Supplemental Oxygen and Interstitial Lung Disease

status, frustrations, solutions

NO DISCLOSURES
Supplemental Oxygen Services Today

- 1.0 – 1.5 million adults in the US use supplemental oxygen
- majority Medicare beneficiaries with COPD
- cost more than $2 billion/yr
- accounts for more than 45% of Medicare B (DME) dollars

2011 - CMS’s Competitive Bidding Program (CBP)

- meant to contain costs, assure quality equipment and services, decrease cost to beneficiaries
- a more market-based alternative to imposed payment reductions
- Bottom line: 45% cut in Medicare reimbursement to suppliers
**Controversies**

- **10,465 O2 suppliers in 7/2013; 6181 as of 4/2017**
- Rural areas and people needing high flow equipment (ILD) are especially affected by competitive bidding
- 65% of suppliers report need to decrease equipment and services
- 88.9% of case managers report inability to obtain oxygen and services in a timely manner

“The growth in different respiratory diseases is expected to be the driving force in the development of the global oxygen therapy devices market in the coming years. Be that as it may, poor compensation and constantly changing regulations related to oxygen therapy devices are expected to hamper the growth of the global oxygen therapy devices market in the near future.”

-Orbis Research Oxygen Therapy Market Analysis and Forecasts (2016-2021)

**Patients Are Affected the Most Affected**

- 51% reported oxygen problems – equipment malfunction, lack of physically manageable portable systems, lack of high flow choices
- 65% did not have their saturation checked on the new equipment when it was delivered
- 64% got their oxygen instruction/education from the driver, 8% from clinician, and 10% no instruction
- 29% did not titrate flow
- Qualitative - anxiety/angst re: inability to obtain equipment that meets their needs and subsequent forced isolation


Challenges in Clinical Practice

- Sparse evidence
- Confusing testing and documentation requirements
- Poor interface with DME
- Lack of education to providers/lack of RTs
- Desired equipment not available

Some Fixes

- ATS Oxygen Special Interest Group (SIG)
- Patient Bill of Rights for Oxygen
- More studies – who should get it, is current equipment effective, adherence, how to test
- Reimbursement for respiratory therapists in the home
- Better interface between O2 supplier, providers, and CMS
What You Can Do Now

1. Utilize your local oxygen supplier representative

2. Determine the need for O2
   - Face-to face visit with provider
   - Measure saturation at rest, and while walking
   - Assure valid and reliable signal from oximeter – a forehead probe is often necessary for ILD pts
   - For patients who need O2 only with activity, need a 3-part walk test done within 30 days of face-to-face:
     1. resting room air saturation
     2. walking room air saturation
     3. walking with O2, showing the least amount of oxygen needed to keep sat 89%
3. Write a complete rx and document

- **Specific** equipment – M6, oxygen conserving device, POC, stationary concentrator
- Liter flow – continuous or with activity
- Delivery - nasal cannula, oxymizer, mask, etc.
- Continuous or with activity, sleep, altitude
- “Please have RT titrate flow to keep sat > 90%”
- Any special equipment: cart, high flow concentrator
- Diagnosis and ICD-10
- Signature, date, NPI
- Clinic notes showing face-to-face visit and stating need for oxygen

Sample O2 Rx:

- Please supply M6 tanks with oxygen conserving device (POC, etc) to be worn at 4 lpm with activity via nasal cannula (see 3 part walk test)
- Titrate flow to keep saturation >88% with activity.
- Stationary concentrator for home use
- Please also supply backpack (or cart, etc)
- DX: Interstitial lung disease J84.890
- Signature, date, NPI

- Please supply e-tanks to be worn at 8 lpm continuous via oxymizer pendant cannula.
- Titrate flow to keep saturation > 88% at all times
- High flow stationary concentrator for home use, with humidifier
- Please also supply 4-tank cart
- DX: Interstitial lung disease J84.890
- Signature, date, NPI
Face-to-face documentation by MD, NP, PA within 30 days prior to prescribing the oxygen must include:
- Evaluation of pt
- Needs assessment
- Treatment
- Relevant diagnosis
- Medical record must support need for oxygen

Sample documentation to include in visit note:

Three-part walk test was performed today in clinic during visit. Saturation as follows:
- Resting room air – 93%
- Walking room air – 84%
- Walking on O2 at 2 LPM – 87%
- Walking on O2 at 4 LPM – 90%
Pt requires supplemental oxygen at 4 lpm with activity

Pt’s resting saturation was 87% on room air today in clinic. Supplemental oxygen worn at 2 lpm at rest brought saturation up to 90%. Pt requires supplemental oxygen at 2 lpm continuously.

4. Learn the equipment and accessories, including high flow options
Liquid oxygen

M6 tank, e-cylinders, home concentrator
Compressed gas – home-fill

Home-fill tanks

<table>
<thead>
<tr>
<th>Patient Convenience Pack for Ambulatory Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>M2</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>Capacity (liters)</td>
</tr>
<tr>
<td>Duration (hours)</td>
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<tr>
<td>Weight</td>
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</tbody>
</table>

*Rated for 1 Lpm flow @ 30 Lpm
### Duration of compressed gas and liquid tanks (hrs)

<table>
<thead>
<tr>
<th></th>
<th>2 lpm</th>
<th>4 lpm</th>
<th>6 lpm</th>
<th>10 lpm</th>
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</thead>
<tbody>
<tr>
<td>M6 continuous flow</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M6 tank with OCD</td>
<td>4</td>
<td>2</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>E tank continuous flow</td>
<td>5</td>
<td>3</td>
<td>1.75</td>
<td>1</td>
</tr>
<tr>
<td>Helios (liquid)</td>
<td>10</td>
<td>5</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Marathon (liquid)</td>
<td>18.5</td>
<td>9.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Companion l(liquid)</td>
<td>4.6</td>
<td>2.2</td>
<td>1.5</td>
<td></td>
</tr>
</tbody>
</table>

For higher flows
Carts and backpacks

A Word About POCS

<table>
<thead>
<tr>
<th>GOODS</th>
<th>BADS</th>
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</thead>
<tbody>
<tr>
<td>Convenient</td>
<td>Expensive</td>
</tr>
<tr>
<td>Can take on airplanes</td>
<td>Not high flow</td>
</tr>
<tr>
<td>Decrease the stigma</td>
<td></td>
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<tr>
<td>Keep people active</td>
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</table>
5. Teach Titration

When do I need oxygen?
*Whenever you fall below 90%*

How much do I need?
*Whatever flow keeps you 90% or more with any given activity – at rest, with activity, at altitude*

6. Educate, Support, Follow-up, Resources

Follow up in clinic
- Did they receive the equipment you asked for?
- Do they understand how to use it appropriately?
- Do they get a pulse oximeter and do they understand titrating?
- Safety
- What benefits are they experiencing?
- Troubleshoot problems
- Re-check saturation

Support group
- PFF list of ILD support groups
- PFF Voices – telephone support group
- Better Breathers

Pulmonary rehab
Resources

Pulmonary Fibrosis Foundation
- www.pulmonaryfibrosis.org:
  - Oxygen Information Line - 844-825-5733
  - Oxygen Webinar
  - PFF Voices

COPD Foundation
- www.copdfoundation.org

O2 and Travel
- www.aeromedic.com
- www.oxygentogo.com
- www.travelo2.com

7. Report Problems

✓ Local oxygen supplier representative

✓ Medicare Ombudsman
  1-800-MEDICARE (1-800-633-4227)

✓ Competitive Bidding Implementation Contractor (CBIC) Service Center
  1-877-577-5331

✓ Write your congressperson

✓ DME Supplier Directory
  www.medicare.gov/supplier
Thank you!