst.com

Nursing Oasis Consulting
Glendale, CA
(805) 222-0209
nursingoasisconsulting.com

PointClickCare
Mississauga, ON Canada
(800) 277-5889 x3289
pointclickcare.com

RiverSoft Home Health Care Software
Melbourne, FL
(321) 914-0726
riversoft.net

SMARTcare
Eau Claire, WI
800-450-9104
smartcaresoftware.com

Thornberry Ltd
Lancaster, PA
(717) 283-0980
ndocsoftware.com/

WellSky
Lenexa, KS
(888) 633-4927
wellsky.com

### SOFTWARE, PERSONAL CARE NON-MEDICAL

AlayaCare
Toronto, ON
(647) 477-4174
alayacare.com

Alora Healthcare Systems
Atlanta, GA
(800) 954-8250
alorahealth.com

AxisCare
Waco, TX
(800) 930-7201
axiscare.com

Axxess
Dallas, TX
(214) 575-7711
axxess.com

Carecenta
New York, NY
(646) 774-2000
carecenta.com

Caresmartz
Rochester, New York
844-588-2771
caresmartz360.com

Careswitch
New York, NY
(888) 717-2712
careswitch.com

CareVoyant
Schaumburg, IL
(888) 463-6797
carevoyant.com

Delta Health Technologies
Altoona, PA
(800) 444-1651
deltahealthtech.com

HealthWare
Pensacola, FL
(850) 688-9045
healthware.com

HHAeXchange
Long Island City, NY
(855) 400-4429
hhaexchange.com

MatrixCare
Bloomington, MN
(800) 869-1322
www.matrixcare.com

Netsmart
Overland Park, KS
(800) 842-1973
ntst.com

Savii, Inc.
Tampa, FL
866-792-7509
saviicare.com

SMARTcare
Eau Claire, WI
800-450-9104
smartcaresoftware.com

### SERVICES & CONSULTING

McBee
Philadelphia, PA
610-964-9680
mcbeeassociates.com

Netsmart
Overland Park, KS
(800) 842-1973
ntst.com

OHEN Consulting
Nashville, TN
(629) 999-0608
ohenconsulting.com

OperaCare
Socorro, NM
(916) 343-1164
operacare.com

Precision Medical Billing
Houston, TX
(866) 380-1016
precisionmedicalbilling.com

SimiTree
Hamden, CT
(844) 215-8823
simitreehc.com

WellSky
Lenexa, KS
(888) 633-4927
wellsky.com

# NEW ON THE MARKET

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

1

2

3

## 1 DMEPOS Retailer Certification

**THE COMPLIANCE TEAM**

There is a potential gap in quality for retailers who are not billing Medicare, whether you are serving patients via online web stores or cash and carry. The Compliance Team's DMEPOS Retailer Certification Program helps you standardize quality processes and services at your durable medical equipment organization. The certification enables customers to make better choices when buying online or in your store. They see the Exemplary Provider Certification logo on your website or in your store window and feel secure that your processes have been certified by a nationally recognized third party. Visit thecomplianceteam.org/dmepos-retailer-certifications/.

## 2 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. Visit alliancetechmedical.com.

## 3 TRU-Balance 4 Power Positioning Systems With Anterior Tilt

**QUANTUM REHAB**

TRU-Balance 4 Power Positioning Systems with anterior tilt provide a choice of 10, 20, or 30 degrees of power anterior tilt. Other features include up to eight customizable memory seating positions and an articulating foot platform that lowers to assist with transfers. TRU-Balance 4 is available on the Edge 3 Stretto, Edge 3, and 4Front 2 power chairs. Seating sizes are available in widths of 16-22 inches wide and depths of 14-22 inches. TRU-Balance 4 is compatible with the WC19 crash-test approved occupied transit option as well as Accu-Trac Advanced Tracking Technology. Visit quantumrehab.com.

# POCS

1

## 1 FreeStyle Comfort Portable Oxygen Concentrator

**CAIRE INC.**

The FreeStyle Comfort portable oxygen concentrator is a five-pound, five-setting pulse flow therapeutic device that comes equipped with proprietary smart oxygen delivery features to ensure that your patients get the oxygen they need when they need it. It has an ergonomic, curved shell, LCD display screen, glow-in-the-dark keypad and a variety of battery pack options. Ideal for your oxygen fleet, this device offers a comprehensive warranty and can wirelessly connect to CAIRE's telehealth app, myCAIRE, which allows you to troubleshoot alarms remotely and view key device data. Visit caireinc.com/product/freestyle-comfort-provider/.

2


## 2 X-PLOR Portable Oxygen Concentrator

**BELLUSCURA LLC**

Lightweight and compact at just 3.75lbs, the X-PLOR is ideal for patients who want to replace their heavy oxygen tanks without missing a moment. The X-PLOR is an Airgonomically designed unit that delivers more oxygen per pound than other units in its class. The X-PLOR features four Pulse Settings delivering 215-750 millileters per minute, including X-PLORation Mode, which delivers an extra boost of oxygen when you need it most. The X-PLOR is Bluetooth capable and can be connected to a mobile device through the Nomad Health App. Also has a user-replaceable cartridge, rechargeable battery, easy-to-use interface and high oxygen output. Visit xploroxygen.com.

3

## 3 OxyGo NEXT

**OXYGO**

OxyGo NEXT is the next generation of portable oxygen. OxyGo NEXT has six flow settings, up to 13 hours of battery life, is Bluetooth enabled and weighs only 4.7 pounds. Features user replaceable batteries and sieve beds and an easy-to-read LCD display with simple controls. HCPCS Codes: E1390, E1392. Visit oxygo.life.

4

## 4 SimplyGo

**PHILIPS**

The Philips SimplyGo portable oxygen concentrator is an atttractive, lightweight portable concentrator intended for prescription use by patients requiring high concentrations of oxygen on a supplemental basis. It may be considered for continuous use in home, institutional and travel or mobile environments. Visit usa.philips.com/healthcare/product/HC1069058/simplygo-portable-oxygen-concentrator.

# INCONTINENCE

## 1 Attends Premier

**ATTINDAS HYGIENE PARTNERS**

Attends Premier provides a range of ultra-soft, high-performing, disposable incontinence products designed to manage heavy urinary or fecal incontinence. These products were built to have full coverage and protection where it's needed most. The unique shaped design with Dry-Lock Containment Core and ConfidenceCuff provide comfort and security all day or all night. Attends Premier also includes SmartCool Breathability in the briefs and protective underwear for 100% breathability throughout the entire product. HCPCS codes: T4526, T4527, T4528, T4522, T4523, T4524, T4535, T4541. Visit attends.com.

1


## 2 Seni Lady Bladder Control Liners & Pads

**TZMO USA, INC.**

Seni Lady products are designed for women who live active lives and desire comfort and security combined with discretion. They are fully breathable and superabsorbent and help contain and control odor. Seni Lady products have been refreshed and improved for 2023. Keep an eye out for new packaging. Visit seni-usa.com.

2


## 3 Tranquility Premium OverNight Underwear

**PRINCIPLE BUSINESS ENTERPRISES**

Help your clients and customers sleep easy with pull-on convenience and all-night protection. Unique Kufguards guide urine to the core, even when lying down. Fluid quickly absorbs into the superabsorbent core, which holds and locks in up to 34 ounces of urine. Breathable sides keep skin dry and allow heat and humidity to escape. Clothlike material is rustle-free. Soft leg elastics help stop leaks. A form-fitting elastic waistband provides a secure fit. In the morning, pull off the product like regular underwear, or, if needed, use the tear-away side seams for easy removal. HCPCS codes: T4534, T4525, T4526, T4527, T4528, T4544. Visit tranquilityproducts.com.

3


## 4 Mattress Protectors

**MES**

The MES vinyl mattress cover will protect mattresses from incontinence. It is in stock at a reasonable price, brings excellent quality and will ship within 24 hours. Call MES today at (800) 423-2215 or order online. Visit mymesinc.com.

4

5


6

7


## 5 Peelaways

**PEEL AWAY LABS**

Introducing PeelAways Twin, which comes with five-layer disposable bed sheets, so that every time there's an accident, you can clean up by just peeling away the top layer, creating a brand-new sheet in 60 seconds. PeelAways are used for incontinence, bed wetting and managing other nighttime leaks. They're used by in homecare, health facilities and hospitals, as potty trainers, and by truck drivers, travelers, rental hosts and more. Visit peelaways.com.

## 6 QuickChange Wrap

**UI MEDICAL**

The QuickChange Wrap is a new urine management option for men who are bed-bound or minimally ambulatory. The wrap makes it possible for a single caregiver to change the user, which takes 60 seconds or less. It helps protect the skin by quickly wicking away moisture and allowing for airflow, preventing skin breakdown. The QuickChange Wrap is already being used in hospitals nationwide, by certified nursing assistants and by family caregivers. For more active men, nighttime use can be effective. Visit quickchange.com.

## 7 WINGS Plus with BreatheEasy Technology

**CARDINAL HEALTH**

Our skin doesn't perform well when it remains hot and wet. BreatheEasy Technology allows for better airflow, resulting in a cooler, drier environment, giving your patient the comfort and dignity they deserve. Visit cardinalhealth.com.

# INDEX OF ADVERTISERS

HomeCare®

## ADVERTISERS



**This ad index is furnished as a courtesy, and no responsibility is assumed for incorrect information.*

## PRODUCTS



**REQUIRED for SUBSCRIPTIONS**

Name ______________________

Title ______________________

Company ______________________

Address ______________________

City/State/Country/Zip/Post ______________________

*Phone ______________________

*Email ______________________

RS2301

**FREE SUBSCRIPTION**

○ **YES! I wish to receive a FREE subscription to HomeCare.**

○ No, cancel my FREE subscription.

HomeCare®

*Signature ______________________ Date ____________

*Required for Subscription*

**YOU MUST SIGN AND ANSWER ALL QUESTIONS TO QUALIFY FOR A FREE SUBSCRIPTION**

Qualified subscriptions begin at the publisher's discretion. Incomplete forms cannot be processed or acknowledged. We will use your email address to send your annual renewal notice and other related products and services.

○ Check here to opt out of email messages from our marketing partners.

**1. What is your job title?** *(Check only one)*

- ○ 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)* ______________

**ONLINE**
**For fastest service,** complete this form online
homecaremag.com/subscribe

**FAX**
Complete, tear out and fax to 800-256-2785

**MAIL**
Complete, tear out, place in an envelope and mail to:
HomeCare Magazine
PO Box 271, Lincolnshire, IL 60069-9835

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

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

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

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

# MARKETPLACE

# Taking Accessibility on the Road

## Club focuses on mobility in their RVs

By Evi Arthur

The Handicapped Travel Club has one motto: get out and live (GOAL).

"Don't sit in your home and not have the fun you could have when you go and travel," explains Barbara Gratzkr, the group's public relations committee chair. "It makes you feel better about yourself and gives you something to look forward to."

Founded in 1973 in Arcata, California, the Handicapped Travel Club (HTC) has spent nearly 50 years advocating for more accessibility during travel for those who are wheelchair users. The organization's original founders—five couples from California and Texas—met camping and started the club to share information.

Today, the club has members across the country and holds an annual rally. These five- to six-day events include speeches, wheelchair races, karaoke, food and RV open houses so participants can see the accessibility customizations other members have made.

"We bring away such joy from the rallies looking at these people who have overcome so many issues," Gratzkr said. "We've had members whose wives have had strokes and couldn't move, and they've put a ceiling lift in and put 150,000 miles on their RV taking their wife all over the country."

Barbara and her husband, Bill, the former president and now a regional director, have been involved in the club since 2007, after their neighbors told them about an accessible RV they saw while camping. Barbara was using a wheelchair following complications from a polio diagnosis. The discussion led the Gratzkrs to traveling the country together and camping—something they previously thought was not possible.

"We didn't know that (experience) existed, and that's why we're trying to spread the word to people," Gratzkr said.

### Adapting for Access

Over the years, members have worked with state and national parks to improve accommodations for disabled campers, like wider walking paths and beach mats. They have worked with the U.S. Access Board to make guidelines for federal and state parks.

The club has also focused on making campsites more accessible, suggesting concrete paths to water, sewer and electric hookups, accessible bathrooms, sites that can accommodate a wheelchair lift and similar adjustments. Accessibility improvements do not need to be big: The Gratzkrs offered feedback on one campsite bathroom because one of the doors on the accessible stalls was backward, making use difficult for a person in a wheelchair.

"(Campgrounds) are always very receptive. They just want to know how and what to do," Gratzkr says.

Making an RV or motorhome mobility friendly can include modifications like making sure the aisle is wide enough for a wheelchair, lowering countertops, creating openings under sinks for wheelchairs to fit under, adding a remote to control the lift and door, or putting buttons and controls lower on the wall. HTC members can spend between $100,000 and $150,000 customizing their RVs and motorhomes.

Of the organization's recent accomplishments, one has been getting the club fully integrated onto its website (handicappedtravelclub.com) and connected through social media, where its Facebook group has more than 1,000 members who share travel photos, RV customizations and personal successes with each other.

The HTC encourages people with disabilities and their families to travel, to meet and to share information on making RVs accessible for the disabled.

"People who join our group will find the warmth and understanding of our HTC family, as many have over the years ..." the organization says. "We take a lot of pride in our club." HC


Evi Arthur is a freelance writer for HomeCare.