

SUPPORTING THE HOME CARE INDUSTRY - LASTING SOLUTIONS ARE REQUIRED

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The home care industry continues to be plagued with challenges imposed by policy makers despite the success with gaining support from members of congress. The issues that will negatively impact the industry seem to have no end in sight. The acting administrator for the Centers for Medicare & Medicaid Services (CMS) recently announced that CMS will require providers to reapply for their Medicare provider numbers. This action is the latest taken against providers located in the Los Angeles, CA area and in Florida and is yet another sign that the efforts to educate policy makers on the essential need of home care & HME in the continuum of care have been unsuccessful. This latest action was taken due to recent issues associated with a few select providers regarding fraud and abuse of the Medicare system. Ironically the timing of this latest action is bad since industry advocacy groups successfully lobbied congress, which resulted in the introduction of two bills; the Home Oxygen Patient Protection Act (HOPP) or H.R. 621 introduced by Congressman Tom Price, MD (R-GA) and H.R. 1845, the Medicare Durable Medical Equipment Access Act of 2007 introduced by Congressmen John Tanner (D-TN) and David Hobson (R-OH). The advocacy groups have been successful in reaching members of congress to assist with combating the challenges the industry faces however these efforts as is often the case will be futile; and

the latest action taken by CMS will make it difficult to gain support of other members of congress to sign onto these bills. Additionally as it occurred in the 109th congress the landscape of congress could change, yet again, before enough support is reached to send the bill to the senate and ultimately the president for signature into law. Another yet even more poignant point is the fact that the support gained from specific members would be lost due to those members failure to be reelected. This was evidenced in the recent mid-term elections in which the power on capital hill shifted from Republicans to Democrats. Many in home care assume that a more Democratic congress will result in pro home care decisions however this is unlikely as fiscal responsibility and balancing the budget are important to this Congress, thus a slim chance that the 110th Congress will undue the actions taken by the 109th Congress unless there is clear evidence that changes or amendments would result in significant savings for Medicare.

The 110th Congress

The 110th United States Congress was sworn in on January 4, 2007 and will be in session through noon, January 4, 2009. The caucus is comprised of 233 Democrats and 202 Republicans in the U.S. House of Representatives and 49 Democrats, 49 Republicans and 2 Independents (who plan to caucus with Democrats) in the U.S. Senate. The agenda set forth by the 110th congress is concrete and more importantly the congress plans to focus on the agenda to assure their effectiveness in completing tasks that the 109th Congress failed to complete. The agenda is as follows: adopting anti-terrorism agenda of the 9/11 Commission; arms control; domestic surveillance; education (including tuition tax credits, reduced student loan interest rates, and grant amount increases); environment and global warming; ethics and campaign finance reform; free trade (opposition); gun control; health care (including expanding children's health care insurance, negotiated drug prices, and insuring the uninsured); identity theft; illegal immigration/immigration reform; Medicare (lowering drug prices); net neutrality; nuclear weapons (including in North Korea and Iran); Social Security (retirement plans vs. Social Security privatization); stem cell research; U.S. budget deficit; U.S. minimum wage; U.S. tax cuts; war in Iraq and war in Afghanistan (stay the course? or redeployment? based on recommendations of the Iraq Study Group) and of course the war on terrorism. Other than expanding the benefits in children's healthcare insurance or the State Children's Health Insurance Program (SCHIP), which could result in improved Medicaid reimbursement there are no items on the agenda of the 110th Congress to address the woes that affect the home care industry.

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Are the Current Efforts Enough?

The home care advocacy groups have undertaken a noble effort to change the framework of the current laws and despite the success in influencing members of Congress the industry must embark on lasting solutions that withstand the test of time and most importantly the changes that occur in Congress. Industry leaders and those who work in home care/HME must continue to educate policy makers but also take a parallel track to work with the National Institutes of Health (NIH) to develop tools to collect data that are consistent throughout the industry and define ways to quantify both economic and healthcare outcomes that demonstrate the value of the home care/HME industry. The money, resources and time invested in lobbying must not be the "one-stop-shop" because we have seen for years that the efforts are only slightly effective – at best - when the appropriate members are in Congress; and regardless of party affiliation of members or the presidential administration, the challenges have continued for years and the only way to deal with the issues once and for all is to take a different approach. Albert Einstein once said "The definition of insanity is doing the same thing over and over again and expecting different results". The original quote came from one of the fathers of our nation Benjamin Franklin. We would do well as an industry to listen to both of these great thinkers or be destined for repeated failures in our efforts. There have been fragmented efforts to quantify data yet these efforts are in my estimation, "one-hit-wonders" that do not "wow" anyone. The efforts are short-sighted yet the right idea; however must be expanded to create long-term results that are collaborative with the NIH to establish validity and reliability. After all, we are not the most trusted of industries in healthcare and anything we sponsor or commission will immediately fall under scrutiny by policy makers regarding motive, methodology and more importantly credibility. We must begin the effort to work with the NIH now! We've had many discussions for years yet have not taken hold and progressed in a manner that yields hope for positive changes in the perceptions not only with policy makers but with others in the healthcare continuum including physicians, nurses and other allied health professionals. In fact I recall presenting an abstract of a study conducted during my tenure with my former employer at the American College of Chest Physicians (ACCP) annual conference in Montreal Quebec Canada; in which a very prominent physician stopped by, reviewed the study, chuckled and stated that I was trying to improve the credibility of the industry - a noble cause he said since everyone is not focused on the same effort across the board. The study was published as an abstract but is certainly not enough to reverse the tide that seems to be gaining momentum against the industry. Benjamin Franklin made another important quote: "He that speaks much is much mistaken". We've spoken to CMS and policy makers tirelessly about our essential need in the continuum and either they don't care, aren't listening or misunderstand us due to the missteps taken by some in the industry regarding fraud and abuse issues.

So, now is the time to create lasting solutions that help the industry or simply continue wasting our time, efforts and money and prepare to react to the additional actions that will be undertaken by CMS.

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Biomarker Time Profiles...continued from page 56

component). Remember this stuff from Anatomy and Physiology class? Troponin is localized primarily in the myofibrils (94% to 97%), with a smaller cytoplasmic fraction (3% to 6%).

The troponin subunits exist in a number of isoforms. The distribution of these isoforms varies between cardiac muscle and slow- and fast-twitch skeletal muscle. Cardiac-specific troponin T (cTnT) and troponin I (cTnI) isoforms have been identified. A number of studies have shown that troponin T has a clinical sensitivity similar to that of CK-MB (CK-2) during the first 48 hours after the onset of chest pain. The same is true of troponin I.

Marker	Time (h) until Marker Increases above Upper Reference Limit	Time (h) until Peak Concentration	Time (Days) until Return to within Reference Interval
CK	3 to 8	10 to 24	3 to 4
CK-MB	3 to 8	10 to 24	2 to 3
LD, LD-1	8 to 12	72 to 144	8 to 14
Myoglobin	1 to 3	6 to 9	1
Troponins I and T	3 to 8	24 to 48 (I st peak) 72 to 100 (T st peak)	3 to 5 (I) 5 to 10 (T)

A number of new studies are looking at C-reactive protein (CRP) as a potential marker for cardiovascular disease and risk assessment. The CRP rises significantly in response to injury, infection, or other inflammatory conditions and is not present in appreciable amounts in healthy individuals. At this time, the CRP is more useful as a predictor of future cardiovascular events and inflammatory processes that might be going on in the body in general rather than specifically for an AMI. There is a new reliable, automated high sensitivity assay for CRP known as the hs-CRP that does allow detection of small increases of CRP often seen in cardiac disease in general. I hope this article has given you additional tools for your diagnostic arsenal of respiratory skills. Our patients deserve the best we can provide.

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