

# Home care equipment companies face pandemic challenges

Increases in demand and COVID protocols add new complexities to industry

BY DOUGLAS J. GUTH

The coronavirus pandemic has created an acute need for post-acute respiratory care, resulting in a natural downstream impact for companies that repair or deliver life-saving home medical equipment (HME).

How enterprises provide their services also has changed, with re-vamped safety and sanitation protocols sometimes colliding with the unknown human element.

An HME client of Strongsville-based Repair Authority had a patient purchase brand new equipment just to avoid a driver coming over to collect a damaged device, CEO Jesse Keirn said.

Anecdotal examples aside, home care companies must still manage the enormous and evolving role they play in patient health. Repair Authority fixes ventilators, oxygen concentrators and CPAP machines, serving equipment providers via a seven-vehicle fleet facilitating pickup and delivery in six states.

COVID patients prescribed oxygen therapy are usually fitted with an at-home oxygen concentrator or noninvasive ventilator. Repair Authority provides maintenance for this equipment as well as for continuous positive airway pressure (CPAP) machines used to treat obstructive sleep apnea.

Respiratory repair comprises about 60% to 65% of company revenue, which has tripled alongside workforce growth since a new ownership group purchased the company five years ago. However, Keirn and his team are



A Medical Services Co. representative works with a customer to set up his positive airway pressure (PAP) machine. | MSC

feeling the downward pressure of limited equipment supply not meeting skyrocketing demand.

“There are more patients coming onto the rolls, and we can’t get their equipment returned fast enough,” Keirn said. “Or we can’t get the parts to fix equipment because the manufacturers are overwhelmed. We have 50 employees now and would like to hire 10 more. We just can’t find the labor.”

## Rolling with the changes

The company, formerly known as The Repair Center (TRC), was renamed Repair Authority upon acquisition by Keirn and two business partners — chief revenue officer Dan Meyer and COO and Jason Ziebro. The Strongsville headquarters includes a 35,000-square-foot repair facility, currently being expanded by

an additional 10,000-square-feet to keep up with COVID-stimulated demand.

The virus has altered the ground rules around equipment pickup and delivery, too. Routes are now consolidated to limit the number of stops, while drivers sanitize pickups three times before they even hit a technician’s bench. Though employees have no direct contact with patients

at home — most customers drop off and pick up their machines at HQ — full PPE is a necessity both at the facility and in limited contact with HME dealers.

“The biggest wild card for us has been pickup and delivery,” Keirn said. “Our process is the same, but our trucks are a lot fuller. From the driver’s standpoint, it’s masks, gloves, sanitation and social distancing — the same thing everyone’s trying to do. That slowed us down at first, but it’s been no problem otherwise.”

HME providers are challenged in safely delivering to patients even as supply issues permeate the industry. A survey from HME News, an industry trade publication, revealed 86% of dealers are running low on oxygen concentrators, with 88% reporting difficulty in obtaining more.

Medical Services Co. (MSC), an Oakwood Village distributor of respiratory and sleep disorder-management equipment, has realized a 300% uptick in oxygen orders, indicating a larger pain point in the health care ecosystem.

“PPE and beds are what you hear about, but on that continuum to free up hospital beds, you must have proper care management,” said Josh Marx, managing director of sleep and vice president of business development for MSC. “When a COVID patient is discharged needing oxygen or ventilation therapy, that transition is ours to do.”

See **EQUIPMENT** on Page 14

# Wellness programming shift is just what the doctor ordered

Companies’ health initiatives become more personal for workers during COVID era

BY JUDY STRINGER

In January, Solon wellness business Be Well Solutions announced the rollout of an app designed to help its client organizations connect with employees and encourage healthier habits via a 12-week weight-management and lifestyle program.

“Weigh of Life” is the 16-year-old company’s first foray into the 8-million-unit app space, but the timing couldn’t be more appropriate, said executive vice president Bill Frankel.

“Especially now with so many people working from home, organizations are trying to engage their employees,” he said. “This is a tool that organizations can use to provide [employees] with activities to help them feel better physically and emotionally during the pandemic and really show support.”

For many years, corporate wellness initiatives were focused on how better employee health could benefit businesses in the form of lower insurance premiums, reduced absenteeism and perhaps even increased productivity. While those remain sought-after outcomes, industry insiders say COVID-19 has greatly accelerated a shift toward viewing wellness programs as an integral part of winning employees’ hearts and minds.

“There’s an old adage that people don’t care how much you know until they know how much you care. I think that that’s applicable to the types of

enhanced benefits that many employers want to give to their employees to be an employer of choice,” said Jim Pshock, founder and CEO of Bravo Wellness. “So part of it is just showing a very holistic approach to the benefits that you’re offering and the culture that you want to create within your organization that makes people want to be there, because they know that you genuinely care for them.”

Almost half of all U.S. work sites offered some type of health promotion or wellness program in 2017, according to a study conducted by the Centers for Disease Control and Prevention. In the first federal probe of its type in more than 13 years, the agency found that nearly 30% of the 3,000 organizations surveyed had programs in place to address physical activity, fitness or sedentary behavior.

About 19% offered a program to help employees stop using tobacco products, and about 17% of work sites had programs for obesity or weight management.

Cincinnati-based health and wellness consultant Maggie Gough said that workplace wellness initiatives have been criticized — and rightly so, according to Gough — for not delivering on their promises of cost containment for companies or improved health outcomes for employees. Gough argues that the disconnect arises from not aligning healthy lifestyle programming with real-life priorities.

Participation rates for traditional

wellness programs hover around 30%, she said.

“We can do biometric screening and say, ‘You need to eat more fiber’ to someone who is struggling with cholesterol and even give them a list of foods that contain more fiber, right? But what if that person is dealing with a toxic manager, or having mental health issues, or is in the middle of a divorce or a global pandem-



**“PEOPLE HAVE STARTED TO UNDERSTAND THAT WHEN YOU’RE ISOLATED AND YOU’RE IN THIS HOME ENVIRONMENT FOR NEARLY A YEAR NOW, IT’S UP TO YOU. YOU HAVE TO FIND WHAT MOTIVATES YOU.”**

— Jim Pshock, founder and CEO of Bravo Wellness

ic? All of those things are impacting an individual’s well-being,” Gough said.

She anticipates economic pressure caused by the pandemic will persuade some businesses to reevaluate and/or abandon their wellness programs. But Gough — like Frankel, Pshock and executives at Medical Mutual, which bought Bravo in 2020 — also think COVID-19 has created a unique opportunity for organizations to strengthen participation.

For one thing, Pshock said, workers who have historically been “spoon-fed wellness” via incentive-based health screenings or on-

site “lunch and learn” opportunities now are in the position of having to help themselves.

“People have started to understand that when you’re isolated and you’re in this home environment for nearly a year now, it’s up to you,” Pshock said. “You have to find what motivates you. And that’s been a positive change for the people who have really said, ‘Look, I can’t sit here and

gain the COVID 19 (pounds).” At the same time, wellness providers have had to come up with new ways to reach their intended audiences, no longer at the work site. Some of that involves doubling down on the promotion of online self-service tools, which have seen a usage bump during the pandemic, according to Nate Hunt, director of population health for Medical Mutual.

It has also meant pushing telehealth and virtual coaching services, and lower tech approaches such as timed email reminders to, for example, trigger midday exercise breaks, said Dr. Tere Koenig, Medical Mutual

executive vice president and chief medical officer.

“We did have to pivot on a lot of things like biometric screening because those places were closed down, but the answer was never to abandon [wellness programming],” Koenig said. “In a way it became more important, because of the isolation people were experiencing and the mental health challenges we are seeing as a result of the pandemic.”

Pshock details how one large client saw wellness program participation rates nearly triple from about 16% in prior years to 46% in 2020, after it allowed employees to earn a \$600 incentive — previously tied to a biometric screening and a health assessment questionnaire — to complete of online learning modules of their choice.

“So making that convenient for them as a way to earn their incentive, but also providing courses that were timely and had relevant, valuable content for them in this current situation was very well received,” he said.

It’s precisely that intersection of convenience and content, Be Well’s Frankel said, where “Weigh of Life” fits in. He said the app is an outgrowth of the company’s “robust wellness portal,” providing pandemic-weary workers with easy access to evidence-based guidance and real-life fitness and/or nutrition experts.

See **WELLNESS** on Page 14

**VACCINE**

From Page 10

“This is an international, logistical, unparalleled challenge that we’re dealing with,” Allan said.

Beyond the millions of Americans eager but unable to get vaccinated, the limited trickle of vaccines to providers creates a slew of logistical challenges itself.

Jason Briscoe, director of pharmacy operations for Discount Drug Mart, said that in many ways, the rollout process is similar to what the Northeast Ohio-based drug store chain has done in the past for flu vaccinations. But COVID-19 vaccine demand is far greater than the supply, which Discount Drug Mart is managing by aligning its processes and people so that when it does get product, it is ready to receive and store it, and schedule and vaccinate patients. But it’s not as if they can simply order product, Briscoe said.

“We can’t put in a prebooked amount of doses and say, ‘Hey state, or hey feds, please send us 100,000 doses.’ like we would do during flu season,” he said. “The engine is built, so to speak. It’s just, everything is predicated on having access to product, which we don’t have direct control of.”

As of Feb. 9, there were 878 vaccine administration locations in the state. Providers learn weekly which vaccine they’ll receive and how much, offering a short runway week to week that remains one of the biggest ongoing challenges, said John Feucht, Summa Health’s vice president of pharmacy.

For the supply they do get, officials are adamant that they will not waste any doses, but that sometimes takes an extraordinary amount of effort.

Dr. Brook Watts, vice president and chief quality officer for MetroHealth, was expecting a shipment of 300 doses one week, but the hospital received a couple of thousand. Employees spent the weekend making calls and getting patients on the schedule for the unexpected supply, she said.

“We have not wasted a single dose, but it’s because people run around like crazy town at 7:30 on a Saturday night, trying to make sure every dose that needs to get in an arm,” Watts said.

Patients sometimes register with

several institutions to get in line for the vaccine, but they aren’t automatically removed if they’ve gotten vaccinated elsewhere. Providers coordinate where they can, but it’s a “very decentralized model,” Skoda said.

Some officials say that this has resulted in no-show appointments for which they’ve been able to adjust. Even with the high demand, sometimes patients don’t show because the weather was bad, they weren’t feeling well or their transportation may have fallen through — an issue especially acute among seniors.

Providers then lean on contingency plans to get every dose into an arm, such as vaccinating more employees or calling patients who might be able to come in with little notice.

The vaccines already require special handling with strict guidelines around the ultra-cold temperatures they must be stored at, as well as the process of thawing the correct number of needed doses that then must be used within a certain timeframe.

“We knew that we had to do this on a scheduled basis, because we had to protect the cold chain integrity of the vaccine. Because first and foremost, if we break that cold chain, then we wouldn’t be giving safe vaccine,” said Dr. Michelle Medina, associate chief of clinical operations for Cleveland Clinic community care and one of the physician leaders for vaccine rollout. “And really the only way to do that with such a complicated thawing and drawing up procedure was to have a schedule that’s predictable for the day so that our pharmacists and our nurses knew how many they had to draw, how many had to be given.”

Because supply is arriving slowly, that already delicate and time-sensitive process becomes an even more challenging calculation in planning out the timeline.

Brett Carroll, vaccine distribution coordinator for the VA Northeast Ohio Healthcare System, said that one of the operational challenges he faces is matching vaccine supply with booking appointments and clinics, because the last thing he wants is to book a clinic without a vaccine. A team of schedulers and other staff are keeping a close eye on this balancing act, he said. The VA, like all



**Gene Goering, director of operations for the Cleveland Clinic, unpacks a box with Pfizer vaccine to place into one of the ultracold freezers at the Clinic. | CLEVELAND CLINIC**



**Providers learn weekly which vaccine they’ll receive and how much, making for short planning time to schedule appointments. | CLEVELAND CLINIC**

providers, must roll out vaccination plans without interrupting current operations.

“It’s not like we have endless sup-

ply of space and employees to give vaccines,” he said.

This has meant overtime, weekend work and a whole lot of providers

pitching in with their time and expertise. Cleveland Clinic has been calling some nurses out of retirement to lend a hand.

Cuyahoga County Board of Health has been working EMS personnel into the process, as well as Community Emergency Response Team (CERT) members and the Medical Reserve Corps, a network of locally organized volunteers, Allan said. They can help with nonmedical aspects of the process, such as traffic control, or with the appropriate qualifications, they can help with more clinical aspects.

Ohio is recruiting volunteers to assist with COVID-19 vaccinations as well.

The main hurdle, though, remains the vaccine supply. Many say that with existing resources they have the capacity to vaccinate far more people. For instance, Cleveland Clinic planned to be vaccinating 20,000 people a week but have been inoculating between 10,000 and 11,000.

“(If) suddenly the vaccine god

**EQUIPMENT**

From Page 12

**No sense of complacency**

MSC cares for 100,000 patients annually, with a 350-person staff comprising respiratory clinicians, insurance claim processors, drivers and more. Early on, the company spent \$5 to \$6 each on individual N95 masks for drivers of its 60 vehicles. An increase in mask supply cut costs in half, though MSC is seeing a 30% price increase in hard-to-find oxygen equipment.

MSC has also heavily invested in virtual care technology, performing 1,500 online clinician-to-patient appointments each month in lieu of the in-person interactions the company administered pre-COVID. As for home delivery, equipment is now transported directly to a caregiver or dropped off on a customer’s porch before being called in by a driver.

“We take every necessary precaution to protect families and our employees, but you can’t control all behaviors of the people you’re dealing with,” Marx said. “That’s a challenge



**A Repair Authority technician works on an oxygen concentrator. The pandemic has prompted a spike in demand for home medical equipment. | REPAIR AUTHORITY**

in some communities, so we’re doing all we can to not interrupt service for our patients.”

Parma-based Health Aid of Ohio mostly deals in custom wheelchairs for patients with ailments ranging from spinal cord injuries to multiple sclerosis. Sleep therapy and oxygen encompasses about 20% of the company’s \$13 million to \$14 million in

yearly revenue, services that also include in-home repair.

Courtney Skory, former Health Aid vice president and now a company consultant, said customers initially feared having anyone in their homes. Necessity brought technicians back into the field, protected by PPE and a round of vaccinations received in late January.

“We’ll service equipment outside

the home, too, or if there’s a nursing home with a COVID outbreak,” Skory said. “We’ll bring the tools and fix equipment in the van.”

Business has rebounded to near pre-pandemic levels after a 40% drop last year. Skory said 17 Health Aid employees have tested positive for the virus. Although transmission occurred outside the company in each case, enhanced PPE measures are expected to continue in perpetuity.

“It’s opened everyone’s eyes that if it’s not the coronavirus that gets you, it could be something else,” Skory said. “We want to avoid a sense of complacency.”

Marx of MSC thinks the coming months, and perhaps years, will be a continuing exercise of crisis management within the industry.

“I don’t feel like we’re coming out the other end yet,” Marx said. “COVID is a short-term illness, but we don’t know the long-term impacts. Will patients need oxygen forever, or over a short period of time? We’re committed to supporting these patients and our community.”

Contact Douglas J. Guth:  
clbfreelancer@crain.com

**WELLNESS**

From Page 12

During beta testing of the app in 2020, three-fourths of the participants achieved their desired lifestyle goal, whether that was increasing physical activity, eating healthier or losing weight. The average weight loss was six pounds, Frankel said.

“That’s half a pound a week, which is not only very attainable but sustainable,” he said. “Most research shows it takes about 90 days for a new behavior to become a habit, and that’s really what we want.”

Much like the pandemic response itself, Gough said, some companies “will hit it out of the ballpark” with their wellness programs in this turbulent time. Others will not.

But one thing’s for sure: “When the job market recovers,” she said, “people will remember how they were treated during a pandemic.”

Contact Judy Stringer:  
clbfreelancer@crain.com