Supplemental Oxygen Systems: Helping Patients Get What They Need

November 22, 2019
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Mission
The mission of the U.S. COPD Coalition is to improve awareness and care of patients with COPD while supporting the search for a cure.

Vision Statement
A COPD-free United States.

Goals
Promote better care for patients with COPD;
Raise awareness of COPD;
Promote COPD research and the search for a cure;
Foster communication and networking.

The Focuses of the U.S. COPD Coalition
Awareness; Advocacy; Collaboration and Continued Growth
Webinar Participants

Jerry Krishnan, MD, PhD - Associate Vice Chancellor, Population Health Sciences Program; Executive Director, Institute for Healthcare Delivery Design; Professor of Medicine & Public Health ~ University of Illinois at Chicago

Kathleen O. Lindell, PhD, RN, ATSF, FAAN - Associate Professor of Medicine & Nursing, University of Pittsburgh Dorothy P. & Richard P. Simmons Center for Interstitial Lung Disease at UPMC

Valerie Chang, JD - Vice-Chair, US COPD Coalition; Chair, Hawaii COPD Coalition
Who do I call if I am having issues getting the service that I need?

Beneficiaries who need assistance can be directed to:

- 1-800-Medicare (800-633-4227)
  - Question on claims and coverage of equipment

- Social Security Administration (800-772-1213)
  - Update name/address, questions on premiums, Medicare entitlement

- Benefits Coordination Recovery Center (855-798-2627)
  - Primary insurance information update
Travel and Supplemental Oxygen

Valerie Chang, valerie@hawaiicopd.org
Vice-Chair, US COPD Coalition,
Executive Director, Hawaii COPD Coalition

www.uscopdcoalition.org
Plan Ahead

Ask your healthcare provider (MD, APRN, PA—”provider”) if it’s safe for you to travel

Consider travel insurance

Find out from airline what oxygen you need
  ◦ Airlines only allow Portable Oxygen Concentrators (POCs) meeting FAA requirements
  ◦ Generally need 50% more battery than transit time

If you will be flying, and aren’t sure how you will do on airplane, ask for High Altitude Simulation Test (HAST)
Consider Other Travel

If you don’t want altitude challenges, consider other options: boat, train, car, bus, etc.

Lots of good information at www.copdfoundation.org, learn more tab, traveling with copd.

Call carrier to find out their requirements, preferably before buying tickets

Ask if there are any forms needed & get them completed well in advance

Consider altitude of each part of your trip—research it & plan accordingly
If You are Flying

Check website of your airline before buying your ticket. Get your provider to sign airline form(s); complete all required forms EARLY.

Call airline disability desk as soon as possible and notify them that you’re flying with a POC.

Consider asking for a wheelchair to meet you at ticket counter & get you to the door of airplane + meet you when plane lands & get you to baggage claim; NO EXTRA CHARGE (other than TIP).

Medication & medical equipment is not luggage.

Batteries MUST be carried on—NOT checked.
More Flying Tips

Can’t have bulkhead or exit row seat
Try to book nonstop when possible
Allow lots of time between flights (delays, wheelchair attendants, etc.)
Can’t charge POCs on planes but OK to charge at airports.
Portable Oxygen Concentrators (POCs)

Can be rented or purchased.

Rental & purchase prices vary (& warranties & # of batteries)

Your provider (MD/APRN/PA) can tell you whether you need continuous flow and rate.
  - Most recommend continuous flow for sleep.
  - Continuous flow machines are heavier.

If you need continuous flow at 2 or 3 liters, only a few POCs available. Get CORRECT machine!

www.pulmonarypaper.org May/June newsletter reviews POCs every year.
Durable Medical Equipment (DME) Companies

Are NOT required to supply you with a POC for travel.

Some MAY rent or lend you a POC for travel.

ARE required to work with you to provide you with oxygen at your US destination (for international, you need to arrange and pay for your own). Work with DME and call DME when finalizing travel plans. If you have problems, call 1-800-633-4227 (1-800-MEDICARE).

See Medicare Coverage of Durable Medical Equipment and Other Devices, official booklet, page 16.
Continuous Flow vs Pulse Dose

Some portable systems can deliver continuous flow (CF) and intermittent flow (IF), commonly referred to as pulse dose.

Intermittent flow (IF) devices are safe and generally effective in correcting hypoxemia, but there is variability in delivery and patient response; therefore, patients need to be tested on these devices. Not advised for sleep.

Use of a pulse oximeter is recommended to allow patients to adjust their oxygen flow to maintain saturations > 89% at all times.
Question - *Are my oxygen needs being met?*

My oxygen prescription is 2 LPM with rest and 6 LPM with exertion.

*My home concentrator delivers up to 10 LPM via continuous flow.*

*My portable device delivers up to 5 units via intermittent or pulsed flow.*

If you are prescribed a POC, you should have been tested by the supplier to assure that it provides the correct dose; > 89% with all activities.

The units on POC devices are not the same from device to device, and usually do not mean liters per minute.

Use of a pulse oximeter is the best way to determine what your oxygen saturation level is with each activity that you’re doing.

We advise that you check your oxygen saturation level to see what your oxygen levels are at rest, with exertion, and with sleep.

If you do not own a pulse oximeter, they are available at your pharmacy or convenience store.
Reference for POC’s

Question

I am a patient with COPD and I was told that my oxygen level was 91% while sitting but it drops to 85% when I walked down the hall. I was prescribed oxygen at 2L/min to get my oxygen level up to 90% when I walk but I am still short of breath when I walk. Should I stop the oxygen?

Answer...It’s always best to ask your doctor so that medical advice is appropriate for you. But in general, it is important to know that people can become short of breath for many reasons other than low oxygen levels. If your oxygen level is normal and you are still short of breath, one of the most common reasons is that your muscles are de-conditioned - the ‘treatment’ for this is pulmonary rehabilitation. You should talk to your doctor about whether you can stop your home oxygen.
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Resources

www.USCOPDCoalition.org, resources tab

https://www.medicare.gov/Pubs/pdf/11045-Medicare-Coverage-of-DME.PDF is link for Medicare Coverage of Durable Medical Equipment & Other Devices

www.copdfoundation.org, copd360social tab & also learn more tab, “Traveling with COPD”

www.pulmonarypaper.org Pulmonary Paper

www.seapuffers.com for cruising with oxygen and respiratory therapists
Questions?
The US COPD Coalition thanks our panelists, and gratefully acknowledges the generous support of the American Respiratory Care Foundation