

Home HealthCare TODAY™

THE POWER OF

Smart Delivery™

Learn how the oxygen Smart Delivery* model can tip revenue scales firmly in your favor. Go behind the scenes with two DMEs as they talk about the impact Smart Delivery has had on their business.

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* Smart Delivery™ is the OxyGo® program of using OxyGo to reduce deliveries from 10 to 100% with OxyGo's smart leasing programs funding the savings from non-delivery of tanks.

SEE YOU
IN VEGAS!

Our editors share their top show picks to help you get the most out of Medtrade

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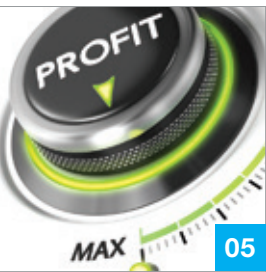


1-2589632-18
applied-inc.com MARCH, 2018



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Home HealthCare TODAY™

a publication of:

Applied Companies, LLC.

Applied Home Healthcare Equipment, LLC.

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Does Today's Technology Make You Feel Lonely?

I was listening to some “oldies but goodies” on the radio recently and lyrics from Roy Orbison’s “Only the Lonely” (1960) have been sticking in my mind ...

Only the lonely (dum-dum-dum-dumdy-doo-wah)

Know the way I feel tonight (ooh-yay-yay-yay-yeah)

Only the lonely (dum-dum-dum-dumdy-doo-wah)

Know this feelin' ain't right (dum-dum-dum-dumdy-doo-wah)

Those lyrics resonate with me because, in many ways, today's technology can make you feel lonelier than ever. It's supposed to make you feel more connected—but does it?

This is a peculiar kind of loneliness where technology allows you to tune out those around you and isolate yourself in the endless sea of Google. I see people buried in their cell phones in restaurants, on planes, in their cars, even at Disney World with their kids on rides. You've probably seen it happen dozens of times in your DME stores. And as Roy sang it, you probably have a sense every now and then that “*this feelin' ain't right*”.

But there's hope! You never have to feel lonely with OxyGo®. We are with you 24/7. If you have a POC question and can't get in touch with one of our reps, call me on my direct line: 440-788-4099. As OxyGo's Managing Director, my highest priority is always to take care of you first. And feel free to call our after-hours hotline too: 866-235-0057.

Which reminds me of the words to another Roy Orbison blockbuster song, “You Got It” ...

Anything you want, you got it!

Anything you need, you got it!

Anything at all, you got it!

We're always just a phone call away!



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Managing Director

Victoria Marquard-Schultz, Esq. is Applied Home Healthcare Equipment's Managing Director. She has over 20 years experience with Applied, and has worked with the Federal Judiciary and the Prosecutor's Office in Michigan. She has written several scholarly legal publications and was an expert columnist in *HME News Smart Talk* and featured in *Homecare Magazine*. Victoria has recently earned her PLDA from Harvard Business School.



FUN for ALL AGES!

Find the treasure and WIN BIG for your family!

Smiles, laughter and fun times await! Win this \$100 Toys R Us gift card and take your pick of games, learning toys, movies, video games, bikes, action figures, electronics ... and more! Just find the buried treasure chest inside this issue and submit its location: homehealthcaredoday.org/treasure

If more than one correct answer is received, a special drawing will be held to break ties and determine the \$100 gift card winner.

Congrats to last issue's winner of a \$100 Amazon gift card — Jessica Reilly from Franciscan Health Support, Inc. in Syracuse, NY!

HURRY! This contest ends on 4/6/18. The winner will be announced in the next issue.





WHAT ABOUT BOB?

Increasing Your Cash Flow

For more years than I wish to count, CMS has been busy—working hard to decrease their funding of DME products. The results of these cuts have driven equipment providers to focus on items that do not require insurance billing. I'm talking Cash! ... Good ole' American greenbacks! ... Moolah! Some companies without a showroom have added one to encourage walk-in traffic, while others have redone theirs to be more appealing to cash buyers.

You don't need to be a brain surgeon to see that, as reimbursements are being chipped away, your bottom line is getting harder to maintain. Many of you feel that increasing cash sales will be your saving grace from this competitive bidding / insurance reimbursement mess.

Below are a few ideas I'm throwing out for your consideration. If you are serious about increasing your cash sales, you need to roll up your sleeves and make the commitment!

1. Saturate the market

I frequently hear radio commercials advertising scooters and lift chairs from one of our local DMEs. This company has been advertising for several years. Their competitors do not advertise in *any* media market and this DME is eating their lunch when it comes to scooter and lift chair sales.

To be successful in advertising, you need to saturate the market in the beginning. After the first month, reduce your ad frequency by 1/3, and another 1/3 after the third month. By month 4, you should be able to run your ad a few times a week, but the public will feel that they hear your ads all the time.

2. Train your showroom staff to cross-sell

Most items you carry can be associated with other products. Your staff should be trained on which items work together, along with a strategy on how to present those items to the customer.

3. Greet and welcome each customer

If the customer is unsure about making a purchase, your staff should give them a card with contact information. They should also thank the customer for stopping in and offer future assistance if needed.

4. Send regular emails to your current customers

Or place a notice in their monthly billing statements. Actively promote that you are holding a free seminar on bathroom safety, CPAP, Asthma... you pick the topic. If you have an active medical director, maybe he or she could conduct the seminar. Attendance is always improved when a professional is speaking. Market and promote your products that relate to the seminar topic.

5. Let Applied help you increase your cash sales

Sign up today for the OxyCare TOTAL Advantage™ program. It only takes a few minutes and there is no cost to you. Here's how it works ...

A customer comes into your store wanting to purchase an OxyGo FIT™ and lift chair, but they really don't have the funds to make it happen. After an easy application and approval process, OxyCare secures financing for the patient and payment for you. They walk you through the entire process—from patient application and contract through approval. And you typically receive payment in one business day!

Your customer leaves happy, with items they would otherwise not have been able to purchase... and your company becomes a hero for meeting their needs. It's a WIN-WIN! This new, FREE program has been proven to increase provider cash sales by at least 20-30%!

Don't let customers walk out the door simply because they can't afford the items they need. **Enroll in the OxyCare TOTAL Advantage Program today by calling 866-235-0057.** You have absolutely nothing to lose—and everything to gain!

Thanks for reading,

Bob McQuown, R.R.T.

Manager of Clinical Resources
Applied Home Healthcare Equipment
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OxyGo® Smart Leasing programs can make this highly effective strategy work for you too!

MOVING THE NEEDLE

DMEs share their secrets to increasing revenue in an ever-changing market



Interview by Rob Saltzstein, Contributing Editor

In July, 2017, *American Association For Homecare* published a vivid report that brought into focus the DME decline plaguing the healthcare industry. It shows, state by state, the extent to which DMEs have gone out of business between 2013-2017. The losses are a sobering reminder of how important it is to control expenses. And the Smart Delivery™ oxygen model is one proven way to help dramatically contain costs.

Home HealthCare TODAY went behind the scenes to talk with two DME providers who have survived this tumultuous market, about the impact of the Smart Delivery oxygen model on their business operations.

Here's what they had to say ...

Respiratory Services of Western New York is a fast-growing DME provider in the Buffalo/Rochester area that has leaned heavily on the Smart Delivery oxygen model to help fuel its growth. The company is a big player in providing patients with portable oxygen concentrators, CPAP masks, COPD & apnea supplies, bathroom supplies and ambulatory aids. Since its first store opened in Cheektowaga, NY in 1997, Respiratory Services of Western NY has been able to expand to five locations.

Owner Michael (Mick) McCartney credits the Smart Delivery oxygen model as one of the key factors that has allowed him to expand and survive the negative impact of competitive bidding on revenues.

Respiratory Services has about 8,000 patients and about 40% of them (about 3,200 patients) are on oxygen his company supplies. Of those 3,200 patients on oxygen, Mick estimates that over 3,000 are on concentrators—either stationary or portable POCs, or both—not requiring weekly or monthly tank delivery.

Two of Mick's oxygen patients, Rosalie Fallowe and Dorothea Lawson, are extremely happy to be free of oxygen tanks and voiced their strong support for POCs and the "no tank oxygen delivery model" as THE way to go. Both praised Respiratory Services of New York for outstanding customer service that went above and beyond what they consider normal customer service.

The Smart Delivery oxygen model also plays a huge role in the success of the **Home Oxygen Company** (HOC) in California, with offices in Modesto and Sacramento. Todd Usher and his wife, Andrea Ewert, started HOC almost exclusively based on the Smart Delivery oxygen model. Their oxygen tank deliveries to patients are now practically zero.

Usher cites the impact of competitive bidding as being among the prime reasons so many DMEs/HMEs are going out of business across the United States. He also sees the Smart Delivery oxygen model as a primary way to fight back.

Home Oxygen Company

TODD USHER

HHCT: Is every single oxygen patient you have Smart Delivery?

Todd: Yes, except for a few hospice patients that use nocturnal oxygen. All patients are on a Homefill or Portable Oxygen Concentrator. This is how we started our business and built from the ground up.

HHCT: Why do you think there are still many HMEs or DMEs that are hesitant to go the Smart Delivery route?

Todd: The DMEs/HMEs I have spoken with over the years have been hesitant because of up-front cost. A good portion do not know the cost of running their business. Since 2006, pricing for these units (Homefill/POC) has been slashed by 50% and providers seem to still be in sticker shock. It's difficult for most to see the value of long-term cost savings and total lowest cost of the oxygen Smart Delivery model.

Some national providers—even large regional providers—have sunk costs in existing models such as liquid or tanks, which prevents moving to new technology. The time to move over to Smart Delivery should have been while reimbursement was higher. Now, it's more of a financial strain.

HHCT: In researching this story, one DME told me he was largely Smart Delivery, but one of the drawbacks was that he tended to lose more personal contact with his patients—and thus lost some sales he would have otherwise made through tank deliveries.

Do you agree there is merit to that argument? In your opinion, are there any other “cons” against the Smart Delivery model?

Todd: I respectfully disagree with my fellow provider. The savings realized from operational efficiencies far outweigh any ancillary add-on sales that can be realized. The only “con” we have experienced is shrinkage. We have addressed this issue by having a credit card on file for every new POC request.

HHCT: How different would your overall business be without the POC Smart Delivery model of oxygen?

Todd: Besides off-shoring a good portion of our labor needs, this is our greatest cost savings. Here is a list of what we “don't” do as a result of Smart Delivery:

1. Track lot numbers on thousands of tanks
2. Shrinkage (usually around 10%) of thousands of tanks

“Besides off-shoring a good portion of our labor needs, [Smart Delivery] is our greatest cost savings ... Smart Delivery is the future of oxygen ‘delivery’ and the future is today!”



TODD USHER | OWNER, HOME OXYGEN COMPANY

3. Inventory Management (Homefill tanks are serialized, POCs are serialized), easier to track.
4. Tank / regulator / E-Cart (or bag) purchases
5. Tank storage
6. Purchase tank refills from a local distributor
7. Monthly re-delivery headaches, including: overtime, traffic, late delivery, patient satisfaction / dissatisfaction
8. A technician, truck, vehicle insurance, workers compensation, health insurance for the technician, and GAS!
9. Invoice generation for re-delivery
10. Invoice processing, labor, stamps and billing for redelivery (reimbursement is minimal and does not cover the monthly operation cost)
11. We NEVER have tank deliveries on weekends or that dreaded phone call on Friday night at 5:00 from a patient saying “I forgot to order” ... or “I'm out of oxygen”.

HHCT: Are there any questions I should have asked you that I have not asked about the benefits of the Smart Delivery oxygen model?

Todd: Not that I can think of. But can you imagine how much automobiles would cost if robotic welders were not deployed in the factories? ... How much a bottle of milk would cost if they were still delivered to your doorstep? ... Worse yet, if our family physician came to our home every time we were sick?

Smart Delivery is the future of oxygen “delivery” and the future is TODAY!

Respiratory Services of Western New York

MIKE “MICK” McCARTNEY

HHCT: How did you get into the respiratory home oxygen business?

Mick: I was working as a respiratory therapist for a national home care supplier and I also was working 13-hour shifts at the hospital, so I had three days on and then four days off, and I had all this extra time on my hands. In 1997, when they had the big Medicare cuts, the national supplier cut their service as well. So I was laid off and lost my job in home care.

HHCT: You were only 27 at that time. What happened when you lost your job?

Mick: When I was laid off in 1997 (this was the time when cell phones first came out), all of my patients had my cell phone number and asked why I wasn't coming to see them anymore. I told them what had happened and they encouraged me to open my own oxygen company. Thank God I did. I haven't looked back ever since we opened our doors.

HHCT: How has the Smart Delivery oxygen model most impacted your business?

Mick: It frees up time so we can spend it with patients who require more education. It also saves the company overtime, inventory, and manpower—especially on last-minute deliveries called in.

HHCT: You have managed to grow your DME business from a bedroom office to five stores today in the Buffalo and Rochester areas. What have been the main factors that have allowed you to achieve such outstanding growth?

Mick: We grew by word of mouth and then acquired the best sales rep in the industry—Patti Capitani.

HHCT: You said that reimbursement was around \$400 just before you got into business?

Mick: Correct. And then as soon as I went into business, people thought I was crazy for opening up a home care company because the reimbursement dropped to \$275 with Medicare cuts. It's now down to \$75 a month for servicing one patient—and that's if you are a “winner” in the competitive bid process.

HHCT: How much do you save by using Smart Delivery whenever possible?

Mick: A lot! Tank delivery costs me about \$75-\$78 per patient, per month, with a service technician going out there, the equipment, and the tank contents. But with the Smart Delivery model I'm looking at basically \$35-\$40 LESS, per patient, per month.

HHCT: Have you ever had an interaction with a patient on oxygen (either tanks or POCs) that was especially memorable?

Mick: I had an experience when I first started out seeing patients. One patient was wearing his oxygen while smoking a cigarette. I flipped out—especially being a respiratory therapist and reeducated him on the hazards of smoking with oxygen. I also had a patient who was self-conscious about attending a wedding with all these heavy cylinders, until we provided her with a portable concentrator. She is traveling all over the world now!

HHCT: And are you totally Smart Delivery now or do you still get involved in oxygen delivery?

Mick: We still do delivery to nursing homes that have to get cylinders because they don't want POCs for their patients. They want them on cylinders and that's something I have to do if I want the referrals.

HHCT: What do your patients on oxygen most like about POCs compared to tanks... and what POC improvements would they most like to see? What POC innovations would you like to see?



“Tank delivery costs me about \$75 - \$78 per patient, per month, with a service technician going out there, the equipment, and the tank contents. But with the Smart Delivery model I'm looking at basically \$35 - \$40 LESS, per patient, per month.”

MICK MCCARTNEY | OWNER, RESPIRATORY SERVICES OF WESTERN NEW YORK

Mick: They like that POCs last longer, are lightweight, and that they don't have to carry extra cylinders in vehicles. POCs are easy to use for them and their family members. They would like to see an even longer battery life, quieter, and of course—lighter.

As a provider, I would like to see a lower cost, longer battery, better warranty, and better support from manufacturers' staff—especially when the equipment malfunctions while traveling.

HHCT: How easy is it for your patients to use POCs?

Mick: It's pretty easy because of the size, the weight, and the quietness. They're not as loud as they used to be. Sometimes patients forget how long the battery lasts and they have to be reeducated on that, but once they see it, they think it lasts forever. You don't have to change anything like you would have to do with a regulator on a cylinder. The only challenge is reminding them about the importance of charging the battery. Sometimes older patients can be a bit forgetful.

HHCT: How much happier are your patients once they get the hang of using POCs compared to being on oxygen cylinders?

Mick: Oh, they're very happy because it changes their whole quality of life. They're very mobile now. They're able to go hang out, be in their communities, and not have to worry about getting back to change a tank. So it's definitely a very pleasant place for them. Of course they always want smaller concentrators—but the smaller they go, the less they will last, and they have to realize that.

HHCT: When you started in 1997, what percentage of your patients were on tanks?

Mick: One hundred percent. Actually, I should say 90 percent and the rest was liquid oxygen. I was doing liquid oxygen back then.

HHCT: We have discussed the advantages of the Smart Delivery oxygen model—but what about the cons? You mentioned to me the drawback of less direct contact with the patient. Can you explain?

Mick: I lose the monthly interaction with patients... the compliance... not being able to give feedback to the



Dorothea Larson, who is on oxygen 24/7, is a long time patient of Respiratory Services of Western New York. She relishes the freedom to travel the world that her OxyGo POC gives her.

physicians... and also the ability to promote other products. By not being in front of the patient, I feel we lose other revenue streams. Patients now have to go to big-box chains for their other medical needs that we could potentially provide.

HHCT: Is there one POC brand that works better for you than others? Or are they all equal?

Mick: I really like OxyGo®. I think you get the most bang for your buck with the OxyGo. I would say it's probably the best one on the market right now.

HHCT: Why is that?

Mick: Because of issues with other brands coming back broken... issues with things going down... the cost of the other

ones. With their bigger size they really don't look like a portable concentrator. They look more like a stationary concentrator. So that's kind of why I steer away from those. The OxyGo is the lightest, most user-friendly, and has the longest battery life.

HHCT: You mentioned that the OxyCare TOTAL Advantage™ finance program has been helpful to you. How exactly?

Mick: Oh, it's been very useful for people that can't afford the big up-front cost; they can budget the expense over a year (or two years) with our financing programs.

For me, as the home care supplier, it's all about my costs. I'm getting paid up front, and it's less that I have to do. I don't have to try to collect the money down the road if there is an issue with the patient. It's out of my hands now. Patients are getting the product they want and I am getting paid within a couple of days. So it's a nice program that OxyGo offers. And I can use it for other equipment too. ■

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homeoxygencompany.com

Respiratory Services of Western New York | (716) 683-6699
80 French Road, Cheektowaga, NY 14227
respiratoryservices.com

* Smart Delivery™ is the OxyGo® program of using OxyGo to reduce deliveries from 10 to 100% with OxyGo's smart leasing programs funding the savings from non-delivery of tanks.

Is OxyGo® Right for Your Patients?

ABSOLUTELY! Thousands of patients love the OxyGo family of Portable Oxygen Concentrators, and so will yours. With their compact size, light weight, and long battery life, you can clearly see how OxyGo outperforms all other concentrators on the market. What makes OxyGo POCs so unique is their extremely high reliability rate, outstanding warranty, and innovative design that reduces unit down-time.



OxyGo 5 Setting

8.75" x 3.0" x 7.25" 4.8 lbs.

The original OxyGo has 5 pulse flow settings (highest portable O2 output available today), 1,050 ml output, and up to 10.25 hours* of battery life—all in a compact, portable unit that weighs less than 5 pounds. OxyGo also has user replaceable batteries and sieve beds that keeps OxyGo in the field working for patients. And with its NEW 5 year warranty, OxyGo is truly designed to Keep Going.

OxyGo 5 Setting Comes With:

- Standard 4.75 hour battery
- 5 year warranty
- AC charger for in home, DC charger for car
- Durable carry bag with strap
- Nasal cannula

1400-1000

1400-1000-16 (system with double cell battery)



OxyGo FIT™

5.9" x 2.7" x 7.2" 2.8 lbs.

We named our newest POC the OxyGo FIT because it is going to “fit” into just about all of your oxygen patients’ lifestyles. It weighs just 2.8 pounds and has 3 settings, with 210 ml of oxygen per setting. The OxyGo FIT is well constructed and will operate for almost 3 hours using a standard, user-replaceable battery. It also has an optional larger battery, which will power the unit for up to 5 hours* and adds less than one-half pound in weight.

OxyGo FIT Comes With:

- Standard 2.7 hour battery
- 3 year warranty
- AC charger for in home, DC charger for car
- Durable carry bag with strap
- Nasal cannula

1400-2000

1400-2000-8 (system with double cell battery)

* double cell battery, setting 1

Offer your patients the benefit of reliable oxygen—without bulky tanks

OxyGo FIT™



1400-2000
FIT System
4 Cell Battery

BATTERY LIFE:
Up to 2.7 hours



1400-2000-8
FIT System
8 Cell Battery

BATTERY LIFE:
Up to 5.0 hours



1400-2000-24
FIT System
Two, 4 Cell Batteries

BATTERY LIFE:
Up to 5.4 hours



1400-2000-4-8
FIT System
4 Cell Battery
8 Cell Battery

BATTERY LIFE:
Up to 7.7 hours



1400-2000-28
FIT System
Two, 8 Cell Batteries

BATTERY LIFE:
Up to 10 hours

5 Setting OxyGo®



1400-1000
OxyGo System
8 Cell Battery

BATTERY LIFE:
Up to 4.75 hours



1400-1000-16
OxyGo System
16 Cell Battery

BATTERY LIFE:
Up to 10.25 hours



1400-1000-28
OxyGo System
Two, 8 Cell Batteries

BATTERY LIFE:
Up to 9.5 hours



1400-1000-8-16
OxyGo System
8 Cell Battery
16 Cell Battery

BATTERY LIFE:
Up to 15 hours



1400-1000-216
OxyGo System
Two, 16 Cell Batteries

BATTERY LIFE:
Up to 20.5 hours



Accessory Options

In-demand accessories to help your patients Keep GoingSM

OxyGo FIT™		5 Setting OxyGo®	
<p># 1170-2410 OxyGo FIT Protective Cover</p> 	<p># 1170-2420 OxyGo FIT Backpack</p> 	<p>#1170-1410 OxyGo 5-stg. Carrying Case</p> 	<p>#1170-1420 OxyGo 5-stg. Backpack</p> 
<p># 1400-2310 OxyGo FIT Air Cabinet Filter</p> 	<p># 1400-2010-4 OxyGo FIT 4 Cell Battery</p> 	<p>#1400-1010-8 OxyGo 5-stg. 8 Cell Battery</p> 	<p># 1400-1010-16 OxyGo 5-stg. 16 Cell Battery</p> 
<p># 1400-2010-8 OxyGo FIT 8 Cell Battery</p> 	<p># 1400-2040 OxyGo FIT Home AC Charger</p> 	<p>#1400-1030 OxyGo 5-stg. Desktop Battery Charger</p> 	<p>#1400-1311 OxyGo 5-stg. Air Cabinet Filter</p> 
<p># 1400-1050 OxyGo FIT DC/Car Charger</p> 	<p># 1170-2415 OxyGo FIT Carry Strap (only)</p> 	<p># 1400-1040 OxyGo 5-stg. Home AC Charger</p> 	<p># 1400-1050 OxyGo 5-stg. DC/Car Charger</p> 
<p># 1400-2030 OxyGo FIT Desktop Battery Charger</p> 		<p>#1170-1480 OxyGo 5-stg. Cart</p> 	<p>#1170-1445 Universal Accessory Bag</p> 



You focus on
PATIENTS.



We focus on **PAYMENTS.**

CareCredit is a health, wellness, and personal care credit card that gives patients an easy way to get the products and services they want and need, and pay over time for deductibles, co-pays, and costs not covered by insurance.* CareCredit has 10.5 million cardholders and is accepted at more than 200,000 provider and merchant locations. You get paid in two business days, helping you achieve your business goals. **Call to enroll today!**

*Subject to credit approval.



CALL 877.375.8069 | **VISIT** www.carecredit.com/2017



BOOMING BUSINESS

Inside the Mindset of an Untapped Market

Forget, for a moment, the problems caused by Competitive Bidding and shrinking government reimbursements. Think, instead, of the glass being half full—think of the surging market that should be swirling around every DME/HME. Listen to the voices of the baby boomers and those thinking about retirement and be prepared to tap into the incredible market they represent. According to *Nielson*, no group in America has more disposable income.

It has been estimated that America's 75 million baby boomers, between the ages of 52 and 70, control about 70 percent of all disposable income in the U.S., according to *Nielson*. On top of that, boomers are expected to inherit as much as \$15 trillion dollars over the next 18-20 years.

Now that's real spending power!

Studies show they are going to spend that money in a lot of ways. Most significantly, boomers will shell out huge amounts for healthcare, travel, entertainment and dining out. They will spend less on cars and on new clothing. They will spend more on healthcare to keep them going over anything else.

This is one reason you should stock up on products like OxyGo® POCs. They allow your patients to do more and enjoy life—leaving bulky oxygen tanks behind. And that's what many of your current and future patients most want and are willing to use big chunks of their disposable income to obtain. Cash sales for them! ... Cash profits for you!

To help you better understand the psychology of this market, I talked with a number of workers and retirees to get a feel for their retirement outlook and needs. Some had already retired, others were thinking about what it was going to take to retire. Healthcare was often their #1 concern. How they were going to pay for it dwarfed most other retirement issues. Some were confident, some were frightened.

One thing is certain, they all represent a current (or future) market for you as a DME/HME. Think of what they told me as a window into their retirement mindset—and what YOU can do to best serve them as customers.

by Rob Saltzstein, Contributing Editor

“To help you better understand the psychology of this market, I talked with a number of workers and retirees to get a feel for their retirement outlook and needs. **Healthcare was often their #1 concern.**”

FRED ■ IOWA

Just “retired” though still working full time

“I am on Medicare and I think when I signed up for supplemental insurance it did not sound so bad. I have not had any major medical situations arise—but after dealing with Medicare for about 6 months, the system is a whole lot worse than any of the insurance plans I was on before. I dread having anything major come up.

Part of it is the hassle you have to go through to get medications and diabetic supplies because it requires different parts of the insurance to cover. And maybe it is just the pharmacy I am using, but it took three months to get some things straightened out. And the costs I have to pay for medicine is higher than what I had before. One item was fully covered by my old insurance and now I have to pay for it, which doesn't make any sense. But that is what the government does for us—complicates it instead of simplifying.”



PETE ■ VIRGINIA

Just retired at the age of 52

“I was laid-off at the end of December and decided to go ahead and just retire. I'm concerned about health care—paying \$20,000 for family insurance through COBRA this year—but have been told that (if the system remains the same), we should qualify for the full subsidy on the health care exchange in 2020, because we will have little to no income.

Regarding my retirement expectations, I'm not sure yet but definitely plan on a lot of travel over the next 10 years. And we hope to do a lot of volunteering and non-profit work as well.”



CARRY ■ UTAH

Retired 2 years ago, after 36 years with a non-profit

“I now work part time with a for-profit business. I need the sense of accomplishment and think that is true for many baby boomers. Since baby boomers are a large retiree group, there are many different ‘goals’ for retirement. But overall, just relaxing and enjoying leisure activities isn't enough for many today. Retirees continue to redefine what it means to be retired. That's important since many retirees will live into their 90s and will live 30-40 years in retirement.”

LINDA ■ OKLAHOMA

Considering retirement

“Something you may not have faced—or are unaware of—is aging parents who live well into their 90s, but are not [financially] prepared for major health issues that occur in their final years. It can drain much of what you, yourself, had planned for your *own* retirement.

So I guess healthcare becomes a concern for all of us... Who knows what the future will bring?”

BYRON ■ FLORIDA

Just enrolled in Medicare

“The premiums for Part A, Part B, United Health supplement and Part D drug coverage are only 25% of my former HCA premium for [lousy] insurance. Major relief with *real* coverage.”





MARK ■ MICHIGAN

Retired in August, 2017

“Most of my career I enjoyed working. I retired in mid-August of last year. I was about 3 months short of 68. With retirement benefits from a previous job, SSI, and investment income, I could have an income equal to when I was working. I haven’t taken SSI and I’m still reinvesting.

Medicare and U of M health insurance covers most healthcare costs but not all. For example, part of the costs for hearing aids are covered—but not all. Upgraded lenses for cataract surgery are not covered. Co-pays are reasonable.

One recommendation I’ve heard is to have a hobby. My wife is an active and accomplished wildlife photographer and spends a lot of time standing in the sun waiting for a bird or animal to move. That’s not my cup of tea, but I also want some time away. One thing I try to do is to learn something new each day. The internet and libraries are good for that.

Do I miss work?... NO! I’ve been to a couple retirement parties since my own retirement and it’s great to see my old staff. But [seeing them] reinforces the fact that I don’t miss the aggravation of work.

My work environment changed dramatically last year. I was fortunate that I could leave whenever I wanted. The reason I picked the date I did was because that date was my parents’ 72nd wedding anniversary.”



DUBEY ■ NEW YORK

Retired from law enforcement at 57

“I’m 62 now and left law enforcement at 57. Not because I wanted to—but my last experience was so toxic that I determined that I could no longer participate in that profession.

I have a defined benefit pension and health care provided by the state. These provide the base for my family’s existence, but I have worked multiple part-time jobs so I can continue to hunt, fish and travel as I choose. In all my part-time jobs, I am a ‘non-essential’ employee and pretty much work if (and when) I want to. That being said, the additional income is necessary as the buying power of my pension continues to tumble. I would reach full Social Security benefits at age 66 years, 2 months, but do not plan to draw until I am 70.”

LEE ■ NEW JERSEY

Retired a year ago at age 59

“Here are my ‘tips’...

- 1) Make sure the math works. I used 3.5% as the annual withdrawal amount to cover my bills. Don’t forget about healthcare cost. It can be significant.
- 2) Be ok just being ‘another guy in line at the grocery store’. After you retire, whatever ego boost you got from your job is gone. I am 1,000% ok with this and love going to Kroger at 2:00 pm on a Tuesday.
- 3) Have a focus and something to do. My choice was volunteer work and I love it.
- 4) If you meet #1-3, retire as soon as possible. No one is guaranteed tomorrow.”

DOMINICK ■ FLORIDA

Turns 64 in March

“I’m worried that retiree healthcare is going to be a problem. This new tax bill has to be paid for somehow—and all indications are it’ll be through cuts to Medicaid / Medicare.”

COUNTDOWN to MEDTRADE

by Rob Saltzstein, Contributing Editor

All aboard for the “Medtrade Spring 2018” show! It comes to the Las Vegas Mandalay Bay Convention Center March 27-29. It’s the second largest trade show in the U.S. focused exclusively on the home medical equipment market.

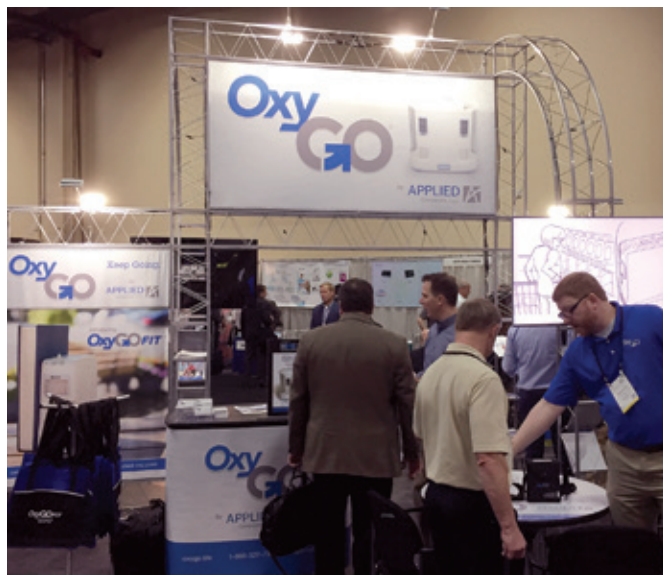
Emerald Expositions, the show’s owner, touts Medtrade Spring 2018 as designed to give today’s providers the highest quality educational, networking and advocacy opportunities—and the largest selection of HME products under one roof.

While considerably smaller than the fall Medtrade show held in Atlanta every year, the spring event is noted for attracting a home healthcare crowd hungry for new products, especially in the retail sector. One provider I talked to says he always tries to come back home from the Las Vegas show with at least three new retail products to help him keep “ahead” of his competition.

While booth sales have reportedly remained brisk for Medtrade 2018, there is one class of exhibitors that has not been asked back. York Schwab, Account Executive for the show, said earlier this year, “We are not selling booth space to face cream companies that were roundly criticized in post-show surveys. We rejected them all, and in 2018 there will be zero.”

One of the most popular draws of the show is the New Products Pavilion. Sponsored by *HomeCare Magazine*, it’s where exhibitors showcase products released to the market within the past year. Attendees will have the opportunity to cast their vote for their favorite new product while at the show. Providers looking for the hottest new homecare products will find many of them clustered together at this pavilion.

There will be a new look carried over from last year to the spring conference. Attendees asked for more “town hall”-like sessions and less “lecture style”, and more panels (including competitors in some cases!). This new format was introduced at Medtrade Spring 2017 and attendees were overwhelmingly positive in their feedback. The Medtrade Spring 2018 program will continue with these changes and also have some sessions with a new



Check out the OxyGo® Booth #737 to see the latest innovations in portable oxygen equipment and financing

seating arrangement to encourage more interaction and discussion among attendees.

Conference sessions this spring will be centered around eleven different tracks designed to give attendees the latest information they need to stay competitive:

- Sales and Marketing
- Executive Leadership
- Keeping it Legal
- Retail
- Strategic Planning
- Business Operations
- Audits and Compliance
- Medicare Updates
- Competitive Bidding
- Business Opportunity
- Networking and Special Events

Be sure to stop by Booth #737 to see OxyGo’s® latest POC units and other top-selling oxygen equipment. Ask about the unique financing opportunities OxyGo offers your customers that will help you close the sale and get paid fast!

Applied Home Healthcare Equipment is home to the industry’s leading oxygen experts. Visit Booth #573 to find out how to get oxygen cylinders for less than a dollar, cut delivery costs, meet oxygen compliance requirements, and more! With Applied you’ll get the selection, service and support you need to help your patients—and manage your business successfully.

Our editors recommend these four standout sessions as being among the **BEST of the BEST...**



Tuesday, March 27

9:00 am – 10:00 am

Sleep Joint Ventures:

Legal boundaries in testing and treating sleep disorders

Tuesday, March 27

1:00 pm – 2:00 pm

How to Win Online without a Big Ante



Wednesday, March 28

1:30 pm – 2:30 pm

How to Win a VA / Government Contract

Wednesday, March 28

2:45 pm – 4:15 pm

What You Don't Know CAN Hurt You!

Are you doing what CMS thinks you are?



MARCH SHOW SCHEDULE

▪ **Tuesday, March 27**

8:00 am – 4:00 pm

Workshops (start / end times vary)

8:30 am

First-Time Orientation

9:00 am – 4:30 pm

Educational Conference Sessions

5:00 pm – 6:15 pm

The Audit "Happy" Hour

▪ **Wednesday, March 28**

8:00 am – 9:15 am

AAHomecare Washington Update

9:30 am – 4:00 pm

Expo Hall Hours

11:45 am – 1:15 pm

Power Lunch

1:30 pm – 4:15 pm

Educational Conference Sessions

5:30 pm – 7:00 pm

AAHomecare's "Stand Up For Homecare" Reception

▪ **Thursday, March 29**

9:30 am – 12:00 pm

Expo Hall Hours

www.medtrade.com/spring/show/schedule/

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- I'm paying a lot to my supplier
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- FDA required form training
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1109-0048

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OXYLOK MINI Small Plastic Valve Seal

White, Case of 3,000

1109-0053

Your Price = \$202.50



Cylinder Seals

Standard Size Cellulose Wet Bands

30.5 mm x 25 mm.

1109-0014 Bucket of 1,000

Your Price = \$87.53

1109-0019 Bucket of 2,500

Your Price = \$158.87

1109-0074 Bucket of 4,000

Your Price = \$225.17

1109-0075 Bucket of 11,500

Your Price = \$512.31

Lot Stickers

OXYMARK Lot Stickers

750 per roll

1109-0002 Blank

1109-0002A Lot and Exp. Date

1109-0002B Lot and Liter

Your Price = \$17.96

OXYMARK Replacement Ink Roller

1109-0002IR

Your Price = \$5.74



Calibrations

NEW High Pressure Gauge (with calibration)

1120-0057C

Your Price = \$52.69

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1110-0420C

Your Price = \$52.69

NEW Digital Thermometer (with calibration)

1108-0115-1C

Your Price = \$68.99



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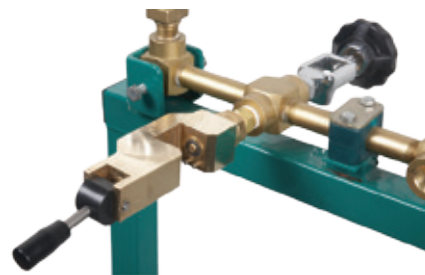
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and heavy duty black wheels.

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- 2 # 1100-1935**
Stationary rack.
Holds 8, D/E cylinders.
8 $\frac{1}{4}$ " H x 9 $\frac{3}{4}$ " W x 19 $\frac{1}{2}$ " L

Your Price = \$41.87

- 3 # 1100-1926**
Cylinder cart with removable
handle and 3" casters.
Holds 12, D/E cylinders.
36 $\frac{3}{4}$ " H x 20 $\frac{1}{4}$ " W x 22" D

Your Price = \$154.61

- 4 # 1100-1874**
Cylinder cart with four casters.
Holds 24, E cylinders.
42" H x 30" D x 20" W

Your Price = \$181.86

- 5 # 1100-1958**
Stationary rack.
Holds 24, D/E cylinders.
8 $\frac{3}{8}$ " H x 15" W x 40" L

Your Price = \$133.20

- 6 # 1100-1940**
Cylinder rack.
Holds 40, D/E cylinders.
8 $\frac{3}{8}$ " H x 20" W x 50" L

Your Price = \$217.45

1 # 1100-1853

Vertical Cylinder Rack with hold down bars and feet. Holds 6 M6 cylinders. 19 1/2" H x 12" D x 12" W

Your Price = \$73.27



2 # 1100-1894

Vertical Cylinder Stand with hold down bars and feet. Holds 24 M7/M9/C/D/E cylinders. 19 1/2" H x 20" D x 32" W

Your Price = \$110.24



3 # 1100-1891

Vertical Cylinder Stand with hold down bars and feet. Holds 6 M7/M9/C/D/E cylinders. 19 1/2" H x 12" D x 15" W

Your Price = \$73.27



4 # 1100-1844

M6 Mobile Cart. Holds 30 M4/M6 cylinders. 40" H x 23" D x 19" W

Your Price = \$211.55





①



②

- 1 # 1100-1892**
Vertical cylinder stand with hold down bars & feet.
Holds 12 E/D cylinders.
19 ½" H x 15" D x 22" W
Your Price = \$80.74

- 2 # 1100-1856**
Vertical Cylinder Rack with hold down bars and feet.
Holds 12 M4/M6 cylinders.
19 ½" H x 12" D x 18" W
Your Price = \$80.74



③



④

- 3 # 1100-1854**
Vertical Cylinder Rack with hold down bars and feet.
Holds 30 M4/M6 cylinders.
16" H x 23" D x 19" W
Your Price = \$131.58

- 4 # 1170-0156-1**
C Cylinder Box.
Each box carries 4 C cylinders.
Case of 10 boxes.
Your Price = \$61.67



⑤



⑥

- 5 # 1170-0158-1**
E Cylinder Box.
Each box carries 4 E cylinders.
Case of 10 boxes.
Your Price = \$81.25

- 6 # 1170-0154-1**
M6 Cylinder Box.
Each box carries 6 M6 cylinders.
Case of 10 boxes.
Your Price = \$38.34

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Chrome cylinder cart with adjustable handle. Holds 1 D/E cylinder. Sold in quantities of 4. Includes odor-free handle and heavy duty black wheels.

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Your Price = \$8.59 each

Sold in quantities of 4

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A common accreditation violation is drivers improperly handling cylinders on delivery. The most common violation is one that you might not witness! On deliveries, accreditors are writing up drivers who mishandle cylinders. Failure to follow DOT requirements can result in fines of \$2,100 or more.

Make sure you're compliant in 2018!



Planning for Long-Term Care

the time is NOW

by Erin Clark, Contributing Editor

The population is aging, and as more people move closer to retirement and beyond, the importance of planning for long-term care has never been more important. Unfortunately, it is often a topic that is underestimated at best, and avoided at worst.

There are 78 million baby boomers (those born between 1946 and 1964), which translates to a retirement rate of 10,000 people each day. Many of these baby boomers understand the importance of planning for retirement, offering investment options such as 401(k)s, IRAs and CDs, to name a few. But too often, planning for and investing in long-term care is overlooked, and that can lead to disastrous results for your nest egg. The cost of long-term care is trending upward, due to both a general increase in demand as well as a reduction in federal support.

To share a few numbers: Total healthcare spending in the U.S. made up more than 17% of our gross domestic product. That adds up to more than three trillion dollars per year spent on healthcare. In addition, since 1996 the December to December price increase outside of healthcare has averaged 2.2%, while the price increase for medical care has averaged 3.6%.

Understandably, many Americans are not confident that they will ever be able to save enough to allow for the level of care they could someday require, or they are underestimating just how costly it can be. But this is no reason to turn a blind eye or hope that the need for extended care will not apply to you or your loved ones. In fact, about 70% of all people aged 65 and older will need extra care at some point, according to a recent study from the *U.S. Department of Health & Human Services*.

Financial planners, consultants and other experts are strongly advising people to seriously consider the fact that they will need some level of care at some point in their later years, and they need to plan accordingly. While it may feel a little grim to plan for the needs that growing older brings with it, that's no excuse to ignore its importance and put off actively planning for it. Saving for long-term healthcare should be included with the other investment strategies as you save for your general retirement. This can include purchasing long-term health insurance, designation more of your assets to go towards your health care needs, or setting

“About 70% of all people aged 65 and older will need extra care at some point.”

aside home equity to pay for care. Some investment companies are even adjusting their financial modeling, adding as much as 20% to the figures they've been using. Having more accessible cash in your savings is important as well.

It's also important to remember that the necessary legal documents should be in place; wills, advance medical directives, a durable power of attorney (which names someone to make legal and financial decisions





or modify a home to make it more accessible for the less-mobile, how to use technology to make the home safer and even provide training on how to work with aging individuals who are experiencing declining mobility, physical abilities, and cognitive functioning. The importance and relevance of learning about aging in place transcends the construction industry; occupational therapists, physical therapists, gerontological specialists, nurses, bankers and realtors have also gotten involved to understand the trend learn about the options that are out there for their clients, patients and even their own families.

So what is the responsibility of those in the healthcare industry as it relates to long-term planning? Educate, educate, educate. Take the initiative to help ensure the aging population knows how important it is to plan for the inevitable fact that as they grow older their needs will change, and it is their responsibility to plan for the ability to accommodate for those changes in a manner that suits them and their idea of how they want to live out their lives. Provide resources to explain what options are out there, such as aging in place or hiring other levels of in-home care services. Offer solutions to help them take action toward planning for long-term care by offering workshops, providing educational literature, or leaning on your referral network put the right people in touch with each other to help put plan into action.

The journey of planning for retirement and beyond is a complex one, and understanding the growing need—and subsequent cost—of long-term care can make the process even more daunting. But taking the time to seek out the many resources that are available and putting a plan together will have invaluable results when it comes to having the means to live out your life with the level and quality of care you envision. ■

in the event that you cannot do it for yourself) and a health care proxy (which gives someone the authority to make medical decisions) are some of the documents that you should make sure you review and have in place.

So now that you know how important it is to save for long-term care, let's look more closely at what you are actually saving for. In other words, what are the options for long-term care, and how do you decide what is best for you? And what kind of costs do these options carry with them? According to the *Genworth 2017 Cost of Care Survey*, nursing homes and home care prices are rising the most quickly. Here are a few of numbers from the recent study:

- Home health aide services, **up 6.17%** to \$21.50/hour
- Homemaker services, **up 4.75%** to \$21/hour
- Adult day health care services, **up 2.94%** to \$70/day
- Assisted living facilities, **up 3.36%** to \$123/day or \$3,750/month
- Semi-private room nursing home care, **up 4.44%** to \$7,148/month
- Private room nursing home care, **up 5.50%** to \$8,121/month

Of the many long-term options, the popularity of in-home care is increasing. Likely due to the concerns of

nursing homes and other types of assisted living settings, an estimated 77% of the aging population would prefer to stay in the comfort of their own home. In fact, many aging homeowners are retrofitting their existing homes, making changes to ensure that they can live comfortably, safely, and as independently as possible.

This growing trend, called “aging in place,” enables an individual to remain in his or her own home for as long as possible, creating modifications to the home itself or utilizing in-home services to meet the aging individual's evolving needs. Some examples of these modifications can be as simple as installing a grab bar in the bathroom, raising the level of electrical outlets, or moving the master bedroom to the first floor, and can get as extensive as adding an addition to provide for a future live-in caregiver. Learning to make modifications to the in aesthetically pleasing way makes a big difference as well when it comes to general comfort and quality of life as well, enabling the elderly to be surrounded by the home they know rather than feeling that they have to turn their house into a hospital.

The concept of aging in place has become incredibly popular. *The National Association of Home Builders* even offers a course to give formal training on how to build



Creating A Successful Referral Network

by Erin Clark, Contributing Editor

It is no secret that strong, reliable referral sources are crucial to any provider's business. An effective, high-caliber network will give any HME the extra boost to reach its bottom line, establishing a strong reputation and setting your HME apart from the others.

Making sure your customers are satisfied and have positive experiences with your level of service will of course help grow your network. A happy customer will pass along your name to potential prospect, who will then be more likely to reach out to you directly. But while relying on your customers to serve as ambassadors to your business is essential, it is important not to overlook your peers right within the HME community.

Providers who work within a hospital setting have challenges unique their independent counterparts. Because of this, it may be easy for a hospital-based HME provider to feel alone, or feel that their access to resources is limited. This can be especially true of smaller hospital-based HMEs with fewer than 10 providers. However, joining a hospital group network through a group purchasing organization (GPO) can provide much needed support and crucial access to networking understanding performance metrics.

A hospital group network helps to facilitate relationship development and networking. Being a part of a GPO network will help you exchange best practices with other hospital-based HME providers who face the same challenges pertaining to retail, billing, technology, how to increase referrals, education,

purchasing, competitive bidding and more. A hospital group network within a GPO also helps the hospital-based provider by specializing in HME products and services while potentially helping to provide a better pricing point. The breadth of resources and sense of community make hospital group networks a smart choice for hospital-based DMEs.

There's another generally-untapped referral resource network that you do not want to overlook: Your own competition. It may seem a bit contradictory at first, but creating professional relationships with other providers is a mutually beneficial way to create and strengthen a network based on a professional partnership to share in business growth. Let's take a step back and look at why advocating for and partnering with other providers in your space can help turn your competitors into colleagues.

As a busy DME provider, it may not be realistic to be everything to ever customer you encounter. We all have different specialties, strengths, and areas of focus within our business. Imagine if a new customer came to you based on a referral from a competing provider. Why would he or she have done that, and what does that even mean for you, your competitor, and even this new customer?

It turns out that it can be a win-win for everyone, and here's why.

The other provider had a customer with a need—one which he or she could not fulfill as well you could. So you were given this new opportunity based on the reputation that your level of attention, expertise, or service was the best option for that customer. The customer came to you with confidence and with positive expectations, and will likely be more apt to refer others to you as well. By making this referral, your competitor has helped you become more credible in the eyes of the customer and has boosted your reputation and reach within your space.

But where does that idea of “mutual benefit” come into play? That referral will remember that other provider for genuinely putting the customer's interests first, and be likely to share that important information with others as well. Just like you, your competitor's credibility and reputation has also grown.

And lastly, think about your own impression of this competitor. You'll be more likely to take an interest in learning more about them, discovering other synergies that your practices might have down the road. If you come across a situation where you feel another provider might be able to offer more, you'll know who to call on first.

In short, you've become partners. By the simple act of making a referral to another provider, both of your “brands” have benefitted, and most importantly, the customer has benefitted received the best service possible. Leveraging competitors and working together with other providers will ultimately improve overall patient experience and help all parties involved.

As you create and expand upon network of referral sources of all kinds, it is important to keep a few key tips in mind.



- 👍 Always listen to your customers so you can truly understand what they need and whether you can provide it for them.
- 👍 Focus on the “service” part of customer service. A personal touch will build trust and strengthen your relationship, which will help create more referrals.
- 👍 Understand your limits, and avoid spreading yourself too thin. This will help you maintain a quality of service rather than chasing a desired quantity of customers.
- 👍 And lastly, take the leap of faith and refer to others when you feel that you cannot provide the level of service that you would like to be known for. This act of good will sets off a ripple effect that will positively affect everyone involved.

So keep an open mind when seeking out the many opportunities that exist as you work to expand your referral network. You will find an increased ability to generate your own leads as well as recognize when it is time to tap into your community. ■

Top Tips to Winning More Referrals



1. Have a very good contact relationship management system (CRM) in place to keep track of contacts, competitors and prospects.
2. Be easy to deal with... be flexible... be accessible. Ask your network and partners how they prefer to make a referral and make their life easier by accommodating that request.
3. Attend local meetings and medical trade shows in your area, and consider advertising in medical journals read by physicians close to your place of business. Become their go-to resource.

Setting Achievable Goals

FOR YOUR BUSINESS

It's no surprise that having and achieving business goals are critical for any kind of success. Goals are necessary to help you identify who you are, what you want and how you can grow as a provider.

But for many, the process of identifying your goals can seem more daunting than it needs to be. Here's a quick guide on setting goals efficiently, so you can dedicate more time to actually achieving them.

1. REMOVE

the roadblock

Taking those first steps toward identifying your goals can be intimidating. The best thing to keep in mind is that there is no right way to start, nor is there a perfect time. So jump in with both feet—brainstorm a list of anything and everything that could help achieve your bottom line.



2. REFINE

your vision

Now go back through the list from your brainstorming session and start fleshing it out into actionable items that are broken down into steps. This means you're making your goals SMART: specific, measurable, attainable, realistic and time-based.



3. REVISIT

your commitment

We all know how busy day-to-day life gets, and that's no exception for providers. It's important to keep your goals top of mind so that you stay focused and committed to achieving them. Keep a physical list within view at your desk, set reminders on your calendar—whatever you need to keep yourself accountable and on track.



4. REWARD

little victories

Celebrate the small milestones along the journey to your final destination. This will not only help you stay motivated to keep moving forward—but it will also give you a good sense of how you are consistently moving toward achieving your ultimate goals.



EVENTS



It's never too early to plan to attend key home healthcare shows and events that can help your professional advancement!

We would like to list your 2018 homecare state meeting and top scheduled events in a future issue of *Home HealthCare TODAY*. Please send the information to: rsaltzstein@homehealthcareday.org

Aging in America Conference
MARCH 26 - 29
San Francisco, CA

Filler Required*
Applied Training Seminar
MARCH 27
Las Vegas, NV

Medtrade Spring
MARCH 27 - 29
Las Vegas, NV

Visit OxyGo® at booth #737,
and Applied Home Healthcare
Equipment at booth #573!

**VGM's Brick by Brick:
Retail Workshop**
APRIL 17
Philadelphia, PA

Filler Required*
Applied Training Seminar
APRIL 17
Sacramento, CA

**NHPCO Management &
Leadership Conference**
APRIL 21 - 25
Washington, D.C.

**National CRT Leadership &
Advocacy Conference**
APRIL 25 - 26
Washington, D.C.

**MAMES Excellence in HME
Conference**
APRIL 25 - 27
Des Moines, IA

ATA18
APRIL 29 - MAY 1
Chicago, IL

**VGM's Brick by Brick:
Retail Workshop**
MAY 1
Tampa, FL

Filler Required*
Applied Training Seminar
MAY 15
Chicago, IL

**HOMES 30th Anniversary
Meeting & Golf Tournament**
MAY 15 - 17
Portsmouth, NH

**AAHomecare Washington
Legislative Conference**
MAY 23 - 24
Arlington, VA

**VGM's Brick by Brick:
Retail Workshop**
JUNE 5
Vancouver, WA

VGM Heartland Conference
JUNE 19 - 21
Waterloo, IA

RESNA Annual Conference
JULY 11 - 15
Arlington, VA

**NAHC Financial Management
Conference**
JULY 15 - 17
Austin, TX

Abilities Expo
AUGUST 3 - 5
Houston, TX

Filler Required*
Applied Training Seminar
AUGUST 21
Seattle, WA

Filler Required*
Applied Training Seminar
SEPTEMBER 18
Kansas City, MO

*Annual requirement per FDA, state and accreditation

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The POCs Patients will pay for **OUT OF POCKET!**

It's easy to see why the OxyGo® Family of POCs is the most demanded by patients. OxyGo truly gives patients the freedom to Keep Going—without the burden of heavy tanks, cords or long tubing. This high demand makes both OxyGo and OxyGo FIT™ great retail items for your business!

PLUS—with the revolutionary OxyCare Total Advantage™ Program, you can now provide patient access to affordable financing options for *any* budget. There is virtually nothing in your store that can't be financed and sold right on the spot with this program.

More sales for you—More flexibility for your patients! **It's a TOTAL WIN-WIN.**



OxyGo FIT™
5.9" x 2.7" x 7.2"
2.8 lbs.
5 hour battery*

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CARE
TOTAL ADVANTAGE™

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www.oxygo.life/financing

| 866-235-0057

| financing@oxygo.life

Visit www.oxygo.life/financing for instant patient financing application and details. Financing subject to credit approval.

* on setting 1 with optional double battery