

A green graphic with white text. At the top, it says "HOME CARE 100" in a large, bold, serif font, with "INTELLIGENCE GROUP" in a smaller, sans-serif font below it. The main title "Thursday Insights" is in a large, elegant serif font. Below the title, it says "By Evan Huang, Home Care Analyst" in a smaller, italicized serif font. On the left side, there is a small black and white portrait of a man in a suit and tie, smiling.

HOME CARE 100
INTELLIGENCE GROUP

Thursday Insights

By *Evan Huang, Home Care Analyst*

One of my goals with this intelligence feed is to help you navigate your way through current challenges and plan for your “new normal.” A major challenge we repeatedly hear on our calls with members is the restricted access to facilities in your communities. The pandemic has changed the way organizations manage their buildings, and the flow of people through them, but **do not expect this to be a temporary change**. This isn’t isolated to just one service line either. Providers across the continuum are finding ways to run their operations with fewer people allowed through the doors, and you **NEED** to be involved in redesigning their new business practices.

Facility Access: Be Their Infection Control Solution

Having appropriate PPE and accurate/rapid testing is essential to regaining access to your facility-based patients, and it may even give you a leg up on local competitors that aren’t as well prepared...for now. What happens when everyone is up to speed with safety procedures? Do you think senior living facilities, inpatient hospice units and the like will return to having pre-COVID levels of people in their buildings? How will you fare when their infection control protocols reduce the number of outside staff by 10, 20, even 50 percent?

You should be thinking of ways to help these facilities and become an integral piece of their solution. Here are some thoughts:

- **Focus on facilities in which you already have a significant patient density** to identify staffing and scheduling efficiencies. Can you assign caregivers to a facility full-time? Have them complete the same training as the facility staff and become fully integrated.
- **Increase your use of technology** to reduce the in-person staff required. The mutual benefit of reduced staff could justify a joint investment in technology. In the case of a telehealth solution, facility staff manages the technology in person, your staff manages the care virtually. [Synzi](#) is a great solution that helps home care providers stay in touch with their patients. Their secure messaging and video conferencing allow safe transmission of PHI and coordination of care with remote specialists, referring physicians and patient family members. Contact [Lee Horner, CEO](#).
- **Expand your service offering to provide more longitudinal care.** Senior living facilities benefit from having fewer organizations care for more of their patients. Standing up a mobile physician unit could be a huge differentiator and would allow you to bundle your services. Not to mention, it is a great way to diversify your income if you're not already billing Part B services.

Successful Care Coordination Starts with Strong Community Relationships

Coordinating with your referral sources has also become more difficult. Many hospitals and SNFs are now coordinating with downstream providers telephonically; you should expect a permanent reduction in those previously face-to-face interactions. The effectiveness of these telephonic transitions is largely determined by the strength of pre-existing relationships. Poor coordination can have a significant impact on quantity of referrals and your ability to care for patients early in an episode. To combat this, it's important that you maintain strong relationships with the case managers and discharge planners in your community.

The [Visiting Nurse Association](#) (Omaha, NE) has been a leader in their community for 125 years because they understand the importance of maintaining these relationships. They host an annual continuing education event to connect with social workers and nurse case managers from providers in their community. It's an incredibly popular event that brings the local healthcare community together, with the VNA at the

center. This year, they had to get creative, so they transformed it into a “reverse parade” with a drive-through for attendees to pick up a meal and see the VNA staff in person from the safety of their car. The attendees could then go home and join a Zoom call for their CEU presentation.

The ‘New Normal’ Needs a New Approach

In the past, hospital halls were full of sales reps from providers across the post acute continuum. With facilities shut down and restricting access, you need to rethink how to sell your services. We hear SNFs are aggressively connecting with discharge planners and case managers virtually. If they can sell the idea of sending a patient to a facility over the phone, you can surely do the same with home care.

In addition to discharge planners, you need to be targeting the adult child. In many cases, the adult child is the true decision-maker, and that population is becoming more tech savvy every day. Increasing your digital presence is a must. Implementing a social media campaign can be a cost effective, safe way to influence consumer behavior and reduce your dependence on facility access.

Check out [corecubed](#) and [in90group](#). Contact [Michelle Dodd](#) if you would like to be connected.

Leadership Lessons During a Crisis

By David Ellis, President, Home Care 100

A reminder – during crises, leaders should intentionally revitalize themselves. Good advice from Doris Kearns Goodwin on this topic (Harvard Business Review, April 2009 issue):

“As a leader you need to know how to relax so that you can replenish your energies for the struggles facing you tomorrow. Lincoln went to the theater about a hundred times while he was in Washington. And although he suffered from a certain melancholy, he had a tremendous sense of humor and would entertain people long into the night with his stories. Franklin Roosevelt was the same way. He had this cocktail hour every evening during World War II when you just couldn’t talk about the war. He needed to remain free from thinking about the bad things for a few hours. Or he would play with his stamps. This ability to recharge your batteries in the midst of great stress and crisis is crucial for successful leadership.”

If you have any comments on this week's content, or ideas to share, let me know at ehuang@lincolnhc.com.
Evan Huang, Home Care Analyst



To be connected with other members of the Home Care 100 Intelligence Group community, email [Michelle Dodd, Home Care Analyst](mailto:Michelle.Dodd@lincolnhc.com)



Upcoming Events

TODAY

October 15 Think Tank

3:00 - 4:00 PM EDT

Home Care and Telehealth: An In-Depth Look at ROI

We'll analyze a fundamental question facing this industry right now: Can telehealth materially improve a provider's bottom line? To illustrate that point, three providers will present their telehealth initiatives to a panel of peers to demonstrate how tech-enabled care delivery is benefitting their bottom line.

[Free Registration](#)

October 21 Executive MBA Workshop

3:00 – 4:30 PM EDT

Innovation in a Time of Crisis

Presented By: Vijay Govindarajan (Dartmouth/Tuck)

Vijay will walk us through the principles of his groundbreaking “Three Box” framework, and how to apply them to the current environment: 1) Manage your present business; 2) Abandon practices that inhibit change; and 3) Create your future.

[Free Registration](#)



NEW DATES!

2021 Home Care 100

June 27-30, 2021

JW Marriott Marco Island, FL

[Register](#)



The Home Care 100 Intelligence Group is a membership group of leading home care and hospice providers and solution partners focusing on business strategy, innovation and leadership.

Contact [Michael Morrissey](#) for a complimentary trial membership.

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