Workers' Comp

Safe at Home: Managing the Provider Shortage in Home Health

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Tom Kerr (TK): An important issue that's impacting all areas of health care is the provider shortage. Having skilled providers available is particularly important in home health, which has become a bigger player in the recovery process for injured individuals. Today, I'm joined by Nicole Usher to discuss how the provider shortage is impacting home health. Nicole, thanks for joining me.

Nicole Usher (NU): Tom, thank you for having me. It's an important topic, and I'm excited to talk about what's impacting our markets.

TK: So, let's dive in. How is the provider shortage affecting home health services, specifically?

NU: Yeah, I think that's a great question. And the industry is seeing shortages across all areas with nursing. With specialized care, it trickles down into the home health space because first, right out of schooling, these professionals may not have the experience yet to go directly into home health and they want to go into hospital settings. Home health is not that space that people naturally gravitate to, initially.

So, where there are shortages on that front end, that trickles down into the home health space. We're seeing, especially in specialized areas like wound care, we can have a shortage or a deficit in just the overall pool that's available for those areas.

So, we are seeing that decrease in available staff. Not only with home health but, in general, getting patients into their overall care plan and getting that started, we're seeing delays there as well.

And the biggest thing right now that we're seeing across the board is the amount of time that it takes to coordinate services, because there is such a deficit in our ability to get those. Sometimes, that creates more work to staff these types of services. And, of course, everyone is looking at increased costs across the board.

So those are some of the main things that are impacting the home health area of health care, but we've done a significant amount to try to combat those areas of concern.

TK: When you think about injured employees, how does this shortage affect them in meeting return to work goals?

NU: The patient is the primary focus, right? In these types of care scenarios, when there are delays in getting underway with their care plan, sometimes it can be a week, two weeks, if staffing is not there. That delays their overall ability to get better, right? To get well.

So, returning back to work is also delayed in those scenarios, or not having the right level of care oversight can impact their return to work. So, overall, not having a solid plan or a solid foundation to get those patients seen right away can delay the overall return to work.

And we're seeing delays in care industrywide. Not so much at Apricus, but it can happen with delays of care in that space. And that's the biggest return-to-work obstacle.

TK: And when there are delays in care, aside from postponing return to work, can it also lead to the injured individual's motivation to get back to the job and possibly go the litigation route?

NU: Absolutely. And when we have delays in care that could lead to physical limitations with physical mobility, physical medicine areas, home health, wound care, there could be a number of things that could degrade the overall care, resulting in additional hospital stays, raising the overall cost of claims. The lack of trust or commitment overall in the progress of how the claimant is either progressing or not progressing could lead to litigation.

And those are all things that we try to avoid. But when there's delays, all that uncertainty can bring forth additional hospital stays, prolonged services, or an escalation in the type of service that is required, which can lead to additional or heightened litigation opportunities.

TK: Home health comes at such an important part of the recovery process, where you're transitioning the recovering patient from inpatient to outpatient. How is the shortage affecting that process?

NU: It is impacting. We're seeing the inability to be able to discharge timely, so it can increase or extend the overall length of a hospital stay by two to five days depending on where it is in the sphere of discharge. So that's

an increase in overall spending.

But also, when treating the patient as a whole, we have to think about their mental wellbeing, their physical wellbeing, and part of that is being in a home setting that allows the patient to heal in totality. So, the critical part of being able to transition after an injury from hospital setting into the home, or into a stepdown facility rehab facility, that's going to aid in the continuum of care.

It's critical that we have the right items in place, so whether that's the care team, the services being provided, the setting, home or rehab facility, all of those are critical components to the overall continued success of care. So, we take those things, working with our care teams, working with the doctors assigned to patients, working with case managers, all of those elements are critical and significant components to getting the patient back to work. And a home setting can speed that up if done appropriately.

So those are the things that we evaluate because when patients are feeling good, they're in their own element, back at home and getting back into the normalcy of things, the ability to heal and follow the care plans appropriately improves. That is an important attribute to consider in the home health setting.

But delays, keeping patients in the hospital longer than they need to be, puts additional strain and stress on the patients as well as everyone supporting them. And the claims tend to go up in cost when you're in the hospital, especially if there's opportunities for you to be seen and treated outside of that setting.

TK: In health care there's been a trend to limit inpatient care to better manage claim costs and have the person do most of the recovery at home. This makes home health a more important facet of recovery than ever before. How are home health agencies managing an increase in volume during a provider shortage?

NU: Yeah. This is a multifaceted approach because a hospital setting may not always be the most appropriate for care, right? The hospitals are also strained and stressed. When we think about the shortages, it's not just in the home health setting. It's also in the hospital setting. When you have high ratios, you're more likely to see that provider stress, strain and burnout, even in the hospital setting. Having a care plan in place that allows for home health gets injured individuals exactly what they need without some of that stress and strain that's happening in the hospital. Because the hospitals are receiving patients that they didn't plan for, right? They could have emergent situations. Home health allows us to stabilize and get a plan together that we can just execute.

So, I think, overall, home health is becoming more of an opportunity to care for patients in a less stressful atmosphere. Coupled with our aging population and people wanting to stay in their homes as long as possible, it has increased the home health space and what we're able to do in those spaces.

But also, the number of providers willing to get in that space and offer those services and the technologies that have come along with that, all those things are driving more and more veteran providers to home health settings. Home health does lessen costs, certainly, but there's multiple factors where home health care can just be the prevailing setting for that patient.

You know, the home setting may not be applicable or appropriate for every patient, and that needs to be evaluated between the doctors, the care team and it depends on are they living at home by themselves? Do they have a care team that can support them? Are they in a rural setting? Those are all factors that are considered when seeing if the home setting is appropriate.

But, we've come a long way in home health space over the last several years, and it's becoming more and more appropriate and advantageous for a multitude of reasons to service people in their home. And part of that is servicing the patient as a whole, right? And making sure that they feel comfortable and confident, allowing them

to be more involved in decisionmaking with caregivers.

And the most critical claimants are the ones that really benefit and see the most improvement from home health care. A good percentage of the time, our catastrophic claimants get more control over their care in a home health setting.

But there's a multitude of reasons, to your point, Tom, around why home health care is becoming more prevalent and why it's a good option. Cost savings is absolutely a reason, but there are sometimes where it may not always be the reason to choose home health in certain circumstances. We have to look at it holistically and ensure that the home setting is an appropriate avenue for each patient.

TK: And with injured individuals coming home earlier in their recovery, do today's home health professionals need more advanced training than say, 10 years ago?

NU: Absolutely, Tom. So, as we have introduced more and more home health opportunities, the need for different skill sets has come into play. If there was a significant amount of wound care that was required, 10 years ago, you would have stayed in the hospital. Now, you can go home, given the appropriate wound care provider in place. to give you those services.

Same thing with respiratory care with oxygen needs. We're able to move those services from hospital to the home health setting. So, unique curriculums, education certifications, and training have evolved to a higher level in home health as the need and demand for those services have become greater over the years. And, I think that there's going to be that continued push to offer advanced services at home. We're right in the middle of it right now.

So, the one thing that I will say with education and catching up is there's a lag for new home health personnel. When we start to take action now, it's several years before the professional becomes skilled enough to be in that space. And, if you think about a home health environment, it's usually oneonone care for the most part. So, you don't have a team that can support you if you have a question, a concern. You obviously have the company you work for, but you're not in a hospital setting where you have a lot of support available.

So, the need to be specialized is becoming a critical component in being a home health professional. The good news is, there's a lot of technology to assist them in learning and it's advancing constantly, and this is where we have an opportunity, a unique look at what is our bench strength in certain areas.

And every state's not the same, right? Certain states require certain training, certain certifications. But using data analytics, our providers, what we've seen in the industry, and trends, we have a good picture of where we're going, so that we can make sure we're prepared for what comes down the road.

So, it is an interesting time to be in the health care space. An interesting time to be in home health specifically, but really working with our partners, understanding our data, understanding the demands and where we'll go have changed.

I also think COVID absolutely threw a wrench in what the standards were, and we're now starting to see that pan out in the new state of what home health care is and where that's going. But, overall, it is an interesting concept to follow with home health. So, a lot to be looked at here.

TK: So, considering all these factors, what should buyers look for when partnering with a home health network to ensure their injured individuals' needs can be met, despite the shortage?

NU: Yeah, I think that a buyer, first and foremost, should be looking for a partner or a network that really truly understands the markets, because issues that are prevalent in California may not exist in Florida, and so on. There are so many nuances to the industry.

Having a partner that understands those nuances on your behalf and can really help you in making the right decisions and look out for your best interests, not just today but years from now, is important.

Also, the data element of it. Apricus has a lot of data at our fingertips, using it to develop and strengthen our networks and anticipating where we think we will have shortcomings and addressing them is critical. Because not having a partner that's in touch with what that looks like can really put that buyer in a position that isn't favorable. It impacts financial outcomes and patientdriven outcomes.

TK: And how is Apricus addressing the provider shortage in home health?

NU: This is an exciting topic for us because we've been, over the last three years, really invested in the way we evaluate our network, the way we partner with our network vendors and how we invest back into that. So overall, really making sure that we understand the marketplace by understanding what states are most impacted by regulatory changes and how that affects staffing trends.

And then, also listening to the individuals that are providing care. We have partnered with several of our largest vendors in this space to ensure that we're recruiting the right staff members and retain the ones we have. We're looking at how we give back to our network so that we can help these professionals to acquire the training, services, specialties that we are going to need to service our clients.

And I think having roundtables with our largest partners in our network, having inlets and technology. We've launched several platforms that give feedback. If we're seeing bench strength that is lower in a certain area or region in California, we get that back immediately or as close to realtime.

We're constantly evaluating our network to see what we can do, and having strong partnerships with our network allows us to do that. We have done the needed work here, and we continue to grow. But having our finger to the pulse, if you will, in this space, allows us to pivot very quickly. And I think just remaining very flexible or agile in this space allows us to create and cultivate relationships or programs that really benefit our clients and our buyers in this space.

Apricus has made a significant investment on behalf of our clients to be the very best and to bring the very best into our network that is constantly focused on ensuring that we're attracting that talent and retaining it. All those things are top of mind for Apricus, and we're here to partner with our clients to deliver the very best in a home health network that finds a solution for their unique needs.

TK: In light of the shortage, which providers are most in demand?

NU: Yeah. So, overall, we're seeing shortages across the board. I wouldn't say in your less skilled areas. They're not shortages in home health aides or even CNAs, but when it comes to skilled professionals such as LPNs, LVNs, RNs, respiratory wound care infusion specialists, those areas can be limited.

Obviously, the landscape across the nation can change. So, where we have a shortage for LPNs in Arizona, it might not be the same for New Jersey. I think that understanding the care that's required has helped us. Obviously, we do not direct care that comes from the doctor with written orders but understanding and utilizing our specialists.

We may come back and say, “The guidelines indicate eight hours of care for an RN, but we realize that six of those hours can be covered by a home health aide,” right?

So then, if we’re looking at understanding what needs to occur and what really is specific for an RN versus a home health aide to get the support that’s needed, we can develop solutions, or at least recommend solutions on behalf of everyone involved in that care team. Instead of having eight hours with a nurse that can give that care, maybe the nurse comes in for two.

I think understanding exactly what’s required, working with the care team, the doctors in those areas, helps us develop an allencompassing solution for our clients.

We can lend help and support in certain areas with our vendors to say, “It looks like you’re having a shortage here. We’ve seen, you know, the X number of declines for services. How can we help?” And just being very aware of what’s happening within our network is critical to our overall success.

TK: And what about working with the case management arm of the business? Does collaboration with case managers play an important role when it comes to transition of care and looking at the overall picture?

NU: Absolutely. That is probably one of our strongest factors, we have access to their systems and the collaboration is so tightly wound that it allows us to execute seamlessly working with the case manager that’s involved. It allows us to quickly execute without an additional touchpoint for our buyers, right?

Case managers are often utilized in our catastrophic cases, our more significantly injured individuals. We’re constantly in contact with the case manager if they’re involved. Our systems are set up and designed to quickly feed that information to the case managers to make it seamless for our client.

TK: We talked about filling the gaps created by the shortage, but what about retaining the professionals you already have on staff?

NU: This is an exciting topic for me because we have such a passion for supporting our outstanding home health team. Our average tenure that supports our home health is 14 years in our client services team. And this is so important because these professionals have continuously worked in the workers’ comp and auto casualty space and they understand the importance of all that goes into it, keeping our eye on the patient while considering our clients’ needs as well.

So, it’s an exciting time and we are skilled, experienced advocates for our patients. We try to bring all of that into line when we’re creating a solution for any of our clients.

TK: Thanks, Nicole. And we’ll be back soon to discuss the importance of customized telephonic case management. Until then, thanks for listening.

Discover how Apricus can transform the home health experience for those facing catastrophic and complex cases. Explore our solutions and services today.

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