American Association for Respiratory Care's

Home Care Bulletin

November / December 2002

Notes From The Editor: A Year in Review

by James Stegmaier, RRT, RPFT, CCM

As 2002 rapidly comes to a close, we can look back on the challenges and the successes that were a part of this dynamic year.

The year started off with our chair, Joe Lewarski, RRT, assuming a seat on the AARC Board of Directors. Joe was sworn in at the 47th International Respiratory Congress in San Antonio, TX, in December 2001. This was an opportunity for the Home Care Section to have additional influence on the activities of the AARC. The section secured a seat on the Board of Directors when the section membership exceeded 1,000. We must continue to promote the value of AARC and section membership in order to maintain the necessary numbers to retain this important seat on the Board of Directors.

As we moved through the winter and into the spring positive changes in CPAP reimbursement through the Centers for Medicare and Medicaid Services (CMS) was a welcomed development. The changes revolved around updating the qualifications necessary for CMS to deem the CPAP system medically necessary. The changes included using the Apnea/Hypopnea Index instead of number of apneas to determine eligibility. The requirement for a Certificate of Medical Necessity was abolished as well.

Through the spring, summer and fall competitive bid-

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Section Connection

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JCAHO ACCREDITATION REPORT:
Please consider sharing information about your most recent site visit by filling out the form on the AARC website found at the following link: www.aarc.org/members_area/resources/ jcaho.asp.

SECTION LISTSERVE:
Start networking with your colleagues via the section listserve. Go to the section home page on www.aarc.org and follow the directions to sign up.

Home Care Therapist Awarded AARC Fellowship

Home Care Section member Timothy W. Buckley, RRT, was recognized as a member of the AARC's 2002 class of Fellows on October 5, 2002, at the 48th International Respiratory Congress in Tampa Bay, Fla. Fellowships are awarded to individual members of the AARC who have exemplified the qualities of a true professional and reached a level of distinction in the professional practice of respiratory care through demonstrated nationally prominent leadership and influence and achievement in clinical practice, education or science.

Timothy Buckley has been involved in the profession for over a quarter century, with the past 20 years dedicated to excellence in providing respiratory care in the home environment. He is currently director of respiratory and home medical services at Walgreens Health Initiatives in Deerfield, Ill. Some of his many professional activities include: board member, American Lung Association of Illinois and Iowa; participant, Fifth Consensus Conference on Long Term Oxygen Therapy; member of the AARC for over 25 years; and Home Care Section member of the American College of Chest Physicians. Timothy has researched, published and lectured extensively on a variety of respiratory care issues throughout his distinguished career.

Congratulations to Timothy on this prestigious award from the AARC. ◆

Invacare Award for Excellence in Home Respiratory Care

This year's Invacare Award for Excellence in Home Respiratory Care went to Home Care Section member Robert Fary, RRT. Robert was honored with the award on October 5, 2002 at the 48th International Respiratory Congress in Tampa Bay, FLa.

Invacare has presented this award annually in cooperation with the American Respiratory Care Foundation since 1992. The award is presented to a member of the respiratory care profession involved in home care who has demonstrated outstanding individual achievement.

As corporate director of respiratory services for Apria, Inc., Robert has devoted countless hours to improving respiratory care in the home care environment. Some of his voluntary contributions to our profession include: board member, National Home Oxygen Patients Association; clinical advisor, Emphysema Foundation for Our Right to Survive; co-chair, Vendor Advisory Committee, National Association for the Medical Direction of Respiratory Care; Home Care Section member, American College of Chest Physicians; participant, Fifth Consensus Conference on Long Term Oxygen Therapy; and member, HME/RT Advisory Council, AAHomecare, and co-author of the AAHomecare White Paper on Oxygen Retesting. Robert is also a regular speaker at many AARC-sponsored conferences, as well as state and regional society meetings.

Congratulations to Robert on this distinguished award, which was well-deserved for his dedication to the profession of respiratory care, his peers and his patients. ◆

Mileage Rates to Drop

The Internal Revenue Service is reducing the standard mileage amounts that can be deducted for business purposes in 2003. In a statement released in mid-September, the federal agency noted the standard rate to use a car for business purposes will drop to 36 cents per mile, down from 36.5 cents per mile in 2002. Standard mileage rates for use of a car in providing services to charitable organizations remains firm at 14 cents per mile. Deductions taken for using a car for medical reasons is dropping by one cent, from 13 cents per mile in 2002 to 12 cents in 2003. ◆

COPD and Osteoporosis

Canadian researchers find patients with COPD are at risk for vertebral fractures but may not be getting the care they need to prevent them from occurring.

Their review of chest radiographs found 25.5% of patients studied had at least one vertebral fracture. But only 17.8% of the fractures were recorded in hospital charts, and just 38.8% of those who suffered fractures had a diagnosis of osteoporosis in their medical records. Just 19% had been prescribed an osteoporosis medication. The authors conclude vertebral fractures and osteoporosis are underdiagnosed in COPD patients.

The study was presented at a recent meeting of the American Society for Bone and Mineral Research. ◆

Send Us Your Email Address!

Beginning next year, the Bulletin will be published on a quarterly, rather than bimonthly, basis. But that doesn't mean we'll be communicating with you less often than before. The plan is to increase communication to members via a monthly email which will feature items of interest to the section. If you're already receiving email messages from the AARC, you will automatically receive these emails. If you aren't getting AARC email, that means we don't have your email address. To ensure you don't miss out on these timely publications, send your email address to: mendoza@aarc.org. ◆

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Competitive Bidding May Limit Access to Portable Oxygen

A new study on the effects competitive bidding is having on patients in the Polk County demonstration project indicates the practice may be significantly limiting the access respiratory patients have to portable oxygen services.

While Medicare beneficiaries rated the quality of their respiratory home services as high, and the number of seniors receiving portable oxygen declined only by 10%, results showed the number of new home oxygen users who received portable oxygen as part of their service dropped by 34%. Home health advocates believe this decline warrants further attention, noting portable oxygen is much more than just a quality of life benefit. Those who receive portable devices ultimately live longer, because they are better able to get out and interact with their friends, families and communities.

The statistics on portable oxygen use are part of the Department of Health and Human Services second annual report to Congress on the competitive bidding project. ◆

OIG Targets UPINs

The Office of the Inspector General (OIG) has issued a final inspection report on supplier billing and documentation practices for durable medical equipment, prosthetics, orthotics and supplies ordered by physicians.

Under current rules, each physician should receive only one individual unique physician identification number (UPIN) by Medicare. However, a surrogate number may be used until the individual UPIN is assigned. In this study, the OIG examined a sample of services for which a surrogate number was used for billing claims.

Results showed 61% of the reviewed services were ordered using a surrogate number when the prescribing physician's permanent UPIN should have been used instead. For more than a third of the services, physicians had been issued a unique physician identification number at least five years prior to the dates of service on the claims. The OIG also found that supporting documentation was missing or incomplete for 45% of the sampled services, and notes that Medicare paid an estimated $61 million for services billed with surrogate numbers that had missing or incomplete documentation in 1999.

Given these findings, the OIG is recommending that the Centers for Medicare and Medicaid Services (CMS) perform targeted reviews of claims for medical equipment ordered with surrogate UPINs. OIG also wants CMS to continue educating suppliers and ordering physicians about the use of accurate UPINs on claims, emphasizing that surrogates should not be used if the ordering physician has a permanent number. ◆

Keeping the Faith

Patients suffering from debilitating illnesses often turn to religion for spiritual support. That's not a bad idea, finds a new study based on 21 cardiac rehabilitation patients. Researchers from Geisinger Health System in Pennsylvania found patients with strong religious beliefs were more confident of their abilities to perform physical tasks during rehab and ultimately had better perceptions of their physical abilities during the 12-week program.

The study involved 11 men and 10 women with an average age of 61 who were classified by age to determine associations regarding spirituality and religiosity (a person's religious practice vs. their spiritual beliefs). Each was administered four questionnaires measuring:

- Religiosity
- Spiritual and Religious Concerns
- Quality of Life
- Self-Efficacy (confidence to perform physical tasks)

Regardless of age, the researchers found ritual and overall religiosity were related to a patient's self-efficacy at the start of the program and ultimately, their improvement throughout its duration. A larger study - with a target of 100 cardiac rehabilitation patients looking at five-year outcomes in first-time heart attack and bypass patients - is presently underway to confirm these findings. ◆

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NOTES FROM THE EDITOR: A YEAR IN REVIEW

ding was on everyone's minds as this important issue was debated in Congress. Competitive bidding did pass the House of Representatives as part of the Medicare Prescription Drug Bill, but at the time of this writing in early fall, the prescription drug bill appeared unlikely to pass the Senate. Competitive bidding will limit a patient's choice and has the potential to decrease the quality of life for the home respiratory patient. The challenges of competitive bidding are far from over and will continue into 2003. The AARC held a special meeting in September to address competitive bidding and its impact on home respiratory care and will continue to work diligently on our behalf in the coming year.

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) made some significant changes this year which affected all JCAHO-accredited home care organizations. In May JCAHO announced changes in the ORYX program. The changes for durable medical equipment providers included a suspension of the requirement to participate in the ORYX program. The suspension is set to take place January 1. ORYX will be voluntary while JCAHO officials identify and determine meaningful measures for durable medical equipment providers. Organizations are still expected to have a performance improvement process in place to meet JCAHO standards during the suspension.

JCAHO added a new non-voting member representing home care to the Board of Commissioners. Frances Baby, from HomeReach in Columbus, Ohio, was appointed to a two-year seat on the board. The purpose of this new board member is to build and strengthen relationships between home care organizations and JCAHO.

With the fall came the 48th International Respiratory Congress in Tampa Bay, FLa.. This year's program featured over 20 lectures dedicated to the practice of respiratory care in the home care environment. There were another dozen or so lectures which, while not directly targeted to the home care therapist, carried an application in home care. Under the leadership of Joe Lewarski, the section has realized a significant increase in the number of lectures on home care at the national level. (Remember: it is not too early to begin working on Open Forum abstracts and thinking about topics for lectures for next year's International Respiratory Congress in Las Vegas. Details on how and where to submit topics for lectures can be found on the AARC web site, www.aarc.org. The deadline for submission of lecture topics is 12/31/02.)

Two members of the section, Timothy Buckley, RRT, and Robert Fary, RRT, were presented with awards at the International Respiratory Congress. These two professionals should be congratulated for their dedication to the profession of respiratory care and its practice in the home care setting. (See articles in this issue for more about the awards and their winners.)

Two major themes, which remained strong throughout the entire year, were the use of evidence-based medicine and patient safety. Evidence-based medicine was discussed during multiple lectures at this year's International Respiratory Congress, with some lectures addressing the use of these methods in the home environment. Safety was also addressed in detail at the Congress and was also on the front burner at JCAHO. This summer, JCAHO announced a major push for improved patient safety for the year 2003 by publishing six patient safety goals, with a decrease in medical errors priority number one.

As we approach 2003 we need to remain focused on improving the quality of life for home respiratory patients of all ages. We need to remain aware of what is happening on a national level with competitive bidding and be willing to get involved and contact the appropriate members of Congress to assist in educating our lawmakers about what competitive bidding could potentially do to patient care and quality of life. The AARC will continue into 2003 with efforts to introduce legislation to include the respiratory therapist in the home health benefit under Medicare. Please remember that the AARC takes an active role in educating members of Congress through their lobbying efforts. Please remember to renew your membership and get your peers to join the AARC so the voice of our profession can continue to be heard on a national level. ◆

Want to receive this newsletter electronically?

e-mail: mendoza@aarc.org for more information.

Your Input Is Important

The Home Care Bulletin will undergo a slight change for 2003. Beginning with our Spring 2003 issue, the Bulletin will be published quarterly instead of every other month.

Our need for contributors, however, remains unchanged. The Bulletin welcomes all submissions on any topic related to home respiratory care. If you have an idea in mind and need assistance in turning that idea into an article, please contact Jim Stegmaier, RRT, RPFT, CCM, at the addresses/numbers listed on page two and he will be more than happy to assist you with this endeavor. Or, simply email or fax your contributions to Jim.

Send in your contributions and we'll use them in the next bulletin. ◆

Diagnosing Sleep Apnea: Men and Women are not Created Equal

A new study out of Sweden finds women who suffer from sleep apnea have different anatomical features leading to obstruction than men.

Researchers studied 596 men and 205 women referred with suspected sleep apnea syndrome between August 1997 and May 2000. A standardized ear, nose and throat examination was performed, with evaluation of obstruction of the nose, the size of the tonsils and uvula, the height and retro-position of the tongue, the position of the mandible, the distance between the uvula and pharyngeal wall and gag reflexes. A sleep study was then conducted on each participant.

The apnea/hypopnea index (AHI) was calculated from the number of apneas (>/= 10s) and hypopneas per hour of sleep, and sleep apnea was defined as a score greater or equal to five. Body mass index (BMI) was calculated from the recorded height and weight.

Investigators found female subjects seeking medical help for sleep apnea were older, had a higher BMI and had a lower apnea index when compared with males. Men more often had an obstruction in the nose, a larger uvula and a shorter distance between the uvula and the pharyngeal wall. Women revealed a more marked retro-position of the tongue and tended to have more gag reflexes. In women, BMI and the size of the uvula were associated with AHI; in men, the index score was associated with the BMI, the height of the tongue, the size of the uvula and the distance between the uvula and the pharyngeal wall.

The study was presented at a recent meeting of the American Academy of Otolaryngology-Head and Neck Surgery Foundation. ◆

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