



# Continuing Care & Rehabilitation

April / May / June 2003

Bulletin

## Notes from the Chair

by Mary Hart, RRT, RCP

The AARC Program Committee met in early February to plan the upcoming 49th AARC International Respiratory Congress (December 8-11 in Las Vegas). I would like to thank each of you who sent in program ideas. This year's program will be very exciting, showcasing interesting topics presented by well-known speakers.

As you know, pulmonary rehabilitation reimbursement is still "the hot topic," and we are patiently waiting to hear about a national pulmonary rehabilitation policy. Now that the National Emphysema Treatment Trial (NETT) has been completed, this year will hopefully be the turning point. Already, there are positive signs. For example, the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) recently sent out this information to its members:

### AARC Signs Onto Pulmonary Rehab Guidelines

With the completion of the National Emphysema Treatment Trial (NETT), the Centers for Medicare and Medicaid Services (CMS) is considering the development of a national policy for pulmonary rehabilitation. Pulmonary rehab played a key role in the NETT study and with the pending publication of the results of this study, CMS may address Medicare coverage of pulmonary rehab services. The American Association for Respiratory Care, along with the American Association of Cardiovascular and Pulmonary Rehabilitation, the American College of Chest Physicians, the American Thoracic Society, and the National Association for Medical Direction of Respiratory Care sent

Continued on page 3

## Section Connection

### GET IT ON THE WEB

Help the AARC increase its efficiency by signing up to receive the *Bulletin* via the section homepage on the AARC web site ([www.aarc.org](http://www.aarc.org)). To change your option to the electronic Bulletin, send an email to: [mendoza@aarc.org](mailto:mendoza@aarc.org).

### SPECIALTY PRACTITIONER OF THE YEAR

Submit your 2003 nominations online at: [http://www.aarc.org/sections/rehab\\_section/mpoty/poll\\_form.html](http://www.aarc.org/sections/rehab_section/mpoty/poll_form.html).

### SECTION E-MAIL LIST

Start networking with your colleagues via the section e-mail list. Go to the section homepage on [www.aarc.org](http://www.aarc.org) and follow the directions to sign up.

## Use of a Respiratory Care Specialist in a Primary Care Practice Improves Outcomes

**Editor's Note:** The following abstract was presented at CHEST 2002 by Rose Boehm, RRT, Pam Peterson, RN, Mary Hart, RRT, Mark Millard, MD, and Donald Kennerly, MD, all from the Baylor Asthma and Pulmonary Rehabilitation Center at Baylor University Medical Center in Dallas, TX.

### Introduction

While the incidence of asthma and asthma morbidity has been well documented, the need for improvement in effective asthma management in the primary care provider (PCP) practice is still being documented (1). Due to the rising cost of health care and increased demands from both government and private insurance agencies, PCPs are required to see more patients in less time and provide services previously forwarded to specialty centers. In an effort to meet these demands, the PCP practice may sacrifice quality of care.

The Baylor Asthma and Pulmonary Rehabilitation Center employs RRTs and RNs who have received special training from asthma specialists (including but not limited to MDs and postgraduate programs). The majority of direct care is provided by these respiratory care specialists (RCSs) using flexible protocols in compliance with the NAEPP guidelines.

**Objective:** To assess and document improved quality of asthma care using an RCS in a primary care setting.

### Methods

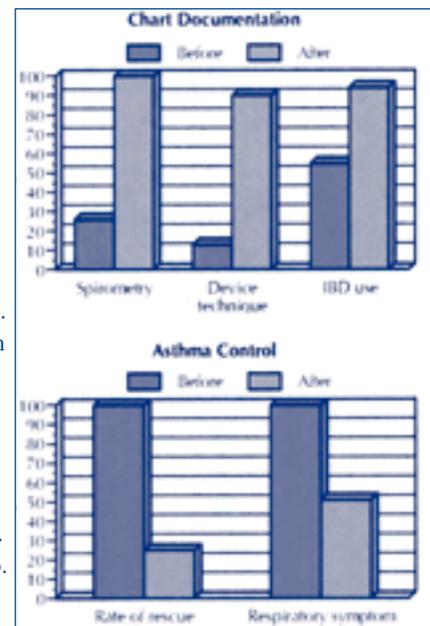
*Quality of care measurements and services:*

- Spirometry - objective diagnostic documentation
- Inhaler technique - objective documentation and return demonstration
- Peak flow monitoring - documentation of technique and monitoring for changes (diaries)
- History of symptoms and documentation of changes
- Respiratory assessment
- Medications assessment
- Satisfaction survey
- Treatment recommendations
- Appropriate patient instruction

### Results

*Effectiveness of RCS intervention in the primary care setting:*

- Formal spirometry for diagnosis and assessment of severity increased from 26% to 100%.
- Rate of documentation of patient training in proper inhaler device technique increased from 13% to 90%.
- Rate of documentation of quick-relief inhaled bronchodilator (IBD) use increased from 55% to 94%.
- Rate of rescue inhaler use decreased by 75%.
- Respiratory symptom score decreased by 49%.



Continued on page 2

## Help Wanted

The Continuing Care & Rehabilitation Section is searching for the right person or persons to apply - or should I say "volunteer" - to serve as editor and/or co-editor of this Bulletin.

Authors are also needed to keep the *Bulletin* up-to-date and filled with interesting facts and articles! We would particularly like to hear from those of you who have pulmonary rehabilitation programs or are involved in asthma management or smoking cessation. What makes your program a success? How are you measuring outcomes? What do your patients say about the program? How are you involved in outpatient asthma disease management? Has anyone taken the asthma educator certification exam? Do you think the asthma educator certification will have any impact on how we are reimbursed for services? How are you involved in smoking cessation? What innovative strategies do you use to encourage your patients to quit? How is your program funded?

The sky's the limit on the issues that can be discussed through this newsletter. We just need members to play a bigger role in contributing articles. If you're interested, please e-mail Mary Hart at [maryhar@baylorhealth.edu](mailto:maryhar@baylorhealth.edu) or call (214) 820-9774. ♦

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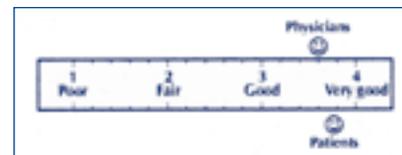
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Continued from page 1

### USE OF A RESPIRATORY CARE SPECIALIST IN A PRIMARY CARE PRACTICE IMPROVES OUTCOMES

*Evaluation of the program by physicians  
and patients:*

- Physicians and patients were asked to evaluate the skill of the RCS in providing these services.
- Physicians' rating of effectiveness (1 to 4 scale) = 3.6
- Patients' rating of effectiveness (1 to 4 scale) = 3.78 (patients enrolled at least 2 months)



*Financial impact:*

Additional revenue from performing procedures offset the RCS salary costs, so the intervention was cost neutral.

#### Conclusions and clinical implications

The RCS increases the quality of asthma care in the primary care practice by:

- Educating patients to increase trigger avoidance
- Training patients in proper device technique
- Educating patients about medications
- Providing timely, objective diagnostic testing
- Teaching asthma self-management

Since the RCS intervention was found to be clinically effective, well-accepted by patients and PCPs, and cost neutral, it was chosen for dissemination to 44 other regional primary care practice sites (185 PCPs) affiliated with the HealthTexas Provider network. The long-term clinical benefit imparted by the RCS intervention is being investigated.

#### Acknowledgment

The authors wish to acknowledge the contributions of Gena Tutton, Fannie Halcomb, JoAnn Martin, RN, Lani Chaparro, RN, and Gretchen Lawrence, RRT. ♦

#### REFERENCE

1. Gipson JS, Millard MW, Kennerly DA, Bokovoy J. Impact of the national asthma guidelines on internal medicine primary care and specialty practice. *Baylor University Medical Center Proceedings* 2000;13:407-412.

## U.S. COPD Coalition Sets Conference for November

The U.S. COPD Coalition will focus on the challenges related to the Department of Health and Human Service's Healthy People 2010 program goals for COPD during its first ever National COPD Conference this November 13-15 in Arlington, VA. The organization, which is made up of leading professional medical associations, government agencies, and patient groups - including the AACRC - was formed in 2001 to increase awareness of COPD, reach undiagnosed patients, educate key audiences, define and eliminate barriers to successful COPD programs, and stimulate scientific research in COPD.

In addition to addressing the Healthy People goals, the upcoming conference will include a section on new directions for treatment and prevention of COPD. Legislative, medical, and diagnostic challenges will be addressed as well, as will improving the quality of care for COPD patients and the need for practice standards.

For more information about the conference, visit the coalition's web site at: [www.uscopd.com](http://www.uscopd.com). ♦

# Asthma Educator-Certified: What it Means to You

What is the National Asthma Educator Certification Board (NAECB) and why would a respiratory therapist want to take their new exam leading to the Asthma Educator-Certified (AE-C) credential?

The NAECB was incorporated in 2001 after more than 50 stakeholder organizations - including the AARC - met to discuss the need for a national certification process for practitioners working in the growing area of asthma disease management. From that group, 26 organizations, again including the AARC and also encompassing such influential groups as the American Lung Association, American Academy of Pediatrics, and American Association of Retired Persons, became founding stakeholders. Two AARC members, Susan Blonshine, BS, RRT, RPFT, FAARC, AE-C, and Sindee Kalminson Karpel, MPA, RRT, AE-C, sit on the 16-member Board of Directors.

The goals and objectives of the group range from developing and implementing qualifications and standards to conducting outcome studies to evaluate the effectiveness of education delivered by those earning the new AE-C credential. The NAECB has also submitted a request for CPT codes for asthma coordination/counseling performed by an asthma educator. (The request for codes is the first step in obtaining third party reimbursement for asthma education, and we will keep you posted on the progress of this submission.)

The biggest undertaking to date, however, has been the development of the AE-C exam, which required two years of intensive work on the part of all the founding organizations. The exam, which is being administered by Applied Measurement Professionals (AMP) - the same group that administers the RT exams - went online last August in H&R Block testing centers nationwide. Since then, more than 150 professionals have taken the test, with a pass rate topping 80%.

What's on the exam? The test is designed to ensure the asthma educator:

- Has comprehensive, current knowledge of asthma pathophysiology and management, including human development, cultural aspects, chronic illness, and teaching-learning principles.
- Understands how asthma is diagnosed and how to assess its control.
- Teaches the best use of medications and delivery devices, explaining technical concepts in understandable terms.
- Conducts individual and family assessments to identify strengths, resources, psychological factors, social and economic impact, educational needs, barriers to optimal health care, and self-management.
- Works with individuals with asthma, their families, and health care professionals to develop, implement, monitor, and revise the asthma action plan customized to individual needs, environment, disease severity, and lifestyle.
- Monitors asthma education program outcomes and recommends changes to improve quality and effectiveness.
- Serves as a resource to the community by providing information about asthma, as well as health care and community resources.

Who can sit for the exam? The following currently licensed or credentialed health care professionals may be admitted:

- Physicians (MD, DO)
- Physician Assistants (PA-C)
- Nurses (RN, LPN)
- Respiratory Therapists (RRT, CRT)
- Individuals providing asthma education, counseling, or coordinating services with a minimum of 1000 hours experience in these activities.
- Pulmonary Function Technologists (CPFT, RPFT)
- Pharmacists (RPh)
- Social Workers (CSW)
- Health Educators (CHES)

How can you find out more about the exam? Visit the NAECB web site at [www.naecb.org](http://www.naecb.org). What's the best way to prepare for the test? Visit the AARC web site to check for the next session of the Asthma Disease Management Program/Asthma Certification Preparation Course. The course is designed especially to assist RTs who want to sit for the AE-C exam.

The AE-C exam may be taken at various times during the week. Tests are administered via computer and scoring is done by AMP. The testing fee is \$275, and certification is valid for five years. ♦

Continued from page 1

## NOTES FROM THE CHAIR

*CMS officials pulmonary rehab guidelines for their consideration in the development of a National Coverage Decision on this issue.*

---Sounds promising! Keep your fingers and toes crossed... ♦

## Call for Nominations: Specialty Practitioner of the Year

The AARC International Respiratory Congress may be five or six months away, but it is not too early to be thinking about nominations for this year's Continuing Care & Rehabilitation Section Specialty Practitioner of the Year. Every year this prestigious award goes to one among us who has demonstrated a level of dedication to the pulmonary rehab/continuing care area that goes above and beyond the call of duty. Honorees may have provided exceptional service to the section or the AARC. They may be recognized as top performers on the job. Or they may have excelled in community service efforts. So start brainstorming ideas for nominees, then go online at [www.aarc.org](http://www.aarc.org) (click on Community, then "Specialty Sections" then "Continuing Care & Rehabilitation" then "SPOY Form") and let us know who you think deserves the 2003 award. ♦

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## **Teach Your Patients to Avoid Indoor Air Triggers: ARCF/EPA Train-The-Trainer Program**

The American Respiratory Care Foundation (ARCF) and the Environmental Protection Agency (EPA) have teamed up to offer an Indoor Environmental Asthma Triggers and the Respiratory Therapist: Train-The-Trainer Workshop. The workshop is designed to provide respiratory therapists with additional educational strategies about indoor environmental triggers.

This popular, free course will be offered in two areas of the U.S. in the coming months.

- June 11 - Monterey, CA
- July 27 - Lake Buena Vista, FL

“This program was crafted in large part to meet the needs of the respiratory profession,” says Thomas J. Kallstrom, RRT, AE-C, FAARC, manager of the respiratory care department at Fairview Hospital in Cleveland, OH, and a member of the program's faculty. “Asthma is a disease that is aggravated by triggers at home, and this course was developed to help respiratory therapists teach patients about them. In essence, we train respiratory therapists to teach their patients about indoor air triggers and to help their patients follow remediation techniques that help them avoid these common asthma triggers.”

The course also provides attendees with a wealth of other information. Kallstrom explains. “In addition to this, the EPA has many materials and programs that will be presented which the therapist may find most useful.” The focus on respiratory therapists is important, he says, because RTs are the front-line caregivers. By training these caregivers, those with asthma have a better chance of learning to cope with their disease and leading a more healthful life. “The idea is that this methodology works.”

The four hour workshop is made possible by a grant from the EPA to the ARCF. Attendees receive a toolbox kit with information they can use as they work with this patient population. Included in the kit are asthma-related books, a CD-ROM, Health Tips, a peak-flow meter, and various, helpful EPA and National Institutes of Health materials. The kit also includes information on asthma management, as well as practical suggestions that patients and families can use in their home environment. Respiratory therapists can use this information as an educational tool in the emergency department, home, or hospital.

Joining Kallstrom on the program faculty are Timothy Myers, RRT, from Rainbow Babies & Children's Hospital in Cleveland, OH, and Tracey Mitchell, RRT, RPFT, from the EPA in Washington, DC.

The course is approved for four hours of Continuing Respiratory Care Education (CRCE) credit. To find out more, or to pre-register, go to: [http://www.arcfoundation.org/news/epa\\_workshop.asp](http://www.arcfoundation.org/news/epa_workshop.asp). ♦