



AMERICAN ASSOCIATION FOR RESPIRATORY CARE
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The American Association for Respiratory Care (AARC) is pleased to comment on the draft “HHS Strategic Framework on Multiple Chronic Conditions (MCC).” The AARC is a national professional association representing 50,000 respiratory therapists. Respiratory therapists treat patients with chronic conditions such as asthma and chronic obstructive pulmonary disease (COPD) including emphysema and chronic bronchitis.

We applaud the HHS Interagency Workgroup on Multiple Chronic Conditions (MCC) for its comprehensive workplan. Our comments focus specifically on **Goal 3, Objective B – Reduce re-hospitalizations of individuals with MCC.**

Respiratory therapists know first hand the devastating effects to the quality of life of persons with multiple chronic conditions. Further, the AARC is more than aware that the readmission rate for such individuals is on the rise especially those with respiratory diseases, who often present with multiple co-morbidities. Data gathered by the Medicare Payment Advisory Committee a few years ago reported a 9.5% readmission rate for Medicare beneficiaries alone who suffer from pneumonia. Medicare patients with chronic obstructive pulmonary disease (COPD) had an even higher readmission rate at 10.7%. Total costs to Medicare for these readmissions amounted to almost \$1 billion. We agree with the Strategic Plan when it states, “changes to the delivery and provider payment system, development of accompanying quality and performance metrics, and increased involvement of the public health system can complement efforts to care for those with MCC.”

On January 14, 2010, the *American Journal of Respiratory and Critical Care Medicine* published a study based on a randomized controlled trial designed to determine whether a simplified disease management program reduces hospital admissions and emergency department (ED) visits due to COPD. Patients assigned to the disease management arm attended a single 1 to 1.5 hour group education session conducted by a **respiratory therapist** case manager. The session included a comprehensive set of instructions. For example:

- general information on COPD
- direct observation of inhaler techniques
- a review and adjustment of outpatient COPD medications
- smoking cessation counseling

- recommendations concerning influenza and pneumococcal vaccinations
- encouragement of regular exercise
- instruction in hand hygiene

The study was conducted over a period of a year. At its completion, the primary outcome rate of hospitalizations and emergency visits for COPD among the disease management patients was 48.4 per 100 patient-years compared to 82.2 per 100 patient-years among the usual care patients, a statistically significant reduction of 41%. The study concluded that a relatively simple disease management program reduced hospitalizations and ED visits for COPD.

The AARC has embarked on a legislative initiative to provide greater access to Medicare beneficiaries by amending the Social Security Act to permit respiratory therapists who work in a physician's practice to furnish services under the general supervision of the physician. That means greater flexibility for the physician because he or she does not have to be present in the office suite while the services are being furnished. Under current law, the physician must be in the office suite and immediately available at all times the respiratory therapist is providing care.

We believe respiratory therapists can be instrumental in preventing hospital readmissions as the 2010 study indicates. If we are successful in having this legislation enacted in the near future, patients with MCC will have greater access to respiratory therapists who have unique skill sets. It will enable the respiratory therapist to provide valuable education and other services in the following areas:

- MDI device selection and education
- Oxygen assessment and equipment advice
- Smoking cessation counseling
- COPD and asthma disease management
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The AARC supports the MCC Strategic Framework and offer our assistance in helping the Department carry out this worthwhile endeavor.

Sincerely,



Timothy R. Myers, BS, RRT-NPS
President