



AMERICAN ASSOCIATION FOR RESPIRATORY CARE  
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**Re: CMS-1599-P: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment Systems and Proposed Fiscal Year 2014 Rates**

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The American Association for Respiratory Care (AARC) is pleased to provide comments on CMS' proposed rule regarding the Fiscal Year (FY) 2014 update to the Hospital Inpatient Prospective Payment System. Our comments focus on the proposed revisions to the Hospital Readmissions Reduction program, namely the proposed addition of Chronic Obstructive Pulmonary Disease (COPD) to the readmissions list in FY 2015, found in Section V.G.3.c.(2)(78 FR 27597-27599).

The AARC is a national professional association representing over 53,000 respiratory therapists (RTs). Respiratory therapists treat high-risk patients with chronic conditions such as asthma and chronic obstructive pulmonary disease (COPD) including emphysema and chronic bronchitis. They are also the only allied health professional with comprehensive education and competency testing in all aspects of pulmonary medicine, including management of patients with chronic lung disease, which can put them at the forefront of efforts to reduce COPD readmissions.

With COPD the 3<sup>rd</sup> leading cause of death in the country and one of the most expensive diseases in terms of excess readmissions rates, it is not unexpected that CMS proposes to add COPD to the conditions that will be subject to the hospital readmissions payment reduction in FY 2015. This move opens the door for RTs to play a vital role in assisting hospitals in reducing their excess readmission rates and to highlight the value they can bring to the program. In fact, the AARC has taken a very proactive approach to address this very serious issue since it places RTs in a unique position to make a positive difference in patient outcomes.

In May this year, AARC launched a “**Best Practices**” initiative designed to collect information about successful programs and outcomes that showcase RTs in untraditional roles such as disease manager, patient educator and discharge planner. With readmissions penalties and

payment reductions expected to challenge not only hospitals, but our profession as well, we view the collection of best practices as a clearinghouse of ideas that will better position the RT to add meaningful value to their respective organization. We look to the data as a way to take the ideas and transform them into useful tools such as inpatient and outpatient protocols, COPD admission/readmission order sets, medication protocols and more.

We are particularly interested in examples of outcomes that include financial savings, the percentages of decreased readmissions and emergency room visits, and the amount of reductions in length of stay. Once the data have been vetted by AARC managers, we will make it available to our membership in order that they may design their own successful programs.

There are several areas in which we believe RTs can make a significant impact in reducing COPD readmissions. These include discharge planning and post-discharge follow-up, establishing COPD inhaled medication protocols, providing patient education on the disease, teaching proper inhaler techniques prior to discharge, and smoking cessation education. Providing self-management education and training prior to discharge, which was recommended by the Medicare Payment Advisory Committee, can also assist COPD patients to recognize and reduce the symptoms and triggers of their disease which can lead to reduced exacerbations and lower the cost of acute interventions and readmissions.

We plan to highlight our initiative and discuss the government's role in reducing hospital readmissions at the AARC's Congress 2013 to be held November 16-19 in Anaheim, CA. This is an international event where professional thought leaders come together to present, network and learn about emerging technologies and the transformation of respiratory care.

Although our initiative is in its infancy now, once we have established this clearinghouse of "best practices", we would be happy to share the data and outcomes with CMS in that it may be useful to the agency as it embarks on a number of innovative new programs and payment models.

The AARC is also embarking on a legislative initiative that we believe will have an impact on reducing hospital readmissions and emergency room visits by patients with COPD and other chronic lung diseases, such as asthma, pulmonary hypertension, pulmonary fibrosis and cystic fibrosis. It focuses on pulmonary self-management education and training by qualified respiratory therapists in the physician practice setting for Medicare beneficiaries who have been diagnosed with these diseases

When Medicare was created almost 50 years ago, very few respiratory therapy services were provided in the outpatient setting. Times and respiratory medicine have changed significantly, but Medicare, at least in terms of respiratory therapy, has not. That is why the Medicare program cannot continue with the status quo in the delivery of health care for patients suffering from chronic lung disease once they leave the hospital.

Studies show that self-management education can reduce emergency care visits and hospitalizations, improve health status, and improve quality of life. Our initiative aligns with goals and objectives outlined in national health initiatives. For example, the Department of Health and Human Services' *Multiple Chronic Conditions: A Strategic Framework* calls for maximizing the integration of proven self-management interventions into the healthcare system. The *Healthy People 2020* respiratory diseases goal to promote respiratory health through better prevention, detection, treatment, and education efforts, includes the objectives of reducing hospitalizations and emergency room visits for COPD and asthma patients.

The Medicare program can benefit from the expertise of respiratory therapists by improving access to their skills and expertise as CMS aims to meet its goals of better care, better health and lower costs.

We appreciate the opportunity to comment and share AARC's initiatives to assist providers in reducing hospital readmissions for COPD.

A handwritten signature in black ink, appearing to read "George Gaebler", with a long horizontal flourish extending to the right.

George Gaebler, MEd, RRT, FAARC  
President