



Respiratory Therapists In Home Care

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Contents

1.	Introduction	Page 2
2.	Respiratory Therapists are Health Professionals	Page 2
3.	Medicare Defined Disciplines	Page 3
4.	Balancing Home Care Resources and Quality in a Prospective Payment System	Pages 3-4
5.	Optimizing Available Resources in a Health Profession Staff Shortage	Page 4
6.	Why Measure Outcomes	Page 5
7.	Home Care Outcome Scores will be Made Public	Page 5
8.	Outcomes in Episodes with a Respiratory System Primary Diagnosis	Pages 5-6
9.	Outcome Measures Specific to Respiratory Therapists	Pages 6-7
10.	Respiratory Therapy Outcomes	Pages 7-8
11.	Conclusion	Page 8

Introduction

Since the implementation of the Medicare prospective payment system (PPS) in October 2000, data from many different sources suggest that home health agencies have experienced a decrease in the number of visits provided during an episode of care.

Today, while making fewer visits, home care agencies are experiencing new demands from referral sources, regulatory and accrediting organizations, and payers to demonstrate improved outcomes. The focus on improved outcomes and the financial incentives under PPS to utilize resources efficiently, create a unique opportunity for home care to excel in a specific market by achieving a balance between improved outcomes and resource utilization. Respiratory Therapists, with education and training specific to a select group of patients seen frequently in home care, could improve outcomes without increasing cost when the home care plan is within their scope of practice.

Respiratory Therapists are Health Professionals

Respiratory Therapists (RTs) earn credentials from the National Board for Respiratory Care (NBRC), a voluntary health certifying board that is responsible for maintaining the professional competence of RTs. Several physician groups including the American College of Chest Physicians and the American Thoracic Society appoint representatives to the NBRC Board of Trustees. The board maintains standards for educational programs and monitors the examinations that lead to credentialing of qualified applicants. RTs are recognized as health care professionals, either by state registration or licensure, in 44 states, the District of Columbia and Puerto Rico.

Medicare Defined Disciplines

The Medicare program does not recognize RTs as a qualified skill for the purpose of visit reimbursement in home care. Before PPS, when reimbursement was based on the number of visits provided by qualified disciplines, there was a strong financial incentive not to utilize RTs for patient visits.

The professional groups that represent RTs are promoting a change in the language of section 1861(m) of the Social Security Act to allow RTs to be substituted for a Nurse or Physical Therapist when the care provided is consistent with the RTs recognized scope of practice. Under this proposal, RTs can be utilized as part of an overall plan of care, providing skilled visits and staff education and participating in case management reviews related to improved outcomes.

Balancing Home Care Resources and Quality in a Prospective Payment System

Since October 2000 and the advent of home care PPS, the payment received for an episode of home care has been an amount based upon the anticipated and actual resource use as defined by a patient's Home Health Resource Group (HHRG). Financially viable agencies identify their episode costs for therapy, medical supplies and nursing services and determine that episode resources are provided with respect to the fixed reimbursement amount. While financial viability demands that agencies keep their costs within the designated payment amount, long term success in PPS demands that agencies achieve high outcomes within a limited number of visits.

PPS encourages agencies to continually review and improve outcomes and to utilize the most appropriate resources for each episode. Improving outcomes with a balance of cost (resources) and quality (outcomes) places the agency in a position to achieve both financial and market success.

Optimizing Available Resources in a Health Profession Staff Shortage

As suggested from the most recent episode visit data, home care clinicians visit the patient's home much less than before PPS. Still, patients and caregivers require effective training to manage changes in patient conditions. Patients with respiratory system diagnosis are a significant percentage of the total episodes in home care (**Figure 1**). The patients and families in this group often need specialized teaching and monitoring to achieve improved outcomes and an appropriate degree of independence.

Since outcomes increasingly drive the selection of the most appropriate resources on a case-to-case basis, RTs can provide additional staffing flexibility when caring for patients and families with respiratory system diagnosis. Additionally, RTs can be an excellent resource for staff education in the care of select patients and as an active member of the performance improvement groups participating in the processes to improve selected outcomes.

Utilizing RTs in cases where their education, skills and scope of practice are appropriate gives agencies another tool to meet patient needs and control costs through greater flexibility in resource utilization.

Figure 1

Primary Diagnosis as a Percent of Total Patient Episodes Reported, 2002 Q2		
Primary Diagnosis	Number of Patients	Percent of Total
Total patients	245,207	100%
Circulatory (ICD 390 – 459)	58,850	24%
Musculoskeletal (ICD 710 – 739)	34,329	14%
Respiratory (ICD 460 – 519)	19,617	8%
Source: Outcome Concept Systems		

Why Measure Outcomes?

Home care outcomes measure the changes in health status or functional independence that occur between the patient's start-of-care to discharge. When individual agency outcome scores are compared to benchmark scores they provide an opportunity to demonstrate that an agency's outcomes are better, the same, or not as good as other agencies'. They are also an ideal method for setting and measuring performance improvement goals. In selecting specific outcomes, identifying best practices, implementing interventions and observing outcome improvement over time, agency managers can also use outcome scores to improve their position in the market with referral sources and payers.

Home Care Outcome Scores will be Made Public

In the next several months, the Centers for Medicare and Medicaid Services (CMS) will make individual agency outcome scores publicly available in five to six states. Following the initial release of information, CMS promises to take this initiative nation-wide and make agency specific outcomes data easily accessible by payers, referral sources, families and patients.

Outcomes in Episodes with a Respiratory System Primary Diagnosis

The utilization of RTs in home care episodes when the diagnosis is related to the respiratory system is consistent with RTs scope of practice. The home care agency is responsible for educating patients, families and other caregivers focused on the specific diagnosis, treatments and unique care requirements in the episode. For example, patients with respiratory system diagnosis often require specialized teaching to manage equipment related to inhaled medications or oxygen therapy.

A couple of examples of outcomes that could be impacted by the work of RTs include hospital readmissions and/or emergency room visits during a home care

episode. These events often are the result of patients and families failing to recognize important respiratory system changes in the patient's condition and taking prescribed preventive steps. RTs can play a role in improving outcomes related to hospitalization and emergency room admissions by teaching and reinforcing the simple assessment and equipment management skills that patients and families can employ to manage care at home and reduce the occurrence of these events.

Outcome Measures Specific to Respiratory Therapists

The decision to utilize Respiratory Therapists in home care should be approached using a performance improvement (PI) or continuous quality improvement (CQI) model. The model involves actively reviewing outcomes data, using that data to identify both successes and opportunities for improvement, determining underlying reasons and best practices, selecting target outcomes, and establishing and implementing a plan of action.

National data suggests that a primary diagnosis at start of care involving the respiratory system make up eight percent of all home care admissions (Figure 1). Outcomes and quality tracking data suggest those patients with a respiratory system diagnosis experience more emergency room visits and hospital admissions for emergent care than the average for all patients in the data (**Figure 2**). Further review of specific diagnosis including asthma and a group of diagnoses that cover several chronic obstructive lung diseases (COPD) also indicate a higher percentage of patients experienced emergent care or were hospitalized for emergent care during the study time frame. Finally, and certainly not unexpected, patients with respiratory system diagnoses are much more likely to be admitted for respiratory problems.

RTs, with advanced education and practical experience in respiratory systems are a valuable resource for evaluating and improving the care of patients with respiratory system diagnoses and could be utilized as part of an overall plan to reduce emergent care and hospital readmission in this group of patients.

Figure 2

Hospital Admission for Emergent Care by Diagnosis, National Data, 2002 Q2					
OASIS ID	Measure Description	Respiratory Diagnosis Group (ICD 460 – 519)	Asthma (ICD 493)	COPD (490 – 496)	All Patients
M0830.01	Experienced Emergent Care	16%	13%	17%	13%
M0890.10	Admitted to Hospital for Emergent or Urgent Care	27%	27%	30%	22%
Source: Outcome Concept Systems					

Respiratory Therapy Outcomes

A sampling of outcomes that could be expected to improve with the inclusion of RTs in the staff resources available in an agency include dyspnea, ambulation, and patient or caregiver management of equipment (**Figure 3**). Current data from the OCS outcomes data warehouse provides the norm for the percent of all patients improved in each measure. If an agency selected one of these measures for improvement, the role of the home care-based RTs in reaching that goal might include staff education, case reviews and case-by-case visit assignment for patient assessment and patient and family teaching.

There are other, less apparent outcome measures that RTs working within their scope of practice in home care could be expected to help improve. For example, when utilized as prescribed and monitored for effectiveness, oxygen therapy improves many of the activities of daily living including cognitive functioning, dressing and meal preparation. Patients on oxygen therapy during an episode of home care would potentially benefit from the RTs knowledge and assessment skills with respect to improving these outcomes.

Figure 3

Percent Of Patients Improved During An Episode by Diagnosis, National Data, 2002 Q2					
OASIS ID	Measure Description, Improved	Respiratory Diagnosis Group (ICD 460 – 519)	Asthma (ICD 493)	COPD (490 – 496)	All Patients
M0490.01	Dyspnea	52%	52%	49%	57%
M0700.01	Ambulation/Locomotion	38%	39%	37%	36%
M0810.01	Management of Equipment	38%	41%	42%	28%
M0820.01	Caregiver Management of Equipment	40%	34%	43%	30%
Source: Outcome Concept Systems					

Conclusion

Hospitals will continue to employ more than eight out of ten Respiratory Therapists, but a growing number of therapists will be utilized by home health agencies as an additional resource to improve outcome performance. The number of patients presenting with respiratory system diagnoses is expected to increase as the population ages and the need for the skills of respiratory therapists in home care will increase as well. Under PPS, home care agencies using an Outcomes Based Quality Improvement (OBQI) model can identify target outcomes and consider the most appropriate resources to achieve improvement consistent with a mindset of balancing cost and quality. Respiratory Therapists can play an important role in the balance of outcomes improvement and resource utilization in home care.

About Outcome Concept Systems

Founded by a team of home care professionals, OCS has been providing home care organizations with performance improvement solutions since 1992. With over 1,200 clients spanning all 50 states, OCS maintains the nation's largest proprietary home health benchmark database comprised of clinical outcome and utilization information. OCS uses this information to provide the industry with education as well as products and services to guide decision-making and improve outcomes. Endorsed by trade associations throughout the country and recommended by major MIS vendors, OCS is the premier quality management vendor for home health, hospice, infusion, DME, and private duty organizations.

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