Subacute Care Bulletin

Sept./Oct. '99

2

Request for Assistance: *New Technology*

FYI...

4

Come Celebrate AARC's Cultural Diversity

Notes from the Chair

by Becky Mabry

By now, all section members should be well aware of the latest study commissioned by the AARC from Washington, DC-based Muse and Associates on the utilization of respiratory therapists in the skilled nursing setting. This study, which compliments an earlier study released in the fall of 1998, was featured in an article in the August issue of *AARC Times* and has also been posted on the AARC web site (www.aarc.org) under the *Times Plus* heading. If you have yet to see the results, however, or need a refresher, here are the salient points:

- The AARC-commissioned study of HCFA data shows that Medicare beneficiaries who were treated by an RT during their initial stay in a SNF had a 42% lower mortality rate at their next encounter with the Medicare system than a similar group of beneficiaries who received respiratory care from non-RT caregivers.
- The Muse Study confirms that RTs saved Medicare approximately $98 million in 1996. On a per capita basis, costs for beneficiaries in the ER on first encounter who had not received respiratory care from RTs were 11% higher than costs for beneficiaries who were treated by RTs.
- HCFA data in the study point to a 3.6-day shortened length of stay when Medicare beneficiaries received respiratory care from RTs in SNFs.
- Approximately 31% more non-RT-treated beneficiaries subsequently went to a hospital ER/outpatient department on their first encounter after the initial SNF stay than did RT-treated beneficiaries.

The AARC has been working diligently to disseminate the findings of this study to government officials, members of Congress, and other groups and organizations with the ability to impact changes in the prospective payment system. A major public relations campaign based on the results was rolled out in late summer, and the Association continues to drive these key messages home to all of the communities of interest involved.

AARC calls for stories of substandard care

Of course, we are all aware that the Final Rule and Notice for Prospective Payment System (PPS) and Consolidated Billing for Skilled Nursing Facilities (SNFs), which was published in the July 30, 1999 *Federal Register*, offered no substantive changes regarding respiratory therapists or therapies. While HCFA has acknowledged AARC comments and promised to continue researching respiratory therapy, the door to change is only half open.

In the Final Rule, HCFA says: "We received a number of comments regarding the treatment of respiratory therapy services under the RUG-III. Several comments expressed concern that facilities would be using inappropriately trained nurses rather than appropriately trained personnel to provide respiratory therapy services."

HCFA's response to those comments was that they share these concerns and will "monitor closely the provision of SNF care, including respiratory treatments." However, HCFA also stated that "we currently have no evidence that unqualified personnel are administering respiratory treatments."

The results of the Muse Study are expected to change that situation, as they clearly highlight the differences in outcomes for patients who do and don't receive respiratory care services from respiratory therapists. But it is also apparent that HCFA is interested in hearing first-hand accounts of the

"Notes" continued on page 2

American Association for Respiratory Care

"Notes" continued from page 1

effects that PPS has had on the provision of respiratory care services in SNFs.

"As a result of HCFA's statement," says Sam P. Giordano, AARC executive director, "it becomes clear that we must continue to document situations that point to inadequate care being delivered to patients." To that end, the AARC is attempting to gather evidence on patients in SNFs who have received substandard care as a result of the exodus of RTs from the SNF environment.

As members of the Subacute Care Section, it should be our responsibility to provide these documented accounts to the AARC. If you have such anecdotes or reports, please forward them to Kris Williams at the AARC, 11030 Ables Lane, Dallas, TX 75229.

Ask your representatives to write to Senator Roth

Since the Final Rule is now behind us, the AARC has also embarked on an active campaign to effect the necessary changes regarding respiratory therapy and respiratory therapists in SNFs via legislation. "With the publication of this Final Rule, it becomes more clear that our next action must be to push this (better coverage for RTs in SNFs) through with a Bill or other legislation," says Giordano. Fortunately, the AARC has managed to capture the attention of Senator William Roth (D-DE), chair of the influential Senate Finance Committee, which has jurisdiction over Medicare. Senator Roth has asked for and received legislative language that calls for guidelines ensuring that individuals rendering respiratory care services are competent.

In order to make the most of this significant development, members of our section are also being asked to contact their Congressmen and Senators to request that they write to Senator Roth's office to encourage the use of this legislative language in any Medicare reform bill. To help us get started, the AARC has posted a sample letter in the *Write to Congress* area on the AARC web site.

Regaining lost ground

The Muse Study provides a vivid and often chilling illustration of what happens to patients in skilled nursing facilities who don't receive respiratory care services from respiratory therapists, and the data will go a long way in helping to convince policy-makers that changes in the SNF PPS are necessary. But the AARC needs our help and support in that endeavor. As the therapists on the front lines, we do have first-hand knowledge of substandard respiratory care resulting from the low payment rates under PPS. If we truly want to regain lost ground in this setting, we need to share this knowledge with our Association leaders and with our members of Congress. ■

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Request for Assistance: *New Technology*

Susan Blonshine is writing a "clinical perspectives" article for *AARC Times* on new technologies in 1999 and would like to know what new technology this year has had the greatest impact on your specialty area and why.

Please respond by October 10 to Susan by email (sblonshine@aol.com) or fax (517-676-7018). ■

FYI . . .

AHCPR releases nursing home data

The Agency for Health Care Policy and Research (AHCPR) has released a new chartbook presenting characteristics of nursing home facilities, special care units, and their residents. *Nursing Home Trends, 1987 and 1996,* features findings from AHCPR's 1996 Medical Expenditure Panel Survey (MEPS) and 1987 National Medical Expenditure Survey Institutional Population Component.

"With the growth in the number of Americans over 75, we need to understand the needs of the frail elderly and what long-term care options may help them," says AHCPR chief Dr. John Eisenberg. "This chartbook provides important data about the nursing home industry which will contribute to more informed discussions and decision making about long-term care needs in the future."

Using a question-and-answer style along with charts and graphs, the chartbook provides information about nursing homes and their residents in 1996 and compares it with information about the nursing home market in 1987. Significant findings include:

- Nursing homes served an older population in 1996 than they served in 1987. From 1987 to 1996, the proportion of nursing home residents who were 85 and over rose from 49% to 56% for women and from 29% to 33% for men.

"FYI . . ." continued on page 3

"FYI . . ." continued from page 2

- The number of nursing homes and the number of nursing home beds both increased almost 20% from 1987 to 1996, from 14,050 homes with 1.48 million beds to 16,840 homes and 1.76 million beds.
- Residents were more functionally disabled in 1996 than in 1987. The number of nursing home residents who needed help with three or more activities of daily living (bathing, dressing, transferring, feeding, and toileting) increased from 72% in 1987 to 83% in 1996.
- Male residents were more likely to be married when entering a nursing home in 1996 than in 1987 (34.3% versus 24.8%). There was very little change in the marital status of female residents during that time. In both years, almost three-fourths of women, but only one-third of men, were widowed at the time of the survey.
- In 1996 the most common type of special care unit was for treatment of Alzheimer's and related dementias. Most Alzheimer units are relatively new; only 10% have been operating for more than 10 years. (There were no data on special care units in 1987.)
- Between 1987 and 1996, there was a trend away from traditional nursing homes toward nursing homes that included assisted or independent living beds along with nursing home beds. The proportion of non-nursing beds rose from 6.9% in 1987 to 11.3% in 1996.

Nursing Home Trends, 1987 and 1996, (Publication Number 99-0032) is available through the AHCPR Publications Clearinghouse, (800) 358-9295. It also is available through the AHCPR web site at http://www.meps.ahcpr.gov/.

Make yourself heard!

The Long Term Care Campaign, a coalition of leading consumer groups that advocates for a solution to the nation's long-term care crisis, has created a quick and easy way for Americans to contact would-be presidential candidates. The "Contact the Candidates!" section of the Campaign's web site (www.ltccampaign.org) features hot-links to all of the presidential hopefuls'web sites. Most of these sites ask Americans to offer comments or ask questions, so net surfers can easily share their concerns about long-term care and ask the candidates for information on their plans to address the problem.

In addition to hot-links to all of the campaign web sites, www.ltccampaign.org offers tips on contacting the presidential hopefuls, plus a sample letter on long-term care that can be customized and contact information for each candidate's campaign headquarters.

"We are encouraging caregivers and families who have had experience with long-term care to share their personal stories with those seeking to be president — and then to ask what each would-be candidate plans to do to address the growing long-term care crisis," says Jon Dauphine, the Long Term Care Campaign's executive director.

The Long Term Care Campaign is a coalition of 147 aging, disability, religious, consumer, and other groups, with a combined membership of more than 60 million.

HCFA rolls out programs to fight nursing home abuse and neglect

The Health Care Financing Administration (HCFA) has a range of initiatives in the works aimed at ensuring quality care in the nation's nursing homes. Among the efforts:

- The distribution of posters to nursing homes describing physical signs of abuse and neglect, such as unusual bruises, scratches, and broken bones, as well as less obvious indicators, such as fearful behavior, weight loss, and dehydration. The posters, which feature the phrase "sometimes abuse is not so obvious," display a phone number that residents, visitors, or staff members can use to report abuse. HCFA initially plans to send the posters to more than 3,000 nursing homes in 10 states — Arizona, Colorado, Georgia, Idaho, Louisiana, Massachusetts, Missouri, New Jersey, West Virginia, and Wisconsin.
- A video with tips on what to look for in a nursing home, featuring television newsman Hugh Downs as narrator. The video will be available through state ombudsmen, survey agencies, and resident and consumer advocates, and HCFA is working to make it available for free in some video stores. Distribution began in July.
- An updated version of HCFA's "Guide to Choosing a Nursing Home," which is designed to help families through the process. The guide, which became available in August, includes questions to ask, a nursing-home checklist, and contact information and other resources, along with expanded information about preventing abuse and neglect.
- Nursing Home Compare, HCFA's Internet database, which allows consumers to compare inspection results when choosing a nursing home. Since the site went online in September 1998, Nursing Home Compare users have logged about 1.4 million pageviews — more than any other section of HCFA's consumer website, www.medicare.gov. HCFA plans to enhance Nursing Home Compare by adding information about staffing levels and the condition of residents in each home.
- A questionnaire to gather consumer feedback. HCFA worked with resident advocates to develop the questions, which ask residents to rate their treatment by the staff, staffing levels, the cleanliness of the facility, and other aspects of their care. State ombudsmen began distributing the surveys and collecting the responses in several states late last summer to test the approach before HCFA takes it nationwide.
- A "best practices" Internet site that allows nursing home administrators and caregivers to share successful efforts to improve care for residents, especially those at risk for weight loss or malnutrition. Nursing home administrators, staff, and others can learn about those best practices by visiting the Internet site at www.hcfa.gov/medicaid/siq/siqhmpg.htm.
- A national campaign to educate consumers and nursing home staff about the risks of malnutrition and dehydration and nursing home residents' rights. HCFA has worked with clinicians, consumers, and nursing homes to develop approaches for this campaign, which will start later this year.
- Several demonstration projects planned in conjunction with the Administration on Aging to educate

"FYI..." continued on page 4

"FYI..." continued from page 3

residents, family members, staff workers, and others about risks and prevention strategies.

Older adults still not receiving recommended vaccinations

Despite their proven safety and effectiveness in helping elderly people — especially those with chronic medical conditions — avoid more serious illness, many older adults are still not receiving flu and pneumococcal vaccinations.

These findings come from University of Iowa researchers who studied 787 Iowa adults, selected at random from both rural and urban areas, who were age 65 or older and had one or more chronic conditions, such as arthritis, diabetes, heart or lung disease, or hypertension. Participants were asked about their current health practices, marital and occupational status, and access to health care.

Of the 784 subjects who provided complete influenza vaccination information, 68% reported getting the flu vaccine in the past year. Of the 768 people who provided complete pneumococcal vaccination information, 51% reported having received the vaccine. Forty-four percent of the study participants reported receiving both vaccines.

Study results also showed that people age 70 or older were more likely to get the vaccinations, as were those who were still married or did not live on their own. Study participants age 65 or older who were still working were more likely to be immunized, as were people who had more contact with the medical system – defined as doctor visits, prescription drug use, or having a number of underlying chronic illnesses. The researchers found no significant disparities between rural and urban residents in the study, but insurance issues did affect whether study participants received the vaccinations. Those with supplemental insurance were nearly twice as likely to have received both vaccines. (Medical Care, 5/99)

Cognitive decline is not normal in aging

In a study that tracked changes in cardiovascular health and cognitive function in 5,888 community-dwelling senior citizens over a 10-year period, researchers at UC Davis School of Medicine and Medical Center found that cognitive decline was not a normal part of aging for the majority. Only those with high levels of atherosclerosis or diabetes and those with the apolipoprotein E4 gene associated with Alzheimer's disease were at high risk for a decline in cognitive ability as they aged. Seventy percent of individuals evaluated in the study showed no significant decline in cognitive function over the study period.

The researchers found that the greatest loss of cognitive ability occurred in people who had both high levels of atherosclerosis or diabetes and an Apo4E gene. These individuals were eight times more likely to show a decline in function than people with a low level of atherosclerosis and no genetic predisposition. Individuals with an E4 allele were three to four times more likely to show a decline in function than individuals without this genotype. And those with high levels of atherosclerosis were three times more likely to show a loss of function than those without atherosclerosis.

Participants had clinical assessments every year and answered questions about their health to track past history and incidence of diabetes and vascular diseases, including heart attack, congestive heart failure, atrial fibrillation, coronary artery bypass graft, the use of a pacemaker, stroke, or transient ischemic attack. Researchers identified early signs of vascular disease by measuring systolic blood pressure, carotid artery wall thickness with ultrasound, major ECG abnormalities, and atrial fibrillation from ECG. (JAMA, 7/7/99) ■

Come Celebrate AARC's Cultural Diversity

by Janyth Bolden, AARC Cultural Diversity Committee Chair

The AARC would like to hear your ideas on how "cultural diversity" should be addressed within the organization. In keeping with this goal, the Cultural Diversity Committee would like to invite you to attend a forum on cultural diversity. This first forum is being held at the Las Vegas Hilton Monday, Dec. 13, 1999 in conjunction with the 45th International Respiratory Congress. We are eager to listen to your ideas and suggestions, so please come share them with us.

We would like to make this a festive occasion — so why not dress the part? We invite and encourage you to wear something that identifies your ethnic, religious, or other cultural group. And keep in mind, "cultural diversity" does not refer only to Black, White, Brown and Yellow. It also includes Jewish, Hindu, German, Assyrian, Italian, American Indian, Greek, etc. Come prepared to show off!

The AARC Cultural Diversity Committee is made up of managers, educators, staff, and entrepreneurs who represent regions from around the globe. Please join us Dec. 13 for insightful, constructive conversation about our varied backgrounds. Let us not just point out our differences; let us also learn about and appreciate our similarities. It is by recognizing and utilizing our diversity that the AARC can become a "Fortune 500" association.

By the way, have you utilized the information found in the AARC Online cultural calendar? If not, why not? Check out this new feature on AARC Online at http://www.aarc.org/times_plus/calendar.html. This special feature is just the beginning of things to come. If you have any comments or suggestions, feel free to contact me at jbolden@chw.edu. ■