How to make technology a game changer: Home Health & Hospice CEOs give insight
Contents

Introduction: from shoebox to sensational

Latest developments in technology

Creating collaboration through interoperability

Tackling staffing challenges

Expanding vendor relationships

Big-picture impact

Conclusion: connecting the dots of the continuum
You know the familiar refrain. Your home health and/or hospice organization’s nurse goes to a patient’s home for the first time, thinking she or he is armed with the right information to care for the patient. Instead, that clinician is greeted with a shoebox chock full of medications and ends up spending the visit sorting through redundant medications, making phone calls, and teaching the patient about which medications should be taken. That’s a bad day for the provider, and that’s an exhausting day for the patient who has a visit primarily focused on sorting out which medications should be taken. It’s also days like this that contribute to the #1 reason for unnecessary hospital readmissions: taking medications incorrectly upon discharge.

Technology is now available for the post-acute care industry that eliminates the need to rely on the shoebox and also brings our industry into the healthcare continuum. Using the technology to automate our processes and deliver information electronically means we’re finally able to eliminate the black hole in care delivery, where nobody knows what’s going on with the patient once they reach the post-acute stage.

At Brightree, we’re able to take the power of automation to reduce the intake process and save you time. We’re able to improve patient outcomes and track better data with them. We’re able to decrease the total cost of care. We’re able to drive a more efficient system where you get the right information on the patient to do your job at the point of care. We’re able to increase referral satisfaction and patient satisfaction.

We’re able to do all of this with technology, and some forward-thinking home health and hospice CEOs are already doing it. Here, you’ll hear from a handful.

These industry influencers talk shop on which types of technology are most important to have in place; why interoperability is a game-changer for collaboration, how technology can tackle today’s top challenge of staffing, when to turn a vendor relationship from transactional into a true collaboration; and what you need besides the right tools to give your agency a real edge.
Latest developments in technology
If you had a dollar for technology, how would you use it? Our industry influencers give high marks to at-home monitoring and clinical tools that put the emphasis on providing excellent care to meet today’s push for quality ratings.

**CEO Gail Gerntrup** says her hospice organization is already using full monitoring technology and sees a big opportunity with the CMS announcement that Medicare will now cover it.

“When we get the referral from a home health agency to transition a patient who already has a full monitor or a drug-dispensing unit in the home, that’s something we want to preserve for the independence of the patient and the dignity factor. The ability to address associated cost and future strategies that support at-home monitoring is important to us. Utilizing these different types of technologies helps bridge the gap from home health into hospice.”

**Executive Director Melinda Moore** agrees that at-home monitoring is a viable technology for in-person care.

“While I firmly believe that personal presence and touch are essential for a healing environment, applying technology in a thoughtful and purposeful manner will improve outcomes. Including at-home monitoring in evidence-based approaches to disease management coupled with reimbursement models to address the expense creates an excellent opportunity for our industry to further improve care.”
**CEO Michael Collura** also sees at-home monitoring as a positive for post-acute providers but he adds a caveat.

“The technology is great as long as the patient is educated and part of the process. One of the challenges we face as providers is that home monitoring or telehealth systems often rely on the patient to be compliant. If the patient isn’t on the same page with us or is unable to self-monitor, then we see an increase in hospital readmissions that were preventable with a live person making a traditional home care visit.”

For **CEO Paul Pisano**, point-of-care documentation and improved communication is making the difference at his agency.

“We have a lot of different disciplines in our cases, and so it’s very much putting a puzzle together with these pieces that you’re getting from referral sources, doctors, the family and the patient. Our point-of-care technology has dramatically improved communication between clinicians and has given our management team the ability to identify patients as potential risk for negative outcomes and then properly address that on the front end.”

**CEO Tarrah Lowry-Schreiner** discusses how technology supports her organization in meeting QAPI and HIS measures and driving down overall cost of care.

“There are many areas where technology can help your agency meet quality initiatives and keep costs down.

One of the big things for those of us who have been in this business awhile, I remember the days of going in a large room with the audit team and handing out paper charts for our QAPI program and trying to find where our issues were. Technology has helped tremendously in automating the audit process to ease the administrative burden. There’s a report that we can run to see if things are done. That’s a huge help when it comes to providing quality care so that we can use the money and the staff that we have to actually drive those measures rather than looking for the issues.”
Additionally, when you have a technology that is working for you and working for the clinicians, they’re happier. And the visits flow because the technology allows us to determine what’s needed in the home before we make the trip.

– CEO Tarrah Lowry-Schreiner
While interoperability is a growing topic of conversations throughout the healthcare continuum, it’s fundamentally changing care delivery for post-acute care, including driving collaboration internally between field clinicians and the back office as well as externally with doctors, referral sources, pharmacies and hospitals.

**CEO Darcie Peacock** describes how collaboration efforts at her agency are creating efficiency gains both internally and with referring physicians.

“Cloud-based tools have made a big impact on our organization because they enable collaboration on documents in real time and on the go. We’re sending less emails, not taking the time to download and upload, and making things really convenient for all of our mobile staff. For instance, instead of the back and forth of phone calls and messages, our staff can text families about appointments.

Then there’s certainly software like our EMR system to meet our unique needs, including capabilities like barcoding documents that can now be automatically uploaded into the correct chart for physician review. Nobody is wasting time on the phone with the physician’s office inquiring about a document that was already signed and returned but was just sitting in someone’s fax queue.”
For CEO Gail Gerntrup, her agency is able to communicate active plans back and forth with physicians while reducing resource hours.

“The fact that we’re able to take the chart from the hospital and directly upload it into our document is a tremendous benefit for us because we have the history and can communicate the patient’s care plan with the physician through the portal.”

CEO Paul Pisano discusses the importance of sharing data with other clinical partners and referral sources in his high-stakes Connecticut market.

“Interoperability is a real game changer for us to get on a level playing field and show we can not only provide better care but also have access to the same accurate, real-time information as the healthcare system. It allows us to know what’s going on with our patient as far as testing done in the community, appointment times, updates and notes, and proper discharge paperwork. And while it takes time for to establish interoperable systems, we feel it will provide huge dividends for us once it’s working seamlessly.”
CEO Paul Pisano notes that the technology is also coming into play with sharing data on the payer side.

“Similar to other organizations out there, we have arrangements all the way from bundled to pay per performance, Medicare Advantage to shared risk models, and fee for service to value-based care. And we use data such as our utilization of staff and quality outcomes in every conversation to frame our contracts and drive where we want to stand in those negotiations based on what makes sense for us.”
The first step, says CEO Gail Gerntrup, is gaining buy-in from staff who interact with the technology. “We had immediate buy-in from staff during four days of a hurricane when our iPad app allowed them to continue charting using their cellphones and hotspots and never miss a beat in their documentation and patient care despite the emergency.

And I’ll admit, I had my concerns moving from a laptop to an iPad. But what I soon realized was that even though my staff might be a little older, grandma age if you will, they’re iPad literate. They’re “facetimeing” grandchildren all over the world and made a much easier transition to the iPad than I would have anticipated. The new technology is quite an easy adjustment.”

Involving your staff in your technology decisions is a top tip to achieve buy-in, according to CEO Tarrah Lowry-Schreiner. “You ask for their input at the outset and allow them to do a test run on the technology to get their feedback. Take the good and the bad and together talk about how to fix the issues that they found. You can then share their experiences with the entire staff and explain how it’s going to help them do their jobs. Involving them in the decision-making process is really, really important to ensure a smooth buy-in process from staff.

People that do this type of work are compassionate people who want to make a difference, and they’re scared of change. Being able to show them the why and involve them so that they’re not scared of that change will make a big difference during implementation.”

Providers in home health and hospice cite staffing as a top challenge today but increasingly some are also citing technology as the remedy to their recruitment and retention woes.
CEO Darcie Peacock sees technology as a selling point in attracting talent in her Denver market and recommends being upfront about ongoing change and how it benefits the clinician in terms of easing scheduling burdens and improving care quality.

“We’re an organization that’s always looking to technology to solve our problems, and we communicate and level set that with our team so that they come along on that ride with us. By having that conversation out loud, we’ve been able to adjust the mindset that technology change is a positive, designed to take the extra burden off of clinicians so they can focus on patient care.

As an example, we’ve recently implemented a new scheduling system that has significantly improved our efficiency with scheduling while improving our customer experience. A click of a button allows you to see an optimized schedule based on clinician hours and patient availability and location. We also have a back-office alert to check on the safety of a clinician. This is a big selling point for applicants, especially younger ones who are new to homecare and a little intimidated going into people’s homes.

Finally, we utilize technology to enhance our patient experience. When a family schedules an initial evaluation, they receive a confirmation with a picture of the clinician, so they’re comfortable when the person arrives at their home.”
CEO Paul Pisano knows without a doubt that having a proven EMR technology aids his agency in recruiting and retaining clinical staff.

“Before they even talk about compensation and benefits, clinicians interviewing with us first ask, ‘What’s your EMR? Is it a laptop? Is it an iPad? When do you need to sync? Is it constant connectivity?’ They’ve become aware that their line of work is based on much more than the patient visit. Other key factors include how long it takes to drive, complete the documentation and communicate with staff, doctors or family members.

So we use our technology as a selling point to recruit talent, and we’re also using it to streamline the hiring process. Because of margin compression, we’re asking our group to do more with less every day. We look at technology to help bridge that gap.”

**TECHNOLOGY = TALENT**
Expanding vendor relationships

Successful agencies know that they must embrace technology to advance their business, but they also understand that they need a strong relationship with a vendor that is focused day in and day out on cost-effective ways to make the technology work to support their specific business and geography needs.

**CEO Tarrah Lowry-Schreiner** describes how her agency has moved beyond a transactional relationship into a partnership with their technology provider and offers tips for how your agency can do the same.

“In the past, I’ve heard people complain about something that a technology doesn’t do for them, but the vendor doesn’t even know that the organization has that issue. If you’re not talking on a regular basis with your vendors, you’re not going to be able to share those things that really could help you out with your daily work.

With a true vendor partnership, there’s so much that both parties can gain from working together. I know with our electronic health record for instance, we’ve identified things that would just make our lives easier in the field. By telling Brightree, they’ve been able to go in and make those adjustments. A good partner takes everything into consideration, learning what can work for you.

So no matter the size of your organization, communication is your key to growing a really good partnership. I also always say if you’re asked to beta test something or be part of any sort of a test, do that. It makes a big difference. And make sure that your staff buys into it. Those are things that we can all do to make a difference.”
Communication also tops the list of a good vendor relationship for Executive Director Melinda Moore.

“Communicate, communicate, communicate. I believe an effective dialogue is essential to establishing a healthy business relationship in this ever-evolving industry; however, without a product that reliably meets business demands, communication is just words. As the leader of a division with multiple lines of business, I rely on a bi-directional open conversation with my business partners, and Brightree is our key affiliate.”

CEO Michael Collura succinctly spells out the five key characteristics of a good vendor-agency relationship.

“It takes trust, understanding, flexibility, forward-thinking and accountability.”
Big picture impact

With the right technology and the right vendor relationship to optimize the use of that technology, agencies are gaining an edge in their marketplace.

**CEO Darcie Peacock** explains how her agency is addressing technology by looking at it from a bigger perspective.

“A major thing that we’re doing is looking at technology not just to solve an operational issue or improve processes but really looking at it from a customer experience. When I think of our customers, we’re looking at our employees, our clinicians, our office staff, the patients and families that we’re serving, and our referral partners. We’re looking at how we can streamline any of our touch points with any of those groups, so we’re not just meeting their expectations but really knocking it out of the park.”

**CEO Gail Gerntrup** points out that the affordability of the technology weighs heavily in her budgeting and planning process.

“When we’re examining technologies, we carefully consider the value versus the cost of technologies. Is the potential of growth that this technology may bring us going to help underwrite that? We’re seeing the results with our investments because everything is being done more efficiently from our clinicians doing their work to a streamlined QI process to the backroom operations where billing is going through cleaner and faster.”

For **Executive Director Melinda Moore**, she’s confident that she has the right vendor to cover the bases of future technology challenges.

“Some of the approaching challenges we’re looking for technology to address are compliance alerts and imbedded parameters to eliminate frank errors, outcomes monitoring that can be customized to local market ACO requirements, and agency outcomes trending to enable proactive corrections in real-time. I find that Brightree is very well-positioned to address these challenges with tools like the Insights report and dashboard.”
Connecting the dots of the continuum

For Brightree CEO Matt Mellott, there’s nothing more important to him than making the big-picture impact for the post-acute industry.

“Whether you’re talking about post-acute providers or their referral sources, the biggest pain point comes down to data. Incomplete data at intake creates issues for home health and hospice providers around the timing and quality of care they can provide for patients. And once the patient leaves the hospital, referral sources find it cumbersome to get the data they need to follow the patient in the post-acute settings.”

At Brightree, we’re advancing interoperability for post-acute care with technology tools that connect the dots of data so all providers have the power of automation to provide the best in care.
Ready to make technology a game changer at your organization? Reach out to us at www.brightree.com/demo or call us at 1.888.598.7797.
For more information or to request a demo, please visit [www.brightree.com/demo](http://www.brightree.com/demo) or call us at [1.888.598.7797](tel:1.888.598.7797).