

>> Good day.

You're listening to "Ability Radio."

I'm one of your hosts, Amelia Headley LaMont, and I am joined today by an amazing service provider here in the U.S. Virgin Islands who we've worked with over the years, a person by the name of Tracy Sanders, Continuum Care program.

How are you? Good day.

>> Good day.

Welcome, and thank you so much.

>> Well, thank you for agreeing to be a part of our program and to inform the community about what your organization does.

It's been, I know, a long slog, and you can correct some misconceptions that I had as to what Continuum Care is.

Can you give us a little overview on what your organization does?

>> Well, Continuum Care has been in the Virgin Islands for 20 years.

We're coming up on our 20-year anniversary, which I can't believe it's gone this fast.

It seems like just yesterday.

But we were the first Medicare-certified program in the U.S. Virgin Islands.

We started here on St. Croix, and we've been continuously certified by Medicare.

And we expanded to St. Thomas in 2004.

And we service St. Thomas, St. John, and Water Island.

So, we have been working on end-of-life care.

And then with the closing of the home health agency here on St. Croix and the fact that there was no Medicare provider for durable medical equipment -- we call it DME -- it's hospital beds, oxygen, wheelchairs --

>> Mm-hmm.

>> We embarked on that journey.

So, we opened Continuum Care

Home Health in 2017, and 2018, we became certified by Medicare to be able to provide home health services under Medicare and also provide the medical equipment for our Medicare beneficiaries.

>> Okay, so, clarify this for me because, you know, we -- Again, those of us who are in the business hear this a lot.

What do we mean by home healthcare?

What does that entail?

>> Under home healthcare -- I'm glad you asked that question because many in our community require help in the home.

And what it ends up talk-- we talk mostly about is custodial care, personal care, that someone is bed-bound, they're homebound, they are being provided care by their loved ones 24/7.

And that type of care is not covered under home health. Home health under Medicare is a very rigid restriction regulatory.

The individual must be homebound, which means it's a taxing effort to leave the home. They need an assistive device, or perhaps their physician has said, "You can't walk more than 10 feet 'cause you need oxygen, so I want you to stay at home." They have to have a skilled need.

A skilled need means it's services that require a registered nurse or therapy, a physical therapist, speech language therapist, or occupational therapist.

And they have to be able to demonstrate improvement.

And the purpose of home healthcare under Medicare is to keep them out of the hospital, keep them at home.

So we get referrals both from the hospital when they're coming

home after surgery or an exacerbation of a medical condition or from the physician's office or the clinics to be able to address their medical needs to keep them out of the hospital and keep them at home.

>> 'Cause that's the view, to not have you stay in the hospital, right?

>> Correct, correct.

>> So, okay, you have an individual who, I guess, for lack of a better word, is pretty much homebound.

>> Mm-hmm.

>> That individual would then consult with a physician or clinic, and then that clinic would make a referral to Continuum Care for services?

>> I think a big component of this is provider education and community education so they know it's there.

>> Right.

>> When you don't know what you don't know...

>> Right.

>> ...you don't know what to ask.

>> Exactly.

>> And we get calls to our office saying, "Oh, I just need a hospital bed," or, "I just need a bathing nurse."

And so we have a series of questions.

We tell them, "This is confidential."

>> Mm-hmm.

>> It's just to make sure if they have eligibility for some of these programs they're not missing out on it.

>> Okay.

>> So, they might just want a hospital bed, but to find out they might have a wound, they were just out of the hospital with pneumonia, they've got new medications.

So, we might say, "Let us call

the physician on your behalf,"
or we refer them back to their
physician and talk to the
physician to say, "No, your
patient is eligible."

And we assist them in the
referral, what we need, how long
it must have been that they saw
the physician, and getting some
of those clinical notes.

>> My goodness.

So you do quite a bit.

>> We're navigators.

I always say we're kind of the
good shepherd of St. Croix and
the Virgin Islands 'cause we
want to make sure individuals
get the care and services that
they need and not too late...

>> Right.

>> ...and to try to keep up with
those people.

>> Because you were mentioning
somebody approaches and says, "I
just need a bed," but then you
also mentioned the wound piece
because, if I'm not mistake,
there are individuals who cannot
-- If you are restricted in your
movement, you have to move or
be, what, turned around in a bed
because of wounds?

>> Right, repositioned...

>> Okay.

>> ...because we know, as we get
older or we get frail or even
someone who's disabled, if
they're spending too much time
in one position, you know, you
can have skin breakdown in just
a couple of hours.

>> Wow.

>> So, it's repositioning.

It's turning.

And our community -- sometimes
they are just suffering in
silence.

>> Right.

>> So, it's being a