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American Association
for Respiratory Care

Notes from the Chair

by Joseph S. Lewarski, RRT, RCP

Happy New Year! I thought I would start out the new year and my new position as section chair by introducing myself to you. I know that I have often wondered who some of the AARC leadership were, where they came from, and what their qualifications were. So, I'm sure many of you are wondering the same about me. Without providing a detailed CV, here is a little (and maybe more than you want to know) about me:

I have been a respiratory therapist since 1986, when I graduated from the respiratory therapy program at the Academy of Health Sciences in San Antonio, TX. Those of you familiar with the Academy know that it is part of Brooke Army Medical Center and the training site for many of the military's ancillary professional programs.

Since 1986 I have worked as a staff therapist, a hospital respiratory department head, and since 1990, in the home care arena. I have an AS degree in liberal arts from the University of the State of New York and like many therapists, I have both the CRT(T) and RRT credentials.

I made the transition to home care because I was looking for new challenges and I saw it as an area of tremendous growth. Home care afforded me the opportunity to apply the clinical and management skills I had acquired in the acute care arena to the rather poorly defined (in comparison to the traditional hospital setting), but rapidly growing, home respiratory industry. Adding to this incentive was the fact that many hospitals in my area were going through periods of significant "reorganization" and "downsizing," which left me with serious concerns about future career opportunities in the acute care setting.

I started my home medical career

as a staff therapist at a relatively small but well-recognized local HME/respiratory company. The company was owned by a smart, innovative, and entrepreneurial respiratory therapist named Geoff Sleeper, BA, RRT. Geoff and his company had the reputation of doing high quality respiratory care and being able to handle the "complex" cases that most traditional HME companies chose to avoid. It had an oxygen program, infant monitor program, and home ventilator program and was staying on the cutting edge of the growing CPAP and non-invasive ventilation markets.

As a result of very rapid growth and ever-changing reimbursement concerns, Geoff and his partners decided to sell to a large national chain and relieve themselves of the financial burden and risks associated with operating an HME company. I had the good fortune of working with Geoff for almost two years prior to the sale of the company. In that time I rose to the positions of clinical director and director of sales and formed a friendship with Geoff that carries on today. (By the way, Geoff is still an entrepreneur and is doing well. He is a partner in Tiara Medical, Inc., a manufacturer and distributor of CPAP masks, headgear, and accessories.)

After leaving Geoff's company I did a short stint as the Midwest regional sales manager for a company based in California that was involved in the emergency alert and telephone medicine business. Unfortunately, that company was acquired (this is beginning to take on a pattern!) by a larger organization, and the entire sales and marketing staff was released. In hindsight, this

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was probably a blessing, as it led to my current position with Hytech Homecare, a division of Hytree Pharmacy, Inc., an Omnicare Company, where I have been vice president for the last six years.

In my current position I oversee the organization's clinical, operations, and sales activities. Applying many of the principles and beliefs I developed earlier in my career, I sought to develop a home respiratory program that would be recognized for the service level provided to the customers and would earn the respect of our clinical peers working in the acute care and academic environments.

Hytech is a full service HME and respiratory company that specializes in complex adult and pediatric home care services. We have a large oxygen, ventilator, infant monitor, enteral, and infusion program. We pride ourselves on being known as the clinical "go to" company, providing sound clinical advice, accepting tough cases, and handling the products that other companies in our market choose not to. We do this because we believe it is a necessary service to the com-

munity and because we feel that we have developed the skills required for the job.

My experiences working with Geoff Sleeper and at Hytech have laid the groundwork for my basic goals and objectives as Home Care Section chair. I wish to promote the role of the home RT, not only to other respiratory professionals but to all persons within the health care community. I strongly believe that home RTs are a valuable and important part of the continuum of care. Although much has changed over the last few years, there is still a perception among many people in our profession that home respiratory care isn't *really* respiratory therapy.

For example, when I first began working in home care I wanted to join a local respiratory care manager's group. It was a semi-formal organization that met regularly to share information, discuss management issues, and help create some camaraderie among professionals. Unfortunately, home respiratory care managers were not accepted as members. That has since changed, but I use it to point out some of the problems home RTs have faced and continue to face as we attempt to legitimize our role in the health care industry. At a recent meeting of the Home Care Section, one member shared a similar experience. She stated that when she was describing her home care job to some other health care professionals they commented, "Oh, you used to be a respiratory therapist"!

If we ever hope to take home respiratory therapy to the next professional level, achieve greater clinical autonomy, and acquire the very important direct payment for services, we will need to quantify our worth. I believe there are only a few ways to meet this challenge, the foremost being through objective outcome data that demonstrate the real value of the home care practitioner. The data are out there, just waiting to be collected, summarized, and published. Every day home care RTs are doing innovative and important work in disease management, case management, and direct patient care. It's time to share this information with the health care community.

Because of the short hospital lengths of stay, we find ourselves

managing more complex and acutely ill patients. This has led to increased use of therapies such as NPPV, mechanical ventilation, aerosolized antibiotics, and narcotics, along with the use of some newer and non-traditional medical devices such as intrapulmonary percussive ventilation, the In-Exsufflator®, the ThAIRapy® Vest, and the Flutter® Valve.

Many of us working with these new therapies and devices know that we have contributed to improved patient care, improved patient quality of life, and in many cases, reduced emergency room visits, hospitalizations, and hospital lengths of stay. We need to collect and show these data to the Health Care Financing Administration and the private insurance industry. The tried and true method of proving your "clinical" point is by publishing such information in peer review journals.

So, as part of my role as section chair I am asking all of you to look at your own organizations and the unique and important work you are doing and then tell the rest of the medical community. Please submit abstracts and manuscripts to *Respiratory Care* and/or other appropriate clinical journals. If the material isn't appropriate for the peer review format, submit it to *AARC Times* or other trade journals that normally publish such information. If you want to "get your feet wet" before you try these publications, submit something to this *Bulletin*. It's a great way to share your experiences with your colleagues around the country and get a first publication under your belt at the same time.

I would also like to hear from those of you doing unique work, especially those who have "cracked the code" and effectively unbundled products from services so that you can get paid for home respiratory services. If you need help in these areas, please feel free to contact me. I'll do my best to assist and/or point you in the right direction. The best way to reach me is through my email: joerrt@aol.com.

I am very honored to serve as your Home Care Section chair, and I will do my best to act as an ambassador for home care on your behalf to the rest of the respiratory and medical communities. ■

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A Salute to the Out-Going Chair

Those of you who have had the chance to meet and work with Nicholas Macmillan, AGS, RRT, know what a wonderful person he is and what a great job he did during his two year tenure as Home Care

Section chair. The AARC and the Home Care Section wish to thank Nick for his two years of professionalism and hard work. Nick plans to continue to volunteer his services and expertise by helping the new chair

transition into his position and by continuing his advocacy of the AARC, respiratory therapy, and the home care industry. Thanks again Nick and good luck in your future endeavors! ■

Home Care Section Business Meeting Summary

Thanks to those of you who attended the AARC's 44th International Respiratory Congress this past November in Atlanta, GA. I would also like to offer a special thanks to all who attended our section business meeting, which was led by out-going section chair, Nick Macmillan, RRT. Nick offered his thanks for the support of the membership during his term and summarized the accomplishments of the section in recent years. Items discussed during

the meeting included:

- information about section fees
- the increase in the publication of the section *Bulletin* to six issues per year
- information about the AARC web site and the home care page and listserv (see related article in this issue)
- requests for volunteers to assist with section duties and to take on the positions of Internet coordinator and *Bulletin* coordinator

- solicitation of input from section members for topics and speakers for the 1999 meeting
- introduction of the in-coming section chair, Joseph S. Lewarski, RRT

The meeting closed with comments from Joseph Lewarski and a brief discussion period. To those members who completed volunteer forms, please expect contact sometime in the first quarter of 1999. ■

Direct RT Reimbursement Approved in California

After ten years of tireless effort, respiratory therapists will soon be able to receive direct reimbursement for their services in California. California Assembly Bill 2425, Polanco, authorizes private insurance reimbursement, and California Assembly Bill 224, Vasconcellos, authorizes the state's Medicaid system, Medi-Cal, to reimburse RTs

directly for services rendered outside of acute care hospitals.

Despite the passage of these key pieces of legislation, however, it will be a few months before RTs can apply for provider numbers in the state. According to a California Society for Respiratory Care representative, the process should be finalized sometime within the next year, allowing RTs to

apply for provider numbers and bill insurance companies, HMOs, and PPOs directly for services prescribed by a physician.

The section will continue to monitor the progress of this situation and will keep you informed as new information becomes available. ■

Home Care Section Volunteers Needed

As we enter the new year, the Home Care Section is need of some motivated volunteers to fill the following positions:

Bulletin Coordinator/Editor: Seeking a motivated individual to oversee the bi-monthly (six editions/year) *Home Care Section Bulletin*. Duties include identifying topics, soliciting writers, and writing articles. The section chair will assist the coordinator

with editing and solicitation of writers, etc. If you are interested in this very important position, please email Joseph Lewarski, RRT, at joerrt@aol.com.

Internet Coordinator: Seeking a computer loving, web surfing RT to monitor the AARC and specialty section web sites and bulletin boards. The coordinator will assist with answering questions posted to the site

and forwarding important information to the section chair. This individual should also monitor other respiratory web sites and forward information that may be of interest to the section members to the appropriate individuals. If you are interested in this position, please email Joseph Lewarski, RRT, at joerrt@aol.com. ■

AARC Online brings you the latest in respiratory care news and information

Visit us on the Internet—<http://www.aarc.org>

Call for Authors

If you are interested in sharing important respiratory information or are an expert in an area of home respiratory care and would be willing to share some of your knowledge, please volunteer to write a short (1,000 words or less) article for the *Bulletin*. Our remaining deadlines for

1999 are:

- May-June Issue: April 1
- July-August Issue: June 1
- September-October Issue: August 1
- November-December Issue: October 1

Please note: you don't have to be an experienced writer in order to participate. Our staff would be happy to

help you develop your article and publish the material. Please send your contributions to our chair and *Bulletin* editor, Joseph Lewarski, RRT, at joerrt@aol.com. Also feel free to contact Joseph for more information. ■

Home Care Section to Benefit from Electronic Mailing List

The Home Care Section now has an electronic mailing list that members can use to communicate with their colleagues around the country. For those of you who are unfamiliar with the electronic "listserver," here's how it works:

You type and send one message to the mailing list and your message is automatically delivered to the emailboxes of all other section members who have signed up for the listserver. They, in turn, can answer your email by writing and posting a public response to the mailing list.

To access this new membership benefit, you must first "subscribe" to the list. However, do not misunderstand this term – you are not paying for a subscription in the typical sense of ordering a publication. (You have

already paid for the privilege of accessing the listserver via the dues you pay to belong to the section.) All it means is that you are adding yourself to the mailing list of recipients.

Here's how to subscribe:

1. Sign on to AARC Online (<http://www.aarc.org>) and then click on "Members Area" at the left of the opening screen. Then click on "AARC Specialty Sections." When prompted to put in your Name and Password, type in your AARC member number beside Name, then type in your member number again beside Password and click "OK." Note: If your membership number begins with a zero (e.g., 01234567), do not enter in the first zero. Begin entering in your membership number with the first non-zero number.

2. Click on "Home Care Section" and reenter your membership number as described above.

3. Follow the directions for subscribing to the listserver found on the section's site.

You must be a member of the section in order to participate in the discussions. If you are an AARC member but not a member of the section, you can join the section at any time using the online membership application found at: https://www.respiratory.org/membership/active_form.html.

Just fill out the portion relating to Specialty Section membership. Alternatively, you may call the AARC Membership Department at (972) 243-2272 and join with a Visa or MasterCard. ■

Hot List topics: AARC Times Wants Your Input

AARC Times is looking for clinical topics to feature during 1999 and is asking the members of our section to help come up with a "hot list." What are the key issues that we would like to see featured in the magazine over

the coming year? Please take a minute to jot down the topics you would most like to read about in '99 and email them to *AARC Times* Editor Marsha Cathcart at cathcart@aarc.org. If you would like to

write on one of those topics, please let Marsha know and she'll get back to you with the details regarding article submission. ■

**7th International Conference
Noninvasive Ventilation
Across the Spectrum from Critical Care to Home Care
March 14 - 17, 1999 • Orlando, Florida**

Comprehensive program features:

Spectacular educational exhibits • International facility • Presentations on key aspects of noninvasive ventilation

For registration information call American College of Chest Physicians at 800-343-2227 or visit www.chestnet.org/education/courses/noninvasive. Registration Deadline is March 1.

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