American Association for Respiratory Care's

Continuing Care & Rehabilitation

May / June 2002 Bulletin

Gretchen Lawrence Joins NLHEP

When our former section chair, Gretchen Lawrence, BA, RRT, FAARC, retired from her job as manager of the Baylor Asthma & Pulmonary Rehabilitation Center about a year and a half ago, she probably thought she'd be spending all her time enjoying life at her lake house. But like a lot of dedicated professionals, she found she just couldn't stay completely away from her first love: helping people with chronic lung disease. In April, Gretchen accepted an offer from the National Lung Health Education Program (NLHEP) to serve as NLHEP's official liaison to the AARC.

"My charge is to help develop a large network of RTs - at least four to six experts in every state - who will develop programs, in the hospital and out in the community, that support the goals of NLHEP," she explains. The organization, which was founded several years ago by Dr. Thomas Petty, is working to prevent lung disease and promote lung health; educate other health professionals, especially primary care physicians, about their role in the early diagnosis and treatment of COPD; and create and increase awareness of COPD among the general public. Says Gretchen, "The AARC is a leading collaborative partner with NLHEP - and we need your help!"

If you'd like more information about how you can get involved, contact Gretchen at: (214) 821-4799 or gllungs@swbell.net. If you'd like to learn more about NLHEP and its activities, visit www.nlehp.org. ◆

Want to receive this newsletter electronically?

E-mail: mendoza@aarc.org for more information.

Section Connection

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Please consider sharing information about your most recent site visit by filling out the form on the AARC web site found at the following link: www.aarc.org/members_area/resources/jcaho.asp.

SECTION LISTSERVE:
Start networking with your colleagues via the section listserve. Go to the section homepage on www.aarc.org and follow the directions to sign up.

G Codes Q&A

Last spring, the AARC sent a list of questions to the Centers for Medicare and Medicaid Services (CMS) asking for clarification on a number of issues related to the new G codes for respiratory therapy services. Here are the questions, along with the responses provided by CMS:

Q: Do the codes apply to treating patients with chronic obstructive pulmonary disease such as chronic bronchitis and emphysema?

A: Local Carriers and Fiscal Intermediaries are responsible for developing policies detailing which diseases they believe have a medical necessity for these services. Diagnosis to service mapping is a part of local medical review.

Q: Do the codes cover services such as upper extremity strength training, lower extremity endurance, and resistance training?

A: Codes G0238 and G0239 could be used in this way.

Q: If the codes apply to Medicare Part B, can they be used to bill for Part B services in skilled nursing facilities (SNFs)?

A: No, these services can only be billed in hospital outpatient departments, Comprehensive Outpatient Rehabilitation Facilities, or physician's offices as "incident to." For Part B SNF services, SNF is really the site of service, not the benefit category. Since there is no SNF benefit category for "respiratory therapy," these services are not covered in a SNF or other nursing facility.

Q: In general, are these codes applicable for billing services that make up a pulmonary rehabilitation program? If so, how will these G codes affect the use of other codes outlined in individual local medical review policies for pulmonary rehabilitation?

A: You need to check with your Fiscal Intermediary or Carrier to determine the policies affecting these services. Codes 97000 series in Current Procedural Terminology can no longer be billed for respiratory care services.

Q: Will the Centers for Medicaid and Medicare Services provide clarification on the use of these codes through the Federal Register or a Program Memorandum?

A: These codes were discussed in the November 1, 2001 Federal Register notice on the Medicare Physician Fee Schedule. To assure proper use of these codes, check with your local Medicare contractor. ◆

COPD Impacts Workforce Participation

Canadian researchers have confirmed what RTs have instinctively known about the impact of COPD on their patients' ability to work. The study of more than 1,000 patients associated COPD with a 3.9% reduction in the workforce participation rate overall, with moderate to severe COPD leading to significant unemployment in the United States. Investigators found a 14.4% reduction in workforce participation among those with the most severe airflow restriction, compared with a 3.4% reduction among those with the least severe disease. Study participants came from the Third National Health and Nutrition Examination Survey (NHAMES III), a large scale study of more than 12,000 people.

Approximately 17 million people in the United States suffer from COPD, most of them still young enough to be in the workforce. According to a 1995 survey, approximately 70% of COPD patients are under the age of 65. Based on NHAMES III data, approximately 9.4 million Americans of working age had COPD in 1994. The authors estimate that excess unemployment due to COPD affected about 366,000 people in that year, and total lost productivity due to the disease cost $9.9 billion.

The study was published in the first March issue of the *American Journal of Respiratory and Critical Care Medicine*. ◆

Where They Work Makes a Difference

Workplace culture makes a big difference in a person's motivation and success at smoking cessation, say researchers from the Dana-Farber Cancer Institute. In a survey of 2600 smokers at 44 predominantly-manufacturing sites in New England, investigators found that blue-collar workers reported less pressure to quit smoking and less support for quitting than was reported by other workers. Blue-collar workers also reported greater acceptance of smoking among their coworkers.

"It's known that blue-collar workers are more likely to be smokers than white-collar workers," says lead author Glorian Sorensen, PhD, MPH. "The results of this study suggest that differing social environments may explain why smoking and smoking cessation rates differ among various occupational categories."

The report was published in the January/February issue of the *American Journal of Health Promotion*. ◆

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AARC Converges on Capitol Hill

The AARC went after the last piece of the Medicare reimbursement pie for respiratory therapists on April 15 when 50 Association members converged on Capitol Hill to lobby more than 100 U.S. Senators and Representatives for inclusion of RTs in the Medicare home health benefit.

While most RTs work in traditional settings such as the hospital where therapists are already fully reimbursed, achieving official reimbursement for therapists in the home care setting is considered paramount to protecting reimbursement for the profession across the board. "People can use our absence in home care to say that others are qualified to do our jobs for Medicare beneficiaries," explains Sam Giordano, MBA, RRT, AARC executive director. "This is the last piece to fully enfranchise RTs in the Medicare system."

The 50 AARC members who went up to Capitol Hill serve on the Association's Political Advocacy Contact Team (PACT), formed several years ago by the Association to educate state and federal legislators on issues of importance to the respiratory care profession. Individual teams are now located in nearly every state and stand ready to react quickly when fast developing issues arise. Many of these RTs have made a three-year commitment to the AARC PACT, a reflection of their dedication to respiratory patients and their profession.

The headway the AARC has made in convincing key members of Congress to support full Medicare reimbursement for RTs in the home was evident during the day-long blitz on Capitol Hill. Patti Joyner, RRT, CRT, from Tennessee, who spoke to an aide for Representative Harold Ford, Jr., says she received assurances that "Rep. Ford would absolutely be in support" of RT reimbursement in the home. The aide also gave her tips on "other Representatives in the state who would also be supportive."

Senator Joseph Biden's aide provided equally positive feedback. "The language and idea of allowing respiratory therapists in home health appeared to be a slam dunk," he said, "because it's budget-neutral."

Senator Fred Thompson's aide reflected the general consensus of the day: "We have been receiving the messages respiratory therapists have been sending and we are glad to learn more about this issue."

Now it's time for all of us to do our part as well. Given the plethora of initiatives faced by our legislators on a daily basis, we must keep Medicare home care reimbursement for RTs in the forefront, and the best way to do that is for more AARC members to write their Congressmen and Senators in support of the issue. How? The AARC has made it easy. Just use the following link to access the Capitol Connection area of the AARC web site, then follow the directions for contacting your state's representatives: http://capwiz.com/aarc/home/. ◆

White Paper Focuses on Concurrent Therapy

The AARC is leading the way when it comes to ensuring safe care for patients who receive respiratory care services. Last spring, the Association released a groundbreaking white paper arguing against the practice of concurrent therapy, or stacking of treatments.

The paper states: "Patient safety is the primary reason for respiratory therapists not to deliver care via concurrent therapy without a thorough patient assessment. Indiscriminate use of concurrent therapy may lead to declines in quality and may jeopardize patient safety. Aerosolized medications administered during treatments have potential adverse reactions. Recognition of these reactions is not possible if the patient is left unattended and thus a safety hazard exists."

In the white paper, protocols are identified as one of the best means of bringing efficiency to the system in order to eliminate concurrent therapy practices. The Association is urging respiratory care departments to develop policies and procedures to govern the application of the practice of concurrent therapy. "Ultimately, it is the ethical and professional responsibility of respiratory therapists to assure their patients receive both safe and effective care of the highest quality," says the paper.

The white paper is the end result of months of work by the Association and is expected to bring the issue of concurrent, or stacked, therapy into the forefront of debate among RTs and health care decision-makers. "We know that this paper may spur some controversy," says AARC Board Member Michael W. Runge, BS, RRT, of Bismarck, ND, who served on the committee that developed the document, "but we're issuing it because it's the right thing to do. Patient safety must come first and concurrent therapy jeopardizes safe and effective care." ◆

AARC Teams Up With Comedian Robert Klein

The AARC has teamed up with nationally-known comedian Robert Klein in the battle against COPD. In May, Klein joined Association representatives in Dallas, TX, to launch a national awareness campaign to get the word out about the disease, which afflicts more than 30 million Americans and is the fourth leading cause of death in the U.S.

Klein, who has been a member of Chicago's famous "Second City" comedy troupe, starred on Broadway, and is currently making a movie with Hugh Grant and Sandra Bullock, decided to get involved in helping the AARC increase public knowledge of COPD because he suffers from the condition himself. A former heavy smoker, he was diagnosed with the first symptoms of the disease in 1993, after having quit smoking more than six years earlier.

The national campaign will take Klein to cities across the nation, where he will tell his story and share statistics and information gathered by the AARC to encourage people to quit smoking and be tested for early signs of COPD if they are smokers, former smokers, or in other high risk groups. The campaign will also include a public service announcement starring Klein and featuring the AARC as a sponsor of the campaign. ◆

New Report Details Costs of Smoking

Each pack of cigarettes sold in the United States costs the nation an estimated $7.18 in medical care costs and lost productivity, says a report released by the Centers for Disease Control and Prevention (CDC) last spring.

The study, which looked at deaths related to smoking, years of life lost, and economic costs, found that smoking continues to be the leading cause of preventable death in the United States, resulting in an estimated 440,000 premature deaths every year. On average, adult men and women smokers lost 13.2 and 14.5 years of life, respectively, from 1995 through 1999 due to smoking. Economic costs due to productivity losses from deaths and excess medical expenditures totaled more than $150 billion, $54 billion higher than previous projections.

The study also notes that, despite recent declines, young people in the United States are still using tobacco at a high rate: 34.5% of high school students and 15.1% of middle school students currently use some form of tobacco. Every day, more than 2200 young people under the age of 18 become daily smokers.

Other findings included the following:

- Each year from 1995 through 1999, smoking caused more than 264,000 deaths in men and more than 178,000 deaths in women.
- Among adults, most deaths were from lung cancer (124,813), heart disease (81,976), and lung disease (64,735).
- Smoking-related cancer and lung disease deaths in women increased from 1995 to 1999.
- Smoking during pregnancy resulted in more than 1,000 infant deaths annually.
- Neonatal costs were $366 million - $704 per pregnant smoker - in 1996. ◆

Safe Flying

British researchers are recommending that people who suffer from chronic lung diseases like asthma, COPD and cystic fibrosis consult their physicians before flying on commercial aircraft. According to the scientists, who published their guidelines in the March issue of *Thorax*, the reduction in partial pressure of oxygen during air travel can cause potentially severe complications among these patients. They note that a recent North American study, for example, found 11% of in-flight emergencies are related to respiratory problems.

In addition to advising patients to speak with their physicians before flying, the guidelines call for patients to remain mobile during the flight (if not on supplemental oxygen), carry preventative inhalers in their carry-on luggage and make arrangements to have supplemental oxygen on board before take-off, if required. ◆

Weight Gain Supplement Works for COPD

COPD patients may benefit from an appetite stimulant used to combat wasting in cancer and AIDS patients, finds a new study published in CHEST. According to Florida investigators, patients who took megestrol acetate for eight weeks gained about 6.6 pounds on average over an eight week period. They also reported being able to breath easier, although the treatment did not improve respiratory muscle function or exercise tolerance. ◆

Did You Celebrate?

Did your pulmonary rehab program take part in Pulmonary Rehabilitation Week celebrations last March 10-16? If so, please consider sharing your experiences through an article in the Bulletin. Just contact Mary Hart or Cara Kraft at the addresses/numbers on page 2 to find out how. ◆

New Web Site Targets COPD

There's a new online resource available to health care professionals involved in the care of COPD patients. COPDProfessional offers quick and easy access to the latest research, clinical issues, case studies, conferences, international guidelines, and journal and book reviews pertaining to the disease. The site, which was developed with a grant from Boehringer Ingelheim, also provides an opportunity for professionals to network with their peers around the world via online discussion groups, peer advice columns, and other communications venues. Check it out at: copdprofessional.org. ◆

RC Week

October 21-25, 2002

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The AARC Needs You!

Did you know it takes more than 500 active volunteers to successfully run the vast and varied programs and services offered by the AARC every year? Who should take on these responsibilities? How about you?

President-elect David Shelledy, PhD, RRT, is currently seeking volunteers to serve on various AARC committees and in numerous other capacities during his presidency in 2003. If you'd like to sign up - or just find out more about how you can become more involved in your professional association - check out the following link on AARC Online: www.aarc.org/headlines/volunteer. ◆

Mark Your Calendar!

UPCOMING CONFERENCES

AACVPR 2002
CHARLOTTE, NORTH CAROLINA

SEPTEMBER 26-29

AARC 2002 48TH INTERNATIONAL RESPIRATORY CONGRESS
TAMPA , FLORIDA

OCTOBER 5-8