

Past and present mingle in support of patient care

CONFERENCE CEMENTS STATE'S POSITION AS RESPIRATORY CARE LEADER

The October 3 conference of the "Moving Mountains" COPD Conference attracted nearly 200 vendors, providers, caregivers and patients as well as a new commitment from a Colorado congresswoman to work for more funding for treating the disease.



Pulmonary medicine pioneer Tom Petty, MD, visited COPD Conference.

A lung legend. Tom Petty, MD, described by UCH Director of Respiratory Services and Pulmonary Diagnostics Allen Wentworth, MEd, RRT, as "one of *the* pioneers of pulmonary medicine," joined the gathering for a short time.

Petty, who once practiced at UCH, was the first physician to send a patient home on oxygen and one of the first to describe adult respiratory distress syndrome, Wentworth says.

The conference received an added boost from Colorado's First Congressional District Representative Diana DeGette, who received a "certificate of appreciation" for her support of legislation aimed at improving care for patients suffering from chronic lung disease.

In turn, DeGette announced she would become the first Colorado elected official to join the COPD Caucus, a group

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COPD (or chronic obstructive pulmonary disease) is a progressive malady that makes it increasingly difficult to breathe. Still beyond a cure, it is also one of the nation's most costly and deadly diseases. A bill that would let Medicare cover part of respiratory therapy and thus, its advocates say, provide more access to it is currently in Congress. *(See sidebar.)*

The conference, held at the Denver Police Protection Agency Event Center, updated the region's providers on new disease management and treatment possibilities for COPD.

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DeGette (far right) receives certificate of appreciation for her support of COPD patients, providers and caregivers.

of 51 U.S. representatives and senators who advocate for more funding and increased awareness of the disease. The Tuesday following the conference, she made good on her promise, becoming the 52nd member of the Caucus.

University of Colorado Hospital was well represented at the conference, sponsored by COPD Connection, a program that builds relationships between health care providers and those who suffer from severe respiratory illnesses, Wentworth notes.

The conference featured expert speakers, question-and-answer sessions, small-group presentations on therapy and equipment and displays by more than a dozen vendors of oxygen delivery systems.

State leadership. The Saturday gathering capped three days of focus on respiratory illness. On October 1 and 2, the American Association of Respiratory Care (AARC) sponsored a two-day

“COPD Educator Course” for clinicians who manage COPD. A heavy sprinkling of patients among the 132 registrants, however, illustrated Colorado’s leadership role in COPD patient advocacy.

For example, the Colorado Society of Respiratory Care, which co-sponsored the “Moving Mountains” conference, is the only state affiliate of the AARC that includes a patient chapter. It serves in that regard as a model for the national organization, Wentworth says.

“Many of these patients came [to the Educator Course] and spoke about COPD and about the types of things they believe should be included in their care,” Wentworth says. “The AARC wants to push forward with developing patient chapters in other states.”



Colorado First Congressional District Representative Diana DeGette with UCH's Allen Wentworth.

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Advocates Hope to Lay down the Law on Expanding Respiratory Services

Diana DeGette’s decision to join the congressional COPD Caucus is more than a feather in the cap for Colorado, Allen Wentworth says. She’ll help lend more support for legislation he and others consider crucial to improving care for patients with respiratory disease.

Wentworth and other advocates have their eyes on two bills presently in House committees. The Medicare Respiratory Therapy Initiative Act of 2009 (H.R. 1077) would allow Medicare coverage for services performed by qualified respiratory therapists under the general supervision of a physician. Therapists could bill Medicare for services at 75 percent of the Part B rate.

“Respiratory therapists [currently] cannot bill Medicare for their services,” Wentworth notes. “The bill would help us expand access to services for patients who need it, and it makes sense from a fiscal point of view. We can intervene earlier at 75 percent of the current cost.”

Respiratory patients have proven to be strong advocates for the bill, he adds.

“If we go to Congress as registered respiratory therapists asking for reimbursement, it sounds self-serving,” he says. “It makes a difference when Congress hears from patients who say that the therapy has changed their lives.”

Also vital to patients’ access to services, Wentworth believes, is passage of the Medicare Home Oxygen Therapy Act of 2009 (H.R. 3220), which would remove a 36-month cap on Medicare payments for oxygen services. “Currently, patients have to pay out of pocket for their oxygen therapy after 36 months,” he says, an obvious deterrent for many.

The bill would also exempt home oxygen companies from a competitive bidding process Wentworth says has allowed companies with little or no expertise to secure contracts to provide services.

While the fate of both bills is uncertain, Wentworth hopes that for the sake of patients, Congress rolls the provisions of both into a health care reform bill.

“Oxygen is the only thing proven to increase the lifespan of those with chronic lung disease,” he states. “And pulmonary rehabilitation is the only thing [we know will] improve the quality of their lives and give them their energy and confidence back.”