



REIMBURSEMENT FOR HOME CARE THERAPISTS: A NEAR AND PRESENT REALITY

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Respiratory Therapists (RTs) work in all aspects of the continuum of care and I'm sure you could identify every possibility - save one, a museum curator. I recently had the pleasure of experiencing the scientific show known as 'Bodies, The Exhibition', which features an intimate display of human anatomy and outlines the complex systems, organs and tissues through well-preserved cadavers. The exhibit allows the general public to view the more than two hundred sixty organs outlined in healthy and unhealthy specimens that have been affected by diseases including cancer, birth defects, heart disease and lung disease. The exhibition was fascinating and actually caught the interest of my sixteen year old daughter who at first glance appeared bored but quickly became intrigued [and I hope inspired to learn more about human anatomy and physiology]. Even more impressive were the employees of the exhibit who wore buttons entitled "ask me" who clarified in detail the various organ systems, their function and the importance of exercise and living a healthy

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lifestyle. One of the exhibit's curators wore a white lab coat along with a stethoscope around her neck and provided a great overview to my daughter on the differences between healthy lungs and those affected by smoking tobacco. I was pleasantly surprised and felt a sense of pride when the curator responded to my daughter's question regarding how she was so knowledgeable and if she was a physician. The curator told my daughter, "I'm a respiratory therapist". This was a second job that she worked in her free time. I thought to myself, who better to educate the public about lungs and the affects of smoking.

Respiratory Therapists (RTs) play a significant role in the continuum of care and exercise a considerable degree of independent clinical judgment in the care of patients under the direct or indirect supervision of a physician. RTs serve as a valuable resource to members of the healthcare team regarding the safe and effective administration of respiratory treatments and services for patients diagnosed with lung disease. According to the U.S. Department of Labor, Bureau of Labor and Statistics, RTs held about 122,000 jobs in 2006 in the country of which 79 percent

were in hospitals, mainly in departments of respiratory care, anesthesiology, or pulmonary medicine. Holding a second job is relatively common for respiratory therapists and approximately 12 percent held another job, compared with 5 percent of workers in all occupations. So I guess I shouldn't have been surprised that the RT with the Body exhibit had a second job; however impressed that the individual marketed herself enough to convince those in charge of the exhibit to hire her as a curator. RTs also work in long-term acute care (LTAC), outpatient clinics, home healthcare, hospice, pulmonary rehabilitation programs, skilled nursing facilities (SNF), case management as certified case managers; in managed care organizations (MCO) as benefit administrators for durable medical equipment (DME), owners and general managers of DME providers; RTs work for healthcare manufacturers and pharmaceutical companies, in sleep medicine, air transport, hospital administration and management and now, as museum curators. Yet, despite their expertise, knowledge and significant contribution to society, RTs' services are not reimbursed by the federal government. However, a new bill introduced by Representative Mike Ross (D-Ark.), a member of the Health Subcommittee of the House Energy and Commerce Committee, may allow for reimbursement for services RTs provide independently in the home. The bill if it becomes law will permit registered respiratory therapists (RRT) with a bachelor's degree to get reimbursed for services rendered independently. The Medicare Respiratory Therapy Initiative, or H.R. 3968, would allow RTs to provide smoking cessation, asthma management, instruction on self-administration of respiratory medication to patients diagnosed with asthma and chronic obstructive pulmonary disease (COPD), as long as the services are prescribed by the patient's physician and under their general supervision. If successfully signed into law, this proposed legislation will provide the long-awaited support for RTs to be reimbursed for services they perform in the home.

Current coverage for RTs in the home is bundled in the reimbursement for home medical equipment. Centers for Medicare & Medicaid Services (CMS) does not currently recognize the value of reimbursing for RTs yet ironically under the new rules for competitive bidding, quality standards require respiratory therapists services to assess patients' needs, select appropriate home medical equipment, and monitor the effec-

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tiveness of treatment. This new legislation would provide for some relief from the reimbursement cuts the home care industry is faced with but must be signed into law before implementation occurs by CMS. It is incumbent upon all RTs to contact their congressional representatives to educate them and gain their support for this landmark legislation as the new law would potentially provide support for RT reimbursement in other parts of the continuum of care. Clearly RTs who work in home care realize the importance of the services afforded to patients diagnosed with lung disease; however we have had an uphill battle in quantifying the benefit of these important services for policy makers and in particular those responsible for establishing policy for chronic care at the CMS.

The home care industry is relatively young and continues to evolve. The services and equipment that is provided are more complex than in years past and the therapies and durable medical equipment provided in the home allows patients to remain there and out of the hospital. Despite the increasing complexity of care and the benefits afforded to patients as well as the savings gained through the services provided by RTs, CMS still has not established coverage for RT services. Access to RTs in home care has been shaped by government reimbursement policies for equipment that only allow for intermittent services under medical direction. Due to strict and extensive documentation for reimbursement the Medicare regulatory structure has stifled innovation in the field of home care. Other factors affecting the provision and growth of home care services by RTs includes competing changes in physician reimbursement policies and the role of physicians in integrating and coordinating home care services. This exciting new legislation potentially opens the door for providing patients with better access to RTs while adding an important revenue source for home care providers.

Thanks to the tireless efforts of many RT professionals and organizations such as the American Association for Home Care and the American Association for Respiratory Care, the possibility for RT coverage exists. Today patients diagnosed with COPD, the fourth leading cause of death in the country, only receive the benefit of RTs' expertise in the home when they are prescribed high-flow oxygen or other durable medical equipment that requires 'set-up' to be done by a qualified RT. Congressman Ross, a long-time advocate for home care and co-owner of a home medical equipment provider recognizes the inherent need for RTs in the home as well as the importance for reimbursing respiratory therapy services in alternate sites of care. The bill he introduced in the House of Representatives in October of last year must be passed in the House, Senate and ultimately be signed into law by the President before the services would be reimbursed under the Medicare program. For more information about the legislation visit the AARC's website at www.AARC.org. Although it's neat to see RTs evolve and recreate themselves to work in non-traditional areas it would be much more fulfilling to receive credit through reimbursement for the services RTs provide in home care.

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