Brian Wicker, RRT, NPS

Director of Respiratory Therapy, Sleep, Wound, Cardiac & Pulmonary Rehab

Kelly Long, RRT, CCT, RYT-500, C-IAYT

Respiratory Therapy Navigator & Program Coordinator

McLaren Lapeer Region

RESPIRATORY THERAPY NAVIGATION… SIX YEARS AND COUNTING… *WHERE ARE WE NOW???*

McLaren LAPEER REGION

OBJECTIVES

- Identify the impact and significance of Respiratory Therapy within the post-acute setting.
- Explore opportunities for partnership to improve patient outcomes through the strategic use of Respiratory Therapists.
- Examine how expanded RT roles affect the patients, healthcare institutions, physicians, payors, and the profession as a whole.
- Discuss the transition from a sickness-bases care model to a wellness-focused approach through integrated disease management.

McLaren
LAPEER REGION

DISCLOSURES:

We have NO financial disclosures or conflicts of interest with the material presented in this presentation.

McLaren
LAPEER REGION

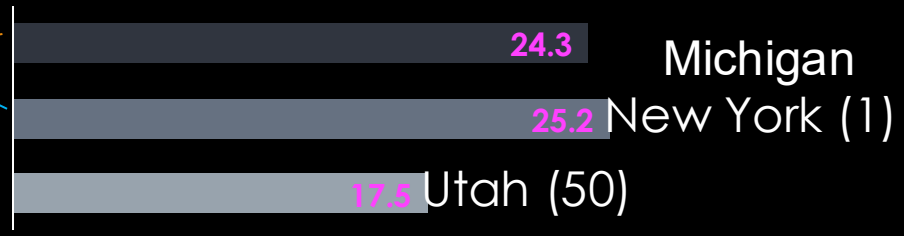
2017 MEDICARE INTRODUCED HRRP

Hospital Readmissions Reduction Program

Increased Penalties for excess readmissions

Impact of Readmissions on Hospitals

Where We Rank- Readmission Rates



ACA Hospital Readmissions Reduction Program

Program which sets out to reduce payments to hospitals with excess readmissions in any of the six categories:

1. Acute Myocardial Infarction (AMI)
2. **Chronic Obstructive Pulmonary Disease (COPD)**
3. Heart Failure (HF)
4. Pneumonia
5. Coronary Artery Bypass Graft (CABG)
6. Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA)

Readmission- when a patient is readmitted to any hospital under Medical (MED) within 30 days of a prior MEDICAL admission.

Payment reductions are as much as **3%**. For hospitals this can be detrimental if readmissions are too high.

HRRP guidelines only apply to patients who have Medicare as their primary insurance and are over the age of 65.

Nevertheless, this CMS program has raised awareness about the importance of reducing readmissions at McLaren Lapeer

McLaren LAPEER REGION

Post Acute Care

Saving a patient's life
the acute care setting
Is ONLY one HALF of
our responsibility…
We, as a profession, have
NEGLECTED
the other half of the equation…

McLaren
LAPEER REGION

AARC BEST PRACTICE

HTTPS://WWW.AARC.ORG/WP-CONTENT/UPLOADS/2021/01/BEST-PRACTICES-PRODUCTIVITY-STAFFING-VALUE-EFFICIENCY.PDF

McLaren
LAPEER REGION

With this critical paradigm shift, three key issues must be addressed.

The interventions provided are necessary and of clinical value

The value that respiratory care services add to the health care organization

The value that respiratory therapists bring to patients when performing these services

These concepts support a practical response to the increasing demands of payers, administrators, consultants, and patients.

Therefore, the AARC recommends the implementation of value-efficiency metrics to quantify the value of respiratory care services, and to optimize patient care by assuring appropriate staffing.

The quantification of value-efficiency is essential for the continued growth, value and success of the respiratory care profession.

Evidence supporting the proposed considerations and methods to assist with their implementation are provided in the AARC issue paper entitled Determining Value-Efficiency.

References:

1. Proposed AARC Issue Paper: Determining Value-Efficiency.

Effective 11/2020

McLaren LAPEER REGION

https://www.aarc.org/wp-content/uploads/2021/01/best-practices-productivity-staffing-value-efficiency.pdf

DETERMINING THE VALUE-EFFICIENCY OF RESPIRATORY CARE

- Robert L Chatburn, Richard M Ford and Garry W Kauffman
- Respiratory Care September 2022, respcare.09100;
- DOI: https://doi.org/10.4187/respcare.09100
- "To incorporate value-efficiency as a mechanism to define the number and type of caregivers required, there are **3 key considerations:**
- (1) What value does respiratory care add to the health care organization?
- (2) Are the interventions provided necessary and of clinical value?
- (3) What is the value of the respiratory therapist in the delivery of these
- services? "
- "A prime example of where the respiratory therapist can add unique value is the ACA Hospital Readmissions Reduction Program.
- "Although more study is suggested, the positive impacts that respiratory therapists can have on COPD admissions and costs for acute in-patient stays have been reported."

McLaren
LAPEER REGION

HOSPITAL READMITTANCE AVOIDANCE PROGRAM

McLaren
LAPEER REGION

COPD READMITTANCE AVOIDANCE PROGRAM

CRAP

McLaren
LAPEER REGION

Program OVERVIEW

- **Started in June 2018 as a 6-month GRANT program funded by the McLaren Foundation.**
- **We are currently on our 91st month, and due to its success, it has become an integral part of the Respiratory Services Department.**
- **We coordinate and work with all entities that may provide patient care: Primary Care Physician (PCP) Offices, Pulmonary and various Specialty Practices, HHC SNIFs, Palliative & Hospice, and Durable Medical Equipment Companies (DMEs).**

Our initial measurement of success is a reduction in readmissions by

5 points or 20%

from prior year to this year.

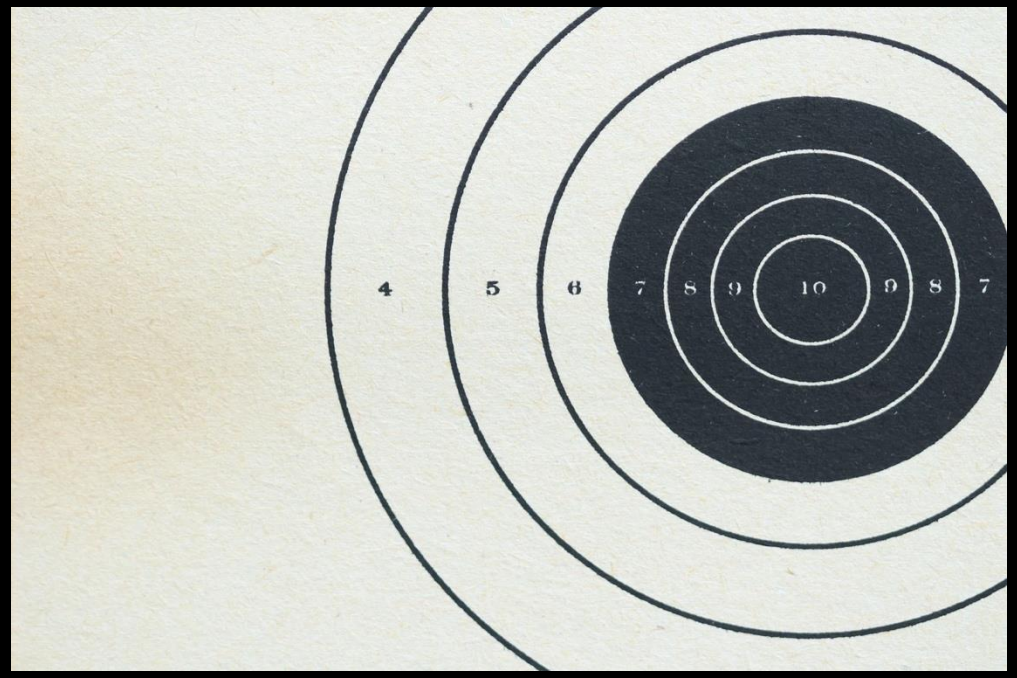
McLaren
LAPEER REGION

Original Metric

22% Readmission Rate 30 Days

27% Readmission Rate 90 days

Pain Point



McLaren
LAPEER REGION

PATIENT-CENTERED CARE

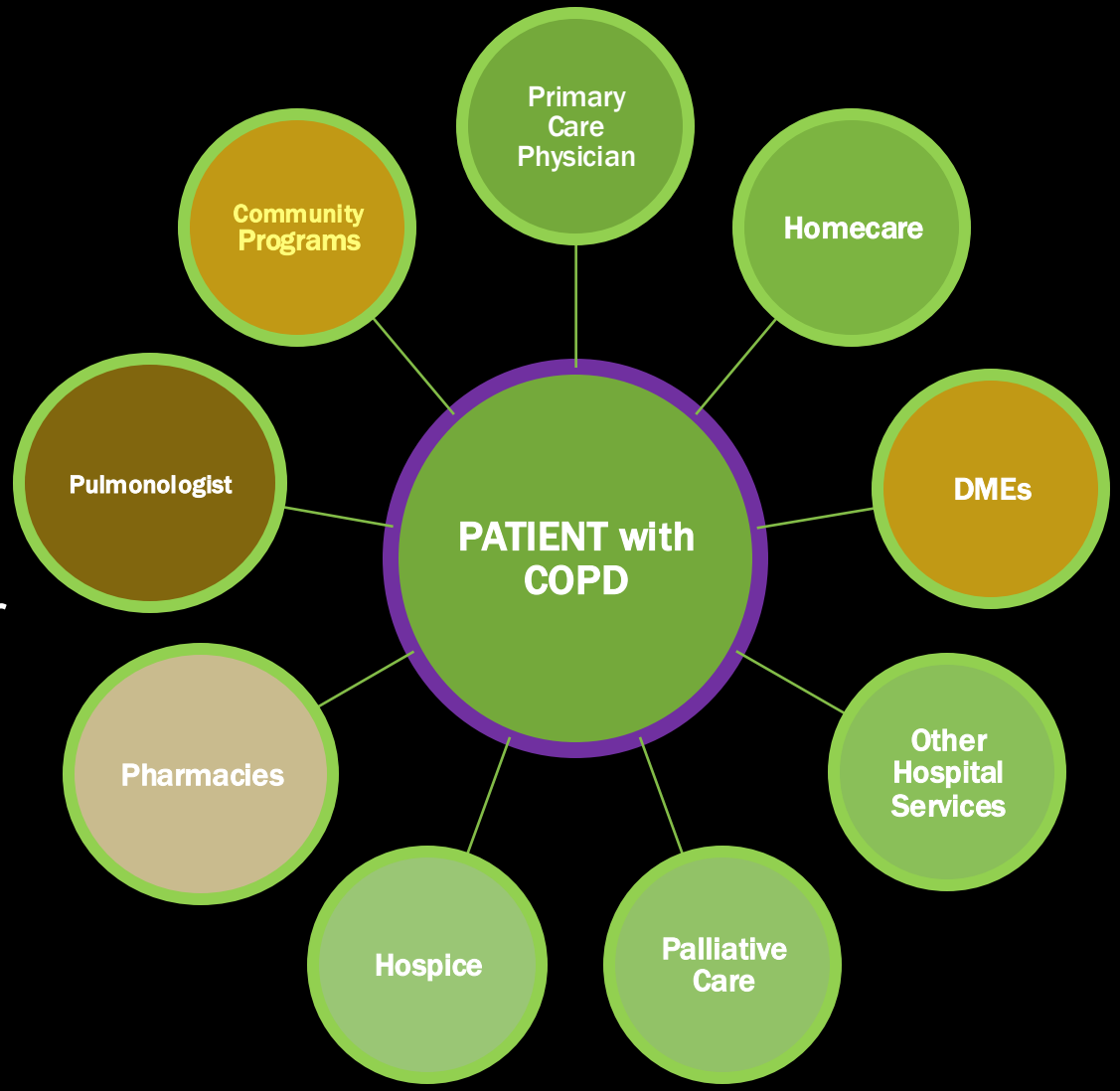
Many challenges arise between the discharge from the acute care setting and the home.

The more we can connect the patient to the appropriate resources, the greater the likelihood of better outcomes and fewer potential exacerbations.

Each patient receives a care plan based on their unique and ever-changing needs.

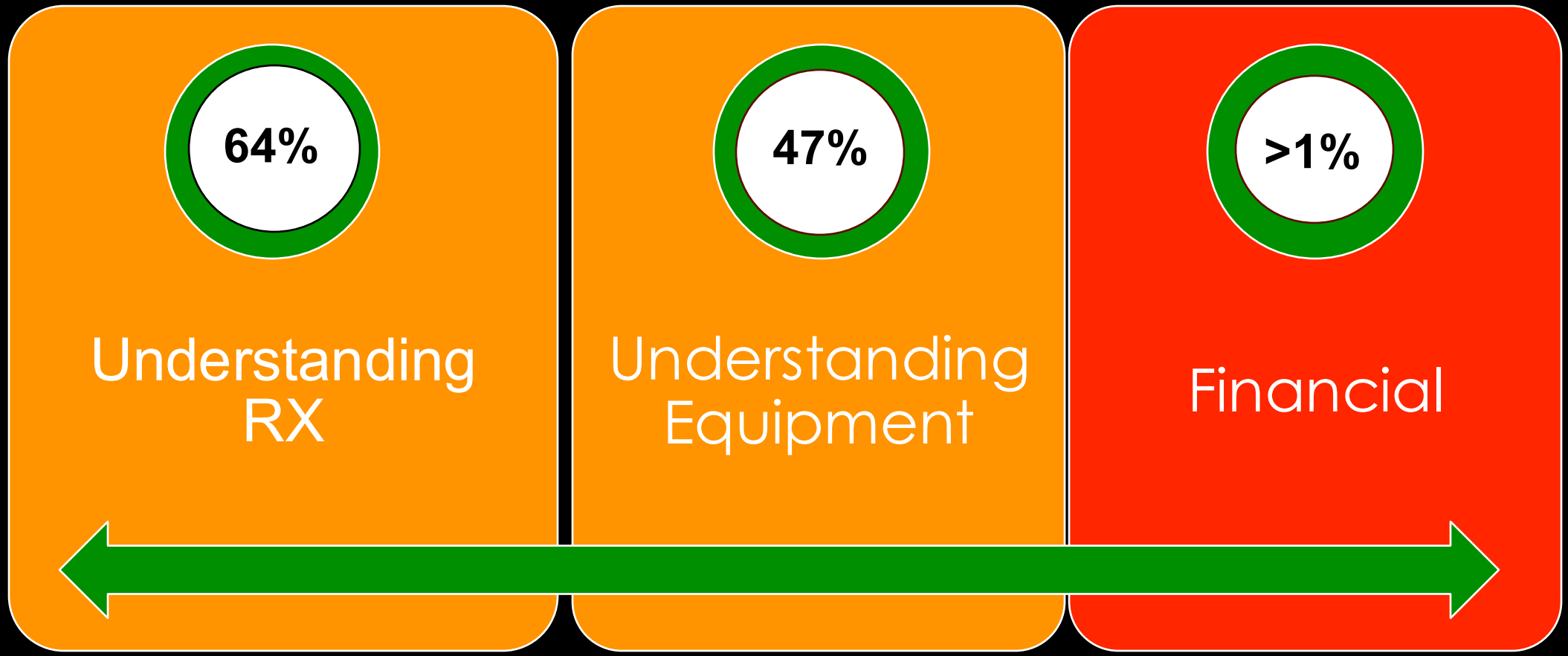
Patient education is at the core of the care they receive.

The earlier in age and disease progression that we can assist the patient, the better we can help to change their health trajectory.



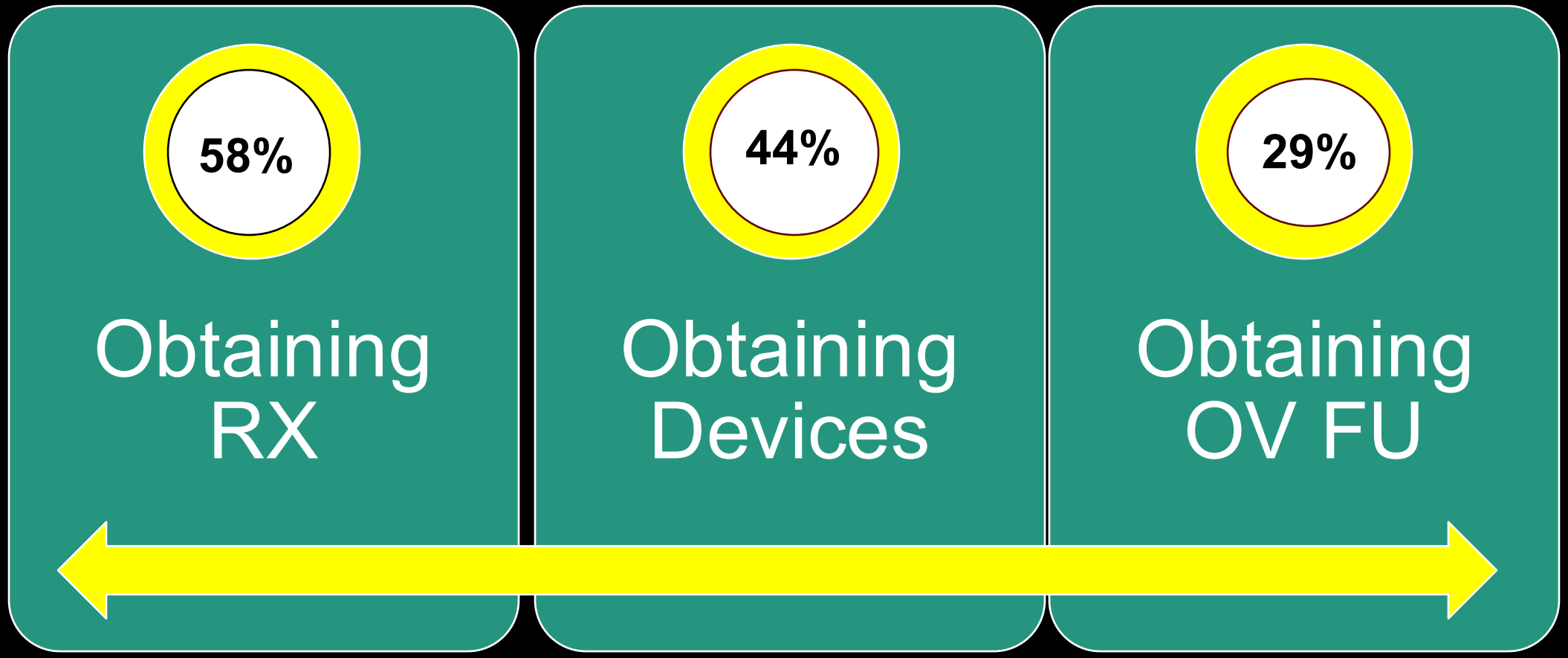
McLaren LAPEER REGION

BARRIERS TO RECOVERY



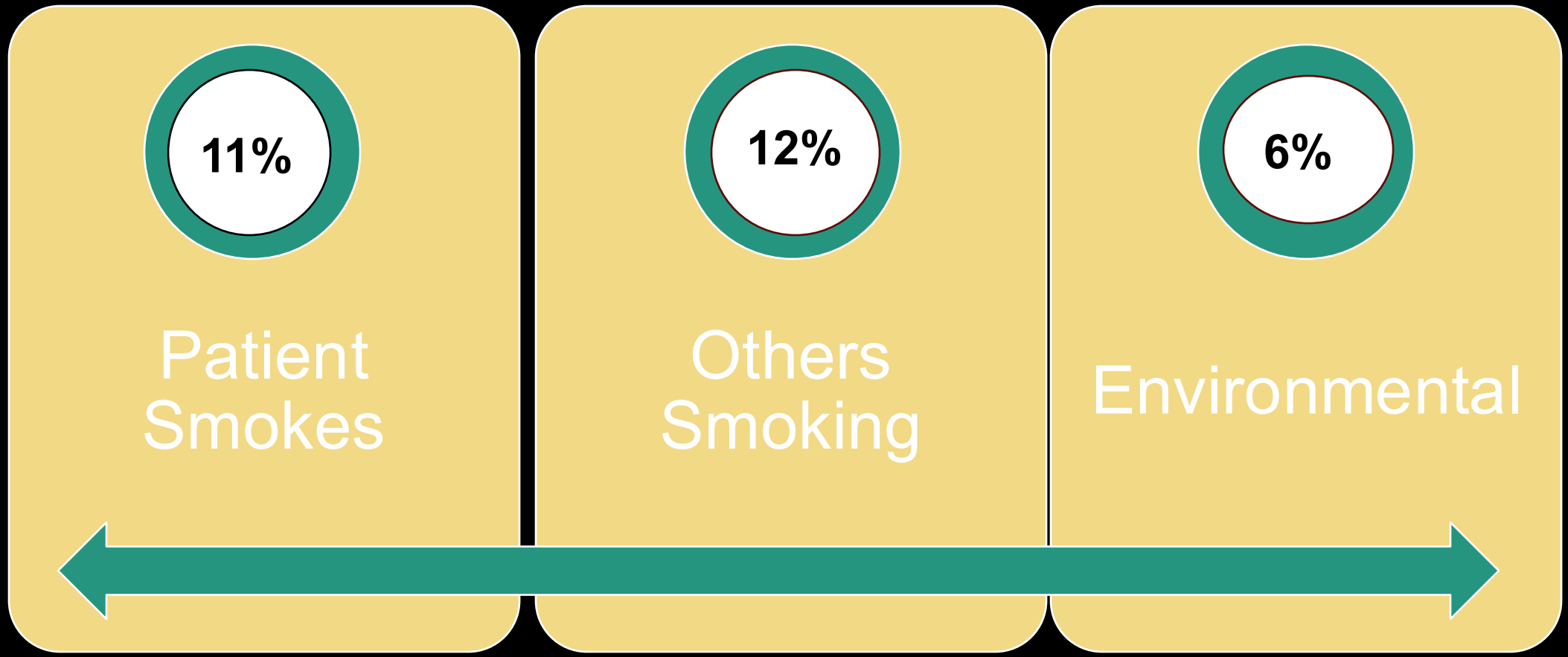
McLaren
LAPEER REGION

BARRIERS TO RECOVERY



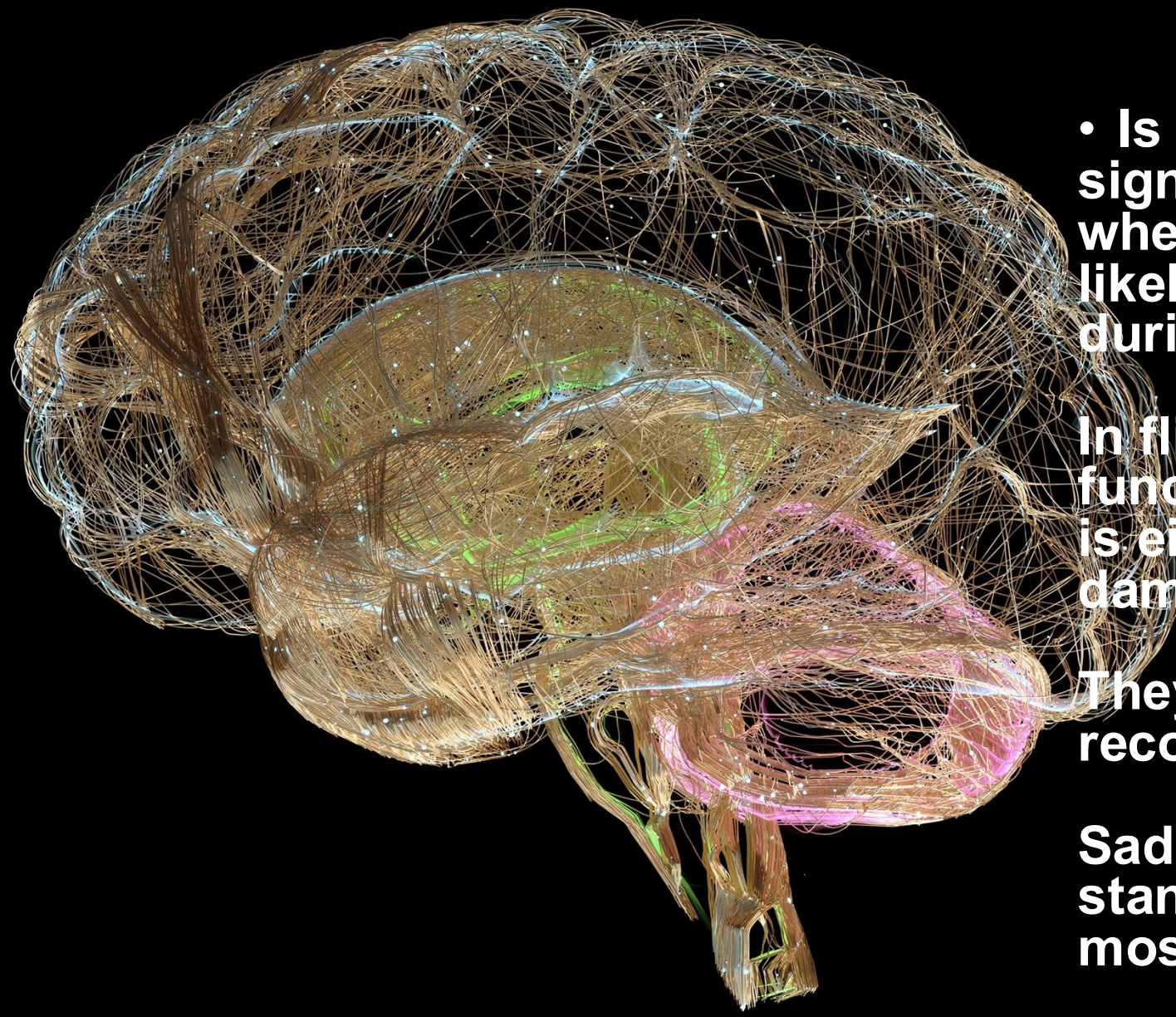
McLaren
LAPEER REGION

BARRIERS TO RECOVERY



McLaren
LAPEER REGION

Patient Educational Model



- Is it appropriate to provide significant bedside education when a patient is more than likely in fight or flight mode during acute hospitalization?

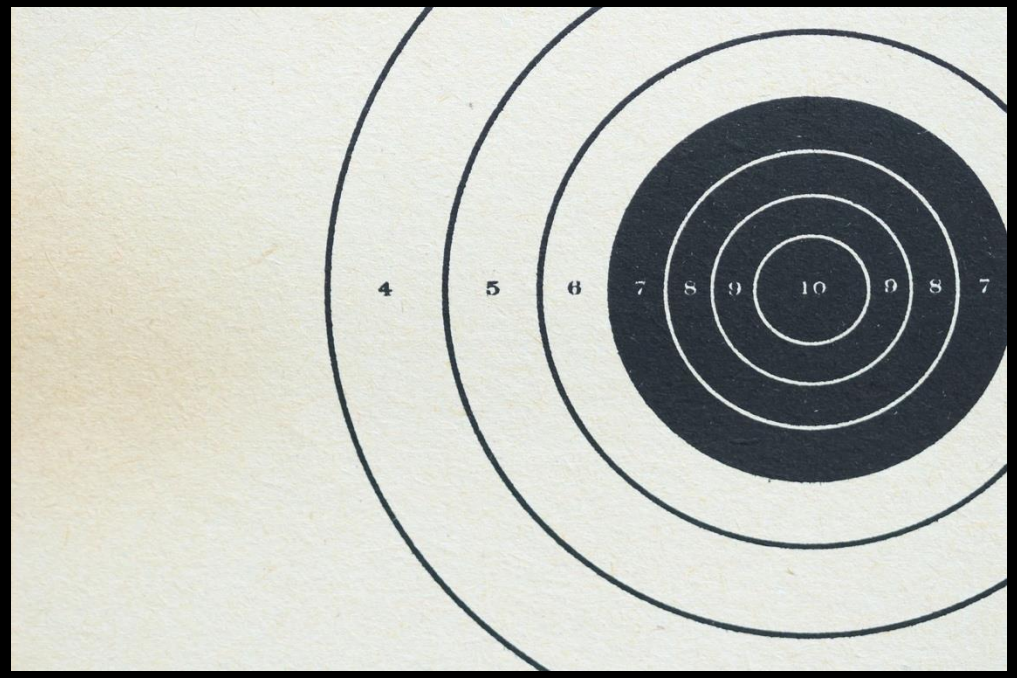
In flight or fight, the PFC is not functioning, and communication is either shut down or dampened.

They are in the process of recovery.

Sadly, this has been our standard model of education for most.

McLaren
LAPEER REGION

Original Metric
22% Readmission Rate 30 Days
27% Readmission Rate 90 days



McLaren
LAPEER REGION

30 days 9.43%

60 days 7.66%

90 days 8.1%

2018-2024

McLaren
LAPEER REGION

2024-2025

30 days 9.93%

60 days 3.23%

90 days 2.15%

McLaren
LAPEER REGION

30 days 9.8%

60 days 5.45%

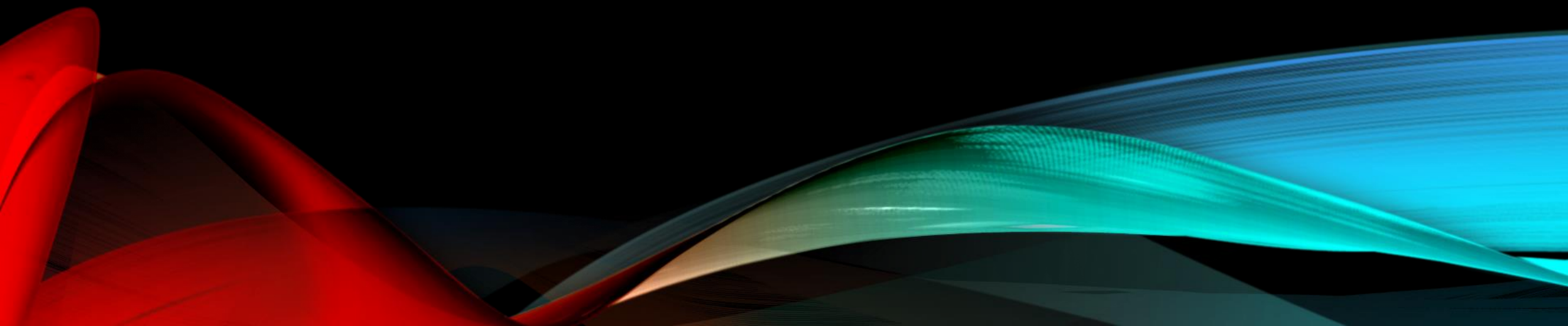
90 days 5.13%

2018-2025

McLaren
LAPEER REGION

PERCENTAGE OF OUR PATIENTS HAVE NOT BEEN READMITTED

85%



NATIONAL AVERAGE

30 days 17.37%

McLaren
LAPEER REGION

Our initial measurement of success
is a reduction in readmissions
by
20% change or 5 points
from prior year to this year.

30 DAY:
55.46 Percentage Change
12.2 % Numeric Difference

90 DAY:
81.06 Percentage Change
21.95 % Numeric Difference

DUE TO THE PROGRAM'S SUCCESS, WE ARE CARING FOR MORE COMPLEX PATIENTS WITH MULTIPLE CO-MORBIDITIES

McLaren
LAPEER REGION

COST AVOIDANCE

2017	2018	2019	2020	2021	2022	2023	2024
96%	37%	29%	19%	17%	9%	5%	
$300,911	$121,571	$95,926	$59,324	$52,347	$52,750	27,750	36,256

McLaren
LAPEER REGION

DOWNSTREAM REVENUE

2024-2025

$2,608,078.00

91 Patients

302 Encounters

McLaren
LAPEER REGION

DOWNSTREAM REVENUE

2018-2025

$17,986,178.00 +

628 Patients

1,525 Encounters

McLaren
LAPEER REGION

McLaren
LAPEER REGION

MEDICAL PRACTICES

Office Visit: PC

- $83-357.00

Pulmonologist OV
$145-260

Cardiologist OV

- $150.00

McLaren
LAPEER REGION

Pulmonology Practices

New Patient $260.00	OV, PFT, PO $950.00	Add PSG $1,000-4,880.00	OV Established $175.00	Total $260.00 -6,410.00

Established Patient $175.00	PFT $700.00	PO $75.00	Add PSG $1,000-1,600.00	Total $175.00--$6,150.00

McLaren LAPEER REGION

OTHER SERVICES

Palliative Care

26 Referrals, 32%

RPM

9 Patients ~11%

Hospice

10 Referrals12.3%

Home Healthcare/DME

McLaren LAPEER REGION

Chronic Obstructive Pulmonary Diseases:

Journal of the COPD Foundation®

Original Research

Association of Patient and Primary Care Provider Factors with Outpatient COPD Care Quality

- Thomas L. Keller, MD, MS1 Jennifer Wright, MD2 Lucas M. Donovan, MD, MS1,3 Laura J. Spece, MD, MS1,3 Kevin Duan, MD1 Nadiyah Sulayman, BA3 Alexandria Dominitz, BA3 J. Randall Curtis, MD, MPH1,4
David H. Au, MD, MS1,3 Laura C. Feemster, MD, MS1,3

- **Abstract**

- **Rationale: Large gaps exist between guideline-recommended outpatient chronic obstructive pulmonary disease (COPD) care and clinical practice. Seeking to design effective interventions, we identified patient and primary care provider (PCP) characteristics associated with receiving evidence-based COPD care.**

McLaren LAPEER REGION

Conclusions:

In a single center study of adults aged ≥ 40 years with clinically diagnosed COPD, we found that the overall quality of outpatient COPD care was suboptimal. **The completion of a pulmonary referral was associated with higher receipt of evidence-based outpatient COPD quality measures.** Future studies should investigate if the engagement of pulmonary specialty providers in the population management of patients with COPD can improve the quality of outpatient COPD care.

98% of our patients have seen a PCP

88% of our patients have seen a Pulmonologist

McLaren LAPEER REGION

MEDICAL INTERVENTIONS

- 225 interventions, 85 patients
  Averages to 2.65 Interventions per patient 2023-2024
- 166 interventions, 93 patients
  Average 1.8 Interventions per patient 2024-2025

2.2 Interventions per patient

McLaren
LAPEER REGION

MEDICAL INTERVENTIONS

24 Palliative Care Referrals	Pt needed Lasix post d/c from SNIF	Pt trouble w/ CHF noted not on fluid restrictions	Pt had drop in HGB not caught at MD office need a blood transfusion	Missing steroid on D/C
Helped facilitate Budesonide missing Dx code for pharmacy	Pt not taking RX properly got confused	Pt taking competing/duplicate medications	Pt having bradycardia slow decline, multiple falls	Missing HHC
Home exercise @4lpm, Desat to 84-85% concentrator goes to 5 lpm	Needing smaller portable 02, needs SNV	Pt needing Hospice	Call cardiology pt gaining weights and elevated B/P	Pt needing antibiotics and steroids
Help facilitate getting proper RX, c/o cough for years	Missing Steroid on D/C	Pt not on adequate GOLD Standard RX	No Pulmonologist	Pt using 02 tank for supplemental 02, got a larger capacity concentrator

Outcomes: Patient Satisfaction

How satisfied are you with the overall program?

96% Excellent, 4% Good = 100%

"RT really helped, and I wish she could come out regularly."

How much did the service help you feel more secure being able to care for your self at home?

90% Excellent, 10% Good= 100%

"RT has explained COPD and given me helpful information. I've had COPD for years and never knew this much about it."

How much did the breath work training help you on a-daily basis?

93% Excellent, 7% Good, less than 1% Fair= 100%

"The RT was a godsend. Kudos to McLaren, she taught me well."

How likely would you recommend this program to a colleague or friend?

97% Excellent, 3% Good= 100%

"Outstanding care and follow-up!"

McLaren
LAPEER REGION

- DISEASE MANAGEMENT
- CARE MANAGEMENT
- CARE COORDINATION
- WELLNESS CARE

Stock Image

McLaren LAPEER REGION

WIN for the Patient

WIN for the Physician Practices

WIN for the Payors

WIN for Nursing

WIN for DME

WIN for the Hospitals

WIN for our Profession !!!

McLaren LAPEER REGION

Acute Care + Post-Acute Care = Health Care

McLaren
LAPEER REGION

What is Next Right Action of Integrity ?

- *In any moment of decision, the best thing you can do is the right thing",*
- *the next best thing is the wrong thing,*
- *and the worst thing you can do is nothing .*

~Theodore Roosevelt

McLaren LAPEER REGION

Get Involved

~ Join the Post-Acute Section AARC

Contact Mike Hess: mhess@copdfountation.org

- Speak with your C~Suite
- Write a Grant
- Contact US

McLaren
LAPEER REGION

In Acute Care, we save them from crises, much like saving a drowning victim.

THIS TEACHES THEM HOW TO SWIM!!!!!

Empowering them for life…

Instead of always rescuing them from drowning!

The patient is less likely to end up unnecessarily in the ER/hospital.

McLaren
LAPEER REGION

THE OTHER FORGOTTEN HALF IS ONCE THEY GO HOME!!!

IT IS OUR MORAL RESPONSIBILITY ADVOCATE FOR OUR

PATIENTS AND OUR PROFESSION!!!

McLaren
LAPEER REGION

I HAVE A HUGE DREAM….

That every patient made vulnerable by respiratory-related diseases has access to RTs

– no matter what, where, when, or how….

I have a dream to advance how we approach breathing as

Respiratory Therapist

…Saving lives in the Acute Care setting is One-half of our responsibility!!!

The OTHER FORGOTTEN Half is once they go home!!!

It is OUR MORAL RESPONSIBILITY to advocate for OUR PATIENTS and OUR PROFESSION!!!

McLaren
LAPEER REGION

PUBLISH THIS DATA!!!

McLaren
LAPEER REGION

THIS IS LEGACY WORK!!!
TOGETHER,
WE CAN CHANGE HOW PATIENTS ARE CARED FOR AND HOW WE CARE FOR PATIENTS!!!

McLaren
LAPEER REGION

- The Impact of a Home Respiratory Therapist to Reduce 30-day Readmission Rates for Exacerbation of COPD.

  Monica Truumees, Moira Kendra, Danielle Tonzola, Stephanie Chiu, Federico Cerrone, Debra Zingerman, Cristen Mackwell, Catherine Stevens, Katelyn Scannell, Brittney Daley, Daniel Markley, Chirag V Shah, and Rupal Mansukhani. Respiratory Care June 2022, 67 (6)631-637.

- Effect of Hospital-to-Home Transitional Care for COPD on Patients-Centered Outcomes.

  Yukyung Park, Woo Jin Kim, Seon Sook Han, Yeon Jeong Heo, Da Hye Moon, Ohbeom Kwon, Myung Goo Lee, Ji Young Hong, Chang Youl Lee, Yu Seong Hwang, Su Kyong Kim, and Heui Sug Jo. Respiratory Care November 1, 2025 (10) 81-91

McLaren
LAPEER REGION

- **RTs Adding Value in Care Transition for Hospitalized COPD Patients**

  Patrick J. Dune, Med, RRT, FAARC

- https://monaghan.rievent.com/a/CQPCGX?utm_source=ce&utm_medium=catalog

- **RTs Adding Value by Addressing Gaps in Out-Patient COPD Care**

  Brian W. Carlin, MD, FAARC, MACVPR

- https://monaghan.rievent.com/a/OHJOXI?utm_source=ce&utm_medium=catalog

- **RTs Adding Value with an Innovative, Hospital-based COPD Outreach Program**

  Kelly Long, RRT, CCT, LMT, RYT-500, C-IAYT

- https://monaghan.rievent.com/a/YXQMJE?utm_source=ce&utm_medium=catalog

McLaren
LAPEER REGION

OBJECTIVES

- Identify the impact and significance of Respiratory Therapy within the post-acute setting.
- Explore opportunities for partnership to improve patient outcomes through the strategic use of Respiratory Therapists.
- Examine how expanded RT roles affect the patients, healthcare institutions, physicians, payors, and the profession as a whole.
- Discuss the transition from a sickness-bases care model to a wellness-focused approach through integrated disease management.

McLaren
LAPEER REGION

Contact Info:

- Kelly Long, LRT, CCT, LMT, RYT-500, C-IAYT
- Kelly.Long@Mclaren.org
- (810) 667-5673 office
- (810) 614-0468 cell
- LinkedIn

- Brian Wicker , RRT, NPS
- Brian.Wicker@Mclaren.org
- (810) 667-5761
- (810)577-3753
- LinkedIn

McLaren
LAPEER REGION

THANK YOU !!!

McLaren
LAPEER REGION

QUESTIONS?

McLaren
LAPEER REGION

References

AARC Best Practices. aarc.org/wp-content/uploads/2021/01/best-practices-productivity-staffing-value-efficiency.pdf

Chatburn, Robert L, et al. “Determining the Value-Efficiency of Respiratory Care.” Respiratory Care, vol. 66, no. 12, 14 Dec. 2021, pp. 1892–1897., doi:10.4187/respcare.09100.

CMS. Hospital Readmissions Reduction Program (HRRP). www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps/readmissions-reduction-program.

Facebook.com, “American Nurses Association.” Facebook.com, Nov. 2020, www.facebook.com/AmericanNursesAssociation/photos/a.81728877069/10158916055707070/.

Kauffman, G. W. “Can Respiratory Therapists IMPACT COPD Readmissions and Costs?” Respiratory Care, vol. 61, no. 9, 1 Sept. 2016, pp. 1267–1269., doi:10.4187/respcare.04999.

Keller, Thomas L., Jennifer Wright, Lucas M. Donovan, Laura J. Spece, Kevin Duan, Nadiyah Sulayman, Alexandria Dominitz, J. Randall Curtis, David H. Au, and Laura C. Feemster. 2022. “Association of Patient and Primary Care Provider Factors with Outpatient COPD Care Quality.” *Chronic Obstructive Pulmonary Diseases: Journal of the COPD Foundation* 9 (1): 55–67. doi:10.15326/jcopdf.2021.0232.

McLaren
LAPEER REGION

References

Kohl's coupons. “Promo Codes & Coupon Codes: Kohl's.” *Kohl's Coupons: Promo Codes & Coupon Codes* | Kohl's, 2022, www.kohls.com/sale-event/coupons-deals.jsp.

NIH. “COPD Digital Resource Toolkit for Health Professionals.” National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, www.nhlbi.nih.gov/health-topics/education-and-awareness/copd-learn-more-breathe-better/publications-health-providers.

NIH. “COPD National Action Plan Education and Awareness” National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, www.nhlbi.nih.gov/health-topics/education-and-awareness/COPD-national-action-plan.

NIH. “COPD National Action Plan.” National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, www.nhlbi.nih.gov/resources/copd-national-action-plan.

NIH. “COPD National Action Plan: Get Resources.” National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, www.nhlbi.nih.gov/health-topics/education-and-awareness/COPD-national-action-plan/get-resources.

NIH. “COPD: Learn More Breathe Better®.” National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, www.nhlbi.nih.gov/health-topics/education-and-awareness/copd-learn-more-breathe-better.

NIH. “What Do Chronic Obstructive Pulmonary Disease Rates Look like in Your State?”, Michigan, National Heart Lung and Blood Institute, U.S. Department of Health and Human Services, www.nhlbi.nih.gov/health-topics/education-and-awareness/copd-learn-more-breathe-better/state-prevalence.

NIH, “COPD in the United States: How Is Your State Doing? A Look at COPD by ...” NIH, www.copdfoundation.org/Portals/0/StateAssessmentCards/SAC__HI_2018.pdf.

McLaren
LAPEER REGION

References

NIH, “COPD in the United States: How Is Your State Doing? A Look at COPD by ...” NIH, www.copdfoundation.org/Portals/0/StateAssessmentCards/SAC__MI_2018.pdf.

Truumees, Monica, et al. “The Impact of a Home Respiratory Therapist to Reduce 30-day Readmission Rates for Exacerbation of COPD.” Respiratory Care, June 2022, 67(6) 631-637, doi:10.4187/respcare.08125

Wicker, Brian, and Kelly Long. “Respiratory Therapy in the Home - UPDATE.” Michigan Society for Respiratory Care. MSRC Spring Conference, 29 Mar. 2022, Lansing, Michigan.

Wicker, Brian, and Kelly Long. “Defining Best Practices: Decreasing Penalties, Improving Revenue, Outcomes and Lives” Michigan Society for Respiratory Care. MSRC Fall Conference, October 2023, Frankenmuth, Michigan.

Yukyung Park, et al. “Effect of Hospital-to-Home Transitional Care for COPD on Patients-Centered Outcomes.” Respiratory Care November 1, 2025 (10) 81-91, doi: 10.1089/respcare.11924

McLaren LAPEER REGION