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Medtrade Spring 2011
The Respiratory Preview

Must-see oxygen and sleep educational sessions and product demos at the show that will enhance your sleep, oxygen and respiratory business.

By Joseph Duffy

Offering more than 80 educational sessions covering virtually every aspect of the HME and DME industry, Medtrade Spring will take place April 12 to 14 at the Sands Expo and Convention Center in Las Vegas. With 5,000 attendees last year, the show is billed as one of the largest forums for HME products and services, educational sessions and peer-to-peer networking. Medtrade Spring offers a sleep, oxygen and respiratory track that includes nine educational sessions. As of press time, we highlight them for you and respiratory track that includes nine educational sessions. As of press time, we highlight them for you and respiratory track that includes nine educational sessions. As of press time, we highlight them for you and respiratory track that includes nine educational sessions. As of press time, we highlight them for you and respiratory track that includes nine educational sessions. As of press time, we highlight them for you and respiratory track that includes nine educational sessions.

Surviving & Thriving: Operational Models and Strategies for Home Oxygen Therapy
Tuesday, Apr 12 - 1:45 p.m. to 2:45 p.m.

Competitive bidding and other reimbursement reduction tactics have been the norm in homecare for years. Conversely, home oxygen patients are more active and ambulatory, often requiring more products and services. Survival requires a change in thinking and a change in business practice. This lecture reviews strategies and tactics for operating a successful home oxygen business today and in the future.

Joseph Lewarski, Vice President of Clinical Affairs, Invacare Corporation

OSA Supply Replacement – An Overview
Tuesday, Apr 12 - 1:45 p.m. to 2:45 p.m.

The LCD requirements have driven a higher level of OSA compliance monitoring, helping drive improved therapy outcomes for your patients. Getting a patient compliant may add to your initial costs, but it also offers long-term benefits both to the patient and to your business. This session will review current CMS supply replacement frequency and reimbursement policies, including several “do’s and don’ts” related to patient contact practices and the furnishing of quarterly supplies. The presenters will introduce a simple Excel tool to analyze the financial potential associated with implementing (or enhancing) a therapy adherence and supply replacement program. Tips will be supplied to help you get organized and ready to implement your program, including insight into best practices and third party offerings.

Laurie Scott, Sr. Marketing Manager, Philips Respironics
Beth Guevara, Sr. Manager, Reimbursement Planning, Philips Respironics

“Higher OSA therapy compliance standards make CPAP setups more costly, while reimbursement keeps dropping,” Scott says of this session. “With each challenge, there is opportunity — a patient compliant on therapy needs on-going supplies for their lifetime. We’ll discuss the current OSA supply replacement environment: reimbursement, regulations, and the financial outcomes that come from this win-win situation.”

Speed Up Your Profitability with Replenishment
Tuesday, April 12 - 3:00 p.m. to 4:00 p.m.

Supply replenishment for your sleep patients is good for your patients and your business. This session will cover ways to understand the components of a profitable replenishment program by assessing options for enhancing your current program or developing a new one. Learn how these programs not only enhance patient care but also help to grow your sleep business.

Derek Tietze, Corporate Account Manager, Channel Manager, ResMed

PCP: Coaching Them Through the PCP Game
Tuesday, April 12 - 4:15 p.m. to 5:15 p.m.

Describe the current sleep industry status as it relates to referral sources. Recognize what clinical and marketing tools are available for primary care providers (PCP) to begin screening. Discover how to hit a home run through identifying PCP opportunities to grow your business.

Ann Tisthammer, Vice President, Clinical Education and Training, ResMed
Karyl Scott, Clinical Manager - Corporate Office, ResMed

Chronic Care Principles: Applicability to Sleep Apnea Patients
Wednesday, April 13 - 3:00 p.m. to 4:00 p.m.

The session will describe and review current concepts related to chronic care principles and their applicability to sleep apnea patients. Drawing from the Chronic Care Model and other health care improvement models, the session will propose guidance for clinicians currently involved in the aftercare of sleep apnea patients. Appropriate application of these principles may lead to better long-term outcomes.

Robyn Woodtke, Consultant Sleep and Medical Device, RVW Consulting

Customizing Your Customer Service
Thursday, April 14 - 8:30 a.m. to 9:30 a.m.

A well-known home improvement supply store frequently pages: “Special assistance needed in flooring,” which simply means that they need someone to show up in that department. Since when is showing up special? As in this scenario all too often we tout “great customer service” when all we are doing is showing up. This session describes what metrics specific to the HME provider are truly great.

Kelly Riley, National Director, National Respiratory Network, The MedGroup

Meeting the New DOT Hazmat Delivery Requirements for Oxygen Providers/Dealers
Thursday, April 14 - 8:30 a.m. to 9:30 a.m.

This seminar is designed to help oxygen providers meet the DOT three-year hazmat requirement for any employee who touches oxygen cylinders...
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and cryogenic vessels in anyway or completes or reviews shipping documents and hazmat manifests. The 2011 DOT changes that impact oxygen providers are reviewed, including meeting the regulators with low- or no-cost solutions. Online and other resources are reviewed including hazmat training, how to use the required North American Emergency Response Guide (NAERG), Hazmat Pocket Book, delivery driver training, and vehicle requirements. FDA and accreditation requirements for oxygen delivery, warehouse and supervisory personnel are reviewed. Reduce the risk of DOT fines, FDA violations and accreditation problems by attending this seminar if you deliver, store, or receive any quantity of oxygen.

Dave Marquard, President, Applied Home Healthcare Equipment, LLC

Controlling the Environment: Proactive Approach to Preventing Complications for Patient with Chronic Lung Diseases
Thursday, April 14 - 9:45 a.m. to 10:45 a.m.
Managed care requires the assessment of both the patient’s disease and the environment in which the patient lives. Many chronic lung patients are susceptible to triggers that will impact their breathing and cause complications. Controlling the environmental issues that are known to create problems is a proactive approach to improved patient care and outcomes. Several devices are available that can help the patient reduce complications, such as home filters and heat moisture exchanges for cold air breathing. This talk will address clinical triggers that affect a patient’s breathing and what options are available to prevent complications in the home.

Robert McCoy, Managing Director, Valley Inspired Products, Inc.

Is a Home Ventilator Program Right For Your Company? Thursday, April 14 - 9:45 a.m. to 10:45 a.m.
This session provides foundational information about home ventilators and establishing a program in your organization. What type of personnel, equipment, reimbursement and marketing would you need? Would starting a ventilator program jeopardize your current accreditation? Learn if this program would fit into your business plan.

Susean Nichols, President, Millennium Management Services

“My session will describe what requirements a medical home equipment company must have in place to initiate a successful home ventilator program,” Nichols says of this session. “These prerequisites will include issues that will meet the company’s accreditation standards and minimizing liabilities. The one point that each attendee should be able to take away is a successfully crafted home ventilator program can be profitable and not that hard to implement.”

Must-see Booth Demos at Medtrade Spring 2011
With about 300 exhibits offering products, demos and information, here are just some of the must-see product/service demonstrations from exhibiting sleep, oxygen and respiratory companies:

AirSep Corporation
Booth No. 2937
Featured product/service: VisionAire SL Compact Oxygen Concentrator with Air Outlet option
AirSep’s new Air Outlet option for the compact 5 LPM VisionAire Oxygen Concentrator enables medicated nebulizer treatments in conjunction with oxygen therapy. The product operates at 12 psig (82.7 kPa) oxygen pressure with a standard handheld nebulizer in home or clinical care.

The Compliance Team, Inc.
Booth No. 3155
Featured product/service: Exemplary Provider Accreditation
The Compliance Team is a CMS-deemed DMEPOS accreditation organization that offers plain language quality standards, mentoring, manuals, self-assessment checklists, corporate compliance/anti-fraud plans and electronic outcomes benchmarking.

Caire and SeQual Technologies
Booth No. 3024 and 3224
Featured product/service: Eclipse 3 with autoSAT and eTASK
By targeting consistent FiO2 levels, SeQual’s eTASK quickly illustrates the conversion between continuous flow and pulse dose therapy with autoSAT prescriptions. This new interactive software tool allows the user to simply convert between the two modalities. Targeting FiO2s is critical to effective oxygenation, a challenge for ambulating patients due to their changing respiratory rates.

Contour Products
Booth No. 2857
Featured product/service: CPAPmax Pillow
With an advanced two-in-one design, the CPAPMax Pillow offers patients a choice in sleep surfaces, while a removable center layer adjusts pillow thickness. The CPAPMax also employs cool technology in the form of ventilated foam and 3-D mesh fabric for cool comfort all night long.

Instant Diagnostic Systems
Booth No. 3048
Featured product: IDS Overnight Pulse-Oximetry Testing and IDS Home Sleep Testing
Instant Diagnostic Systems (IDS), an independent diagnostic testing facility, specializes in home-based diagnostic home sleep testing for CPAP and Overnight Pulse-Oximetry Testing for oxygen qualification.

Fisher & Paykel Healthcare
Booth No. 3037
Featured product: F&P ICON
The F&P ICON brings together the full range of Fisher & Paykel Healthcare’s sleep technologies: ThermoSmart heated breathing tube, the auto-adjusting algorithm, SensAwake and the SmartStick into one comfortable and visually appealing system. These features, combined with a clock, alarm and music-playing ability, are designed to enhance patient acceptance to CPAP therapy.

GE Healthcare
Booth No. 2628
Featured product/service: iVent 101
GE Healthcare provides transformational medical technologies and services that help shape patient care. Their expertise in medical imaging and information technologies, medical diagnostics, patient monitoring systems, drug discovery, biopharmaceutical manufacturing technologies, performance improvement and performance solutions services help customers to deliver better care to more people around the world at a lower cost.

About Medtrade Spring 2011
Conferences run April 12 to April 14, with the Expo Show floor open April 13 (10:30 a.m. to 5 p.m.) and April 14 (10:30 a.m. to 3 p.m.). The show’s mission is to provide sales, marketing, educational and networking opportunities for companies and professionals in the HME Industry. For more information, visit www.medtrade.com.
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Three providers that implemented non-delivery home oxygen delivery models discuss how their strategies have improved their companies.

By Joseph Duffy

In the HME industry, delivery systems typically rank in the top-third of costs (along with inventory and human resources). Add to that Medicare cuts, caps and competitive bidding, and it’s easy to see why more providers are implementing a non-delivery business model when it comes to the home oxygen market.

To help providers explore the benefits, costs, ups and downs of implementing a non-delivery home oxygen delivery model, RSM interviewed three companies. Here are their experiences, and why a non-delivery oxygen delivery model has made them stronger companies.

Homecare Concepts
Tom Ryan, President, CEO

“It’s important not to confuse routine deliveries with good service and care. You now have more control over when and how you engage with your patients, which can make these interactions more meaningful.”

—Tom Ryan, Homecare Concepts

Tom Ryan, president and CEO of Homecare Concepts, decided to transition to a non-delivery business model because like most providers Homecare Concepts was faced with rising operational costs, declining reimbursements and a growing demand for portable oxygen systems.

“As a clinically focused company, we believe in promoting frequent ambulation and activity among our home oxygen population, and despite the payment changes, we didn’t want to compromise our approach to care,” says Ryan. “However, trying to meet the portable oxygen needs of our ambulatory oxygen patients in a cost-efficient manner with traditional technology was proving extremely difficult, if not impossible. We serve the New York metro market, so delivering portable oxygen quickly proved to be a losing proposition.”

Homecare Concepts is built around home transfilling systems as their primary oxygen technology. However, to meet myriad patients’ clinical, lifestyle and travel needs, the company also offers both lightweight portable (POC) and the continuous flow transportable oxygen concentrators (TPOC).

Before transitioning to a non-delivery model, Ryan’s company researched products with what they thought were the best records in quality, inventory fulfillment, product support and financing. This internal evaluation took 30 days, after which Homecare Concepts chose Invacare’s Homefill system.

“Obviously, the upfront cost of the product was significant when compared to the traditional concentrator and cylinder model,” Ryan says. “We determined that the Homefill would be our primary product because it offered the best technical track record and we believe it can serve a very diverse clinical patient population. We also evaluated several POCs and TPOCs to use when specifically requested by the physician or if we had short notice, same-day deliveries to the hospital for patients discharging quickly with the need for both a stationary and portable system.”

Invacare offered leasing options that Ryan says allowed Homecare Concepts to minimize the initial capital outlay.

“We had been doing activity cost accounting and had a number for just what our activity costs were from: filling the portable tanks in house (including cost of FDA oversight, transfill system, etc.), to delivering them to the home several times monthly,” he explains. “This is where the activity costs or ‘high touches,’ as we call them, proved to be significant. At the time we determined that 37 percent of our monthly deliveries were for portable tanks; we were essentially the milkman for much of our operation. We managed our cylinder refilling in house and had a full-time oxygen filler and all of the comprehensive logistics and regulatory elements to contend with, including daily oxygen deliveries, serial and lot number tracking, labeling and delivery reconciliation. These were all non-value-added activity costs. When we looked at the cost to finance versus the activity costs to continue business as usual, we were convinced that we would successfully and profitably transition to the new model.”

The standard order set for portable and stationary units delivered to patients’ homes is a HomeFill. If the order is for portable to hospital and stationary to home, the order set is for a POC. Homecare Concepts uses either the Invacare XPO2 or the SeQual Eclipse.

As for patients, Ryan says their experience to the non-delivery model has been positive.

“Patients no longer depend on us for scheduled deliveries and they now have control over their daily trips,” he says. “We still maintain contact with our patients via phone and periodic home visits for routine maintenance and service. However, control, scheduled calls and visits are more predictable and have a lower cost. In regard to care and what pitfalls to avoid I would remind everyone that it’s important not to confuse routine deliveries with good service and care. You now have more control over when and how you engage with your patients, which can make these interactions more meaningful.”

According to Ryan, the Homecare Concepts oxygen delivery tech spends time educating the patient and family member about the product, its features and using the home-filling component.

The patients receive a follow-up call several days after delivery to answer questions and are put on a maintenance follow-up schedule and are visited when appropriate.

“The previous delivery strategy was to provide the patient with interactions more meaningful.”

market trends

Putting the Fleet to Pasture

Three providers that implemented non-delivery home oxygen delivery models discuss how their strategies have improved their companies.

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“The previous delivery strategy was to provide the patient with...
“Although the initial capital outlay is high, the return on investment is well worth it when you consider the expenses of a routine oxygen delivery model. Although pricing varies based on quantity purchased, the costs of non-delivery systems average about $2,000 for a complete portable and stationary system.”

— Darryl Coplan, Keene Medical Products

“Find a system you are comfortable with that has a great track record, get the financing in place and start with all new patients,” Ryan says. “We spent quite a bit of time trying to convert and were tying up duplicate inventory as well as quite a bit of man-hours by trying to do it all at once. The longtime patients were more difficult and the time and effort spent trying to convert some of the more ‘delivery conditioned’ patients was costly. I would still make the effort to convert costly existing patients but not as aggressively as we did.”

Keene Medical Products
Darryl Coplan, General Manager

Serving the rural states of New Hampshire and Vermont with 11 locations — some deliveries as far as 60 miles away — Darryl Coplan, General Manager of Keene Medical Products, called transitioning to a non-delivery business model a “no-brainer.” As they do with any new product line they introduce, Keene Medical Products prepared their new non-delivery strategy by developing a marketing action plan, which included product analysis, goals, target markets and staff responsibilities. In short, they started with a detailed roadmap, which they published on their website for staff education and product promotion.

“We started with the Invacare HomeFill about five years ago,” he says. “We added the first generation SeQual 3 Litre portable concentrator to our product offering about four years ago. We have since added the Devilbiss I-Fill and most recently the Airsep FreeStyle to our oxygen mix. We feel that there isn’t one transfill or portable oxygen concentrator that addresses all of our customers’ needs. With a comprehensive mix of non-delivery oxygen equipment we can also promote our versatility to our referral sources.”

With the cost of the non-delivery oxygen system being about four times greater than standard oxygen concentrators, Coplan pointed out that this is one of the biggest obstacles for HME providers adopting a non-delivery model.
Putting the Fleet to Pasture

“Although the initial capital outlay is high, the return on investment is well worth it when you consider the expenses of a routine oxygen delivery model,” Coplan says. “Although pricing varies based on quantity purchased, the costs of non-delivery systems average about $2,000 for a complete portable and stationary system.”

Today, Coplan calculates that it costs Keene Medical products about $55 to deliver oxygen cylinders to a patient. When making two to three deliveries per month, it doesn’t take long to justify the extra cost for non-delivery systems. Coplan says that equipment recoupment can be achieved in as little as 10 months.

Regarding patients, Coplan says that setting up non-delivery oxygen systems involves spending a little more time educating patients, family and caretakers. Patients’ ambulatory requirements, as well as their physical ability and dexterity, should also be considered.

“No longer do they have to depend on weekly cylinder or liquid oxygen deliveries,” he says. “Some patients may require additional follow up until they become comfortable with a particular system.

We currently offer in-person follow-up services for all of our oxygen clients. Again, additional follow up may be provided if necessary, however, we try to assure the patient is properly educated at the time of setup. We have not experienced a lot of extra follow-up time with non-delivery systems compared to conventional oxygen systems.”

In summary, Coplan says that the quality of care provided to patients has improved with non-delivery systems.

“No longer do they have to depend on weekly cylinder or liquid oxygen deliveries,” he says. “Patients enjoy a newfound freedom with non-delivery systems. They can take their POC to a relative’s house or travel to a warmer climate for vacation without the worries of running out of oxygen.”

Rx Stat Inc.

“The oxygen business is all about service. If you just drop ship a POC to patients and never do any follow up, it would not work.”

—Sam Jarczynski, Rx Stat Inc.

Sam Jarczynski, President
Rx Stat is a large respiratory pharmacy that was affected by declining reimbursements in nebulizer medication back in 2006.

“At that time we were selling POCs because no other providers really wanted to sell or provide them,” says Sam Jarczynski, President, Rx Stat, Inc. “When we started to provide oxygen to Medicare patients it was a good fit for us because we did not need to buy as many vans, tanks, etc. to enter the oxygen business. Invacare had done some good studies on non-delivery, so the POCs fit well into that model.”

To Jarczynski, perhaps the best outcome from developing a non-delivery model is that the patients he serves have a better quality of life. But it’s not just about how the equipment affects their lives—it’s also about how the company interacts with the patients.

“The oxygen business is all about service,” Jarczynski says. “If you just drop ship a POC to patients and never do any follow up, it would not work. Rx Stat has several respiratory therapists who see oxygen patients and discuss the disease state with them. We do more than monthly deliveries. We also call our patients monthly to check up on them and ship supplies if they need them. We have a customized patient tracking database that has evolved from the nebulizer medication disease state processes that we have always had.”

Part of service is patient evaluation. Jarczynski suggested that providers make sure that patients’ needs are measured and met. And remember: just because you are moving to a non-delivery model with different equipment doesn’t mean one size fits all. A POC is not right for everyone.

Jarczynski says the only challenges he encountered in transitioning to a non-delivery oxygen delivery model are POC batteries and the Medicare cap.

“If a battery fails after a year or so, we have to replace it and not get any reimbursement for it;” he says. “They are expensive and that adds up. The other problem is when a patient’s disease state changes for the worse. With the Medicare cap, we still have to provide for that patient.”

Although Jarczynski says that even with Medicare cuts and capped rental problems, a non-delivery model has helped keep his company strong. But is going to a non-delivery model enough to secure a bright future in the oxygen industry?

“Oxygen providers should call their Congress representatives and complain about competitive bidding and the capped rental problems,” Jarczynski says. “Have your patients call also. Patients’ access to care has been severely hurt by the 36-month capped rental period and no one talks about it because of the bigger problem of competitive bidding. If no one steps up, then oxygen providers will go the way of respiratory pharmacies. There are not many left and they are working on very thin, if any, margins.”

Joseph Duffy is a freelance writer and marketing consultant, and a regular contributor to HME Business and Respiratory & Sleep Management. He can be reached via e-mail at jduffy@hmemediagroup.com or jduffy@prooferati.com.
For people without breathing problems such as sleep apnea, it's difficult to understand the compliance issues that come between wearing a continuous positive airway pressure (CPAP) device to help experience restorative sleep, and a restless night that zaps you of your energy and overall health.

But when providers think of CPAP devices as complicated breathing machines, they can more easily begin to realize the compliance challenges that they, along with other medical professionals and caregivers face when dealing with patients using these devices. Tracy R. Nasca, founder and senior vice president of Talk About Sleep — and a CPAP user — puts it into perspective:

“CPAP is challenging for most patients,” she says. “Let’s face it, who wants to sleep with a mask strapped to the face with hurricane winds blowing up their nose?”

With that said, the National Institutes of Health call CPAP treatment “the most effective treatment for obstructive sleep apnea.” And the benefits of CPAP therapy are many. The device can help:

- Keep the airway open during sleep.
- Correct snoring so others in a household can sleep.
- Improve sleep quality.
- Relieve daytime sleepiness.
- Decrease or prevent high blood pressure.

For patients, the detrimental effects of untreated sleep apnea are far reaching, including varying degrees of memory loss, high blood pressure and depression. For providers, CPAP treatment can be a significant part of their business. Therefore, it’s imperative for providers to understand CPAP treatment, why patients become noncompliant at alarming rates and what you can do to help patients achieve the best possible quality of life.

CPAP noncompliance rates
To get a perspective on the problem, each of the experts interviewed for this article were asked about noncompliance rates regarding CPAP-using patients. Although there wasn’t a main industry study cited, each shared company data that pointed to concerning news.

“With any treatment regimen, medical professionals recognize that patient compliance is directly influenced by a perceived, typically immediate, benefit,” says Maura Toole Weis, director, sleep marketing for Philips Home Healthcare Solutions. “When patients are breathing and sleeping comfortably with a CPAP device, essentially a breathing machine that keeps the airway open during sleep, they are not conscious of the positive experience. This makes CPAP a challenging therapy when it comes to patient compliance.”

Weis says that Philips data indicate that 20 percent will not use it, 20 percent will readily adopt therapy and 60 percent will have trouble and require care and attention in varying degrees to achieve compliance.

Mike Marcinek, vice president of sales and marketing of sleep solutions for DeVilbiss Healthcare, says research puts CPAP noncompliance levels as high as 60 percent. However, regarding patients that DeVilbiss contacts for re-supply under its Keystone Services Replenish program, 14 percent report they are noncompliant. These are patients beyond 90-days from the start of therapy. This stresses the importance of obtaining objective usage data and not relying solely on patient-reported data. Based on the data compiled from Keystone Services, he estimates that about 20 percent of noncompliant patients can return to therapy with minor intervention and troubleshooting (replace mask, coaching, etc.).

Ensuring patients comply with CPAP therapy often comes down to ensuring their comfort.

By Joseph Duffy
“We are not in the business of caring directly for patients, but we know through conducting our own research that remaining compliant with a CPAP therapy program is a compelling problem,” says Susan Sarko, marketing director for Contour Products. “Some statistics say that 60 percent of CPAP patients abandon CPAP therapy within one year. One of the biggest problems is the mask. Over 90 percent of patients struggle with mask discomfort.”

“The good news is that many patients do, or can learn to perceive the positive effects of restorative sleep,” Weis says. “This is what motivates them to comply — not the feeling of breathing better, like many daytime respiratory devices, but rather the feeling of having more energy and a better quality of life during the day. It is this positive experience that results from use of therapy that patients and their healthcare providers need to focus on to help make CPAP therapy a positive part of their living and sleeping routine.”

Why Patients Don’t Comply

Providers must understand that the road to patient CPAP compliance can be long and arduous. And the journey starts by knowing what it is that causes patients to reject CPAP devices in the first place. Unfortunately, those reasons are numerous, compounded by the simple fact that all patients are different regarding shape, tolerance level, peer pressure and commitment to successful therapy.

“It’s one thing for a patient to be continually awakened during sleep by apneas; it’s quite another to be awakened by the simple fact that all patients are different regarding shape, tolerance level, peer pressure and commitment to successful therapy.”

Over 90 percent of patients struggle with mask discomfort.”

Cognitive factors. Patient attitude and an accurate understanding of the diagnosis. Does the patient present with an open mind and positive attitude? Or does the patient bring baggage and a negative attitude? Patients may know someone who had a bad experience on CPAP and come with a doomed-to-fail attitude. I recommend that an early discussion occur to determine any psychological barriers that may prevent so they can be addressed before CPAP therapy begins. It is best to start with a positive and clean slate.

Realistic expectations of the CPAP therapy. Patients must be made aware that CPAP therapy might initially be challenging and is achieved in part by the process of trial and error in using selected equipment. If they know to expect problems, they will be less apt to give up. Knowing that equipment can be tweaked or changed will encourage patients to report problems as they occur for prompt resolution.

Lack of individualized treatment plan. Each patient is different and must be evaluated to determine the best plan of action for treatment. There should never be a “formula” to deliver the same package.

“Have you ever tried wearing a CPAP mask? When they shift and leak, people often overtighten the mask straps to try to compensate for the shifting. That makes matters worse.”

— Susan Sarko, Contour Products

In order to get the mask to seal, you have to exert more pressure against the face of the patient than there is inside of the mask … it’s going to cause pressure sores and irritate their skin.”

— David Groll, Circadiance

A Patient’s Perspective on CPAP Compliance

Tracy R. Nasca, founder and senior vice president of Talk About Sleep (www.talkaboutsleep.com), was diagnosed with sleep apnea in 1989. As a sleep disorder patient and CPAP user, she shares her perspective regarding why patients don’t comply and how providers can help.

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Of flow gen, mask and humidification to all patients. Staff should be trained to size-up any face, at a glance, and be able to determine best possible mask choices. For example, it can be obvious that nasal pillows will be a better choice for the patient who is claustrophobic, has a short face, short nose, narrow nose bridge or closely set eyes. Patients who present with anxieties about the air pressure should have ramp and expiratory pressure relief enabled and with their knowledge thereof. Patients who require full face masks will most likely benefit from and require humidification and be well informed about how to control the temperature settings as needed for variances with seasonal temperature changes in their sleeping environment. Patients who have chronic nasal conditions need a thorough education about the importance of using heated humidification.

Lack of a thorough education about equipment components.

Delivery of equipment without allowing patient involvement in choices is a mistake. When the patient is involved in choosing equipment, they become part of the process and take on a role of responsibility. They cannot blame you and give up when challenges arise. The process of patient involvement in choosing promotes a positive psychological benefit and mutual respect. CPAP equipment, at first glance, is intimidating. If patients learn about equipment options, it lessens the fear factor. No-one cares more about their sleep health and overall well-being than patients themselves. Involve them.

Patients must learn the importance of the three components for treatment: Flow generator, heated humidifier and interface. They should become intimately familiar with how to adjust the patient-controlled comfort features on the flow gen, how to control humidity settings and how to properly fit and adjust the chosen interface. Inform of and implement the 30-day mask exchange programs offered by the manufacturers.

Lack of follow-up care and abandonment by healthcare providers. Patients are often delivered initial equipment and left to fend for themselves. Sleepy people with memory loss and depression are not well motivated to succeed they should experience even the simplest challenges. Whether true or not, patients can feel abandoned after the initial delivery of equipment. They should be encouraged to call daily if they have questions or are experiencing difficulty. Develop a company protocol for frequent and routine contact with each patient. Resolving compliance issues as soon as they occur will promote the ultimate goal — 100 percent compliance. Make sure your patients know they are not alone during the adjustment period and beyond. Apnea is for life; they need to realize that CPAP pressures may change over time, masks need to be replaced often, that new and better products are introduced annually and you will there to provide the support they need.
“CPAP is challenging for most patients. Let’s face it, who wants to sleep with a mask strapped to the face with hurricane winds blowing up their nose?”

— Tracy R. Nasca, Talk About Sleep

there is inside of the mask. Because you’re exerting mechanical force against the patient’s face, the force of the mask pushing on their face exceeds the perfusion pressure in the capillary vent in the tissue. Just by the nature of the technology, it’s going to cause pressure sores and irritate their skin.”

“An uncomfortable mask probably tops the list for noncompliance,” says Marcinek. “However, there’s also the psychological factor of CPAP being viewed as unattractive. It’s a lifestyle change that can be embarrassing. Therefore, it’s critical that providers educate the user on OSA and CPAP, stressing the health risks and concerns associated with untreated OSA. There are also many users who abandon their therapy due to incorrect pressures, dry mouth, dry nose, and an overall discomfort.”

Based on what Contour has learned, Sarko names lack of comfort as the primary reason for noncompliance.

“Have you ever tried wearing a CPAP mask?” she says. “When they shift and leak, people often overtighten the mask straps to try to compensate for the shifting. That makes matters worse and can result in painful pressure from the mask sitting tightly against a person’s face. Bruising and even pressure sores around the bridge of the nose and where the mask seal meets the skin are not uncommon.”

“An uncomfortable mask probably tops the list for noncompliance. However, there’s also the psychological factor of CPAP being viewed as unattractive.”

— Mike Marcinek, DeVilbiss Healthcare

**Keys to Comfort and Compliance**

Compliance starts with patient and caretaker education about the problem and the treatment plan. Especially where noncompliance is high, education is critical to map out expectations. Without it, unexpected roadblocks are magnified and chip away at the goal of reaching full compliance.

“Early intervention and education can make the difference in catching the minor issues and providing solutions to your patients before they get discouraged,” Marcinek says.

Marcinek understands that giving patients high-quality time with a live person can put a strain on providers’ staff. But that’s where his Keystone Services helps. This approach helps the provider keep a high level of contact during the early part of therapy and identifies patients who need live intervention.

“We believe that controlling the mask variables are key to remaining compliant with CPAP therapy,” says Sarko, whose company makes a line of CPAP accessory items, such as a pillow.

“Equally important is the follow-up care program. Staying in touch with your patient, especially in those first 90 days, is crucial. Working with them to find the best mask fit, CPAP machine and pressure level is key. Once all of that is in place, then it becomes important for RTs and other medical providers to address comfort issues and to have products available that will help the patient more readily accept and embrace their CPAP therapy program.”

Nasca points out that “when it comes to interfaces, one size does not fit all. Since there is no industry-sizing standard, patients must personally try on a variety of masks to find the one that best suits their facial features. Mask frames, which vary greatly in length and width, is first consideration and key to finding best fit. The soft inner cushion is vital to sealing the mask to the patients face and provides the comfort consideration. Nasal pillow masks, in my opinion, are underutilized and resolve many common challenges experienced by female patients and those who are claustrophobic.”

Groll’s company created a mask made of cloth to try to solve the discomfort issues he says occur when using plastic masks. He says the benefits of soft cloth masks include reduced air leakage, reduced headgear pressure, more sleep positions, no skin irritation and less noise.

For specific problems that cause noncompliance, Weis offers the following advice: Dryness is best alleviated with humidification. Since the introduction of humidification and with reimbursement coverage, most CPAP prescriptions include humidification. Studies show a direct link between the use of humidification and increased compliance (AASM Guidelines, SLEEP 2006:29(3):375-380).

Recent advancements also address the issue of rainout. Rainout happens when the water vapor moves through the tube away from the heated device and into a cooler environment of the room. With the Philips Respironics System One Humidity Control, rainout is eliminated, under most conditions. The device monitors room temperature and humidity and adjusts the heater plate to account for the environment, resulting in a patient-selected humidification level without rainout.

Comfort may reflect mask or pressure issues. A patient and care provider must work through mask issues regarding fitting and use. Patients may try different types of masks. Many patients have success when going home with two masks to use interchangeably. Pressure relief technology has helped to improve comfort issues associated with pressure concerns. Flex pressure relief gently reduces pressure during exhalation, when patients are most uncomfortable trying to breath out against the air pressure, and then gently returns to therapeutic pressure to ensure the airway remains open throughout the breathing cycle.

Finally, don’t overlook the caretaker’s role in supporting CPAP compliance.

“Caregivers are crucial to patient compliance,” Sarko says. “It is imperative that the caregiver be in tune with what type of lifestyle the patient leads, what his or her individual hesitations and issues are, and work with that patient to overcome those obstacles. Furthermore, caregivers should have an arsenal of tools available to help the patient remain compliant. Some of these tools include cash items like pillows, hose covers, moisturizers, convenience cleaning wipes and sprays, facial strap cushions, and chin straps. All of these things can make the difference between compliance and falling off the program altogether.”

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When patients begin continuous or bi-level positive airway pressure therapy (PAP), it can be a tough adjustment. Let’s face it, waking up in the middle of the night and feeling like the cat has decided to sleep on your face is downright unsettling! Patients often complain, “I can’t do this; I always pull the mask off.” To this your response should be, “Well of course you do; it takes a while for your brain to recognize and realize there is a change.” In time, the brain will recognize the change, and accommodate as happens with any “life adjusting” event.

To focus on just the interface as the maker or breaker of therapy would be a mistake. There are many other factors that contribute to the overall rate of successful therapy.

The first step would be for those on your PAP set up team (presumably RTs) to have strong knowledge of the proven predisposing factors that affect compliance rates. Factors can be divided into those that are considered negative, as well as those that are classified as positive.

Positive factors would be those that lead to a higher chance of the patient staying/committing to therapy. Negative factors, of course then means the patient is at higher risk for not following through on therapy.

Positive factors include: The severity of OSA; the more severe a patient’s OSA, the higher the probability the patient will accept and utilize therapy. Thus the second metric of higher apnea hypopnea index (AHI), is self explanatory. The third positive indicator of increased daytime sleepiness reveals that any patient who subjectively complains her or she is tired throughout the day and finds this symptom burdensome, will better adapt to therapy. The last positive factor would be “subjective benefit,” which can include the overall feeling of improvement in health, having the bed partner who has moved out of the bedroom return, or simply the return of old energy levels.

Those that warrant some added attention, especially in the early days of therapy, are those that have demonstrated to have what is considered a negative factor for successful therapy.

Negative factors include: The patients who report they don’t feel a lack of daytime sleepiness (they often report they only got studied due to a complaining spouse). Another negative side effect would be those who develop side effects of therapy. This of course can be one or a multitude of issues, including complaints of dryness and/or congestion, pressure intolerance, or condensation issues. Patients who have had previous Uvulopalatopharyngoplasty (UVPP) procedure are also recognized at being at higher risk for therapy discontinuation, as are those who have a history of nasal obstruction (check for history of broken nose). And last, those patients who report a history of claustrophobia.

While all of these factors have solutions, the real key is “early recognition” of the patients who are at risk. This can be done by spending a few minutes reviewing the patient’s history either directly from the patient or by looking at any records. In today’s audit-conscious environment it is hopeful all new patients would arrive with copies of the initial face-to-face evaluation from the treating physician, and some of this could certainly be gleaned from those notes.

To drive higher compliance among your group, as new patients are initiated on therapy, address issues that relate to lifestyle and how those issues can affect sleep and compliance. These include the consumption of alcohol, weight gain or loss, changes in medications, and concerns related to traveling with equipment.

Another issue rarely addressed but identified as a barrier to therapy is the timing of meals. This was proven through a study, done at the Institutes for Sleep/Wake Disorders at the Hackensack University Medical Center in Hackensack N.J. Researchers there suggest that to enhance treatment of sleep apnea with CPAP patients, providers should include education on the timing of the last meal prior to sleep. A significant number of patients reported intolerance and poor compliance to therapy if the last meal was consumed less than one hour prior to usage of CPAP.

To drive higher compliance among your group, as new patients are initiated on therapy, address issues that relate to lifestyle and how those issues can affect sleep and compliance. These include the consumption of alcohol, weight gain or loss, changes in medications, and concerns related to traveling with equipment.

When looking for answers to having higher compliance rates for all patients, you might want to start with the interface as the potential problem, just certainly don’t stop there!

Kelly Riley, CRT, is director of The MED Group’s National Respiratory Network. She has more than 25 years of experience in the respiratory arena. She can be reached at kriley@medgroup.com.
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