

HOME CARE 100®

LEADERSHIP CONFERENCE

Home Care 100 Coronavirus Task Force Executive Summary – Call #4

Key Learnings from “Hot Zone” Surges:

Outlook for Chronic Care at Home, Senior Living Partnerships & Telehealth

April 7, 2020

Through weekly complimentary **Home Care 100 Coronavirus Task Force** conference calls with top experts and providers on the front lines, we aim to provide you with best practices in **crisis management** and **valuable business-scenario planning**.

This week, providers discussed creatively working through the crisis, meeting demands and identifying emerging opportunities.

Presenters:

Steve Rodgers, CEO, AccentCare (16 states, incl. hotspots such as CA, FL, GA, MA, NY, WA)

Bill Dombi, President, National Association for Home Care & Hospice (NAHC)

Featured Contributors:

Carla Davis, CEO, Heart of Hospice (Primarily in LA & MS, also AK & OK)

Dorothy Davis, President & CEO, Visiting Nurse Health System (GA)

Trisha Crissman, VP/COO, CHI Health at Home (10 states, incl. CA, IL, IN, OH, WA)

Rod Plunkett, VP Population Health, CHI Health at Home (10 states, incl. CA, IL, IN, OH, WA)

Jeff Bevis, Co-Founder & CEO, FirstLight Home Care (39 states, incl. hotspots LA & WA)

Steve East, President & CEO, Caring People Home Health (CT, FL, NJ, NY)

Key Learnings

Surmounting Initial CV Fears

Acute care referrals are significantly down nationwide as hospital capacity is reserved for CV. However, as the coronavirus begins to surge in hot zone areas, home care is increasingly stepping up as a solution. Staff trepidation can be immobilizing at first, yet providers have discovered frequent communication through varied mediums has been an effective tool to educate, allay fears, boost morale and re-focus employees' mindset on their “why”/mission. After the first few weeks, admits began to rebound as staff got over the initial shock and the new normal set in, according to **Steve Rodgers** (AccentCare).

All in all, the use of home health and personal care services is fluctuating significantly by region (depending on how heavily the CV impact is).

Hospice Increasingly in Demand

Carla Davis (Heart of Hospice) reported that some hospice providers will not take CV patients, a fact echoed by other contributors. Heart of Hospice, however, is pro-actively striving to meet the increasing demand, and is planning to open a “pop-up” Inpatient Unit (IPU) hospice facility in New Orleans.

Dorothy Davis (Visiting Nurse Health System) believes the current needs provide an opportunity to think

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more creatively beyond the usual day-to-day practice; they are using technology to secure a strong identity with their health system partners.

Filling Skilled Nursing Voids & Caring for the Chronically Ill

As SNFs/AL/IL continue to turn CV patients away, there is an opportunity for home health to distinguish itself by leveraging existing relationships with health systems, and/or seeking new partnerships by actively informing providers of the scope of care/acuity capabilities HH can offer. **Trisha Crissman** (CHI Health at Home) is anticipating the “second tsunami” of non-CV patients who are currently forgoing treatments and will eventually require acute care, stating that home health can be more than a vehicle for decanting patients out of hospitals/EDs.

Rod Plunkett (CHI Health at Home) is leveraging telehealth and remote monitoring to care for chronically ill patients preemptively. Although telehealth may have been previously viewed as a lesser priority investment, the CV crisis has proven its value. **Bill Dombi** (NAHC) sees telehealth reimbursement, along with many other regulation changes under consideration, to be one of many temporary adjustments that may become permanent as time goes on.

Strengthening Senior Living Partnerships

With fear beginning to subside in personal care, the opportunity to backfill staffing shortages in senior living has strengthened partnerships and created revenue streams to offset initial declines, according to **Jeff Bevis** (FirstLight Home Care) and **Steve East** (Caring People Home Health). Pay pressures are a concern with unofficial hazard pay and overtime related to keeping as few people in and out of the home as possible, however **Bill Dombi** (NAHC) advised there are regulation changes under consideration which may address these issues. Providers anticipate an increase in desire for home care services concurrent with a decrease in new admissions to senior living.

■ [Home Care 100 COVID-19 Business Planning & Crisis Management Resources](#)

To receive an invitation to participate in task force calls, please contact:
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