

BACKGROUND PAPER ON IMPROVING BENEFICIARY ACCESS TO RESPIRATORY CARE UNDER MEDICARE PART B

Medicare Coverage of Respiratory Therapy:

The Medicare Respiratory Therapy Initiative seeks to revise Medicare coverage to permit respiratory therapists to work under the general supervision of the physician and to recognize respiratory therapists who work outside of the hospital. Current law (referred to as “incident to a physician’s service”) limits the areas in which a respiratory therapist can work because the physician has to provide direct supervision when the respiratory therapist furnishes a service the physician would otherwise personally perform. Direct supervision means the physician has to be present in the office suite. The distinction between our Initiative and current law is the physician would not be required to be in the office, although he or she would have to be available by phone for consultation if needed.

As our Nation Recognizes Chronic Obstructive Pulmonary Disease (COPD) as the 4th Leading Cause of Death – This Initiative Proposes Improving Patient Access to Care

The proposed changes to Medicare law will substantially improve patient’s access to care because the respiratory therapist could furnish a service to a Medicare beneficiary in the physician’s office without the physician being present. This Initiative would allow respiratory therapists the flexibility to provide office-based spirometry, smoking cessation counseling, training and education on metered dose inhalers and nebulizers, and other services within their scope of practice. Respiratory therapists could also contract their services to a number of physicians for disease management programs or lung testing.

Medicare Has Not Kept Pace with Advances in Pulmonary Medicine and Services:

Disease management programs, specifically those dealing with asthma and COPD, have a real chance for helping patients help themselves. Other kinds of patient education, such as smoking cessation or better education on aerosol devices and delivery are needed. The Medicare Respiratory Therapy Initiative will address these inadequate services and improve opportunities for better patient care.

Medicare Law Currently Recognizes the Services of Other Qualified Allied Health Professionals:

A number of advanced-level allied health care providers, such as physician assistants, nurse practitioners, and clinical nurse specialists, currently furnish services without direct physician supervision. The Medicare Respiratory Therapy Initiative will give advanced-level respiratory therapists similar recognition that they currently do not now have. The proposed Initiative requires that a respiratory therapist would need to be a “registered” RT and have a bachelor’s degree to be eligible to participate under the new Initiative. Because other allied health professionals recognized by Medicare have a minimum of a bachelor’s degree or in some cases a master’s degree or other advanced professional credentials, it is important to require similar qualifications for the advanced practice respiratory therapist. The Initiative will not change the status or impact the employment of respiratory therapists who do not meet these qualifications, but it can create an incentive for respiratory therapists to achieve higher education and more advanced credentials ultimately benefiting the profession.

Better Patient Care, Better Data and Greater Physician Flexibility:

This Initiative will give respiratory therapists greater access to patients with pulmonary diseases where their expertise can help improve patient outcomes. Passage of a measure such as this would also enable Medicare to collect data that can be used to evaluate the value of respiratory therapists and the services they provide. Under the current benefit, when respiratory therapists furnish services in the office setting, physicians are paid an amount based on 100% of the Medicare fee schedule. Although this initiative would reduce the physician payment amount, similar to the payment structure used to pay physician assistants and nurse practitioners, the advantage to the physician practice is greater flexibility in utilization of the physician’s time. For example, the physician could be seeing a patient in the hospital while the respiratory therapist is furnishing services in the physician’s office.