



2021 INDUSTRY TRENDS REPORT

— NAVIGATING THE FUTURE OF CARE IN THE HOME —



EXECUTIVE SUMMARY

Staff COVID-19 Vaccinations and Diversity Initiatives Will Be Priorities in 2021 Among Care at Home Organizations

Thousands of Home-Based Care Professionals Surveyed Over Several Weeks

In a survey of thousands of home-based care providers from organizations of all sizes, nearly three-quarters of respondents from large care at home organizations indicated their organization would require COVID-19 vaccinations and 90 percent indicated their organization would increase staff resources for diversity, equity and inclusion in 2021.

The survey conducted by healthcare technology leader Axxess also confirmed that many home health organizations are at least somewhat concerned about the financial impact of no-pay Request for Anticipated Payments (RAPs), but there is more confidence among larger organizations that they will manage the change effectively.

The survey, which included respondents from all levels of organizations, including management and caregivers directly working with patients and clients, revealed that about a third of those responding felt the COVID-19 challenge did not increase staff turnover. Of those experiencing increased staff turnover, risking exposure to COVID-19 was cited among 14 percent overall, with fewer than 10 percent among larger organizations indicating that was a factor.

Some 55 percent of respondents from larger organizations with more than 500 employees indicated they started a telemonitoring program in response to COVID-19, while 22 percent already had one in place.

The survey, conducted over several weeks in late 2020, confirmed increasing productivity and reducing staff turnover, using analytics and reports to enhance strategic planning and drive growth, and documentation and reporting capabilities to prevent financial penalties were the primary objectives of using technology among larger organizations.

Based on the findings, numerous best practices to consider are offered by Axxess at the end of this report to help organizations thrive in the years ahead.





SURVEY RESPONDENTS

1

Those surveyed were asked the types of care their organizations provided. Among survey respondents, 66 percent of organizations provide home health, 36 percent are engaged in private duty/home care, and 22 provide hospice care.

2

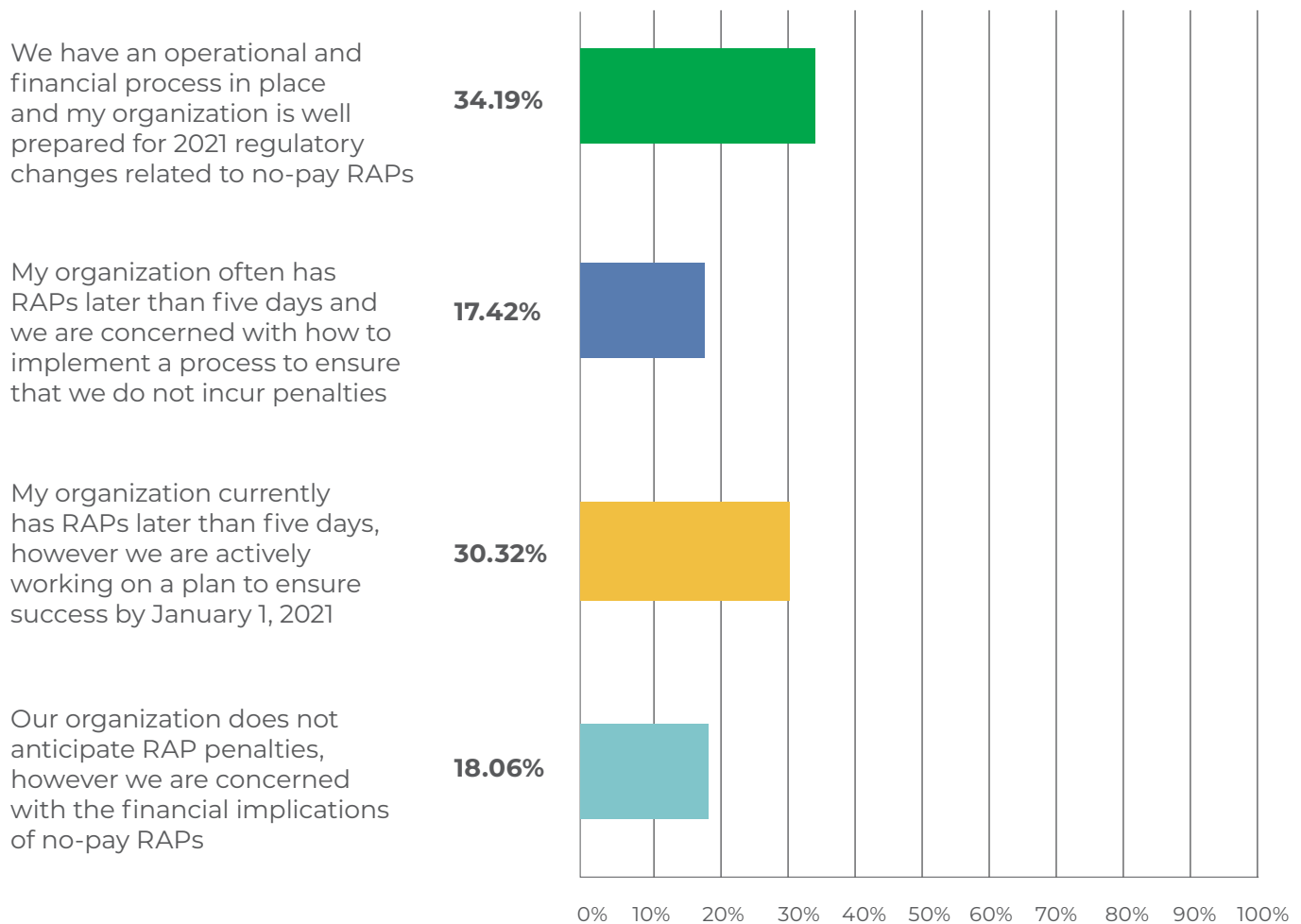
Respondents included 38 percent at the executive level (19 percent were C-suite representatives), 46 percent engaged in daily management and administrative functions, and 17 percent work as caregivers with direct patient/client engagement.

3

The primary payer source for the organizations include Medicare, 49 percent; Medicaid, 11 percent; Medicare Advantage, 2 percent; commercial insurance, 1 percent; and a healthy mix of all, 24 percent.

SURVEY QUESTIONS AND RESULTS

Select the best description of your organization related to no-pay RAPs and RAP penalties.



KEY INSIGHT

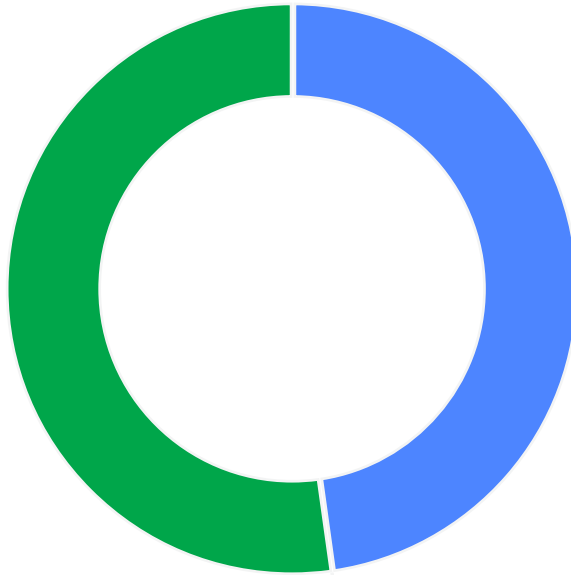
About a third expressed concerns about the impact of no-pay RAPs in 2021, a third indicated they are well prepared for the new requirements, and a third indicated they were actively working to ready themselves for the new requirements. Just 17.42 percent indicated they have been operating with RAPs that are more than five days old and are concerned about implementing a process to ensure they don't incur penalties.



Has your organization seen a shift in payer sources during the past year from traditional Medicare to Medicare Advantage?

Yes ■ **52.38%**

No ■ **47.62%**



KEY INSIGHT

Respondents were evenly split in general and among larger organizations. Still, based on the responses of what payer source they primarily work with, Medicare Advantage still represents a relatively small part of the payer mix.



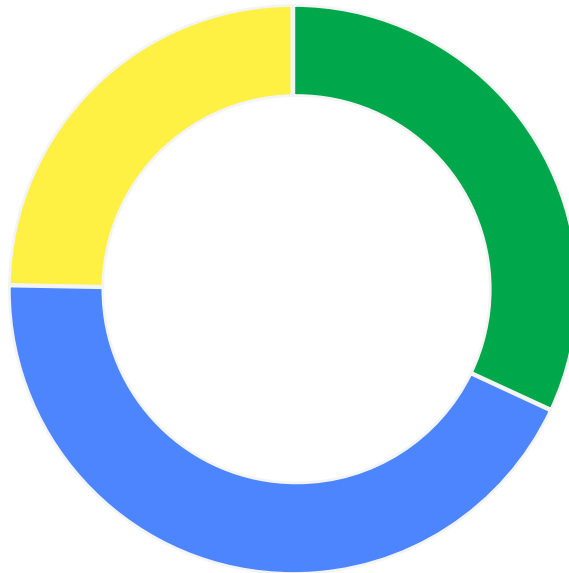
SURVEY QUESTIONS AND RESULTS

Is your organization currently involved in a value-based care payment model?

Yes ■ **32.09%**

No ■ **43.26%**

Not Applicable ■ **24.65%**

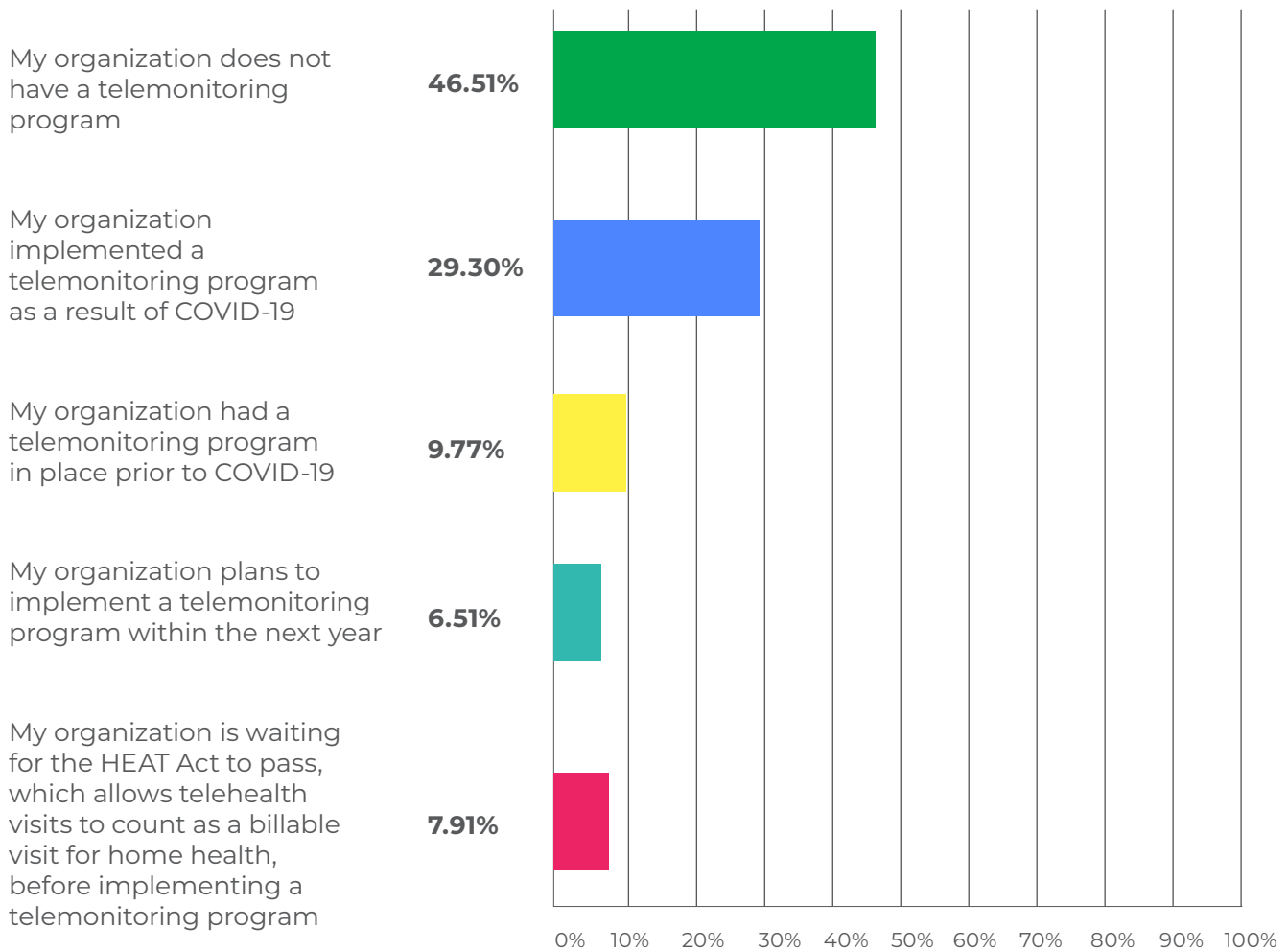


KEY INSIGHT

While only 32 percent of overall respondents indicated they are involved in a value-based care model, 54.55 percent of respondents from larger organizations indicated they are.



Select the most accurate description of your organization's telemonitoring program.



KEY INSIGHT

While 46.51 percent of all respondents indicated they do not use a telemonitoring program, only 18.18 percent of larger organizations indicated they do not. Similarly, 29.3 percent of overall respondents indicated they started a telemonitoring program in response to COVID-19, 54.55 percent of larger organizations indicated they started a program in response to the virus. Just 9.77 percent of total respondents indicated they previously had a telemonitoring program, while 22.73 percent of larger organizations already had one in place.

SURVEY QUESTIONS AND RESULTS

What is the primary reason your organization has implemented or will implement a telemonitoring program?

Improved patient outcomes through continuous monitoring of patients and to improve hospitalization and emergent care rates **34.58%**

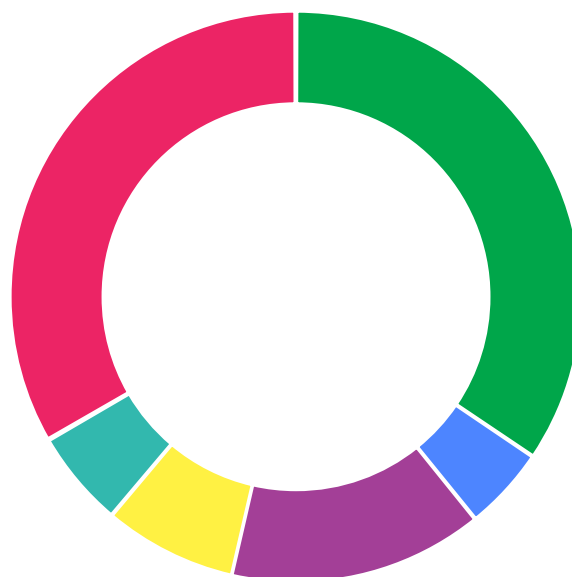
Improve our ability to contract with various payer sources, including Medicare Advantage plans and Accountable Care Organizations **4.67%**

Helping with staffing challenges; it will allow the efficient use of clinical staffing to serve more patients **14.49%**

To prevent social isolation of patients **7.48%**

For a specific disease management program, either through collaboration with a health delivery system or individually as part of the organization's quality improvement plan. Examples would include CHF, diabetes, and palliative care. **5.61%**

Not Applicable **33.18%**

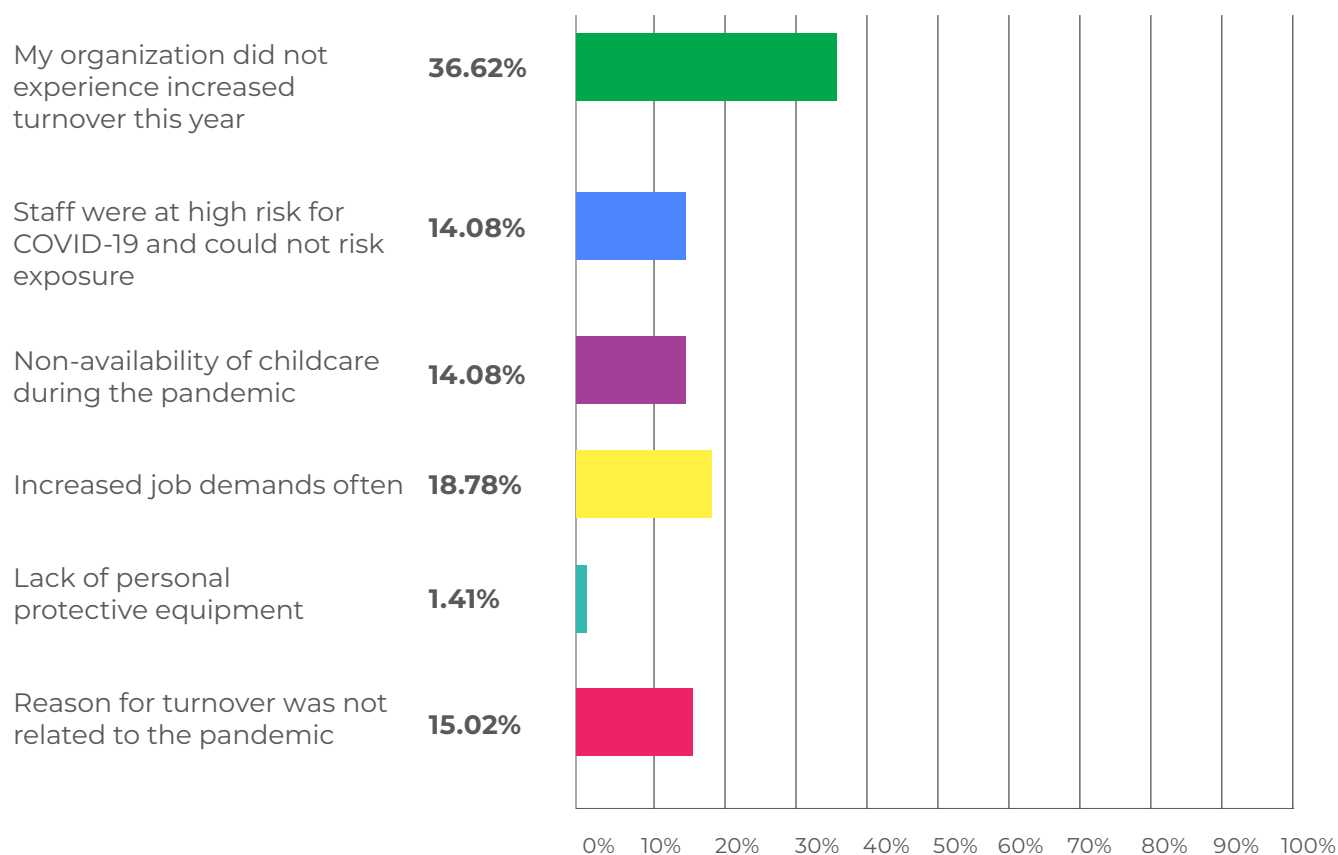


KEY INSIGHT

Overall, 34.58 percent of respondents indicated telemonitoring is being implemented to improve patient outcomes and improve hospitalization and emergent care rates, but 54.55 percent of those among larger organizations cited this as their primary focus. While only 14.49 percent of all respondents indicated it can help with staffing challenges and allow efficient use of staffing to serve more patients, 22.73 percent among larger organizations cited this advantage.



Please select the primary reason for staff turnover in your organization as it relates to the pandemic.



KEY INSIGHT

More than a third of respondents overall and among larger organizations indicated they did not experience increased staff turnover during the past year. However, among those that did experience increased turnover, increased job demands due to staffing challenges was cited by 18.78 percent of respondents overall, and 27.27 percent among larger organizations. Non-availability of childcare was cited among 14.08 percent overall and 18.18 percent among larger organizations. Risking exposure to COVID-19 was cited among 14.08 percent overall, with fewer than 10 percent among larger organizations indicating that was a factor.

SURVEY QUESTIONS AND RESULTS

Will your organization increase resources in 2021 for staff diversity, equity and inclusion?

Yes ■ **70.48%**

No ■ **29.52%**



KEY INSIGHT

In a joint Axxess-Home Health Care News industry survey conducted in summer 2020, 20 percent of respondents indicated their organizations had no plans to increase resources for staff diversity, equity and inclusion. This response suggests some organizations are re-thinking their plans, but 91 percent of respondents from larger organizations indicated they are focused on the issue and addressing it.



When the COVID-19 vaccine is publicly available, will your organization require that employees who have direct patient contact receive the vaccine, similar to your policies with the flu shot?

Yes ■ **61.65%**

No ■ **38.35%**



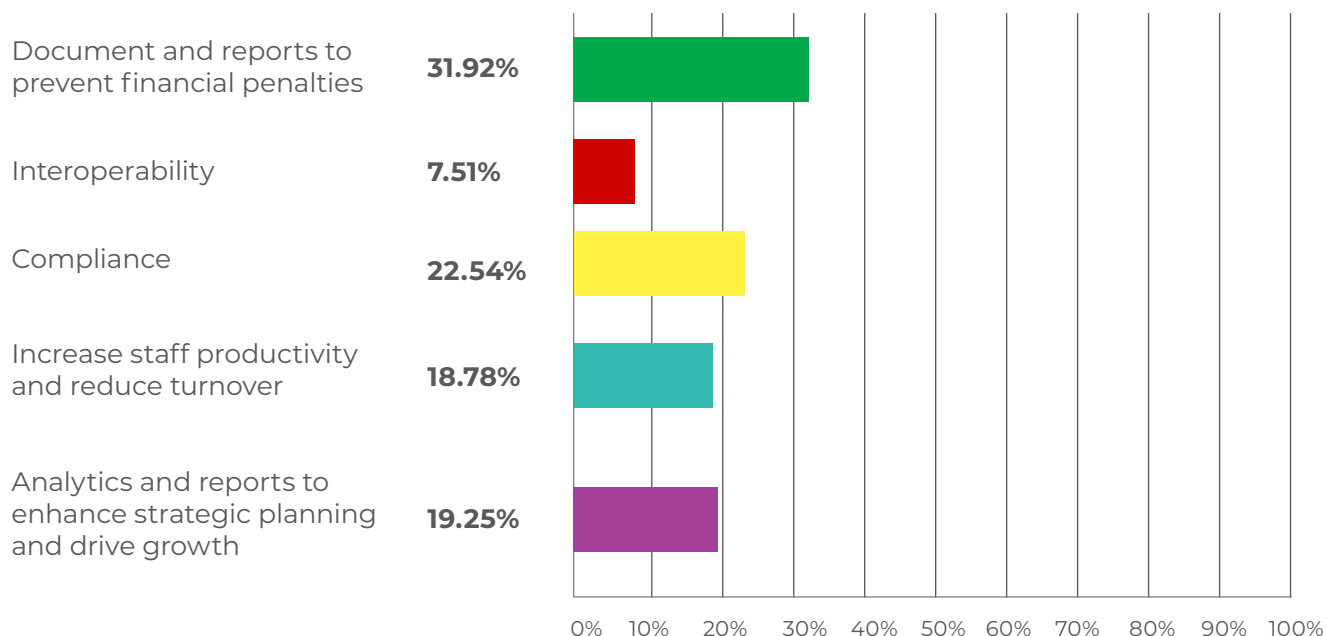
KEY INSIGHT

More than 61 percent of respondents overall indicated their organization will require those with direct patient contact to take the vaccine, and 72.73 percent of respondents from larger organizations indicated they would require it.



SURVEY QUESTIONS AND RESULTS

Select how technology can best be utilized to help your organization in 2021.



KEY INSIGHT

While priorities were similar between overall respondents and those from larger organizations, using technology to remain compliant was significantly less of a concern among larger organizations. Increasing productivity and reducing staff turnover, using analytics and reports to enhance strategic planning and drive growth, and documentation and reporting capabilities to prevent financial penalties were the primary objectives of using technology among the larger organizations.



BEST PRACTICES TO CONSIDER



Based on the findings, Axxess has compiled some best practices to consider for thriving in the coming years.

- ▶ **Plan for COVID to impact your business operations** for the full 12 months of 2021 and beyond. Budget for and source PPE as a routine field staff supply indefinitely. Educate your staff and clients on the evolving COVID situation to ensure quality care and infection control policies are followed.
- ▶ **Create a COVID vaccination policy** for your organization personnel aligned with the Centers for Disease Control and Prevention (CDC) recommendations and human resource legal advice to ensure an adequate and healthy workforce.
- ▶ **Know your EMR vendor's plan for no-pay RAPs.** It is important for organizations to have insight into how workflow will be managed in their EMR system. With a 1/30th reimbursement penalty for each day the RAP is delayed, organizations must have visibility into RAP aging.

- ▶ **Submit RAPs on day 3** of the episode to ensure acceptance within the 5-day requirement for submission. If you miss the 5-day target by one day, you will be penalized 17 percent!
- ▶ **Ensure compliant operations** for the first billable visit and verbal order for home health. Make sure your verbal order covers all disciplines involved in the plan of care at the start of care.
- ▶ **Tighten all operations to ensure that documentation accurately reflects the patient characteristics** and is completed in a timely manner. Clinical documentation must continue to stand alone visit-to-visit with emphasis on skilled need of interventions, patient characteristics and patient response to intervention.
- ▶ **Diversify your referral base and use business intelligence with real data** to show value and improve negotiations with Medicare Advantage plans.
- ▶ **Leverage technology and data in all aspects of the business**, including home telemonitoring, patient and referral source marketing, clinical care, billing, financials, analytics and reporting.
- ▶ **Re-evaluate your processes and look for opportunities to make them more effective** and less redundant; automate, if possible. Create processes and systems to continuously evaluate how you operate.
- ▶ **Become very good at predicting your business and forecasting**, then manage to an expected outcome.
- ▶ **Implement a retention** plan and perform exit interviews to determine reasons for turnover.
- ▶ **Develop and implement a diversity and inclusion program** that is practiced throughout the organization and include training for this plan during onboarding and orientation.



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