



*Joyce Famakinwa, January 19, 2024*

With the start of a new year, home health leaders are looking ahead, and identifying their top priorities. Some of these areas of focus will directly address last year's challenges, and some are proactive measures that will place them ahead.

At Bayada Home Health Care, these priorities include focusing on the employee experience, as well as clinical model evolution.

"How do we take what we learned to be successful with PDGM and transition that to being successful with TPS, and to some degree transition that to be successful with MA expansion given the limitations," Michael Johnson, practice president for home health at Bayada, said during a recent Home Health Care News webinar. "We're working on how to continue to be relevant even though there's payer pressure."

Like Bayada, the employee experience is also top of mind at VNS Health.

Dan Savitt, president and CEO of the company, described retention improvement efforts as "critical."

"How do we, as an organization, become that employer of choice for any field clinician who wants to work in home- and community-based care," he said during the webinar. "That's not an easy nut to crack, so we're continuing to focus on that."

The other side of staffing is recruitment. One way that VNS Health is widening its talent pool is by partnering with nursing schools.

"Many of us partner with nursing schools, it's the right thing to do," Savitt said. "We have created a new partnership, which we're excited about. As nurses roll through their program, they can specialize in home

health. We delivered the curriculum over the last year and gave them new experiences in the field, so that we have better success with new grads.”

In general, a lot of VNS Health’s retention efforts with new hires is about zeroing-in on that first 12 to 18 months. Savitt pointed out that once an employee reaches the two-year mark, the likelihood of retention increases.

Additionally, VNS Health is also focused on things like optimizing the company’s clinical resources to expand capacity, becoming a differentiated market leader in patient experience and quality outcome and admin efficiency, according to Savitt.

On its end, Bayada implemented a nurse residency program. The company has been able to achieve a 97% renewal rate for nurses that come through the program, according to Johnson.

Working with the company’s EMR partner to reduce the documentation burden that field clinicians face is another important area of focus.

“How do we do things that help people spend more time with people,” Johnson said. “Home care is the most onerous documentation environment I’ve ever worked in. That’s part of the reason good clinicians leave. They’re spending time with their tablet, not with the patient. Five minutes more on the tablet, five minutes less with the patient.”

Companies like CareXM — a triage technology platform — have been front and center when it comes to helping home health organizations rebalance their nursing workload.

“We focus on three areas — after-hours triage, care coordination, and a sense of proactive patient engagement,” CareXM CEO said during the webinar. “We typically engage with customers to assess their current staffing structure related to those areas, and attempt to characterize, ‘What does the overall workload look like, today, for each team at different time intervals?’ We often spot opportunities, together, to apply coordination and workflow technologies that help home health organizations run much leaner in these areas while achieving a greater surface area of impact and engagement.”

For many home health providers, keeping an eye on how the payer landscape is shaping up in 2024 will also be crucial to their businesses.

On its end, VNS Health has found the managed care landscape to be a challenge.

“We have a little bit of a unique opportunity in New York, because we have such a big market share, we ultimately had to use termination as a method by which to really get people to the table,” Savitt said.

Savitt also noted that the administrative burden of managing payer contract requirements has become unsustainable for providers.

“For every managed care organization, I typically have two or three relationships, one with commercial, one with Medicaid, and one with Medicare,” he said. “Multiply the number of managed care organizations by all their business lines, you’re talking about 15 to 20 relationships and administrative complexities. The no

managed care, less managed care for organizations is going to be a lever that the industry will continue to pull because we really don't have a lot of other levers at this point."

Bayada recently signed a contract with a large regional national payer.

Ultimately, Johnson believes that for providers that can handle uncertainty and ambiguity, now is the best time to be working in health care.

"That's the only time things change," he said. "You can complain about it, or you can lean in. I think there are payers now, particularly with the movement towards payer-providers, like a Humana or Optum, there are other payers that are interested in saying, 'Hey, how can we start to get more creative?'"

***Watch the webinar***

***here:*** [https://event.on24.com/wcc/r/4408492/8370D73B2E9FF2E0D0C5EA938549AB54?partnerref=Email&mc\\_cid=52b9af2e44&mc\\_eid=96e3c32934](https://event.on24.com/wcc/r/4408492/8370D73B2E9FF2E0D0C5EA938549AB54?partnerref=Email&mc_cid=52b9af2e44&mc_eid=96e3c32934)

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