

Mission Possible:
New Roles–New Value for Respiratory Therapists
PSRC Virtual Symposium



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Disclosures

All content is created and delivered without commercial bias.

Proud RT and AARC Member!

Outline

- RT value foundation
- RT value across the care continuum
- Advancing your value

RT Value Foundation

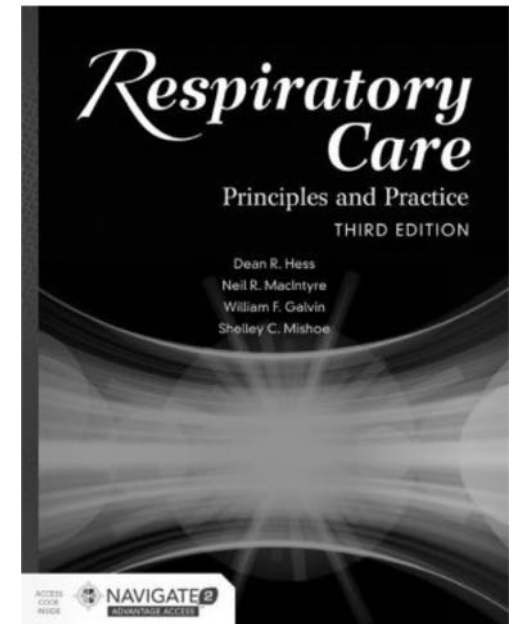
- Establish science of respiratory care services
- Link the RT to services
- Communicate value to all stakeholders



Hierarchy of Evidence

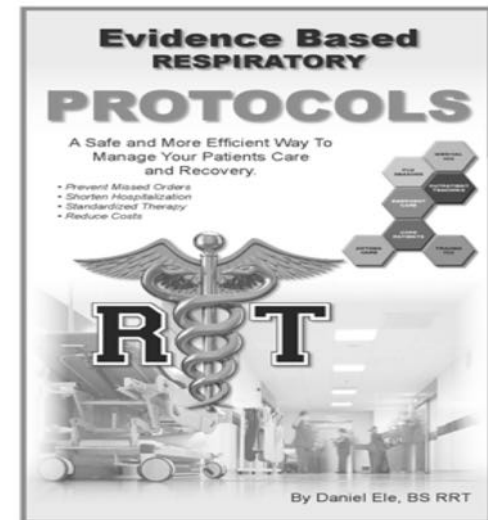
Hess D, MacIntyre N, et. al. *Respiratory Care: Principles and Practice* 2016

- N-of-1 randomized controlled trial
- Meta analysis of randomized trials
- Single randomized controlled trial
- Systematic review of observational studies
- Single observational study
- Physiologic studies
- Unsystematic clinical observations



Protocols: Applying the Science of Respiratory Care

- Assure safety
- Assure quality
- Allocate finite resources
- Improve patient experience of care
- Improve financial performance
- Improve RT staff satisfaction



RT Value Across the Care Continuum



- Emergency Care
- Acute Hospitalization
- Post-Acute Care





- Understand reasons for ED presentation
- CDU/process
- Justifying RT value in the ED
- Match patient with device/protocol
- Pharmacy options/programs
- Transitioning and follow-up

Inpatient

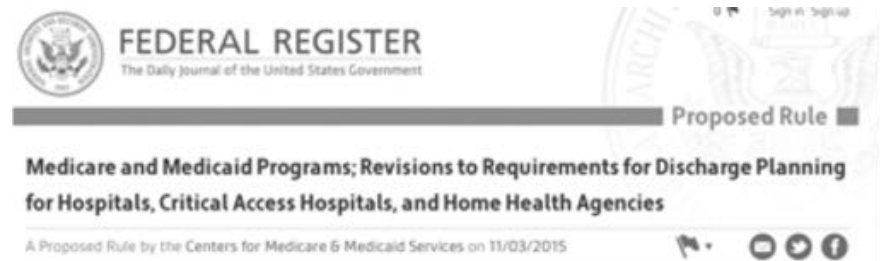
- Protocols
- Transition to maintenance Rx
- Match effective delivery devices to the patient
- Patient/family education
- Pulmonary Rehab/introduction
- Supplemental oxygen management



Medicare Requirements

Discharge Planning

- Process to begin within 24 hours of admission
- Formalized discharge planning for ALL patients
- Ensure ALL continuing care needs met PAC
- Must include inpatient care providers
- Must take into account patient's goals/preferences (Patient-centric care)
- Must include complete medication reconciliation
- Formal post-discharge follow-up process required



COPD Education and Training by RTs Decreases Healthcare Utilization and Improves Patient Outcomes

Young M, Craddock K, et. al. *UC Davis Health System*: 2011

Projected Cost Savings *

- Per admission by decreasing LOS: \$7,555
- Per reduced 30-day readmissions: \$355,762
- Total projected Health System Savings: \$1,317,912

** Per Finance Office, UC Davis Health System*

Opportunities in Acute Care Setting

- Pulmonary Disease Case Manager
- RT Navigator
- Clinical Educator
- Preceptor
- Bronchoscopy lab
- Clinical Specialist
- QI Coordinator
- Safety Officer
- Consultant
- LSSBB
- Research
- Clinical/Career Ladder

Transition Planning

- Medication reconciliation
- Financial resources/care plan
- Transportation
- Literacy level/education materials
- Match device to patient (MDI, DPI, SVN)



Transition Planning (continued)

- Post Acute Care Venues

- Home
- SNF
- Outpt Rehab
- ALF
- LTACH
- Palliative Care/Hospice

- DME

- Home evaluation

- Pharma Safety Net programs

- Determine supplemental oxygen need and most appropriate device(s)



A Respiratory Therapist Disease Management Program for Subjects Hospitalized With COPD

Silver PC, Kollef MH, et. al. *Respir Care*; January 2017

Methodology: 428 subjects (214 intervention, 214 control)

Metric: Combined non-hospitalized ED visits and hospital readmissions for COPD exacerbation during 6-month follow-up

Results:

- Readmission for COPD exacerbation was significantly lower in the intervention group (20.1% vs 28.5%)
- The median duration of hospitalization for a COPD exacerbation was less for the intervention group (5 d. vs 8 d.)
- Total in-patient hospital days (306 d. vs 523 d.) and ICU days (17 d. vs 53 d.) due to COPD exacerbations were significantly less for the intervention group

Follow Up

- Physician office visit/coding
- PFTs
- Tobacco cessation counseling
- Supplemental oxygen assessment
- Medication reconciliation
- Pulmonary Rehab
- Hand off to PCP
- Collaboration: urgent care, retail clinics, and pharmacies
- Telehealth



Telehealth: Value-added Roles for RTs

- Pulmonary disease management
- Pulmonary Rehabilitation
- Chronic ventilated-patient mgmt.
- Asthma management
- Community education



A new pulmonary rehabilitation maintenance strategy through home-visiting and phone contact in COPD

Li Y, Feng J, et. al. *Patient Preference and Adherence*; January, 2018

Methodology: 151 stable COPD pts receiving 8-week PR program were randomly assigned to PR maintenance group or usual care. PRMG participated in supervised home maintenance strategy (home visits, phone calls); 6MWT, CAT, and mMRC scores were evaluated every 3 months in both groups.

Results: In PRMG, improvements in 6MWT, CAT, and mMRC scores were preserved for one year ($p=0.001$), and total frequency of exacerbation ($p=0.021$) compared to usual care group.

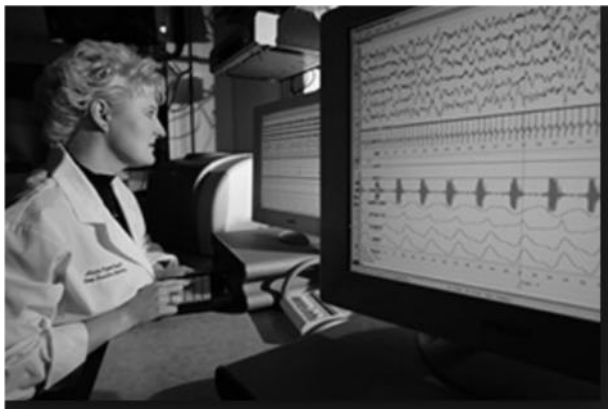
Conclusion: Maintenance strategy involving home-visit and phone contact is superior to usual care to preserve PR benefits, and reduces the acute COPD exacerbation rate.

Maintenance and Support

- Mothers of Children with Asthma
- Better Breathers' Club
- Faith/Social support
- Demographics
- Hospital team-PCP
- Social Determinants of Health

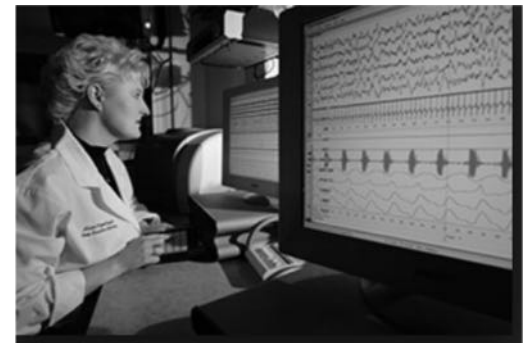


Advancing Your Value



Specialty Credentialing

- RRT-ACCS
- RRT-NPS
- CPFT/RPFT
- CRT-SDS RRT-SDS



AARC Certifications and Educational Opportunities



- Asthma Educator Certification
- Pulmonary Disease Educator Course
- Pulmonary Rehabilitation Certification Course
- Tobacco and Smoking Cessation Training
- AARC University: Management, Research, Education

Marketing You and Your RT Department

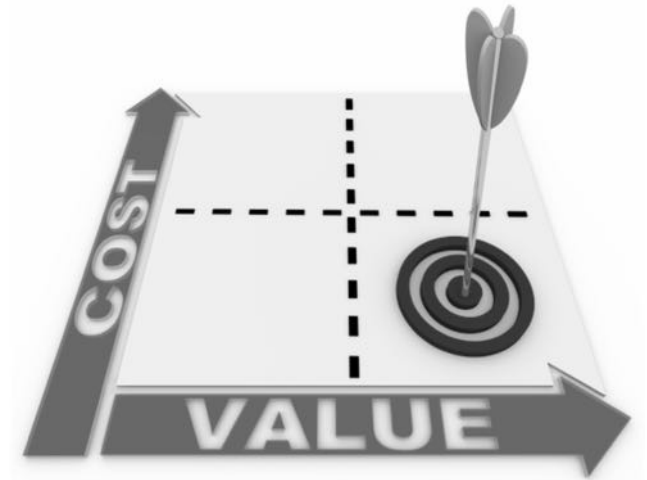
Identifying and satisfying the needs and wants of customers



Marketing to the Leadership: What's the message

- Cost-effectiveness of asthma programs lead by Respiratory Therapists
- The value of comprehensive Pulmonary Rehabilitation programs/admission rate, ED visits
- The value of CPGs and patient-focused respiratory care protocols on quality, cost, and service
- Patient-focused respiratory care protocols increase

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Professionals advocate for their patients

PACT

Political Advocacy Contact Team





Respiratory Therapists Must Advocate for Themselves

- Be sure patients know you're an RT
- Have a short stump speech ready to deliver on demand
- Act like a health care professional
- Volunteer to work at public health events
- Join the AARC

Nominate an outstanding RT!

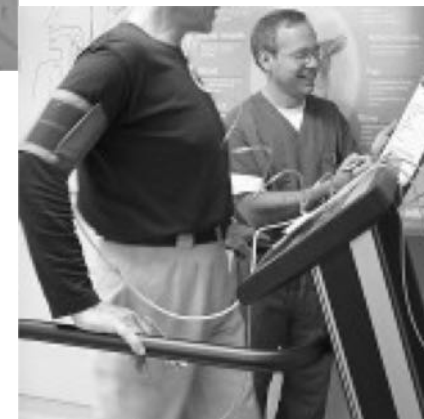


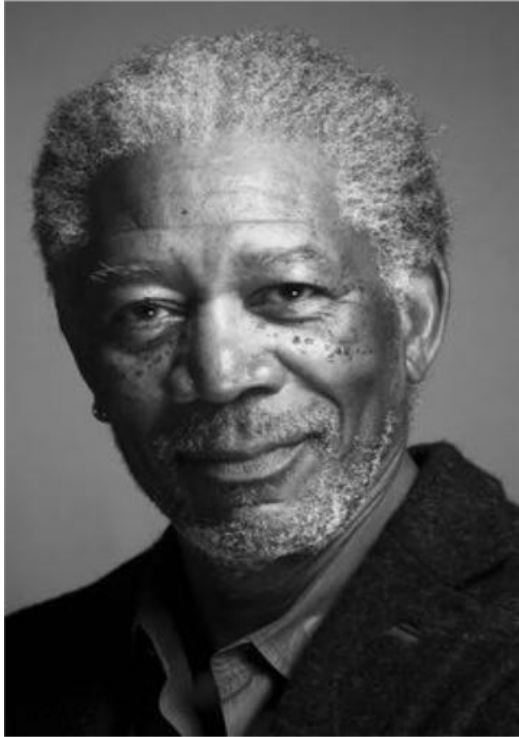
The National Respiratory Patient Advocacy Award is the only nationally-recognized advocacy program dedicated to honoring outstanding registered respiratory therapists nominated by leadership

Professionals Never Stop Learning



RT Professionals are AARC members!





“One of the biggest mistakes we make is assuming that other people think the way we think”

Morgan Freeman