



Subacute Care

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Specialty Practitioner of the Year

American Association for Respiratory Care

Subacute Care Specialty Practitioner of the Year: Kate Welch, RRT

Respiratory therapists in the Pacific Northwest have been fighting an uphill battle over the past few years to deliver quality respiratory services in skilled nursing facilities. Kate Welch and her colleagues at Deaconess Billings Clinic in Billings, MT, have been at the forefront of that battle.

When the local Medicare intermediary began denying respiratory therapy services in the hospital's SNFs in 1997, claiming that such services could have been provided by routine nursing, Welch went on the offensive, taking more than 40 individual cases to court to defend the use of RTs. So far, says Deaconess colleague Christine Stanish, all the cases tried have been won in favor of respiratory therapy services.

Welch believes these efforts have paid off, not only for her hospital, but for the profession as a whole. "I would like to think that the team's efforts that went into fighting the Medicare denials in the courts contributed, in some small measure, to the AARC's success in winning a key Congressional provision for assuring respiratory competency in the SNF."

She is quick, however, to credit the AARC with spearheading the effort to secure Congressional action on the RT

competency study in SNFs, which was included in legislation passed late last year and signed by President Clinton. "The leadership of the AARC truly showed a stroke of genius in commissioning the Muse Study. For years I was rudely told by Medicare's fiscal intermediaries in Montana that patients don't ever require the skills of a respiratory therapist. I find it supremely ironic that the AARC used HCFA's own data to show that respiratory therapists do affect outcomes positively."

Throughout her numerous court battles, Welch has not only continued to deliver RT in the Deaconess Billings' SNFs but has also been instrumental in developing the hospital's policies and procedures for respiratory care in that setting. Says Stanish, "Kate is respected as a professional by her co-workers and is a valued asset in our SNFs."

Welch believes that her membership in the Subacute Care Section is important because, "I've been given the opportunity to share my experience and advice with other therapists who are facing the same reimbursement dilemmas. I find that the Bulletin offers timely information in the Medicare PPS maze." ■

HCFA Announces New Sanctions

The Health Care Financing Administration (HCFA) has announced new penalties for nursing homes that fail to protect residents from harm. HCFA has:

- Instructed states to impose immediate sanctions, such as fines, against nursing homes in more situations — including any time that a nursing home is found to have caused harm

to a resident on consecutive surveys.

- Increased states' flexibility to encourage speedier action to stop payments for new admissions and to impose other sanctions when nursing homes violate federal health and safety requirements.
- Enhanced Nursing Home Compare,

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HCFA’s consumer Internet resource found at www.medicare.gov, to include information about the prevalence of bedsores, weight loss, and other health conditions among residents in individual nursing homes.

- Updated its “Guide to Choosing a Nursing Home” to take families and friends step-by-step through the process of identifying an appropriate

home for a loved one.

“We are taking these actions to make sure that residents get the quality care and safe environment that they deserve,” says HCFA Administrator Nancy-Ann DeParle. “HCFA and the states owe it to residents and their families to prevent problems where we can and address them quickly when they occur.”

In addition, HCFA provided guidance

on the use of a new enforcement tool that allows fines of up to \$10,000 for each serious incident threatening residents’ health and safety to state agencies that certify nursing homes for Medicare and Medicaid. In the past, fines could only be based on the number of days that a nursing home failed to meet federal requirements. (HCFA) ■

Seniors Need Healthier Lifestyles

Several health indicators of older Americans, including illness and death, health risk behaviors, use of preventive services, medical expenditures, and injuries and violence, suggest that older Americans could do more to improve their health and quality of life as they age, says a new report from the Centers for Disease Control and Prevention (CDC). According to the report:

- Unintentional fall-related death rates and hip fracture hospitalization rates

among people 65 and over have increased during the past 8-9 years. The most effective fall prevention programs combine education; exercises to improve strength, balance, and coordination; review of medications; reducing risks; and modifying the home environment.

- Although older adults may fear being victims of violence such as assault or murder, their rates were among the lowest of all age groups and declined from 1987 to 1996. But since half of older homicide victims were killed by someone they knew, prevention efforts should target family members and caregivers.
- From 1990 to 1996, the suicide rate among persons over 65 years decreased 16 percent. Training primary care providers to better recognize risk factors, including depressive disorders, could help to maintain the declining suicide rate among elderly persons. Other prevention strategies include peer-counseling and programs that increase awareness among people who have frequent contact with older adults.
- One third of Americans over age 70 report hearing problems, 18 percent report vision problems, and 8.6 percent report problems with both hearing and seeing. Loss of sight and hearing among older people has a substantial effect on their independence.
- The most common chronic condition among men and women 65 and older is arthritis. For every 100 Americans in that age group, 48.9 report that they have arthritis. However, arthritis can be prevented and the quality of life of people who already have it

can be improved.

- Use of preventive health services such as vaccinations by older adults has improved, but is not yet at desired levels. Effective screening has been proven to reduce mortality from breast, cervical, and colorectal cancers. Unfortunately, breast cancer screening is less common among women 65 years and older than women 55-64 years. Among both men and women, those 65 and older were more likely to have received screening for colorectal cancer than those in the 55-64 age group, but overall, less than a third of people 55 and older had received a simple screening test for colorectal cancer.
- Older adults with less than a high school education or an annual income less than \$15,000 reported substantially more unhealthy days (physical or mental) than those with college degrees or annual incomes of \$50,000 or more. Men aged 55-64 having less than a high school education reported more than twice as many unhealthy days in the previous month (8.6 compared with 3.3) as men of the same age with a college degree. Similarly, women aged 55-64 with less than a high school education reported 9.4 unhealthy days in the previous month compared to 4.3 days for women with a college degree.
- Older adult smokers are at greater risk for smoking-related diseases because they have smoked longer and tend to be heavier smokers. Still, smokers who quit can improve their health and enhance their quality of

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life, even if they stop smoking late in life.

- Fewer than half the states have achieved the national objective calling for 60 percent of persons 65 years and older to visit a dentist each year.
- Medical expenditures for the elderly have increased at a faster rate than

spending for the total U.S. population. In 1995, people aged 65 years and older were 13 percent of the population but accounted for 35 percent of total personal health care dollars spent (\$310 billion). Part of this burden is attributed to seven common, costly medical procedures: angioplasty, coronary artery bypass

graft, cardiac catheterization, carotid endarterectomy, hip replacement, knee replacement, and laminectomy.

- In 1996, the leading causes of death among people 65 and older were heart disease, cancer, and stroke. (CDC) ■

Help for Disabled Drivers

The National Highway Traffic Safety Administration (NHTSA) has unveiled a new consumer brochure for people with disabilities who want to take advantage of new technology to increase their mobility. More than 35,000 copies of the 13-page full-color booklet, “Adapting Motor Vehicles for People with Disabilities,” will be distributed free of

charge in the booklet’s first printing. The brochure has also been posted on NHTSA’s web site, www.nhtsa.dot.gov.

The booklet provides a step-by-step process aimed at helping consumers evaluate their needs, select the right vehicle, and choose a qualified dealer to modify the vehicle. It also assists those who need training to use and maintain an adapted

vehicle and includes general information on cost savings, licensing requirements, and organizations to contact for help. While the brochure focuses on drivers of modified vehicles, each section contains suggestions for those who transport passengers with disabilities as well. (National Highway Traffic Safety Administration) ■

The Disabled Are Aging Too

Largely due to improved medical care and stronger social networks, for the first time in history people with disabling conditions such as cerebral palsy and spinal cord injuries are living into old age. But as these people age, so do their caregivers — most often mothers and siblings — adding to the caregiving burden and creating new challenges for

health care professionals.

Now an innovative program at the University of California at Irvine (UCI) Medical Center is helping to meet those challenges. Through the Health Assessment Program for Seniors, Dr. Laura Mosqueda, director of geriatrics at the medical center, and her team are addressing health issues for disabled

patients and their caregivers, including psychological, physical, and mental function; environmental factors; and social support services. The program, she says, is likely to serve as a model for other institutions as advances in medical care continue to extend the lives of those with severe disabilities. (University of California at Irvine) ■

Web Site Hopes to be Eldercare Solution

CaregiverZone (www.caregiverzone.com) is emerging as a comprehensive Internet site for information, resources, products, and services for the elderly. “Now caregivers have a centralized place to go for information that will help them make the best decisions about caring for

an ailing relative. No longer will caregivers have to navigate a complex system of care without a roadmap while in the midst of a crisis,” says president and chief executive officer, Izhar Matzkevich. The large, online caregiver resource database offers care options and

practical information on providing eldercare. Visitors can also share information, emotions, and tips on eldercare and purchase a full range of caregiving products. (CaregiverZone) ■

Skills Check For Older Drivers

According to Arline Dillman, PhD, traffic safety manager for the Auto Club of Southern California, senior drivers over age 80 are just as likely as teenagers to be involved in fatal and injury collisions. How can they — and their families and caregivers — know when it’s time to stop driving? The Auto Club suggests asking senior drivers the following questions:

- Have you had a significant change in physical condition, especially one that has decreased driving dexterity, such as a stroke, severe heart attack, or osteoporosis?
- Do you have difficulty seeing distant objects or objects at night, even with corrective eyewear?
- Have you experienced several moving violations or “fender-benders”

within a short time span?

- Are intersections becoming more difficult to negotiate, especially left hand turns?
- Are others nervous or displeased with your driving?
- Do you find yourself regularly “surprised” by the sudden appearance of

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- other vehicles or pedestrians?
- Do you find yourself "lost" or "confused" on familiar routes?

Seniors answering "yes" to any of these questions should be urged to discuss the situation with their doctor, take a driving

class, or modify their driving. (The Automobile Club of Southern California) ■

Too Many Kids?

Children in large families may have a greater risk of developing Alzheimer's disease than children from smaller families, say investigators from the University of Washington who examined 770 people age 60 and older who were members of a health maintenance organization in Seattle. Of the participants, 393 had Alzheimer's disease and 377 had no signs of dementia.

The study found that the risk of developing Alzheimer's increased by eight

percent for each additional sibling in the family. Those growing up with five or more siblings had a 39 percent greater risk of developing the disease than those with fewer than five siblings.

The areas of the brain that showed the earliest signs of Alzheimer's were the same areas of the brain that take the longest time to mature during childhood and adolescence, says study author Victoria Mocerri, PhD. Noting that the people in families with more than five

children tended to be in lower socio-economic groups, she continues, "A poor quality childhood environment could prevent the brain from reaching a complete level of maturation. The effects of impaired development could produce a brain that is normal, but functions less efficiently." The negative effects of this less efficient brain would likely be marginal until they were aggravated by the aging process. (Neurology, 1/25/00) ■

Last Year of Life Improving

Not only are people living longer than they used to, the last year of life has improved for many of those over age 85, say investigators from Loyola University Stritch School of Medicine in Maywood, IL, who compared data from the 1986 and 1993 National Mortality Followback Surveys conducted by the National Center for Health Statistics. Death certificates were drawn from a national random sampling of death certificates, and next of kin were contacted for information about activities of daily living (ADLs), lifestyle, and other health information in the last year of the life of the person who died.

The study found that women had significantly shorter or fewer hospital stays in the last year of life in 1993 than in 1986 (an average reduction of 3.3 nights for the 65 to 84 year-old age group and the over 85 age group). There was a reduction of 18.4 nights on average for nursing home stays for women aged 65 to 84 and 42.3 nights for women over age 85. Men had no significant change in hospital stays over time. However, men over the age of 85 showed an average reduction in nursing home stays of 32.6 nights.

When questioned about the individual's ability to walk, bathe, dress, use the

toilet, and eat, surveys showed the proportion of women over age 85 who had a restriction of at least two ADLs decreased from 62.5 percent in 1986 to 52.1 percent in 1993.

The rates of individuals with no reported cognitive impairment increased in both sexes from 1986 to 1993, but were not statistically significant among older men. The overall sickness score decreased, and the quality of life score increased for women over 85. It varied for the other groups studied. (JAMA, 1/26/00) ■

New Resource for Those Over 50

The Agency for Healthcare Research and Quality (AHRQ) has released a new report aimed at helping older Americans understand and incorporate preventive care into their lives. Staying Healthy at 50+ is the result of a public-private partnership among AHRQ, the Health Resources and Service Administration, and the American Association of Retired Persons.

"The information in Staying Healthy

at 50+ comes from the research-based recommendations of the newly reconvened AHRQ-supported U.S. Preventive Services Task Force," says AHRQ Director John M. Eisenberg, MD. The Task Force, first convened in 1984, systematically reviews evidence of the effectiveness of a wide range of clinical preventive services, including screening tests, counseling, and immunizations.

Staying Healthy at 50+ includes tips

on health habits, screening tests, and immunizations, along with easy-to-use charts to help track personal health information, questions to ask health care providers, and resources to contact for additional health information. For more information about the brochure, visit the AHRQ's web site at <http://www.ahrq.gov/ppip/50plus/index.html>. (AHRQ) ■

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