



Notes from the Editor

by James Stegmaier, RRT-NPS, RPFT, CCM

As we know, the home care industry is in a constant state of flux, and 2003 is shaping up to be another year of change for providers. But while we grapple with the latest challenges from competitive bidding to other developments, we are also facing opportunities that can make our mission of providing high quality care to patients easier and more cost effective.

In this issue are three articles that reflect the dynamics of home care, and how we can - and should - be harnessing them to work to our advantage. Specifically, we'll be looking at the influence of technology, marketing practices, and customer service on the clinical practice of respiratory care. Through a better understanding of these and other factors, clinicians and providers alike can better anticipate and deal with some of the key conditions affecting the practice of respiratory care in the home.

First, Tim Buckley, RRT, FAARC, director of respiratory services for Walgreens Health Initiatives, provides an article on the use of personal digital assistants by clinicians in home care. While new technology is often financially out of reach for many organizations, this is a good example of a technology that is not only affordable, but also offers excellent applications.

Next, Joe Lewarski, BS, RRT, our section chair, shares information regarding the impact of direct marketing on the practice of respiratory home care. His insights on the growing move to view HME as commodity items, help clarify what is sure to be a big challenge for our industry in the coming months.

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Use of PDAs in Home Care

by Tim Buckley, RRT, FAARC, director of respiratory services, Walgreens Health Initiative

Personal digital assistants (PDAs) such as Palm Pilots® are becoming important tools for respiratory therapists. As their capabilities increase, we will come to rely more and more on these technological marvels. Do a quick survey of the web and you'll see there are already hundreds of software programs available for PDAs that are relevant to the practicing RT.

One of many sites that lists commercially available programs, including various calculators, scoring programs, and reference materials, is www.palm.com/software/. Some of these programs are ideal for students, others are intended for the RT in the ICU or ER practice setting, and all can be downloaded to your handheld. However, while some of these programs would certainly be helpful or adaptable for the home care RT, there is nothing specific to that group. So let's take a few moments to talk about PDAs and some of their functions that may be applicable to the RT practicing in home care.

First, PDAs are really compact, portable computers. While most are sold as organizational tools, they all have other features that are worth discussing. For example, Palm Pilots are largely seen as day planners that allow the user to plan and track appointments, keep a list of phone numbers and addresses at hand, and jot down quick notes. But the real power of these devices is being able to "hot-synch" them to your PC, so that all of the data entered into your Palm Pilot is backed up on your PC. This also allows you to access these programs from your PC so that you can enter data into your PC and download it into your PDA. Everything goes two ways during a hot-synch - changes in your Palm are updated in the PC database, and changes in your database are loaded into your Palm. At the end of a hot-synch, both databases should match.

Another feature of the Palm or any PDA is that it can serve as a platform for other software applications. Depending on the capacity of your PDA you can even load applications such as Word, Excel, or Access. This means you can move documents and spreadsheets to your Microsoft® PDA. Is it possible to customize these applications for use in home care? You bet it is!

Several years ago, Walgreens Health Initiatives (WHI) was searching for a better way to track clinical information on its clinical respiratory patients. We tried transcribing the patient forms to a database using laptops, and other ways to keep track of information, but always encountered problems. Transcribing paperwork was time consuming and resulted in questions of accuracy. (It's hard to believe, but sometimes it's hard to read an RT's handwriting.) Laptops were portable, but they too often became the main focus of interaction between the RT and patient. So we continued to seek some way of entering the information directly to a database that would get the job done without distracting the RT from the patient.

We found what we were looking for when we developed a database to contain the clinical information we were keeping on paper, then adapted a program called a "forms manager" to enable the collection of that information on a Palm Pilot. At the end of the day, the RT hot-synchs his Palm Pilot with the PC and updates the database with any changes or additions from that day. Since many of our locations have more than one RT, this facilitates communication between therapists as well. After the update, each RT has an update not only on his own patients, but also of all the other patients and changes made by the other RTs at his location. This means the on-call RT has current information on all of the patients serviced at that particular location.

The other advantage of using a PDA is that once this information is entered into a database, we can easily examine trends and measure outcomes. When the information was on paper we realistically could only audit or sample, which is a cumbersome process. Now that the information is stored electronically we can slice and dice it any way we want.

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Finally, Cate Baird, a customer service representative with Health Aid of Ohio, provides an article on home care services from the perspective of the customer service representative. In the past, Bulletin articles have mainly focused on the therapist's and patient's perspective, but this is our first look at this vital co-worker. The customer service representative serves as a critical link between respiratory therapist and their patients. Indeed, without the customer service representative our interactions with our patients would be much more difficult and time consuming. ♦

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A Customer Service Representative's View of Home Care

by Cate Baird, quality assurance coordinator, Health Aid of Ohio

A good customer service representative (CSR) must possess four qualities: an outgoing personality, patience, honesty, and a backbone. When these traits are put together, you end up with an exacting, understanding employee who can be trusted to represent an organization and obtain and deliver accurate information to its clients.

The CSR's average day is filled not only with taking orders, scheduling appointments, and answering questions, but also troubleshooting mistakes made by others, consoling upset customers, and researching issues within the organization. Above all, it is the CSR's job to complete these tasks in a patient and courteous manner that establishes and builds a relationship between the person and his organization. This is often easier said than done.

Unfortunately, the importance of good customer service is sometimes overlooked in the home care business. The spotlight is often placed on sales representatives, therapists, or service technicians who have the majority of face-to-face contact with clients and referral sources. While these folks may arguably be the most crucial, one should not forget about the voices on the phone our customers and referrals hear everyday and come to associate with the inner workings of the organization.

As a quality assurance coordinator, I deal with the personalities of dozens of our patients each day. While I may be shielded by the phone line between us, I am at times subjected to clients who are angry or who even feel betrayed. No matter the reason, the most important thing I can do is to restore their confidence. I assure them something will be done, I explain any points of confusion, and above all I listen to everything they have to say.

There have been times when I was faced with a client who was angry or upset with our company because of a misunderstanding concerning reimbursement issues or home care organization policies. During these encounters I find the best policy is to first listen to their complaint, then reassure them about our dedication to quality service and helping our clients receive the most appropriate equipment for their condition. Then I apologize for any mistake that may have occurred and promise to call back with an answer as soon as one is obtained. I immediately search out the answer and relay it to them. Many times the response I have to deliver is not the one they wanted to hear. This is when the job becomes tricky. It is a CSR's responsibility in these situations to hand over an unfortunate explanation in the best way possible.

For example, I recently had to explain to a young man that we had to pick up a rental wheelchair from his 87-year-old mother because she was entering a nursing home. Conveying this information is usually not too difficult after the family understands that it's the responsibility of the skilled nursing facility to provide proper medical equipment to its residents. Unfortunately, the son in this case was not as easily consoled; in fact, he was extremely angry. He assured me that the nursing home in question did not have enough wheelchairs to go around and some residents were forced to share. He even begged me to forget that he had disclosed his mother's new residence. Having to tell this only son that his mother may have to take turns with the other residents for wheelchair privileges was not easy. Fortunately, I was able to provide him with options and explain to him his mother's rights. With some help, compassion, and patience, this man came away from an unfortunate situation with a positive view of our company - and with a wheelchair for his mother.

Obviously, not all encounters with customers start off negatively. There are many cases when clients even begin to look at their customer service representative as a friend or ally within the organization. One CSR I have worked with over the past few years has formed an especially strong relationship with a client and his wife. Rarely does a week go by when this couple doesn't call to say hello, or stop by with a homemade treat. They have become so comfortable with, and trusting of, her opinion that they prefer to deal with her rather than other members of our home care team. Connections like these are great for the business as well as the customers, because not only is their confidence in the company confirmed, our confidence in our own performance is reassured.

Good customer service is essential to running a successful home care business and should not be overlooked. Now, more than ever, companies need to provide excellent serv-

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A CUSTOMER SERVICE REPRESENTATIVE'S VIEW OF HOME CARE

ice to their customers, whether they are the clients, caregivers, or referrals. As Louis Feuer, an HME customer service specialist and author of *Customer Service: Strategies for the Health Care Environment*, said in the April 2003 issue of *HomeCare Magazine*, "If you don't have good service, you won't have to worry about competitive bidding, and you won't have to worry about a cut in reimbursement, because you're going to cut your profits yourself." ♦

HME a "Commodity"? What Are They Thinking?

by Joseph Lewarski, BS, RRT

It's no secret health care continues to change. In fact, change is truly the only constant in our turbulent health-related business environment. Home respiratory care will not escape these changes, as we continue to face numerous new challenges, most of which seem to be out of our control.

First and foremost, competitive bidding is still hovering over our heads. Congress has recently referred to HME, including oxygen, as "commodities" that would benefit from the price wars started by low bid contracting models. If legislators keep telling themselves and the public that HME is not a professional health care industry, the process of competitive bidding is likely to gain ground because people will believe they are purchasing or renting a "thing" rather than a "service." And since Congress is still trying to develop a prescription drug plan for seniors — a very contentious plan requiring over \$400 billion to fund — monies must be shifted. Legislators must find places to cut in order to "fund" this near fantasy plan, and we are an easy target. Although we may escape a major change in the short run, unless we get our message to the public and change opinion, I think we can expect to see some type of new payment model that differs markedly from the historic fee-for-service plan we have built our businesses around.

Other challenges seem to drain power from the provider, shifting control of our business away from us and to others. One sensitive issue is the introduction of direct-to-consumer marketing from medical device manufacturers. Previously illegal and always questionable ethically, this practice now falls under relaxed FDA rules that permit manufacturers of prescription drugs and products to aim their marketing efforts directly at patients — or, as they view them, "potential customers." These campaigns arm consumers with limited and sometimes misleading information about products, encouraging them to request the target product from their physician.

This strategy may work fine for most consumer product marketing and branding efforts, but there are some significant differences in health care that make it unadvisable. Most importantly, consumer products are normally paid for by the consumer out of personal funds (or a credit card, as the national debt demonstrates). Consumers pay! That is the key. It explains why brands like Timex and Rolex can exist in the same market. In health care, and HME in particular, someone else is almost always paying the bill. In addition, there are many rules and restrictions governing payment, and most products are not identified by brand but rather by function. Using the watch example, Timex and Rolex both tell time but the cost difference is substantial. If all pricing were equal, which brand would dominate?

In my humble opinion, health care products are not commodity items. They should not be contracted to the lowest bidder, and they should not be advertised like laundry detergent, a process that helps perpetuate the idea they are commodities, not professional health care services. ♦

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USE OF PDAS IN HOME CARE

Of course, with the electronic storage of information the portability of these devices come some additional concerns. Specifically, the new HIPPA regulations mandate protection of this information. For that reason, all of these devices are password protected, so if they are lost, a finder cannot access the information. The good news is, while electronic storage raises some concerns, it offers the ability to back up the database, whereas loss of a paper chart would mean no ability to recover that information.

So consider whether a PDA may help you, as a clinician, to deliver better care to your home care patients. You may become a big fan of the handheld computer and come to rely on the device as much as the RTs at Walgreens have.

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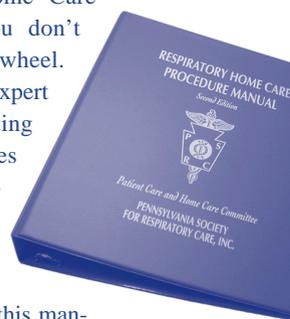
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