Each January HMEB profiles 10 key trends that will impact the industry. This year will probably be one of the more exciting ones that we’ve profiled since we started out Big 10 list in 2008.

For starters, the United States will have new Presidential administration, as well as a new Congress. Add to that the fact that longtime industry champion Rep. Tom Price (R-Ga.) and CMS Administrator Seema Verma will be heading up U.S. healthcare, and the industry can hold onto some well-founded expectations that it will be working in a more accommodating public policy environment.

That environment will surely impact at least some of the industry and market trends that we’ve outlined for this year’s installment of the Big 10. That list includes: The outcome of rural relief efforts; the continued effort to reform competitive bidding as a whole; changes in Medicare audits; the ongoing evolution of retail HME; emerging verticals, such as women’s health, sports therapy, orthopedics, wound care and pain management; connected care and remote patient monitoring; and cost vs. quality pressures in the private payer world.

And those are just some of the trends we examine. Make sure to dive into this year’s Big 10 list to see the key trends that will impact your HME business over the next 12 months.
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Contents

Business Solutions

HMEB’s Annual Big Ten
Every January, we project 10 key market, product, technology, reimbursement, regulatory, legislative, or patient care trends that will impact providers over the next 12 months. This year brings competitive bidding’s continued impact, audits, providers’ continued efforts to diversify and even reinvent their businesses, and more.

Products & Technology

Remote Monitoring
We have seen the ways remote patient monitoring has changed sleep therapy care, outcomes, and business models. What does this mean in terms of providers’ ability to improve care and outcomes? How will that benefit their referral partner relationships? What are the technology trends that will make it happen? What other HME segments might see increased monitoring? Diabetes? Oxygen?

Columns & Departments

News/Trends/Analysis
President Obama signs 21st Century CURES Act into law; NCAMES morphs into ACMESA; U.S. healthcare spending increases 5.8 percent; Greatorex to lead VGM’s AHIA; Harmar announces new CEO; Quantum hits social media milestone; bflow integrates A/R Allegiance; NSM buys Integrity Medical’s complex rehab division; Nusinersen improved function in SMA Type 2 patients.
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Editor’s Note

HME’s Next Chapter?

The coming year will bring an entirely new political landscape for the industry.

Do you ever skip ahead when reading a novel? I do. It’s a terrible habit. The author takes all that time to painstakingly weave an engaging plot, revise the language so that it has literary appeal, and put the final product through multiple editorial revisions until it shines. Then here I come and skip right by all that hard work so that I can get to the good part.

I can’t help it. Sometimes I simply have to know. I have the same feeling about the next 12 months. With the outcome of the 2016 General Election, I have a feeling that a whole truckload of changes are in store for the home medical equipment industry, but I’m not sure what they are — and I really want to know.

What We Do Know

Unfortunately, there’s no way to skip ahead — not unless someone invents a time machine, or I discover a crystal ball that yields 100 percent accurate predictions. Instead, we’re going to have to make some educated guesses. For starters, we know that we have a whole new political landscape in Washington D.C. President elect Donald Trump will take office on Jan. 20, as will the 115th Congress of the United States. This will be the first time we will have a Republican-controlled Congress working with a Republican President since the 2003-to-2007 period of the Bush administration.

Already, we know that President-elect Trump has named Rep. Tom Price (R-Ga.), a longtime congressional champion of the HME industry, as the next Secretary of Health and Human Services. Moreover, Trump has also named Seema Verma, founder and president of healthcare policy consulting firm SVC Inc. to serve as Administrator of the Centers for Medicare and Medicaid Services. (See “News, Trends & Analysis,” page 8, to read more about these appointments.)

Furthermore, we know that Rep. Price is a primary proponent of the industry’s Market Pricing Program alternative to competitive bidding. This could create a landscape for the industry finally seeing deeper competitive bidding reforms. We’ve made some progress with binding bids, bidding surety bonds, and the bid ceiling set to pre-bid rates. Perhaps the industry could finally have the opportunity to push for broader reforms to the bid program that will create a truly competitive marketplace for the DMEPOS program.

Here and Now Priority

In the meantime, we still have a more pressing, immediate concern: rural bid relief. The industry was able to accomplish some rural bid relief thanks to the 21st Century CURES Act, which the 114th Congress passed and Pres. Obama signed in the remaining days of the legislature’s Lame Duck session. That law extends the initial phase of partial reimbursement cuts to items impacted by bidding from ending on June 30, 2016 to ending on Dec. 31, 2016, and pushes implementation of the full reimbursement cuts, which had started on July 1, 2016 cut to Jan. 1, 2017. CMS will reimburse post-July 1 claims for the difference between the partial reimbursement cut and the full reimbursement cut.

So, by the time you read this column, those full reimbursement cuts will be back in play. This means that the industry must push for a better deal for rural providers and patients who will once again find themselves at the tip of the spear when it comes to bid expansion. I’m not sure how that will play out legislatively, but I know that a much more favorable political landscape is just around the corner. And I’m sure the industry’s government relations experts are already working on a plan to leverage that new environment to its fullest so that these highly vulnerable providers and patients can finally feel some confidence about their future.

Will the cabinet appointments, new administration and legislative environment also mean that we could see audit reform? How about creating a separate benefit for CRT? I’m desperate to skip ahead, but since I can’t, I’ll have to take confidence in the fact that the HME industry’s unfolding story appears to have taken a more optimistic turn. This next chapter should be a page-turner.
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Pres. Obama Signs CURES Act

Legislation that incorporates rural bidding relief and CRT provisions becomes law; AAHomecare head Ryan addresses debate over a key pay-for provision.

President Obama has signed the 21st Century CURES Act into law, including provisions that offer relief to providers and patients affected by the national expansion of competitive bidding to non-bid areas.

Passed by sizable margins in the final days of the 114th Congress’s lame duck session — 94-6 in the Senate and 392-26 in the House — the CURES Act provides retroactive relief to non-bid providers by extending the initial phase of partial reimbursement cuts to impacted items from ending on June 30 to ending on Dec. 31, and pushing implementation of the full reimbursement cuts, which had started on July 1, cut to Jan. 1, 2017. CMS will reimburse post-July 1 claims for the difference between the partial reimbursement cut and the full reimbursement cut.

Prior to signing the legislation, President Obama expressed support for the CURES Act, which incorporates a far-reaching range of healthcare provisions covering items such as devoting $1.8 billion in funding for research into curing cancer, research to map the human brain, and programs to fight drug addiction.

“The bipartisan passage of the 21st Century Cures Act is an example of the progress we can make when people from both parties work together to improve the health of our families, friends and neighbors,” Pres. Obama noted.

“The Cures Act makes important investments that will save lives,” he added. “... This bill will make a big difference, and I look forward to signing it as soon as it reaches my desk.”

Other bidding-related provisions in the Act included delays in the application of competitive bidding-derived reimbursement cuts to accessories for Group 3 complex rehab mobility devices another 12 months until July 1, 2017. A previous 12-month extension had been secured in December 2015.

The bill also instructs the Department of Health & Human Services to study on the impact of the bidding program on the total population of HME providers and patient access to HME over the course of 2016.

In order to provide more permanently relief to rural HME providers and patients, the legislation requires HHS to reissue payment regulations for items and services furnished on or after Jan. 1, 2019, with adjustments to the non-bid fee schedule in some areas based on stakeholder input, costs, volumes and the population of suppliers serving those areas.

“This is an important win for HME providers and patients in rural communities and other areas not covered by the bidding program,” said Tom Ryan, president and CEO of the American Association for Homecare. “We look forward to building on today's action to get longer-term relief for our industry in the 115th Congress ... “

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— Tom Ryan, American Association for Homecare

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“This is an important win for HME providers and patients in rural communities and other areas not covered by the bidding program,” said Tom Ryan, president and CEO of the American Association for Homecare. “We look forward to building on today’s action to get longer-term relief for our industry in the 115th Congress and by working with the incoming Administration on a more sustainable reimbursement environment for HME.

“I want to especially thank our most steadfast champions on Capitol Hill, Congressmen Tom Price R-Ga., Dave Loesback (D-Iowa) and Peter Welch (D-Vt.), as well as and Senators John Thune (R-S.D.) and Heidi Heitkamp (D-N.D.), for their leadership in making sure the HME infrastructure can continue to serve the needs of the millions of Americans who rely on our products and services,” he added.

Pay-For Debate

Given the congressional desire for budget-neutral legislation, one of the CURES Act’s pay-fors comes in the form of an acceleration of the plan to limit state Medicaid reimbursement rates for HME to the Medicare fee-for-service payment rates, including items those will competitive bidding-derived rates. Rather than apply those rates in January 2019, the application would be ramped up by one year to Jan. 1, 2018.

This has caused some controversy, in that many believe the accelerated schedule was the mechanism for obtaining the rural relief provisions. AAHomecare’s Ryan said the two provisions are not connected.

“There was no ‘trade’ of accelerated Medicaid cuts for rural relief — this pay-for was always going to be one of many others used to help fund CURES legislation, and that’s been the intention of powerful House members pushing the entire package for quite some time,” he explained. “This wasn’t an idea that we offered up or had any choice in. The unfortunate reality is that some parties in Congress recognized the disconnect between Medicaid rates and the rates generated by the bidding program and saw that as potential ‘savings’ they could apply to their own interests.

“It’s a similar situation to where the original move to cap the Federal contribution for Medicaid at bidding-derived rates starting in 2019 originated — that provision was used as a ‘pay for’ to extend funding for 9/11 first-responders’ healthcare and victim compensation in December 2015 omnibus spending legislation,” Ryan continued. “To put it simply: the Medicaid pay-for was going to be in CURES whether we managed to get our provisions included or not.”

The full legislative language of the CURES Act can be found at bit.ly/2IRK7yI, with the provisions related to CRT accessories found on page 794, and the rural relief provisions found on pages 795 to 799, according to AAHomecare.
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MADE IN USA
Pres. Elect Trump Names Rep. Price as HHS Secretary

Incoming administration also taps healthcare policy consultant Verma as CMS administrator.

Pres.-elect Donald Trump has named Rep. Tom Price (R-Ga.), a longtime congressional champion of the home medical equipment industry, as the next Secretary of Health and Human Services.

“It is an honor to be nominated to serve our nation as Secretary of Health and Human Services,” Price said. “Thanks to Pres.-elect Trump and Vice Pres.-elect Pence for their confidence. I am humbled by the incredible challenges that lay ahead and enthusiastic for the opportunity to be a part of solving them on behalf of the American people.”

In addition to the Price appointment, Pres.-elect Trump also named Seema Verma, founder and president of healthcare policy consulting firm SVC Inc. to serve as Administrator of the Centers for Medicare and Medicaid Services.

“I am honored to be nominated by Pres.-elect Trump today,” Verma said. “I look forward to helping him tackle our nation’s daunting healthcare problems in a responsible and sustainable way.”

NCAMES Morphs Into ACMESA

North Carolina HME association grows to also represent Virginia; becomes Atlantic Coast Medical Equipment Services Association.

The North Carolina Association for Medical Equipment Services (NCAMES) has expanded to represent Virginia, and will become a new association called the Atlantic Coast Medical Equipment Services Association (ACMESA).

The new organization will include the membership for both NCAMES and the Virginia Association of Durable Medical Equipment Companies (VADMEC). ACMESA will be based in North Carolina and will maintain the current NCAMES board, but will include two additional board seats for Virginia providers during the transition.

To get the ball rolling, ACMESA will hold a Winter Conference from Jan. 31 to Feb. 1, at the Durham Marriott in Durham, N.C. The event will include exhibits and conference sessions from a variety of industry speakers. Interested providers can learn more and register at bit.ly/2gP8hVx.

U.S. Health Spending Increases by 5.8%

Per-capita healthcare expenditures grew 5%, according to CMS’s 2015 national health expenditures study.

U.S. healthcare spending grew by 5.8 percent during 2015 and per-capita healthcare spending grew by 5 percent over that year, according to a study from CMS’s Office of the Actuary. CMS emphasized that the growth rates continued to fall below the rates of most years prior to passage of the Affordable Care Act. Moreover, the report concluded that 2015 pending growth was primarily caused by increased use and intensity of services now that millions of Americans have obtained coverage.

“Our significant progress in reducing the nation’s uninsured rate, while providing strong protections for Americans if they get sick, would not be possible without the Affordable Care Act,” said CMS Acting Administrator Andy Slavitt. “As millions more Americans have obtained health insurance, per-person cost growth remains at historically modest levels.”

Over a two-year period, 20 million Americans gained either private health insurance coverage or enrolled in the Medicaid program, primarily as the result of the Affordable Care Act, according to the report. The share of the population with health coverage increased from 86 percent in 2013 to 90.9 percent in 2015.

Another key contributor to 2015’s health spending increase was the continued significant growth in spending for retail prescription drugs. Spending on prescription drugs increased 9 percent in 2015, lower than the 12.4 percent growth in 2014, yet significantly higher compared to 2.3 percent growth in 2013, CMS reported.

Other key findings:

• Healthcare spending grew 2.1 percent faster than the U.S. economy during 2015, resulting in a 0.4 percentage-point increase in health spending’s share of gross domestic product (GDP): from 17.4 percent in 2014 to 17.8 percent in 2015.

The full report is available on the CMS website at bit.ly/2GR0uOY.
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aahomecare.org/standup
U.S. Health Spending continued from page 10

the decade prior to the passage of the Affordable Care Act (2000-2009), healthcare spending increased 2.8 percentage points faster than GDP, on an annual average basis.

- Medicare spending increased by 1.7 percent per enrollee, which was roughly the same rate as in 2014 and below the 7 percent average annual growth in per-enrollee spending during 2000-2009. Medicare spending, which represented 20 percent of national healthcare spending in 2015, grew 4.5 percent to $646.2 billion, slightly slower than the 4.8 percent growth in 2014.
- Out-of-pocket spending totaled $338.1 billion and grew 2.6 percent in 2015, compared to average annual growth in out-of-pocket spending during 2000 and 2009 of 4.6 percent. The share of out-of-pocket spending of total health expenditures fell from 13 percent in 2007 to 11 percent in 2015.
- Medicaid spending and enrollment grew at a slower rate in 2015 than in 2014, with per-enrollee Medicaid spending growing 3.8 percent. Medicaid spending, totaled $545.1 billion and accounted for 17 percent of total spending on healthcare.

PEOPLE IN HME

Greatorex to Lead VGM’s AHIA

As president, Jim Greatorex will lead home access organization, which provides education, certification and networking for providers.

HME member service organization The VGM Group Inc. has named industry veteran Jim Greatorex as the president of its Accessible Home Improvement of America (AHIA) division.

A longtime provider with 35 years of experience in the HME industry, Greatorex joined VGM in 2015 where he served as director of business development for its Retail Services division.

As AHIA president, Greatorex will now oversee AHIA’s nationwide network of certified providers and home access contractors. He will also help members develop home access business strategies to educate consumers on the many products and services available to live independently.

“I look forward to working with both our members and vendor partners to help them become home modification leaders in their markets and provide professional, nationally recognized solutions that help Americans age in place,” Greatorex said. “The home modification market will continue to grow as baby boomers age. By bringing providers and manufacturers together, we will evolve the industry as a team.”

“We are elated that Jim will lead our AHIA division,” said Clint Geffert, president of VGM & Associates. “His experience in business development, coupled with his drive to see our membership groups succeed will provide a significant impact for providers and manufacturers dedicated to the home accessibility marketplace.”

For more information about AHIA, visit www.accesshomeamerica.com or call (877) 404-2442.

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Harmar Announces New CEO
Steven Dawson comes to accessibility company with a background in business growth and development.

Home and auto access equipment manufacturer Harmar Mobility LLC has appointed Steven Dawson as its new chief executive officer and a member of the board of directors.

“It is an honor to join Harmar, a company with a proud history of designing and manufacturing products to improve the lives of those with mobility and accessibility issues,” Dawson said. “With strong market demographics and Harmar’s industry leading product offering, we are very well positioned to take this business to the next level.”

Dawson comes to the company with an executive career that has focused on organizational change, growth and development across various industries. Harmar reports Dawson also possesses operational and leadership expertise, as well as a financial and business development background.

“We are excited that we were able to recruit Steve to lead Harmar,” said Jeffrey Lipsitz, managing partner at Cortec Group, Harmar’s controlling shareholder. “We had worked with Steve on another investment that was very successful and were impressed with his focus, high energy, and ability to lead and develop teams. As CEO, Steve will focus on continuing the company’s efforts to improve product quality, improve the customer experience, and drive growth.”

Quantum Hits Social Media Milestone
CRT manufacturer breaks the 15,000 follower mark on Facebook

Complex rehab technology company Quantum Rehab’s Facebook page has surpassed more than 15,000 “likes” and followers.

Launched in 2012 at facebook.com/QuantumRehab, the page connects with consumers not just over complex rehab devices, but in all areas of disability culture. The page is updated daily with stories on topics such as new products, news and community events in an effort to be a conduit of disability culture.

“We’ve participated on Facebook to connect with consumers, clinicians and providers in ways that cover our products, but also tie into disability culture,” said Megan Kutch, director of Quantum Marketing. “We use our Quantum Facebook page to keep all informed on product advancements, but we also post a lot of human-interest content. This mixture, along with direct consumer interaction, has made the Quantum Facebook page a true place for online disability culture. We strive for our page to inform, inspire and connect.”

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bflow Integrates A/R Allegiance

Users of HME billing and management system will now have access to automated payment collections.

HME billing software and HME business management solution bflow has finalized integration with A/R Allegiance Group Information Technology and Services to give its users automated private patient pay billing and debt collections.

The bflow solution is a cloud-based, software as a service offering that includes automated billing and workflows for HME providers. Recent upgrades to bflow include a point of sales solution for retail sales that is touch-screen compatible, supports continuous barcode scanning, and integrates with hardware such as cash drawers and thermal receipt printers.

“The Allegiance Group solution provider fits tightly into our vision for a more automated workflow for bflow customers,” says Ted Jones, CEO of bflow. “We know this solution provider has a proven track record for improving their customers’ revenue. We are excited about giving existing customers added benefits and providing new customers who are currently using the Allegiance Group a way to maintain existing business processes with confidence when transitioning to bflow.”

“We are excited to be working with bflow to offer a comprehensive integrated private pay solution for their customers,” said Bruce Gehring, senior vice president of Business Development for Allegiance Group. “We recognize that people are looking for solutions that can help them manage and more effectively recover their private pay A/R quickly. By bringing the CollectPlus solution to the bflow software platform bflow customers can take advantage of the built-in revenue cycle solution for their private pay A/R needs.”

NSM Buys Integrity Medical’s Complex Rehab Division

Acquisition adds four ATPs to NSM team, expands company’s reach in the southeast.

National Seating & Mobility (NSM) has added four office locations with the acquisition of Integrity Medical’s complex rehab technology division.

In a December news announcement, NSM said its new office locations are in Augusta, Macon and Savannah, Ga., and Columbia, S.C.

With the acquisition, NSM also welcomed four ATPs onto its team: Brian Byler, Marc Smith, Chris Mayo and Steven Still. NSM described Byler and Smith as Integrity Medical principals.

Bill Mixon, NSM’s CEO, said of the acquisition news, “We’re happy to be adding to our footprint in the southeast with the team and quality operation acquired from Integrity Medical. As we grow, the addition of highly qualified people continues to make us a better company.”

Byler said in the announcement, “Being part of the NSM team gives us the freedom and greater resources to provide mobility to our clients. We couldn’t be happier with this development.”

NSM indicated that Integrity Medical would continue to operate its durable medical equipment division.

Integrity Medical was founded in 2001. In addition to its complex rehab technology business, Integrity Medical offers respiratory products and services, as well as bath safety equipment, lift chairs and equipment for patient rooms. Its corporate headquarters are in Augusta, Ga.


—Laurie Watanabe, Mobility Management

NSunersen Improved Function in SMA Type 2 Patients

A new study showed spinal muscular atrophy (SMA) patients functionally improved while taking the drug nusinersen, also known as Spinraza.

A news announcement from Ionis Pharmaceuticals and Biogen said children with type 2 SMA, sometimes referred to as later-onset SMA, “experienced a highly statistically significant improvement in motor function compared to those who did not receive treatment.”

The companies added that the drug “demonstrated a favorable safety profile in the study.”

Ionis Pharmaceuticals and Biogen are working together on the development and launch of Spinraza. The drug was also found to benefit children with infantile-onset SMA (stage 1) in a different study.

“These results, along with our successful trial in infantile-onset SMA, reinforce the potential of Spinraza to benefit a broad range of SMA patients,” said Michael Ehlers, M.D., Ph.D., Biogen’s executive VP and head of research & development. “We will make regulators around the globe aware of this data and will continue working closely with them to bring Spinraza to families affected by SMA as quickly as possible.”

SMA currently has no treatment or cure. It is the number one genetic cause of death for infants worldwide.

The SMA type 2 study, called CHERISH, included 126 children with type 2 SMA. The children ranged in age from 2 to 12 years old. Following the positive results, the CHERISH study was halted, and children participating in it — those who were taking Spinraza and those who did not receive the drug — can enroll in an open-label study that will provide Spinraza to all its participants. The open-label study, named SHINE, will examine the long-term effects and tolerability of Spinraza.

The drug has received special status from the U.S. Food & Drug Administration designed to expedite its availability. Biogen said it hopes to begin distributing Spinraza this year or in early 2017.

—Laurie Watanabe, Mobility Management
A work in progress: That’s a great way to describe the U.S. healthcare landscape. A variety of sometimes conflicting and sometimes complementary factors, ranging from demographics, to innovations, to economics, to public policy, constantly twist and turn and unfold in unexpected ways that shape how we Americans care for our health.

Moreover, how a healthcare marketplace that is constantly "under construction” impacts the post-acute care space, and the home medical equipment industry in particular, seems to always be in a state of flux. That’s why for the past 10 years HME Business has made it a point each January to identify its annual ‘Big 10’ list of key trends that will impact HME provider businesses over the next 12 months. Our goal is to help you see the opportunities, challenges, evolving issues and key business imperatives that should help you set your business strategy for the coming year. And 2017 offers a host of important industry trends HME professionals must monitor and address. They are:

Our 10th annual ‘Big 10’ review of the key trends that will impact a constantly evolving HME industry.

By David Kopf
Taking Shape

• The likely outcome of national bid expansion reforms
• The continued effort to reform bidding as a whole
• The fight to protect complex rehab
• Changes to Medicare’s audit program
• The ongoing evolution of retail HME
• Emerging verticals such as sports therapy, orthopedics, wound care and pain management
• Women’s health as a key vertical opportunity
• Connected care and remote patient monitoring
• Cost vs. quality pressures in the private payer world
• Creating improved communications and IT efficiencies with other healthcare professionals

Undoubtedly, this collection of ongoing issues, new developments, pitfalls and prospects will have an impact on our industry over the next 12 months, and savvy providers will plan for them. A smart business strategy will adjust for the obstacles and emphasize the opportunities for growth. Take a moment to review our 10th annual Big 10 and see how you can use this information to build a bigger, better HME business:

Rural Bidding Relief Reforms

Last year saw an incredibly frustrating fight to turn back the tide of national bidding expansion. Per the Patient Protection/Affordable Care Act, competitive bidding pricing was slated for nationwide expansion starting on Jan. 1, 2016. The process was to be phased in with partial rate cuts occurring at the start of that year, and the full rate cuts were to be implemented on July 1, 2016.

The fight to stop that effort was like something out a big screen thriller. Last-minute legislative pushes saw the House and Senate pass delays to the bid cuts on two occasions, but completely unforeseen circumstances such as a Congressional sit-in over gun control and a last-minute hold for inquiry scuttled attempts to forestall the rural bidding cuts.

As a result the full cuts went into implementation and rural providers started shuttering businesses or refusing to take on additional Medicare patients. Also, a ripple effect started to be felt across programs such as TRICARE, which bases its DME reimbursement on Medicare rates.

Fast-forward to last month, and the industry was able to achieve rural bid relief — of a kind. Congress passed the 21st Century CURES Act, which bases the DME reimbursement on Medicare rates. Again, a ripple effect started to be felt across programs such as TRICARE, which bases its DME reimbursement on Medicare rates.

The CURES Act further delayed cuts to CRT accessories for 2017, but the true fix will come with a separate CRT benefit.

The industry has made meaningful gains in reforming competitive bidding, but the stage is set for broader reforms — that said, providers must continue to support industry legislative efforts.

The industry achieved some positive change, but more is needed.

Improvements for Patients and

The industry succeeded in getting binding bids legislation passed last year in order to eradicate the scourge of suicide bidding. That’s a crucial victory. In addition to requiring bidders to maintain state licensure, the legislation requires bidders to obtain a “bidding bond” that functions like a surety bond. This way, if a bidder declines the contract and its bid was at or below the bid price, then that bidder would forfeit its bond.

CMS issued a final rule that shifted the bid ceiling to the 2015 fee schedule. That’s huge. That’s huge. Now, bid ceilings for future rounds of competitive bidding will be based on the unadjusted 2015 fee schedule, instead of CMS’s earlier proposal to establish bid ceilings at the current pricing per competitive bidding area (CBA). The rule ensures that bids always have a fixed ceiling, rather than dwindle reimbursement down to nothing by using each successive re-compete as the ceiling for the next re-compete. In fact, when CMS first proposed the rule, it argued that setting the ceiling to pre-bid levels ensured the program’s long-term viability — the exact argument the industry had been making for years.

Also, that same rule stipulates that bidding providers must now obtain a lower, $50,000 bid surety bond for each CBA associated with a bid. The rule also sets surety bonds forfeiture conditions if bidders do not enter a contract when their composite bids are at, or below the offered amount.

So, binding bids, no downward bidding spiral and bidding bonds. Those are big wins, but they don’t ignore the fact that single providers lock up entire marketplaces and categories while they are under contracts. Broader bid reforms are needed, and given that longtime industry ally Rep. Tom Price (R-Ga.) — a man who has championed the Market Pricing Program — will now serve as the incoming Trump Administration’s Secretary of Health and Human Services, perhaps the industry will enjoy broader reforms that truly competitive DMEPOS marketplaces. That said, providers should not let their optimism get the best of them. Now is the time for continued support of the industry’s legislative and advocacy efforts.

Protecting Complex Rehab

Some of the most vulnerable users when it came to the national expansion of competitive bidding were complex rehab users. “What’s that?” you say. “Isn’t complex rehab carved out of competitive bidding?” Yes, according to the spirit of the law, but no, according to CMS’s interpretation of the law.

While the 2008 Medicare Improvements for Patients and Providers Act (MIPPA) protected CRT from competitive bidding, it did not specifically list accessories. And accessories is a bit of misnomer in that while most people hear “accessory” and think that implies unnecessary things that aren’t truly needed, in the realm of CRT, that is not true. CRT accessories are needed items that ensure a patient can properly use his or her chair and receive its intended therapeutic benefit. CRT accessories aren’t options; they’re vital to the use of the chair.

So CMS boiled CRT accessories into its national bid expansion, thus
exposing CRT patients to possibly not getting much-needed enhancements to their chairs. Fortunately the CURES Act changed that. The legislation delays the application of competitive bidding-derived reimbursement cuts to accessories for Group 3 complex rehab mobility devices another 12 months until July 1, 2017. A previous 12-month extension had been secured in December 2015.

But again, broader protections are needed for these unique patients and their providers. The most sensible approach would be to finally establish a separate benefit for complex rehab technology. With the anticipated support from the 115th Congress, as well as the Trump Administration, various stakeholders are hoping that can finally be achieved. And, once again, provides will need to provide grassroots support to help achieve those aims.

Audit Program Changes
One thing is certain about Medicare claims audits: they aren’t going anywhere. Medicare claims audits cover all aspects of the program, including the little corner that is the DMEPOS benefit. So, while the industry might push for broader reforms of the program, HME providers must deal with the here-and-now realities of Medicare’s audit program.

And for 2017, we can expect to see some definite changes. One of the biggest is with the RAC audits. CMS awarded its latest contract to Performant Recovery in November 2016, and that contractor was slated to begin reviewing claims at the outset of this month. The RAC has said it has already determined six issues it plans to start audit, but has been mum on what those specifically will be. What we know from the recent past is that the RAC auditors have engaged in complex reviews of claim in which they have requested medical records on claims involving ventilators, low air-loss mattresses, beds, power wheelchairs, oxygen, lower-limb prosthetics, knee orthotics, pneumatic compression and TENS units. So it is likely those will be items that will initially be highlighted.

And there are other key developments, the Unified Program Integrity Contractor (UPIC) audits are coming online, which will replace the ZPIC audits. Those will cover five regions and involve at least seven contractors. We can see those start to transition starting in the first half and perhaps first quarter of the year.

Other key audit trends for 2017 will be the Supplemental Medical Review Contractor, the 2017 OIG Work Plan, which will examine a variety of claims against “high risk” codes, and changes to the appeals process. A great way to get an in-depth overview of all the changes coming with 2017 is to visit hme-business.com/webinars and sign up to listen and watch an archive of “Audits: How to Prepare for the Year Ahead,” which was presented by audit expert Wayne van Halem, the president and founder of audit consulting firm The van Halem Group LLC, a division of the VGM Group Inc.

Ongoing Retail Evolution
Every year, for 10 years, the Big 10 has included retail sales as a critical industry trend, and this year is no different. When it comes to reinforcing providers’ revenues, and hopefully expanding their bottom line, no other opportunity offers as much as retail sales. It leverages providers’ existing patient relationships, their product knowledge, and demographic opportunities such as the Baby Boom to drive increased profits free from Medicare complications. In the early years of this publication’s efforts to beat the retail sales drum, a few stragglers would step out onto the dance floor, it took a while for the industry to start doing the cash sales boogie en masse. Now the entire industry is getting down to the sound of retail receipts. But this is an evolution, not a revolution. Providers will continue to ascend the cash learning curve.

As providers move from retail 101 to more advanced cash sales courses, one of the most important retail lessons they are learning is about metrics. The business of retail is rooted in numbers, in data, in the kind of information that can help a provider truly understand how their business is performing, and what they need to change or implement if they want to succeed.

Bearing that in mind, providers are starting to track key performance indicators for retail sales, such as gross profit, cash flow, sales per square foot, customers per day, customer conversion, average sales per customer, items per customer, repeat customers; inventory turn times; unit sales; sales by department; sales per employee, and category sales by employee. And providers are tracking this on an ongoing basis — daily, weekly, monthly, quarterly, by the half and by the year — so that they can start to not only get a realistic picture of their retail sales performance, but start to set goals and measure their performance against those goals.

If there is one aspect of retail sales any providers should focus on during the next 12 months, it is their retail sales reporting. As they track their performance based on the various performance metrics, they will uncover problems that need to be fixed, as well as opportunities for maximizing their strong points.

Diversifying Revenue via Emerging Verticals
If there is an absolute mandate when it comes to running a modern HME provider business in this era of rampant Medicare reimbursement cuts, it is revenue diversification. Providers must strive to find new business opportunities and markets in which they can leverage their product and patient care expertise in order to reach new patient segments, as well as expand their relationships with existing patients. Three of those opportunities that providers can enter in short order are sports therapy, orthopedics and wound care.

As a service, orthopedics offers serious potential because of its diverse customer base and because most orthopedic patients need more than one item. There are a wide variety of patient groups that are served by orthopedic goods: rehab patients, customers who are recovering from injuries, people suffering from sports injuries, athletic clients that need special support, post-surgery patients, maternity patients, and geriatric patients. Each of these patient groups need specific items. For instance athletic patients could need wrist, ankle, and knee braces, back supports, or, if they’ve suffered an injury, they could need ice packs, or slings.

When it comes to funded items, orthopedic goods often meet the criteria for reimbursement, and are more often covered than not when prescribed...
Taking Shape

Three opportunities for broadening market reach and revenues are orthopedics, wound care and sports therapy.

orthopedics, wound care and sports therapy.

health are maternity and breast cancer. By serving those two specific needs, providers can serve a large swath of their local women’s healthcare market. Additionally, all the conditions that impact women — maternity, breast cancer, incontinence, COPD, and OSA, to name a few key health issues — all involve unique referral partners. This means that as a category, women’s health can help providers establish new referral relationships that could generate increased patient volume in other parts of their businesses as a whole.

Also, women’s unique health needs evolve over time, just like any other patient. So, as a provider serves one patient need, she will likely return with other needs later on down the road, assuming the provider expands its women’s health services and product offerings to appeal to the continuum of care for women’s health. In other words, a maternity patient might someday require post-mastectomy products or sleep or respiratory care. A provider that can provide solid service up-front will build solid relationships that can last through a continuum of diversified care.

To serve such a large, diverse market, women’s health practices require an emphasis on comfort, discretion and trust.

Women’s Health

One of the most important areas of revenue diversification is women’s health. Clearly, women’s health services represent a substantial amount of business for providers that want to specialize in serving women’s health needs. Representing 50 percent of the population, women have unique needs that require unique products and services. Why wouldn’t a provider business be attracted to that?

That said, women’s health, at least on the surface, represents uncharted territory for many HME provider owners and operators. It’s obvious that while women need general HME products and services, they also need specialized products and services that also require specialized product and care knowledge and unique customer service. How do interested providers approach this important business and patient care opportunity?

The first step into exploring the women’s health category is to understand that there it represents serious marketplace potential and highly diversified care needs that require serious attention. Going beyond the basic demographics in terms of the population size (49.1 percent of the population by last Census Bureau count), providers need to understand the major health conditions impacting women that they as HME providers can tap into. Bearing that in mind, the two biggest conditions affecting women’s

woman might. Moreover, even if a male member of the provider team knew those issues backwards and forwards, there still might be a discomfort level.

Bearing that in mind, it’s advisable that providers ensure that a woman leads their women’s health practices. A female customer service lead will help build the comfort and trust levels that women’s healthcare patients require private discussion with a knowledgeable HME professional who is focused on understanding their needs.

This can create a “demographic challenge” of sorts for any providers that are owned and operated by men. A maternity patient or post-mastectomy patient might find it uncomfortable to discuss her condition and product needs with a man, who might not be as familiar with her health issues as a woman might. Moreover, even if a male member of the provider team knew those issues backwards and forwards, there still might be a discomfort level.

Connected Care and Remote Monitoring

This edition’s other feature article, “Continuous, Connected, Care” (page 20) focuses on connected care and remote patient monitoring, and examines where remote monitoring stands, where it is headed, and why providers need to stay on top of this key development, but it’s also important to mention its import as it relates to this year’s Big 10.

Without a doubt, remote patient monitoring is a key trend that expands in the post acute space, and providers must leverage their function as technology and equipment suppliers to ensure that those clients are getting the medical products and services that they need. And again, executed with the right kind of product and care knowledge, that lead will help build long-term relationships with those patients.

To serve such a large, diverse market, women’s health practices require an emphasis on comfort, discretion and trust.

management solutions Technology Products

To serve such a large, diverse market, women’s health practices require an emphasis on comfort, discretion and trust.
Providers might think that remote patient monitoring is limited to sleep, but it’s becoming an industry-wide opportunity.

That market size cannot be ignored and providers must push to ensure they sit in the middle of that landscape. Clearly sleep is the current hotbed of connected care development, but it’s not the only one. Remote patient monitoring is already spreading to diabetes treatment, with glucometers that wirelessly report patients’ blood levels, and oxygen care, where some oxygen concentrators are starting to report back data. In fact, there are even wound care devices that help referral partners stay on top of patients’ negative pressure wound therapy. This is a critical opportunity for providers to add value for everyone involved in patients’ care and must not be squandered.

Private Payer Cost vs. Quality Pressures

Given the size and scale of Medicare reimbursement cuts for DMEPOS, as well as costly complications from Medicare’s increased audit programs, may providers have focused on the private payer sector as another way to increase their revenues. Private payer reimbursement is familiar territory thanks to the fact that providers have already been working in this arena due to Medicare beneficiaries using supplemental insurance, and in the case of some business models, such as sleep therapy, private payer insurance is a key revenue source.

But as familiar as territory as private payer insurance might be to some providers, it is not without its challenges. For starters, most private payer insurance carriers set their rates based on Medicare reimbursement. Similarly, private insurance companies are increasing auditing claims and demanding repayments on faulty claims or overpayments. Moreover, there is an increased push for outcomes-oriented care, another model set by Medicare. Starting in 2010, Medicare established accountable care organizations (ACOs). ACOs are groups of healthcare providers that provide end-to-end healthcare solutions that focus on optimizing patient outcomes for the lowest price. In terms of number, Medicare has reported that there were 32 ACOs in December 2011. Just five years later, there were nearly 400 ACOs in the United States.

Now we are seeing the same drive for optimize care and ensure good outcomes for lower cost developing in the private payer world. Insurance providers want to see healthcare providers work in concert to drive down the cost of care while increasing outcomes. Their thought: if Medicare can achieve it, why can’t we?

In the same ways providers have been using technology, fostering connected care, cutting costs, and driving efficiencies in the Medicare world, they will need to do likewise in the private payer world. And that’s not a bad thing. If anything it represents a solid market opportunity, because those providers will be able to leverage they efficiencies, skills and knowledge that they acquired in their efforts to properly serve Medicare patients and referral partners. This will help establish them as key players in the post-acute space, and affirm their reputations for product expertise.

IT Interoperability

There is a push within Medicare and the private payer care world to focus on outcomes-oriented care. The goal is to have various care professionals involved in a patient’s care work together more efficiently in order to cut costs and improve outcomes. That strategy has since been adopted by private payer insurance carriers, who are also looking to ensure their beneficiaries get optimal care for the money spent on reimbursement.

In order to pull this off, healthcare providers across the spectrum are trying to implement IT interoperability in order to foster data integration and information sharing that will lead to an improved care infrastructure that involves all stakeholders. This is the challenge and opportunity that care providers across U.S. healthcare have been experiencing for the past several years, and now that interoperability imperative is finding its way into post-acute care, and more specifically, the home medical equipment industry.

So what specifically is healthcare interoperability? The Healthcare Information and Management Systems Society (HIMSS, himss.org) defines healthcare interoperability as the ability of different information technology systems and software applications to communicate, exchange data and use the information that has been exchanged. One organization that is trying to foster that interoperability is , the CommonWell Health Alliance (commonwellalliance.org), and HME software company Brightree LLC, which was part of CommonWell advocated that the HME industry and similar post acute care arenas needed to be included in interoperability efforts.

That’s not surprising given that some HME providers are helping build the future of connected care. A good example of this is sleep therapy, where providers of CPAPs and other sleep therapy equipment use devices that track patient progress and therapy compliance on an ongoing basis, and report that data to physicians and other stakeholders in the patient’s care.

Of course, sleep is just one segment of the industry. Interoperability needs to happen across the spectrum of home medical equipment. Bearing that in mind, what do providers need to do in order to ensure that they achieve interoperability with their referral partners? While the technology companies and organizations might work on the standards that will ensure IT interoperability for post acute care, what needs to happen in the industry so that providers have liquid files that can move across the patient care continuum?

A key is to literally just start sharing information, and there are ways to use what is currently there to improve how providers share patient records and data in a secure way with referral partners and to tighten up efficiency in the how they communicate with their physicians. Now is not the time for HME’s to sit on the sidelines and wait for interoperability to come to them. They need to start investigating how much data they are collecting, starting figuring out how they can examine it in a meaningful way, and start sharing it with hospitals, physicians and other healthcare partners.

Doing so will create new possibilities for the provider to add new value in patients’ care and demonstrating and demonstrate that it is a key element in the care continuum.
Remote patient monitoring is critical in terms of care and forging patient and referral partner relationships. Where does it stand and where is it heading?

By David Kopf

How human beings manage their relationships is changing right before our very eyes. So is how we manage our healthcare, and those changes are creating new opportunities for improved care and business relationships.

Twenty years ago, you kept in touch with friends and family through actual, real-time contact — you talked on the phone; you met for coffee; you traveled to visit one another. Now, thanks to mobile data communications and social media, you keep in touch with a broad, far-reaching range of friends. You might see what your roommate from college had for lunch. You might see a baby pictures posted by a previous co-worker from an old job. You might watch and interact a Facebook Live video stream from a friend who moved to the other side of the world. You make and maintain connections with people you might not necessarily see all that much in real life.
And while that landscape might seem strange or jarring to some, today’s permanently connected world is having a positive impact in the healthcare world, thanks to remote patient monitoring. Now healthcare professionals can track patients with chronic conditions to see how they are progressing with their treatment, ensure therapy compliance, and help manage their care for better outcomes.

And it’s all thanks to ubiquitous data communications. Wireless connectivity has replaced the public telephone network and LANs as the de-facto standard for communications technology for most types of connected home medical devices. In terms of scale, wireless will account for 19.2 million connections in 2020.

How Big a Trend?
Better yet, it’s creating an ample market opportunity for HME providers. How big of an opportunity? The number of remotely monitored patients grew by 51 percent to 4.9 million during 2015, according to “mHealth and Home Monitoring,” a study from market researchers at Berg Insight that was released several months ago. (“mHealth” being Berg’s word for mobile health technology.) Looking ahead, the number of remotely monitored patients will grow at a compound annual growth rate (CAGR) of 48.9 percent to reach 36.1 million by 2020, according to the study.

The study tracked patients enrolled in mobile healthcare programs in which connected medical devices were used as part of their treatment and care. The study did not include connected medical devices used for personal health tracking, such as Fitbits and similar gadgets.

Revenues for remote patient monitoring reached roughly $6.8 billion in 2015. That revenue includes revenues from medical monitoring devices, mobile health connectivity solutions, care delivery platforms and mobile healthcare programs. Berg reported it expects remote patient monitoring revenues to grow at a CAGR of 32.1 percent between 2015 and 2020, to eventually reach $27.4 billion.

And where the home medical equipment market is concerned, connected medical devices, such as sleep therapy equipment, accounted for a whopping 71 percent of total remote patient monitoring revenues in 2015, according to Berg. That said, revenues for mobile health connectivity solutions, care delivery platforms and mobile healthcare programs are growing at a faster rate and will account for 46.3 percent of total revenues in 2020, up from just 29 percent in 2015.

The fact that HME is at the center of that growth is critical. For years, implantable cardiac rhythm management (CRM) has traditionally been the largest segment of the remote monitoring market, led by companies such as Medtronic, Biotronik and St Jude Medical. Now, Berg’s report says that the sleep therapy segment of remote patient monitoring has been growing at the fastest rate of all, with the number of remotely monitored sleep therapy patients grew by 170 percent during 2015. Now the report has pegged sleep to outpace CRM by about the time you are reading this.

And sleep isn’t alone. Other fast-growing remote patient monitoring categories that will take off over the next five years include blood glucose monitoring, air flow monitoring and connected pharmaceuticals, according to the study. But for now, let’s look at where the current sleep patient monitoring market stands, where it is headed, and whether or not that can give us clues about where remote patient monitoring is headed for HME as a whole.

Current State of Remote Monitoring
Currently, sleep is the foundation — or, better yet, launch pad — for remote patient monitoring in the post-acute care space. In this setting, patients go home with a PAP therapy device that lets them, the HME provider and the referring physician or clinician track their care. They can see how they are performing against various performance metrics on a daily basis; trend that data, and work to correct events that are happening during their sleep and improve overall compliance.

Sleep providers are seeing that they can help patients manage their care, provider referral partners with actionable data on patient compliance and progress, and create real business value for themselves in the process. One of the key reasons for the success this sector has enjoyed with remote monitoring is because it is hassle-free for the people who really matter, the patients.

“Regarding patient care, the best thing about remote compliance monitoring is that it is easy for the patient,” says Angela Giudice director of clinical sales and education for sleep and oxygen therapy equipment maker 3B Medical Inc. “They’re able to take their machine home, set it up how their provider tells them to, and that’s it. As long as they’re using their machine they have no worries.”

And it also gives them peace of mind to know that they’re being monitored, rather than being sent into the wild with this machine they no nothing about,” she adds.

And on the provider and referral partner side of that scenario, they stay on top of that patient’s care.

“With today’s reporting systems, you can pretty much see everything the patient is doing,” Giudice says. “If they’re having certain types of events; if they’re having leaks; you can even determine if a mask isn’t right for a patient. It’s an amazing tool for those that choose to use it. Whether it’s home health or doctors or clinicians, they have the ability to log in and see what their patient is doing for literally half their life.

And the numbers bear that out. In October of last year, sleep equipment ResMed presented results from world’s largest study on sleep apnea and digital connected care, and that study showed that remote monitoring and clinical management tools improved patients’ adherence to treatment by 87 percent and 70 percent, respectively.

“Online self-monitoring tools, like ResMed’s myAir, engage patients and significantly improve their compliance and adherence to treatment,” says Amy Cook, director of Healthcare Informatics for ResMed “ … Remote monitoring reinforces the efforts of clinicians and helps patients keep themselves informed and motivated, factors long considered to play a role in effective treatment of sleep apnea and other medical conditions. Remote monitoring is equally beneficial to home medical equipment providers and clinicians.”

And beyond clinical benefits, the provider knows that they are going to get reimbursed for those patients because those patients are complying

“The best thing about remote compliance monitoring is that it is easy for the patients. They’re able to take their machine home, set it up how their provider tells them to, and that’s it. As long as they’re using their machine they have no worries.”

— Angela Giudice, 3B Medical Inc.
Continuous, Connected Care

with their therapy and are ahead of the curve.
“And if a patient falls off that curve, and is not meeting compliance, they can be the coach in between, because it’s in their best interest to get paid for the machine they’ve provided,” Giudice adds. “It makes it easy for [providers] to be the go-between, sitting between the physician and the patient.”

“What is most exciting about monitoring technology is the ability to impact costs so dramatically, and bring an incredibly exciting story to your referral sources on patient care.” — Rob Kent, O2 Concepts

Plus, the sleep equipment provider is regularly demonstrating its value and relevance to their partners.
“Demonstrating to referral sources the benefits your practice can provide, including a focus on clinical outcomes and patient satisfaction, are key in maintaining good referral relationships,” Cook says. “At ResMed, we have focused on making management of sleep patients as easy as possible through both data management systems and connected devices that carry the weight of this sometimes complex aspect of our system. In providing these solutions, we hope to help HMEs demonstrate the value of the partnership between a partner and a sleep practice.”

So it’s no surprise that remote monitoring has become ubiquitous for patients, providers and partners.
“Very few patients leave the provider or the lab without some kind of remote monitoring in place,” Giudice notes. “The only patients that I know that don’t have any kind of monitoring are usually self-pay, cash-pay patients, where the monitoring doesn’t matter, or patients on their second or third CPAP where the monitoring doesn’t matter so much. Whereas almost every insurance payer has gone to compliance monitoring, I don’t even know of a payer that doesn’t do it.”

Active Patient Participation
The next major, evolutionary step in remote monitoring for sleep therapy — and perhaps for remote monitoring as a whole — is getting patients involved. Right now, the process is fairly passive: patients help ensure the data is collected; the physician or clinician reviews the data; that healthcare professional then determines what if any tweaks to therapy or equipment need to happen, and the provider and patient react accordingly.

Now the patient needs to get more involved. Adopting that mindset should be easy. Living in a Fitbit world, we already use wearable health devices and smartphone apps to see how we are performing in terms of diet and fitness. We are actively engaged with our personal health and try to use technology to manage it. Patients need to have that same relationship with their sleep therapy devices and treatment.

“Being able to plug in the CPAP or the Fitbit and know how many hours I used or how many hours I slept and knowing what’s going on during every part of my sleep or my day and what I’m doing to control my health is really important to a lot people,” Giudice says. “It’s amazing to see when people realize how much control they actually have over their health and how much they can influence their lives and make them better.”

“Instead of a passive experience — a device sends data to a provider, who can then make decisions — remote monitoring can be something that brings a patient into their therapy and care options,” Cook explains. “The future is in engaging patients to be involved with managing their condition, and data suggests that putting the data and right, actionable information in front of patients does make a difference.

“One such engagement platform is our patient app myAir, which utilizes behavioral management techniques and PAP usage data to provide users with a daily ‘myAir score,’ personalized tips for greater comfort and sleep, and badges for therapy milestones,” she continues, again referencing her company’s global study.

That research showed that more than 87 percent of CPAP users were compliant on therapy when using ResMed’s myAir and monitored by their provider with AirView (patient therapy management solution), compared to 70 percent compliance for those who were monitored by their provider with AirView alone. Proof that patient involvement pays off.

What will help foster increased patient involvement is the fact that there are various stakeholders in not only the patient’s care, but the patient’s life who want to see that patient stay on top of his or her sleep therapy.

“Especially in the places that are mandating remote monitoring, such as transportation and aviation,” 3B Medical’s Giudice notes. “They’re mandating that their drivers and their flyers are doing sleep studies, so [monitoring] is a very important piece of their medical history and a lot of people are taking it more seriously as a result.”

More Remote Monitoring Opportunities
Perhaps most important to note is that sleep isn’t the only remote patient monitoring opportunity. In fact, there are various sectors of post acute care that are starting to see remote patient monitoring take root and expand, and those represent key opportunities for HME providers to get involved.

For starters, diabetes care is a big opportunity. Already we are seeing glucometers that use wireless technology to update patient performance metrics. One example is the Dario smart glucometer from Dario Health. The Dario plugs directly to a smartphone’s headphone socket so that users can view and share their results through the Dario WebPortal to record, track, analyze, manage, and share their data with physicians and clinicians via a cloud-based platform. Another example is the GLUCODARD Shine from Arkay USA Inc. The Shine collects user compliance data, which can be downloaded into a data management system for easy tracking and charting. This helps patients and health professionals monitor and manage performance.

Already the equipment and data sharing portals are there when it comes to remote monitoring of diabetes patients, and it’s likely that landscape will only expand with more products. Plus, the data is there to back it up, according to Cook.

“There is precedence of remote monitoring with diabetic patient apps/monitors that allow a patient to check their own insulin levels and parents to monitor their child’s insulin levels, and the fields were some of the first studied at Mass General Hospital in 2009 with promising results for reducing glucose levels through engagement and patient-focused apps,” she notes.

And perhaps one of the most revolutionary opportunities for increased remote patient monitoring in the HME industry is the respiratory care sector. One manufacturer that has really pursued this has been oxygen concentrator O2 Concepts. Back in 2014, the company added what it called Dynamic Network Analysis (DNA) as an option for its Oxlife Independence

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“Remote monitoring reinforces the efforts of clinicians and helps patients keep themselves informed and motivated, factors long considered to play a role in effective treatment of sleep apnea and other medical conditions.”

—Amy Cook, ResMed

“Patient monitoring is usually evaluated based on clinical outcomes, but there are also very important cost impacts to monitoring your patients,” says O2 Concepts CEO Rob Kent. “When a patient starts using too many tanks, you put them on non-delivery equipment right? But what happens when patients on non-delivery equipment stop ambulating? How do you know?

“Our DNA technology can also tell you POCs are not being used for ambulation,” he continues. “We observed a great example recently where a provider redeployed 20 devices instead of placing another order. We showed them how to use our platform to find patients not ambulating on their equipment. By doing this they’ve reduced their average need for non-delivery equipment by 25 percent.”

That’s a pretty solid business case on its own, but then O2 Concepts and providers using Oxlife Independence with DNA started taking a second look at the data and realized there was a bigger case to be made:

“Designed as a ‘fleet management’ platform to track POC location, performance and usage, the usage feature is proving most impactful,” Kent explains. “With our Oxlife Independence being deployed as a 24/7 solution (no stationary), our DNA platform can give you a 24-hour snapshot of a patient’s oxygen use.

“Since launching the platform, the base functionality has not changed much,” he continues. “However we continue to evolve automated reporting and alerts based on market feedback. In terms of patient monitoring, people are most interested in patients’ total usage and ambulatory usage. We are making the platform smarter by allowing the entry of expected usage for each device. This allows our system to alert you only of particular risk points where patients aren’t using oxygen as you would expect.”

And from there, we can see the foundation being laid for physicians, RTs and other clinicians involved in the patient’s care to start using that data to engage in targeted outreach and help improve compliance.

“Our DNA platform is also configurable to work with multiple tiers of users,” Kent explains. “For example we are about to kick of a study with a provider and major hospital chain. Our Oxlife Independence, dual-mode TPOC will be deployed on higher-risk patients as they are discharged.

“Our DNA platform will monitor the devices for usage against expectations,” he continues. “When devices aren’t being used as expected, a group of telehealth nurses will get an email the next day showing expected usage compared to actual. They can then reach out to the patient to assess why they weren’t using oxygen as expected and mitigate a potential readmit risk.”

And anyone working with hospitals knows that reducing readmissions is a top priority, given that their reimbursement often depends on it. If a provider can help a hospital or physician accomplish that goal, it will definitely establish its indispensable value to those referral partners.

“In this environment, finding automated ways to eliminate risk-points is a very compelling story,” Kent says. “In this business case, the oxygen solution and telehealth nurses are already in place. We are just using ‘DNA technology’ to work smarter.”

And it doesn’t stop with diabetes or oxygen. Even wound care is starting to see remote patient monitoring, which makes sense given that wound care really does benefit from constant follow-up. The more a wound care physician or nurse can inspect how a wound is healing, the more he or she can adjust compression, medication, dressings, etc. Bearing that in mind, the SWAN-iCare project taking place in Europe (bit.ly/swanicare) is developing smart negative pressure wound care devices that perform a number of tasks:

Collect data and monitor several wound parameters via non-invasive integrated micro-sensors.

Help physicians and other caregivers provide innovative personalized therapy in combination with the NPWT.

Help healthcare providers remotely track the patient’s condition and progress, as well as receive alerts to development that require direct actions.

The net takeaway should be that remote monitoring is coming to post acute care in any way that it can, because everyone in the care continuum wants it.

“We feel confident that the model of connected device and patient engagement could extend to meet the needs of providers working with chronic conditions,” says ResMed’s Cook. “Our experience in sleep has shown us that connected technologies play a huge role in the areas that are the most important – value-based care, meeting regulatory standards, providing workflow efficiencies and ensuring the best, quality outcomes.

“Embracing connected technologies in managing these conditions is extremely important for doing business in today’s complex regulatory environment, and end-to-end healthcare informatics solutions will only continue to improve as the industry moves toward increased connectivity,” she continues.

“What is most exciting about monitoring technology is the ability to impact costs so dramatically, and bring an incredibly exciting story to your referral sources on patient care,” Kent adds.

Ultimately, what remote patient monitoring represents is an enticing and rewarding blend of technology to help patients while providing a solid business case for HME providers’ continued — and expanded — role in the post-acute care market. Now is the time and opportunity for providers to starting forging the kinds of meaningful, patient-provider-referral connections across a variety of care sectors that will ensure their long-term success.”

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Compression

As providers hunt for ways to expand their revenues, compression represents a key opportunity for HME businesses to serve new and existing patients while driving new income. Compression can be used to treat a variety of conditions, including foot swelling, mild edema, varicose veins, thrombosis, varicosities of varying severities, and diabetes. This is where providers can help, by offering a range of compression solutions and ensuring staff can knowledgeably assist a wide range of patients.

Better yet, the revenue from compression products is usually derived from retail sales and free from Medicare-related complications. There are only a few Medicare scenarios in which Medicare reimburses compression, so for the most part compression transactions are done a retail basis. And given the large number of diabetic patients, seniors and other major patient populations that need compression, the number of transactions can get very large. Providers that specialize in compression can often derive as much as a quarter of their revenues from compression garments alone.

That means that providers can concentrate on all the sales and marketing appeals that can drive increased sales. And sales and marketing is an important consideration because, at the end of the day compression garments are clothing, and that means that fashion can play a role. Compression or not, people want to feel what they're wearing makes them look good. That opens a wealth of marketing opportunities for providers. Let’s look at some of the latest offerings on the market:

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**Anti-Embolism Stockings**
- Anti-embolism stockings to help prevent a deep vein thrombosis (DVT or blood clot) during bed rest and provide the benefits of graduated compression when transitioning from recovery to early rehabilitation.
- Available in both calf-length and thigh-high styles with an open toe design that allows for easy inspection of the feet, while an anatomical foot design makes it easy to wear these stockings with shoes when transitioning from the bed to physical therapy.
- The latex-free stockings feature a soft top and cone band that provides added security when it is being pulled up the leg.

**Sigvaris Inc.**
(800) 322-7744
www.sigvarisusa.com

**New stockings have Therapeutic Graduated Compression**

**TRUFORM**
- TRUFORM has released a 15-20 mmHg graduated compression stocking as part of its popular medical wear segment.
- The stockings feature a soft top and knitted-in, defined heel for comfort, durability and proper fit.
- The open toe-style lets you wear open-toe footwear while permitting easy inspection of the feet by the caregiver.

**SAI Therapeutic Brands**
(800) 888-0458
www.sailbrands.com

**Range of Compression Garments Emphasizes Style**

**Signature Collection**
- Juzo’s Signature Collection includes print leggings that give customers the benefits of compression while letting them make a fashion statement.
- Styles include compression knee-highs, thigh highs, leggings, pantyhose, arm sleeves and gauntlets.
- Tie-dye and black tie dye are available in the Soft & Dynamic line.

**Juzo**
(800) 222-4999
www.juzousa.com

**Shades Line of Compression Socks Gets New Colors**

**Microfiber Shades**
- Sigvaris has launched two new additions to its Microfiber Shades line: navy heather and graphite heather socks, to broaden its lineup of fashionable compression stockings.
- In addition to the new colors, the Microfiber Shades Line is available in pink stripe, onyx stripe, graphite stripe, dark navy stripe in the 15-20mmHg compression level.
- The pink stripe, onyx stripe and dark navy stripe are also available in the 20-30mmHg compression level.

**Sigvaris Inc.**
(800) 322-7744
www.sigvarisusa.com

**Stocking Aid Helps Users to Avoid Bending**

**Stocking Aid**
- The molded stocking aid helps users put on socks or stockings without bending.
- The curved cutouts hold the sock in place and the stocking aid holds the sock open while it is being pulled up the leg.
- The add measures 4 in. high and weighs 1.1 lbs.

**Drive Devilbiss Healthcare**
(877) 224-0946
www.drivemedical.com

**By David Kopf**

HME Business | January 2017 | hme-business.com
mediven harmony
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• The perfect balance between strong & soft.

mediven for women vitality
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compression your way
1-800-633-6334 mediusa.com info@mediusa.com
Product Spotlight

Finding the Right Fit

ResMed’s AirFit 20 mask series aims to ensure that sleep patients find the kind of comfort that lets them rest easy.

By David Kopf

As any sleep therapy professional knows, when it comes to therapy compliance, fit is a major factor. If a mask doesn’t fit right it either will not form a proper seal, or will be so uncomfortable that the patient won’t use it. In either scenario compliance is diminished and the patient’s therapy suffers as a result.

It was with this understanding that sleep equipment manufacturer ResMed set out to revise its AirFit mask and nasal series to offer the kind of fit that will increase therapy compliance, and thus positive patient outcomes. That started with thinking about the users, says Jon Yerbury, vice president of Marketing in the Americas for ResMed. The result is the new AirFit F20 full-face mask and AirFit F20 for Her, and the AirFit N20 nasal mask, and AirFit N20 for Her.

“ResMed’s AirFit 20 series masks are designed around the fact that every face is unique,” he explains. “That’s why each one features our new InfinitySeal cushion — the most adaptive we’ve ever designed — to accommodate all facial types and sleep positions for a secure seal and comfortable fit.

“Hard-to-fit masks affect sleep specialists and patients alike,” Yerbury continues. “Testing shows the AirFit N20 fit an astonishing 99 percent of patients tested, and the AirFit F20 fit 97 percent — regardless of facial structure, gender or age.”

Product Development Goes Global

To get to that point, ResMed undertook a literally global research and development approach. In fact, going global wound up being one of the most important lessons learned by the company’s development team.

“It was important to develop a mask that positively impacted key areas of mask use: comfort, fit and ease of use,” Yerbury explains. “The most significant ‘teachable moment’ that came from that focus was the importance of testing our masks on as many face shapes and sizes as possible. We conducted testing around the world, in cities across the United States, Asia, Europe and Australia. Along the way, we made dozens of changes — particularly to the cushion, ensuring that it would better fit the majority of patients.”

In addition that global research, the masks also combine new features as well as features from ResMed’s other most popular masks.

For starters, the AirFit 20’s new InfinitySeal silicone cushion adapts to patients’ unique facial contours to increase comfort, improve fit and reduce leakage for maximum treatment efficacy. The mask also incorporates specially designed loops and varying thickness levels designed to help patients that move throughout the night by ensuring that the mask seals at a range of pressures.

“The cushion works hand-in-hand with its flexible and sturdy frame, adapting to different facial structures and fitting a wide range of patients,” Yerbury says. “The frame is designed for additional comfort with built-in padding to help reduce red marks and lines on the face.

“We’ve also introduced magnets to both the N20 and the F20, making it easier to secure the mask’s headgear,” he continues. “A quick-release elbow on both masks lets patients get up in the middle of the night without removing their entire mask, and to resume treatment quickly. All of these innovations come together to make two masks that are intended to fit a wide variety of patients more easily and comfortably than ever.”

Good for Care, Good for Business

And ensuring that fit is ideal at the outset of the process, rather than later on down the line is also important, Yerbury says. The mask was also designed with that in mind, he says.

“Patients rate mask comfort as the number one reason that can help them stay on therapy,” he explains. “Not only are the AirFit F20 and N20 our most comfortable masks ever, they’re easier and faster for clinicians to fit on patients the first time, helping more people with sleep apnea adhere to this life-changing therapy.

“The AirFit 20 series makes mask setup faster and more enjoyable for both patients and providers,” Yerbury continues. “This can lead to an increase in setups, better patient satisfaction and even better inventory management.”

Part of what makes that possible is that the mask has three cushion sizes that accommodate a single frame, which means providers have less inventory to manage and can easily exchange cushions out based on patient sizing. Sizing guides for the AirFit F20 and AirFit N20 are available at bit.ly/f20sizing and bit.ly/n20sizing, respectively, to help size patients.

Both the AirFit F20 and N20 are now available in the United States and Canada, and are billable under A7034 for the AirFit N20, and A7030 for the AirFit F20.

AirFit F20, AirFit F20 for Her
AirFit N20, AirFit N20 for Her
ResMed
(800) 424-0737
www.resmed.com

ResMed took a global approach in designing the AirFit 20 series of full-face (below) and nasal (right) sleep therapy masks, and discovered in the process that every face is truly unique. The mask was designed to accommodate that important lesson.
Next Gen Eson 2 Nasal Mask Emphasizes Fit and Ease of Use
Fisher & Paykel’s recently released the F&P Eson 2, the second generation of its nasal mask for treating OSA sufferers, features a unique RollFit seal that is designed to deliver precise fit and effective seal that automatically adjusts to the bridge of the nose in order to decrease the likelihood of leaks, which can waste time and increase patient dissatisfaction. The mask’s Intuitive Headgear provides fitting options for patients, including the ability to stretch the mask directly over the head, and its Easy Frame now has a narrower profile than its predecessor. Also, the diffuser, which reduces noise and draft for the patient and the bed partner, is now washable and more durable than the original F&P Eson diffuser, according to the company.
Fisher & Paykel Healthcare Inc.
(800) 792-3912
www.fphcare.com

Blood Glucose Monitor Collects Data for Care Management
GLUCODARD Shine collects user compliance data, which can be downloaded into a data management system for easy tracking and charting. This helps patients and health professionals monitor and manage performance. The glucometer supports alternate site testing, features indicators for strip expiration date and hypoglycemia, and pre- and post-meal averaging feedback helps users differentiate glucose monitors before and after meal. A backlit LCD screen large display digits clearly serve up information and make the glucose monitor easy to use. is also possible with the device.
Arkray USA Inc.
(800) 818-8877
www.arkrayusa.com

Walk-In Tub Features Easy Entry, Seating
The cast acrylic Restore ACR Walk-In Tub from Mansfield Plumbing features a low 7-in. entry threshold, 17-in. high ADA-compliant seat, easy-to-clean surface and easy-to-access cable-operated drain. Available as a bathtub, whirlpool, air bath, combination whirlpool and air bath, or MicroDerm Therapeutic Bath, the Restore ACR is IAPMO approved, is manufactured in the United States, and offers a smooth, glossy appearance that won’t fade. Optional features include a heated seat and backrest.
Mansfield Plumbing
(828) 890-8065
www.mansfieldplumbing.com

Disposable Bathing Glove Helps Caregivers Improve Patients’ Quality of Care
SCA’s new TENA Bathing Glove is a pre-moistened, disposable bath glove for home caregivers and professionals in long-term care and skilled nursing facilities. A convenient, caring and hygienic alternative to soap and water, the TENA Bathing Glove supplements regular bathing to improve quality of care for those who are bedridden or have limited mobility, and who may be incontinent. The glove helps maintain skin health, provides comfort and durability; reduces cross-contamination, and requires less preparation and work to use, as opposed to a washcloth.
SCA TENA
(866) 722-6659
www.tenaprofessionals.us

Pillow Takes a Unique Approach to Reducing Snoring
Nitetronic’s Goodnite Anti-Snore Pillow uses snore detection and head position sensors inside the pillow with air chambers that silently inflate or deflate. When snoring is detected, one of the chambers inflates and gently turns the head to the side, which reduces or eliminates snoring. The pillow also works with a NiteLink2 smart phone app to adjust the pillow’s listening sensitivity if users feel the pillow is moving you too much throughout the night, as well as to record their sleep data and determine if they are snoring more or less.
Nitetronic America LLC
(909) 931-2999
www.nitetronic.com

3B Medical Debuts Second Generation Cirrus 5
3B Medical Inc. has unveiled the second-generation design of the Cirrus 5 Stationary Oxygen Concentrator. The new Cirrus 5 features a new and improved carrying handle, an oxygen outlet port that has been upgraded from plastic to stainless steel; the addition of power cord retention features that remove possibility of accidental power disconnect; and a new, lighter color that incorporates fingerprint resistant finish.
3B Medical Inc.
(863) 226-6285
www.3Bproducts.com

Management Solutions | Technology | Products
Special Fibers Help Maternity Wear Moisturize, Rejuvenate Skin

Maker of compression hosiery, maternity items, women's health products, and orthopedic and medical braces and supports ITA-MED Co. has developed and introduced the GABRIALLA Milk Maternity Collection, which features maternity supports and body shaping lingerie that are constructed with unique milk protein fibers, which provides Natural moisturizing and anti-aging effect on the skin. The fibers consist of 18 amino acids, which help reduce the risk of stretch marks and gives skin a nourished and rejuvenated look. Milk fiber also provides more hydration and makes the skin soft, smooth and healthy looking.

ITA-MED Co
(888) 9-ITA-MED
www.itamed.com

Bariatric Transfer and Transport Chair Wider, Supports More Weight

The Everest & Jennings Bariatric Transport Chair is an affordable patient transfer device with increased weight capacity and width. The chair features 400-pound weight capacity, 24 in. seat width x 18 in. seat depth, and is designed to meet the requirements of Medicare code E1039. For easy patient transfer the chair includes features swingaway, padded arms and swingaway front rigging. The chair is built using a sturdy gusseted aluminum frame in silver powder-coated finish. The built-in seat carry straps allow easy lifting and folding, and the chair weighs 31 pounds without front rigging.

GF Health Products Inc.
(800) 347-5678
www.grahamfield.com

Retail Power Chair Delivers 10 Inches of Seat Elevation

The Jazzy Air retail power chair has 10 inches of seat elevation while driving to help enhance environmental access and social interaction. The unit has a top speed of 4.1 mph, Active-Trac suspension, integrated LED lighting and comfort seating. The one-touch “Air” button lets the user drive up to 3.5 mph while elevated. Added stability technology provides the height the user wants to sustain an active lifestyle.

Pride Mobility
(800) 800-8586
www.pridemobility.com

Glucometer Plugs Into Smartphones

The all-in-one Dario smart glucose meter plugs directly to a smartphone’s headphone socket. The device has a cartridge that holds 25 disposable strips and features a lancing device for convenient testing. Users can view and share their results through the Dario WebPortal to record, track, analyze, manage, and share their data in one, cloud-based platform.

DarioHealth
(800) 895-5921
www.mydario.com

Group 2 Mattress Takes on ‘Any and All’ Pressure Ulcers

The Harmony True Low Air Loss Tri-Therapy System is a blower-based, low air loss mattress replacement system with both alternating pressure and pulsation. The Harmony also features a Silver Stretch Cover embedded with permanent silver-ions that kill 99.5 percent of germs, according to Drive. A micro processing control unit monitors air and interface pressure and the 1300 LPM blower can wick away patient sweat and heat to maintain ideal skin temperature and humidity. Pressure redistribution can be changed via alternating pressure settings of 5, 10, 15 and 20 minutes.

Drive DeVilbiss Healthcare
(877) 224-0946
www.drivemedical.com

iPhone Users Can now Use myAir App

myAir, the a free online support program that lets users of ResMed's AirSens 10 and AirCurve 10 track their nightly sleep therapy data and progress over time, is now available as an app for iOS devices, such as iPhones. The myAir app contains the same features as the mobile-responsive myAir website, but now users can access their sleep therapy data and helpful tips and videos when and where it’s convenient for them. Patients’ data syncs with myAir automatically with no modules to manage or manual data downloads required. To get the app, users should visit Apple’s App Store. New users can easily register for an account through the app or by visiting ResMed.com/myAir.

ResMed Corp.
(800) 424-0737
www.resmed.com
## HME INVENTORY

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3B Medical Inc.</td>
<td>27</td>
</tr>
<tr>
<td>Arkray USA Inc.</td>
<td>27</td>
</tr>
<tr>
<td>DarioHealth</td>
<td>28</td>
</tr>
<tr>
<td>Drive DeVilbiss Healthcare</td>
<td>28</td>
</tr>
<tr>
<td>Fisher &amp; Paykel Healthcare Inc.</td>
<td>27</td>
</tr>
<tr>
<td>GF Health Products Inc.</td>
<td>28</td>
</tr>
<tr>
<td>ITA-MED Co.</td>
<td>28</td>
</tr>
<tr>
<td>Mansfield Plumbing</td>
<td>27</td>
</tr>
<tr>
<td>Nitetronic America LLC</td>
<td>27</td>
</tr>
<tr>
<td>Pride Mobility</td>
<td>28</td>
</tr>
<tr>
<td>ResMed Corp.</td>
<td>28</td>
</tr>
<tr>
<td>SCA TENA</td>
<td>27</td>
</tr>
</tbody>
</table>

## PRODUCT SOLUTIONS: COMPRESSION

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive DeVilbiss Healthcare</td>
<td>24</td>
</tr>
<tr>
<td>Juzo</td>
<td>24</td>
</tr>
<tr>
<td>medi USA</td>
<td>24</td>
</tr>
<tr>
<td>SAI Therapeutic Brands</td>
<td>24</td>
</tr>
<tr>
<td>Sigvaris Inc.</td>
<td>24</td>
</tr>
</tbody>
</table>

## Upcoming Industry Events

### January

- **Jan 06 - 07**
  - Digital Health Summit
    - [digitalhealthsummit.com](http://digitalhealthsummit.com)

- **Jan 18 - 21**
  - Assistive Technology Industry Association (ATIA) Winter Meeting
    - [atia.org](http://atia.org)

- **Jan 31 - Feb 01**
  - Atlantic Coast Medical Equipment Services Association (ACMESA) Winter Meeting
    - [www.ncames.org](http://www.ncames.org)

### February

- **Feb 08 - 09**
  - Texas Association for Home Care & Hospice
    - [www.tahch.org](http://www.tahch.org)

- **Feb 15 - 19**
  - National Community Pharmacists Association (NCPA) Multiple Locations Conference
    - [www.ncpanet.org](http://www.ncpanet.org)

- **Feb 17**
  - Georgia Association of Medical Equipment Suppliers (GAMES) / GRTC Winter Meeting
    - [www.gameshme.org](http://www.gameshme.org)

- **Feb 21**
  - Mississippi Association of Medical Equipment Suppliers Medicare Workshop
    - [www.mames-org.com](http://www.mames-org.com)

## Advertising Index

<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAHomecare</td>
<td>11</td>
</tr>
<tr>
<td>Blue Chip Medical Products, Inc.</td>
<td>3</td>
</tr>
<tr>
<td>Brightree</td>
<td>32</td>
</tr>
<tr>
<td>McKesson Medical</td>
<td>5</td>
</tr>
<tr>
<td>Medi USA</td>
<td>25</td>
</tr>
<tr>
<td>Mediware Information Systems</td>
<td>13</td>
</tr>
<tr>
<td>Medtrade</td>
<td>31</td>
</tr>
<tr>
<td>Precision Medical</td>
<td>9</td>
</tr>
<tr>
<td>ResMed</td>
<td>2, 7</td>
</tr>
</tbody>
</table>

## Editorial Index

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- **HME Business Management Solutions | Technology | Products**

- **Advertising Index**

- **Editorial Index**

- **Upcoming Industry Events**

- **February**

- **March**
Observation Deck

Independence Day for DME

Congress and the President-elect will address regulations hurting DME.

The election season is a long, drawn-out process that puts different ideas, visions for the nation to the ultimate test. The election of President-elect Donald Trump concluded over a year's worth of campaign ads, political speeches, and now America is moving forward into a new Congress and White House.

For many reasons, regardless of a person's political stances, a Trump presidency along with the many congressional wins throughout the country was the best case scenario for the DME industry.

There are many things that the American people can take away from Trump winning the election, but one may stand out more than the rest: that the voice of rural America is louder than ever. Congress has seen the passion and effort of DME rural providers across the country, and I am confident that this will carry momentum of rural issues into the next Congress.

Aching for Change

Many Americans have been unhappy about the direction of the country, and that comes with the burdens of over-regulation, higher tax rates, rising healthcare costs and a lack of trust in our government. Trump has tapped into something like no other candidate has, which is that the American people are mad and that enough is enough; it is time for real change.

For those HME providers in urban areas and in competitive bidding areas, the success of these efforts will extend to them as well with the many key reforms that reach every provider across the nation. Let's build upon the success that rural America had and push it forward into the Trump administration.

Republicans and Democrats alike are tired of the Washington, D.C., machine, and no matter how someone might feel about it, Donald Trump is now President-elect Trump. The amount of regulation that has crippled businesses across the economy, including DME, will quickly be addressed by the GOP-controlled Congress with Trump sitting in the oval office. President-elect Trump has a unique position as a businessman and will have an exceedingly pro-business agenda.

As Sen. Rand Paul (R-Kent.) said on Morning Joe, “I think you will find that [Congress] will put on Trump's desk repeals of regulation after regulation, and I think you will see him sign them.” CMS has continued to force regulations on independent businesses that are harmful for jobs and patient access. These harmful rules and regulations have been on the radar of Congress for the past few years and with a Trump presidency, businesses will have the opportunity to thrive.

House and Senate races have also shown to be in favor of rural America as a swath of DME industry champions, some facing difficult battles to keep their seat, will be heading back to Capitol Hill. Among the many returning for the 113th Congress are Rep. Tom Price, M.D. (R-Ga.), future Sen. Tammy Duckworth (D-Ill.), House Speaker Paul Ryan (R-Wisc.), Rep. Dave Loebsack (D-Iowa), Sen. Orrin Hatch (R-Utah), Rep. Kristi Noem (R-S.D.), Sen. John Thune (R-S.D.), Sen. Chuck Grassley (R-Iowa), Rep. Kevin Brady (R-Texas), Rep. Rod Blum (R-Iowa), and many others.

If your member of Congress won, take the time to congratulate them on a victory, and remind them of the issues DME providers, particularly in rural America are facing. Moving into the 113th Congress, the repeal and replacement of Obamacare, which DME was used as a pay-for, will be front and center and something that will open up great opportunity for long-term reforms in the industry. Trump's forte is getting things done in a more efficient and competitive way, something that does not bode well for the competitive bidding program as it stands today. Providers understand the savings that DME provides to the Medicare system, and Congress is truly grasping that as well. With a new administration leading the executive branch flushing out bad, costly programs, competitive bidding is a perfect match.

One thing is for certain: our nation is moving forward into the next presidency and Congress. With the GOP having control of both the House and Senate, Republicans will have to prove to the American people that they can govern the nation in an effective way. For Donald Trump, he must bring the country together, as it happens every election, and be prepared to lead the country to prosperity. Our republic was crafted to distribute power throughout the branches of government.

Continued Push

For some who may be upset with a Trump victory, I ask that you give him the chance. For those providers in urban areas and in CBAs, the success of these efforts will extend to them as well with the many key reforms that reach every provider across the nation. Let's build upon the success that rural America had and push it forward into the Trump administration.

DME plays an important role in the healthcare community. Independent providers are focused on providing the highest quality of care in order for some of the most vulnerable in our healthcare system to stay out of a costly hospital stay and enjoy life to the fullest. The industry must seize the opportunity to change the way things are done, and Donald Trump offers that opportunity.

Our beloved VGM founder, the late Van Miller, would have been elated with the prospect of a Trump administration as it embodies a huge victory for “the little guy.” That was his vision when he started VGM Group, Inc.: helping the people who were counted out with the deck stacked against them. Now, with the grassroots network of providers and industry stakeholders who actively pursue necessary reforms, we collectively have a chance to make sure the employees and patients of our businesses live happy and healthy lives. Let’s come together and make the most of it.

John Gallagher is the vice president of Government Relations at HME member service organization and buying group VGM Group Inc., where he advocates on behalf of the industry. To learn more about VGM Government Relations visit vgmgroup.com, where you can also read additional commentary and find industry advocacy resources.
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