

Raquel Micit 0:00

Welcome to The Senior Soup Podcast, the DMVs senior resource hub and premier senior advocacy platform. My name is Raquel Micit.

Ryan Miner 0:08

And I'm Ryan Miner.

Raquel Micit 0:09

The soup of the day is **Home Health Care**.

The spotlight is on our special guest, Roxy Laguerre, with Enhabit Home Health.

Raquel Micit 0:17

Welcome, Roxy!

Roxy Laguerre 0:19

Thank you for having me. So excited to be here.

Raquel Micit 0:21

How do you define home health care?

Roxy Laguerre 0:23

Home health care is really a wide range of healthcare services.

It's designed to be given in the home, of course, for typically an illness and injury or post-surgical procedure.

Roxy Laguerre 0:33

It's less expensive, more convenient, and as effective as the kind of care you would receive in a facility.

It's really designed for families and patients to stay at home.

That's what the system is heading towards and what we want for the patients.

Raquel Micit 0:50

A common question that I get all the time, coming from a home care agency with Amada Senior Care, is what is the difference between home health and home care?

Roxy Laguerre 1:00

I get that question all the time.

I always say if you have your left hand down and your right hand out, let's take home care in your left hand and home health in the right.

Roxy Laguerre 1:09

So, on the left hand, you have home care, which you represent.

And that's considered to be a private service dealing with companion care - things such as bathing, dressing, grooming, transportation services, and personal needs of the patient in the home.

Now it's also typically private pay.

Roxy Laguerre 1:27

In contrast, you have on your right hand home health, which is what I represent.

And home health is very different in nature, where it's providing a skilled service, meaning you have a clinical level of service from either a nurse, physical therapist, occupational therapist, or speech therapist, even; those services are designed to be intermittent throughout the week - two to three times a week - and covered by insurance: typically Medicare and commercial insurance.

Ryan Miner 1:53

To follow up on Raquel's question about the differences between home health and home care, talk to us about how people pay for this service.

Roxy Laguerre 2:01

So, for home health, Medicare does cover the services at 100%.

It's pretty much across the board.

I have never heard of a patient who has good old-fashioned traditional Medicare and has any kind of out-of-pocket cost associated with it or co-pays

Ryan Miner 2:16

It's Part A, correct?

Roxy Laguerre 2:17

Part A, that's right.

Ryan Miner 2:18

And we're [Medicare] Part B at Ennoble Care - because we do more long-term (healthcare).

Ryan Miner 2:22

So, we go together like peas and carrots.

Roxy Laguerre 2:25

That's right!

Raquel Micit 2:26

And what about if you have long-term care insurance?

You know, Amada Senior Care specializes in that.

Ryan Miner 2:31

Let me tell you about Amada Senior Care: They upfront the cost. Nobody else does that.

Raquel Micit 2:36

That's our secret.

Roxy Laguerre 2:37

So you mean the waiting period?

Raquel Micit 2:38

Once their claim is activated, we don't put the burden on the patient to pay out-of-pocket costs and have them deal with the insurance company to get reimbursed.

Roxy Laguerre 2:48

That is unique!

Raquel Micit 2:49

Amada Senior Care will front the care (the costs), and we will take on all the efforts to do that.

Ryan Miner 2:55

How long does it take to have a physical therapist or an occupational therapist, or maybe a speech therapist, come inside the home?

Roxy Laguerre 3:02

From the time of a completed referral, it can take as little as 24 hours.

Roxy Laguerre 3:06

I've been able to take care of some patients in less than 24 hours, or I should say, have a clinician come to the home.

Ryan Miner 3:12

Less than 24 hours.

Raquel Micit 3:13

Wow!

Roxy Laguerre 3:14

Now the average is 48 (hours). A lot of people don't know this, but that's actually the Medicare law.

Roxy Laguerre 3:19

Patients who are needing home health services should be seen - and that's called Timely Initiation of Care- within 48 hours.

Ryan Miner 3:27

Is that a federal regulation?

Roxy Laguerre 3:28

It is.

Roxy Laguerre 3:28

It was heightened even more so, or I should say it was brought to light more so during the COVID pandemic.

Because obviously, the whole industry really went through a dynamic change with staffing levels.

And we actually went through some of that. However, we've rebuilt.

That is where we really shine because we will tell our referral sources, such as your Brooke Groves, that we expect to re-anticipate seeing the patient within X amount of time.

Roxy Laguerre 3:54

So we set the expectation upfront - so that there's no guesswork left.

Ryan Miner 3:57

We all work together like peas and carrots. I keep saying that analogy. We all work like...

Raquel Micit 4:03

Pizza and ranch!

Ryan Miner 4:05

And I love pizza and ranch!

Raquel Micit 4:06

Pizza and ranch!

Ryan Miner 4:08

Or, I'll take an Alabama lyric, "like spokes in a wheel."

Roxy Laguerre 4:12

All right!

Raquel Micit 4:12

So, Roxy, what services are included in home health? Because there are a lot of different components.

Roxy Laguerre 4:18

It can be a lot of moving parts.

Roxy Laguerre 4:19

The services included range from skilled nursing services, which means an RN, or registered nurse, and perhaps also an LPN, a licensed practical nurse, would come to the home.

A physical therapist or occupational therapist, or speech therapist.

So those are the different clinical levels that are considered skilled.

Roxy Laguerre 4:38

Across the board, there are also two other levels of service that can be added on or as needed: social work, through a medical social worker, along with home health aides.

So those two latter components are not necessarily a skill in and of themselves.

A doctor or hospital can't order those two levels in and of themselves, but they can go along with the other components that are needed for the patient.

Raquel Micit 5:00

- How do they get home health?
- Do they have to be coming from the hospital?
- Does it have to be from a skilled nursing facility?

If someone's listening out there, and they're thinking, 'Wow, I know someone who could really benefit from home health,' how do they go about getting a prescription?

Roxy Laguerre 5:13

That's the key right there: They have to have a prescription.

It's written just like medications are written.

So it has to come from either a doctor, a nurse practitioner, or a physician's assistant.

Ryan Miner 5:23

Ennoble Care can certainly help with that process.

But if they are already at the hospital and come in with a PCP, does the discharge planning process, do they typically reach out to their current primary care provider, and that doctor signs off on it (the order)?

Or is it someone internal, inside of the facility, or the hospital?

Roxy Laguerre 5:39

It's actually the inpatient rounding physicians who have hospital admission rights who write the orders.

Roxy Laguerre 5:45

As part of my role as a patient liaison, we coordinate with the discharge planners in the hospital, and we say, 'Who is this patient's community primary care physician?'

Or, in some cases, it could be a neurologist or cardiologist, and we have just to ensure that that patient is going to be followed by home health - because someone's got to be willing to sign off on all the subsequent orders.

Ryan Miner 6:06

If someone out there may not fully comprehend the term occupational therapist, what is their primary responsibilities?

Roxy Laguerre 6:13

Occupational therapy typically deals more with hands and then...

Raquel Micit 6:17

Jazz hands?

Roxy Laguerre 6:19

And then physical therapy usually deals more with the lower body or the leg. It's not exclusively one or the other.

Roxy Laguerre 6:25

So I did want to back up to Raquel's earlier questions - because I think you also asked if someone has to be hospitalized to have home health.

Roxy Laguerre 6:33

- No, they don't; they don't have to be in the hospital.
- They don't have to be in a skilled nursing facility.
- And this is one of the areas that Medicare is really focusing on.

As patients can get home health prescribed by their doctor, even if they're still at home.

And the reason for that is a lot of chronic illnesses that patients deal with don't require an emergency room visit; they don't have to go to the ER. Diseases like COPD, interstitial lung disease, diabetes...

Raquel Micit 7:00

How can it benefit someone to get a prescription from their doctor rather than just wait until they may think they really need it when getting discharged from the hospital or skilled nursing facility?

Roxy Laguerre 7:12

That is the \$64,000 question.

Ryan Miner 7:15

Why not 65?

Raquel Micit 7:16

Well, because it's probably a big misconception.

I would imagine that people think home health is more of a rescue than a preventative method.

Roxy Laguerre 7:25

You're absolutely right.

A lot of people think of home health as, 'Now I have to have this because I just came out of the hospital' and, 'Oh, I have to have this because I just came out of the skilled nursing field.'

Yes, that is true; however, the tide is really turning because Medicare wants patients to be treated as much as possible at home.

And that is probably the culture change that we need to have in our society today, which is, 'Don't wait until it's too late.'

Get the prescription from your doctor.

If you're having difficulty managing your disease process, whether it's diabetes or COPD.

Heart failure is a big one because that really goes into detail, 'Is it congestive heart failure? Is it uncontrolled hypertension? Is it something valve related?'

Roxy Laguerre 8:08

And those are the levels that our clinicians really can help delve into to figure out, in the home, what they are doing.

- Is it a diet modification?
- Are they taking their medications correctly?
- Do they need a form of exercise that is more beneficial to them?

All those components we can look at right in their own environment.

Raquel Micit 8:25

Can you give us some examples of types of doctors that can write these prescriptions?

Roxy Laguerre 8:29

Typically, most think of the primary care physician in the community, or internal medicine doc is typically the one who is the go-to.

However, not exclusive to that, there are some neurologists who deal with writing prescriptions for home health because they deal with disease processes, such as Parkinson's, dementia, Alzheimer's, and even Lewy Body disease.

Roxy Laguerre 8:52

There are so many people who are managing and taking care of the loved ones in the home.

They don't even know that that can be something, that can be a disease process that's managed in the home with home health and extra hands and eyes for their loved one.

Ryan Miner 9:05

Lewy Body is such a terrible disease.

My step-grandfather passed away at seventy-two from Lewy Body; it hit quickly - and talk about devastating.

Ryan Miner 9:13

The good news is with our services, we really are here to help our hospital discharge planners and our skilled nursing facility social workers.

As Raquel and I, and you always say, 'We're here to make your job easier.'

And we really do.

Roxy Laguerre 9:27

That's the bottom line.

Ryan Miner 9:28

It is.

Ryan Miner 9:28

The more information, the better.

The more the patient understands what happens next, the more I think that that is truly where we make a difference.

Ryan Miner 9:38

And that's why I wanted to shift just a bit and talk about the process.

Ryan Miner 9:41

I feel like sometimes patients are overwhelmed with either what they don't know or what they do know. They're trying to synthesize all this information.

Ryan Miner 9:49

Raquel walks in, and she'll talk to them about home care.

And then they hear home health; there are all these different terms.

Where we as healthcare professionals need to consider how to change the process or at least make it so much easier is give them a packet that explains it, point by point, with as minimal information as possible, but walk them through the process so that they have no concerns once they're home.

Roxy Laguerre 10:12

Less is more.

Ryan Miner 10:13

I think so.

Raquel Micit 10:14

I agree.

Ryan Miner 10:14

As marketers and educators, we have to learn the right message to deliver at the right time.

You talk to patients inside Roxy - inside hospitals and facilities. They're overwhelmed with information.

Ryan Miner 10:27

How do we as professionals do a better job of breaking information down and not making them feel overwhelmed, but also being their guideposts, their guiding light, once they are discharged?

Raquel Micit 10:38

Not just overwhelmed with all the options of ways to go, but also the emotions?

I mean, these are major life changes.

And you get to a point that I've witnessed, obviously, that they don't want to lose their independence and don't want to feel like they're getting old.

How do you navigate those conversations and help them feel comfortable and okay through it all?

Roxy Laguerre 11:01

I have a husband who's an educator, and he uses analogies a lot.

Roxy Laguerre 11:04

I often use something that everybody can relate to: 'You need to tune up; it's time to get a tune-up, just like you would take your car into a shop.'

So the same thing happens with our bodies: Parts break down, parts get worn out, so it's time to get a tune-up. And that's what we're here to do.'

You can see their bodies and all of a sudden, they just relax, they start to understand and go, 'Oh, okay, I can relate to that.' That's one element in talking to the patient.

Roxy Laguerre 11:24

And also, the same kind of ease of conversation should happen with the family member, whether it's a spouse, brother or sister, or what have you; they need to be in the know, they need to be aware of the next steps and what's going on so that strangers aren't entering their loved one's homes.

Ryan Miner 11:41

We know that we can trust a nurse and a physical therapist, and we know we can trust an [Amada Senior Care](#) home care provider.

We know that we can trust an [Ennoble Care](#) physician's assistant or a nurse practitioner.

That's the first hurdle sometimes, I think, in health care, is communication and breaking down the barriers of the stress of having someone come in their home - because maybe they're not ready to have that. It takes a lot for someone of that generation to break a barrier or at least build trust.

Raquel Micit 12:09

Roxy, let's back up to cost. How long does Medicare typically pay for these services?

Roxy Laguerre 12:15

For home health services, typically, the average patient receives home health for about eight weeks.

It's called an episode.

Roxy Laguerre 12:23

Now, that's different than some commercial insurances.

It can be as little as one or two weeks depending on the situation.

For instance, a patient who has hip or knee surgery is probably only going to get service for about one or two weeks on average, especially your younger Medicare patient in their 60s or 70s.

Roxy Laguerre 12:39

Someone with a more chronic disease will typically be on service for six or eight weeks, or in some cases, the patient may start another episode after that eight-week period is over. It really all depends.

Roxy Laguerre 12:51

And again, if you think about it, someone in their 80s, 90s, they may all of a sudden get better with their COPD, and that's under control, but oh my gosh, 'I got diabetes too, and now that's uncontrolled.'

So that might be another goal that the patient needs to meet with, instead of the COPD being managed by a physical therapist who might need to have a nurse come in and have them manage the disease process of diabetes.

Roxy Laguerre 13:16

It can really vary.

Sometimes it goes on for yet another eight weeks in addition to the initial period.

Raquel Micit 13:21

And this is where a home care agency, like Amada Senior Care, works really well with our home health partners because when they're done with these eight weeks, you got to say, unfortunately, 'I'm sorry, but the services aren't covered under your insurance anymore, but, hey,

I know a great home care agency that can come in and help you with that non-medical care that you'll still need - like bathing and dressing and grooming and all the fun, amazing things to keep your home and safe and comfortable.

Raquel Micit 13:48

And that's why I love partnering with Enhabit Home Health - because you guys have been really great partners with that transition.

Roxy Laguerre 13:55

We know that working in the industry is not just us; we have to communicate not amongst provider to provider but even within our own teams. That's a standard.

All of the business development people like myself, who are nonclinical patient liaisons, are involved in our weekly case conference with our clinical team.

And that's so important because guess what, who gets the call from the physician?

We do, as liaisons.

We have to know our patients, and we have to know what's going on with them.

Raquel Micit 14:23

I want to shine a second light on Enhabit Home Health here.

Can you tell us how Enhabit is different than other home health agencies?

Roxy Laguerre 14:31

One of the areas in which we really shine is in outcomes.

Roxy Laguerre 14:35

What that really means is when a patient has reached his or her goals, there's a series of documentation that's done - ranging from an episode report - and it shows all the medication reconciliations that have been done.

It also shows their therapy progress, or if the patient had a wound in some way, what specific treatments were done for the wound, and if certain types of durable medical equipment were prescribed to the patient.

And then, they were taught how to use that cane, walker, wheelchair, or hospital bed.

Or if we had to ensure that their oxygen prescription was being utilized properly.

All of those components are included in an actual report.

And we give it to the doctor and say, 'Would you like this for your chart?' They're really blown away because most home health doesn't do that.

Ryan Miner 15:24

Another question I wanted to bounce back on is what can a patient expect when they are on a physical therapy or occupational therapy plan?

Roxy Laguerre 15:34

That can range widely because each patient's goals are designed to be very individualized.

In the initial visit, the goal is to come up with the just right care plan.

Raquel Micit 15:45

Who sets that up?

Roxy Laguerre 15:46

That would be the start of care clinician, whether a nurse, a therapist, or even a speech therapist, depending on the issues at hand.

Ryan Miner 15:54

And do you, Roxy, see that plan and can communicate that to families, or is that more geared toward the clinical side once they start?

Roxy Laguerre 16:01

It's more geared toward the clinical side.

I can see it in the form of that report that I mentioned a moment ago.

The patients receive workbooks.

You know, we were talking earlier about how someone might need a tune-up - kind of using that analogy of the car.

Raquel Micit 16:13

I've seen your workbooks!

You've shown me those workbooks - and they are amazing!

Roxy Laguerre 16:17

They really are!

They have been written by our senior clinicians on the executive team.

Ryan Miner 16:23

Is that it, right there?

Roxy Laguerre 16:23

Yes, it is.

Roxy Laguerre 16:24

So one of them here I have in front of me is fall prevention.

But they all follow a basic format, which it explains in this example, the workbook - that's just a small, you know, 50, 60-page workbook. It may sound like a lot, but if you're only going through two, three, or four pages at a time on a visit, we just break that meal down into small bites.

If you're a frequent faller or trying to help reduce the risk of falls, the patient or the loved one needs to know, 'Well, how do we do that?'

Roxy Laguerre 16:52

So first of all, we must help them get up from a fall.

And how do we address the fear of falling?

And then, what are some of the treatments that are really effective in reducing those falls?

Roxy Laguerre 17:02

My favorite page is our home safety page. It's like a checklist of all the spots in the house that can be triggers for falls.

Ryan Miner 17:09

Is that more on the occupational side?

Roxy Laguerre 17:11

It's actually a combination of physical and occupational, depending on what their falls result from.

If it's a shoulder injury, maybe it's occupational; but if it's more of a hip or a knee issue, then it's probably going to involve physical therapy.

Raquel Micit 17:23

We covered a lot today!

Raquel Micit 17:25

What are the three most important points you'd like people to take away from this topic of home health that would help them feel more confident in knowing and understanding what home health is?

Roxy Laguerre 17:38

I'm a big believer that you must advocate for your own care if you can't speak for your own needs.

Roxy Laguerre 17:44

Do your prep work now and get a loved one or a trusted friend or neighbor who you know you can count on in an emergency and who will have your back.

Roxy Laguerre 17:52

Plan ahead.

Roxy Laguerre 17:53

And also, making sure that ER or the emergency room - it's not always the first answer.

You know, the goal of home health is to keep patients at home and try to avoid them going to the hospital.

And that's where home health comes in. We can help keep you comfortable where you want to be.

Roxy Laguerre 18:08

Don't suffer from chronic pain!

You don't need to suffer.

You can reach out for help and educate yourself on that diabetes disease - but it's manageable, and you can still have an active life.

Roxy Laguerre 18:20

And then again, I can't stress enough that when you are your own advocate, don't be afraid to ask questions when you meet with your provider.

Ryan Miner 18:26

I wanted to tell you, Roxy, we heard very similar takeaways from Margie Hackett.

One of her takeaways was, 'Call your doctor; talk to your doctor, get ahead of this right away to understand what the plan is.

Ryan Miner 18:38

Health care really is a journey. And with a journey, you have to have a plan to get to point A to point B.

It's basic logistics.

And so I see us as logistical interceptors.

Ryan Miner 18:49

Do you like that?

Roxy Laguerre 18:49

I do like that.

Raquel Micit 18:50

We're all in this together.

Ryan Miner 18:52

We are all in this together!

Ryan Miner 18:54

And finally, we always like to give you the resources that you need to find what you're looking for.

If you go to your Google machine, Google, E - H - A - B - that's Echo, Hotel, Alpha, Bravo dot com. - and you can learn all about Enhabit Home Health Care.

Raquel Micit 19:13

All right, I think that's a wrap.

Just as a reminder, new episodes of *The Senior Soup Podcast* are released every Monday at 9:00 a.m.

Ryan Miner 19:21

Well, thank you, Raquel and Roxy; this was a lot of fun!

Ryan Miner 19:23

I appreciate you coming on; I think you're a wealth of knowledge.

We share a common passion for health care, for serving our community by providing...

Roxy Laguerre 19:32

Absolutely!

Ryan Miner 19:32

We all want to provide the best customer service and resources available.

That's the whole point of *The Senior Soup* - connecting our community with resources that are accessible, easy to find, and easy to read information, so they can make long-term healthcare decisions.

I hope I got that right, Raquel.

Raquel Micit 19:51

You sure did.

Ryan Miner 19:52

Awesome. This was a lot of fun.

Roxy Laguerre 19:54

It sure was, thank you for having me!

Ryan Miner 19:56

Thank you!