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Despite the growing demand for in-home care, operating home care and home health agencies has never been more complex. Workforce and regulatory challenges are largely to blame — but the roadblocks are not insurmountable, industry leaders say.

Executives from some of the largest home-based care organizations in the U.S. identified their top headwinds — and strategies to overcome them — April 10 during a panel discussion at Home Health Care News' Capital + Strategy Forum in Washington, D.C.

Panelists included Peter Ross, CEO and co-founder of Baltimore-based Senior Helpers; Emma Dickson, CEO and president of Cincinnati-based Home Helpers; and Dan Savitt, executive vice president and CFO of Visiting Nurse Service of New York (VNSNY).

Senior Helpers is an international home care franchise with more than 300 locations worldwide. Home Helpers is a home care franchise that operates hundreds of locations in 43 states. VNSNY is one of the nation's largest not-for-profit community-based health care organizations.

Ross and Dickison are also [on the board of directors for the Home Care Association of America](#) (HCAOA), with Ross serving as board president.

Workforce challenges

The caregiver shortage is consistently identified as the biggest challenge plaguing home-based care agencies, and industry giants like Senior Helpers, Home Helpers and VNSNY are no exception.

“Our headwind is the amount of services and care that needs to be provided ... and finding the right talent to do that,” Dickison told forum attendees.

Ross echoed her concerns.

“You have to find a way to make caregiving a destination, not a stop along the way,” he said. “You have to find a way to stand out.”

Both home care franchises — along with VNSNY — have different ways of doing that.

For Home Helpers, it means creating specialized programs to attract and retain caregivers from under-tapped populations. Two examples include military spouses and millennials.

“We spend a lot of time working in the veteran world through some government agreements that we have to help provide workforce opportunities to veterans, specifically to military spouses,” Dickison said, pointing to statistics that show military spouses have an unemployment rate of 25%. “People don’t want to hire them because they know their duty station is going to be changed in a couple of years or they can’t provide the flexibility in scheduling. We provide solutions for that.”

Additionally, Home Helpers has created a program that allows millennials to mentor older members of the workforce — a practice that’s usually carried out in reverse, with older employees mentoring their younger counterparts.

“I think there’s so much we can learn inter-generationally that we have developed programs around how we can mentor up,” Dickison said.

VNSNY employs a similar strategy in the home health space, Savitt told attendees.

The organization is leaning into training and development for aides in an effort to further enrich the profession. [This sort of upskilling](#) — or improvement of workers' skill sets by offering increased specialty training — is often lauded across the industry as a way to improve worker retention.

Meanwhile, Senior Helpers employs regional, full-time recruiters to ensure its locations are staffed optimally.

Regulatory challenges

In the regulatory realm, ever-shifting policies and rules likewise make for major challenges.

In home health care, for example, the Patient-Driven Groupings Model (PDGM) and its behavioral adjustments continue to loom over agencies.

“We’re trying not to let it change the way we do business, but it will,” Savitt said. “How you get paid changes how you deliver services, and that can be unfortunate at times.”

VNSNY is crunching the numbers and analyzing how PDGM will affect the nonprofit organization, with an eye toward payment periods, LUPAs and therapy-visit volume. Additionally, the organization is looking at how business operations will need to change when the model takes effect in 2020.

VNSNY continues to work with industry groups to fight PDGM's behavioral adjustments, which base reimbursements on assumed behavior rather than evidence-based behavior.

Meanwhile, in the home care space, providers are facing state-by-state bills advocating for caregiver registries, which can [present unionization and privacy threats](#).

“We in the home care space are the No. 1 target for the Service Employees International Union (SEIU),” Ross said. “SEIU is dying ... to get into our industry to unionize our workers, so you have all these bills, especially in blue states.”

Many times, such bills allow caregiver contact information to be made public, available to consumers and union groups. However, providers like Ross and Dickison worry it will threaten caregivers' safety while also potentially violating unionization rules.

Currently, such legislation is [set to take effect](#) in July in California, but there are rumblings that industry groups plan to take legal action.

Medicare Advantage

In addition to challenges, the trio of panelists also weighed in on industry opportunities, such as CMS's recent move to [expand the scope of supplemental benefits](#) Medicare Advantage (MA) plans can offer in 2020 and beyond.

The new rules will allow MA plans to cover any benefits that “have a reasonable expectation of improving or maintaining the health or overall function” of beneficiaries with chronic conditions.

Like [many others in the home care space](#), Ross and Dickison are optimistic the expansion will create new opportunities for home care providers in the MA space — eventually.

“I think it’s a great situation to have Medicare Advantage recognize personal care services,” Ross told forum attendees. “That’s the overarching home run. The short-term gain is, I think, minimal at best.”

To Ross’ point, history suggests MA plans could be slow to expand their services offerings.

Although MA plans were first allowed to cover in-home care support services in 2019, [only 3% of MA plans](#) are offering in-home support services such as personal care or housekeeping this year, according to an AARP analysis.

“I do think it’s going to be 2021 or beyond that we really start to feel and realize some good impact in the home care space,” Dickison said. “It is a [time for] education right now.”

As CMS is new to the space, both Ross and Dickison believe it’s up to industry leaders to ensure Medicare Advantage plans know what they’re doing.

For example, in negotiating contracts, Medicare Advantage plans have asked both home care providers what they typically bill for 15-minute increments — a practice that isn’t used for personal care services.

Meanwhile, Savitt, whose agency provides home health services, views the expansion as an opportunity to talk to MA plans about value.

“It’s not a big business,” Savitt told attendees. “You’re going to be banging your head against the wall, so it’s all about education and trying to move into that value-based environment.”

Companies featured in this article:

[Home Care Association of America](#), [Home Helpers](#), [Senior Helpers](#), [Visiting Nurse Service of New York](#)