Building an ILD Team
The Role of the RCP

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Conflict of Interest Disclosure

I, Richard Ford, hereby declare that the content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.

My partner/spouse and I have no financial relationships with commercial entities producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients <u>relevant to the content I am planning, developing, presenting, or evaluating</u>.

Learning Objectives

- Gain an understanding of the role of the RCP in the treatment of ILD
- Understand key principles in team building
- Describe important considerations in defining cost and business plan

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RESPIRATORY CARE BOARD OF CALIFORNIA

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- "SCOPE OF PRACTICE DEFINED" Business and Professions Code section 3702
- Respiratory care as a practice means a health care profession employed under the supervision of a medical director in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system
- Over 39,000 RCP licenes issued in the State of California

http://www.rcb.ca.gov/

or

rcbinfor@dca.ca.gov

Scope of Practice Also Includes

- Provision of ECMO
- Induce and monitor conscious sedation
- Insertion of PICC lines
- Polysomnography
- Administration of vaccines and TB test
- Venous and Arterial blood Draws
- Provision of Education
- Hospital Specific Protocols
  - Insertion of Arterial Lines
  - Start IVs

Growth Opportunity: RTs Train in Lung Ultrasound

Professional Development

- 10 Questions To Ask Yourself When Choosing a Specialty Area in Respiratory Care
- 5 Things I Learned at AARC Congress 2015 to Help Me Jump Start My Career
- 5 Things I Learned at AARC Congress 2015 to Make Me a Better Educator
- AARC Congress 2017 Career

Michael Terry, left, joins, from left to right, Dr. Paresh Giri, Dr. Vi Dinh, and Patrick Luna, RRT, in showing off the lung ultrasound equipment used at Loma Linda.

Inclusion of RCP as a part of the team: 24 times less likely to go to ER, 9 times more likely to die at home, 2.4 times less likely to be hospitalized

Kalluri M, Beyond Idiopathic Pulm Fibrosis Diagnosis, Mulitdisciplinary Palliative Care; J Pain Symptom Management 31 Oct 2017

Pulmonary & Critical Care Medicine

Advanced Lung Disease –
COPD +
Adult Cystic Fibrosis +
Interstitial Lung Disease
Lung Volume Reduction Surgery
Alpha1-Deficiency
Sarcoidosis
Lymphangioleiomyomatosis (LAM)
Pulmonary Rehabilitation
Interventional Pulmonology
Asthma
Pulmonary Vascular Disease

Interstitial Lung Diseases

Interstitial lung disease (ILD) is a term that includes a variety of chronic lung disorders, including pulmonary fibrosis. In ILD, the walls of the air sacs in the lungs may become inflamed, and the tissue (interstitium) that lines and supports the sacs can become increasingly thickened and scarred. This scarring can cause the lung to become stiff and cause shortness of breath and interfere with lung function.

ILD can be a difficult disease to treat, sometimes progressing slowly, and in other patients, very quickly.

Symptoms

- Shortness of breath
- Labored breathing
- Dry, unproductive cough
- Fatigue and weakness

Note: Symptoms of ILD can vary greatly among individuals.

Causes can include:

- Environmental factors such as exposure to asbestos or metal dust

Appointments & Referrals

- **New Patients:** 800-926-8273
- **Existing Patients**: 855-355-5864
- For Referring Physicians

Pulmonary Medicine Locations

La Jolla

- Sulpizio Cardiovascular Center
- 4520 Executive Drive

Related Specialists

- Kamyar Afshar, MD
- Gordon Yung, MD

RCPs in Pulmonary Clinics

- UCSD Hillcrest Medical Office South
- UCSD La Jolla Chancelors Park Pulm/Sleep Center
- COPD, Asthma, Pulm Hypertension, OSA, ILD
- RCP assess then Physician visit
- Respiratory Practitioner
  - Assessment and Diagnostics
  - Patient/Family Education
  - Med Show Back/Teach Back
  - Action Planning
  - Follow up resources (DME)

RCP Strengths

- Expertise in disease management conditions (Asthma, COPD, ILD)
- Evidence based practice and use of guidelines
- Ample use of protocols
- Clear cut familiarity with technology
- Close interaction with physicians 24/7
- Cross continuum experience
- Patient educators
- Assessment and diagnostic skills
- Patient focused

Stoller J, Disease Management as an Evolving Role for the Respiratory Therapist, Resp Care Vol 51.12, 2006

RCP Role in the Clinic (ILD)

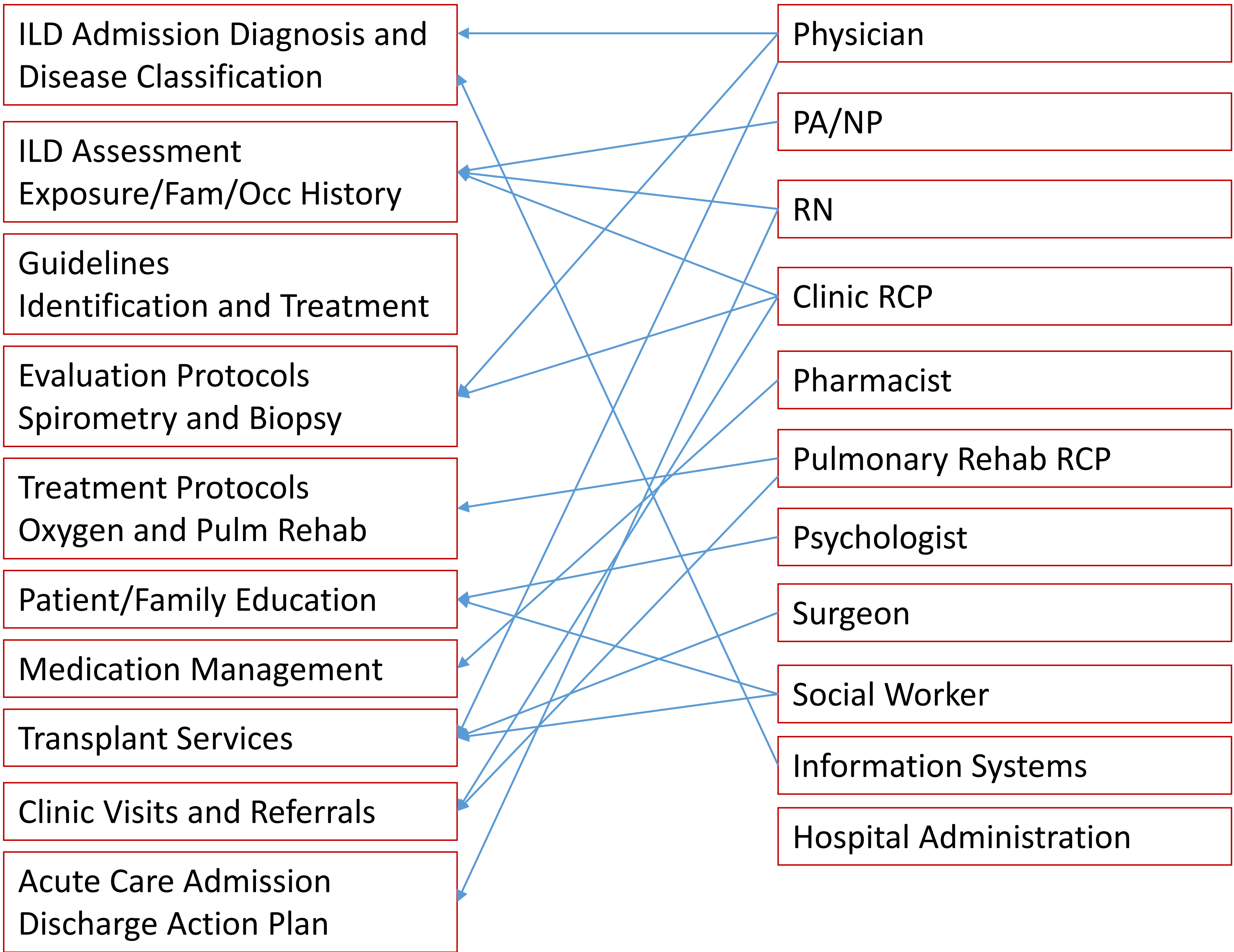
- ILD Specific Assess/Treat Protocols
- History (onset, exposure and occupation)
- Assessment of breathlessness/dyspnea
- Breath sounds, cough and sputum production
- Assess functionality/limitations
- Signs of pulmonary hypertension
- Assessment of oxygen needs and exercise tolerance
- PFT and interventional pulmonary procedures
- Education, teach back and action plan
- Post Clinic - Smoking Cess, DME O2 and Telehealth

RCP Role in Acute Care (ILD)

- Pathology can lead to profound impairment secondary to VQ mismatching, shunt and decrease diffusion across the abnormal interstitium.
- WOB markedly increased as a result of compliance
- Progressive tissue damage worsening
- RCP Role-
  - High Flow Oxygen
  - Medication Administration
  - Mechanical Ventilator Support
  - Liberation from Mechanical Ventilation

Your ILD Team: Getting a group of people together to achieve a goal sounds easy…it's Not !

- Insure members have the highest clinical and technical capability to contribute to the accomplishment of the objectives
- Unique commitment to optimizing wellness and the patient/family experience
- Define team goals, what needs to be accomplished
- Leaders provide time and resources
- Communication and tools to access information
- Establish mechanism for accountability (CTLs)
- Recognize and celebrate achievement


ILD Admission Diagnosis and Disease Classification
ILD Assessment Exposure/Fam/Occ History
Guidelines Identification and Treatment
Evaluation Protocols Spirometry and Biopsy
Treatment Protocols Oxygen and Pulm Rehab
Patient/Family Education
Medication Management
Transplant Services
Clinic Visits and Referrals
Acute Care Admission Discharge Action Plan
Physician
PA/NP
RN
Clinic RCP
Pharmacist
Pulmonary Rehab RCP
Psychologist
Surgeon
Social Worker
Information Systems
Hospital Administration

UCSD Program Structure for Pulmonary Team

- Multi-Disciplinary Partnerships
  - Physicians
    - Physician Leaders
    - Pulmonologist
    - Specialist
  - Program Manager
    - Respiratory Therapist/Pulmonary Nurse
  - Respiratory Therapists
    - Clinic, Acute, Pulmonary Rehab, Interventional Pulm, PFT
  - Nursing
    - Transitional Care, Clinic Services
  - *Pharmacy Team*
  - *Information Specialist*
  - *Billing Specialist*
  - *Administration*
    - *Hospital*
    - *Pulmonary Division*

$5,000

The Numbers : Patients and Margins

MS DRG	MS DRG DESC	Cases	Charges	Total Revenue	Direct Cost	Contribution Margin
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	77	2,024,043	645,982	410,824	235,158
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	69	2,450,290	845,585	578,568	267,018
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	55	1,103,323	407,455	262,783	144,673
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	34	1,833,751	785,684	464,143	321,541
189	PULMONARY EDEMA RESPIRATORY FAILURE	23	835,916	290,892	229,518	61,373
208	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT	17	1,371,732	402,627	385,903	16,724
194	SIMPLE PNEUMONIA PLEURISY W CC	16	501,796	172,040	107,773	64,267
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O M	16	489,522	149,362	106,882	42,479
193	SIMPLE PNEUMONIA PLEURISY W MCC	13	557,932	196,973	127,381	69,592
291	HEART FAILURE SHOCK W MCC	10	508,166	173,149	108,233	64,917
292	HEART FAILURE SHOCK W CC	10	416,112	102,456	73,191	29,264
178	RESPIRATORY INFECTIONS INFLAMMATIONS W CC	8	301,697	120,118	65,980	54,138
	ALL OTHER	118	10,584,743	3,536,926	2,490,029	1,046,897
	Total	**466**	**22,979,022**	**7,829,250**	**5,411,208**	**2,418,042**

The Numbers : Cost of Staff

PULMONARY CLINIC	DESIGNATION	FTE	Salary + Benefits
LVN	Pulm	1.00	74,752
AAIII	Pulm	1.00	58,225
MA	Pulm	1.50	84,765
PFT Tech (9048)	Pulm	0.60	51,954
MANAGER	Sleep (4 rooms)	0.90	85,105
TECH	Sleep (4 rooms)	1.50	111,249
TECH Sup	Sleep (4 rooms)	1.00	94,561
LVN	Driven by POM	1.29	96,430
AAIII	Driven by POM	1.42	82,679
MA	Driven by POM	0.78	44,077
Manager	Driven by POM	0.14	13,238
	Staff Total:	11.13	797,033

POM Model - CLINIC Dri	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Allowance/1.0 MD cFTE	240,417	382,884	531,349	562,604	601,674
Projected wRVUs	6,191	9,860	13,683	14,487	15,494
MD cFTE	1.29	2.06	2.86	3.03	3.24
POM FTEs	3.63	5.77	8.01	8.48	9.07
Total FTES (Non MD)	11.13	13.27	15.51	15.98	16.57
Total SALARY EXPENSE	801,026	943,493	1,091,958	1,123,213	1,162,283

The Numbers : More Cost Detail

DIRECT EXPENSES					
Direct Clinic Expense (Supplies)	157,261	196,453	229,801	246,130	264,381
Faculty Salary Expense	1,488,931	1,868,943	2,242,828	2,363,778	2,500,160
Staffing Expense	801,026	943,493	1,091,958	1,123,213	1,162,283
Rent/Space	249,600	249,600	249,600	249,600	249,600
PFT System	15,583	15,583	15,583	15,583	15,583
Spirometry Portable Device (PFT)	6,500	-	-	-	-
Sleep Center Equip & Software	28,721	28,721	28,721	28,721	28,721
Construction/Start-up Cost	50,000	50,000	50,000	50,000	50,000
Marketing/Business Dev	25,000	20,000	20,000	20,000	20,000
TOTAL DIRECT	**2,822,622**	**3,372,792**	**3,928,491**	**4,097,026**	**4,290,728**

The Numbers : Pro-Forma

PRO FORMA Metric Summary	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
peRVUs	19,526.87	23,658.01	27,926.17	29,517.28	31,286.87
TOTAL CHARGES	5,994,953	7,987,397	9,657,347	10,062,393	10,522,716
TOTAL REVENUE	3,175,725	4,217,324	5,114,521	5,353,548	5,626,197
TOTAL DIRECT EXPENSE	2,822,622	3,372,792	3,928,491	4,097,026	4,290,728
CONTRIBUTION MARGIN	**353,104**	**844,531**	**1,186,030**	**1,256,522**	**1,335,469**
TOTAL MG ALLOCATED	1,050,472	1,395,928	1,693,420	1,771,813	1,861,251
TOTAL MARGIN	(697,369)	(551,397)	(507,390)	(515,291)	(525,782)

The Numbers : Down Stream $$$

Program Revenue Streams

Initiative	Comment	Expense
Referrals to PFT (OP Net Rev)	50% of Admissions	$50,328.00
Screens (OP Net Rev)	50% of Admissions	$10,252.00
Referrals to Pulm Rehab	30% of Admissions	$7,856.42
Referrals to Smoking Cessation		
Referrals for Home Sleep Testing		
Referrals for Lung Cancer Screening		
Referrals for Clinics		
Total		**$68,436.42**

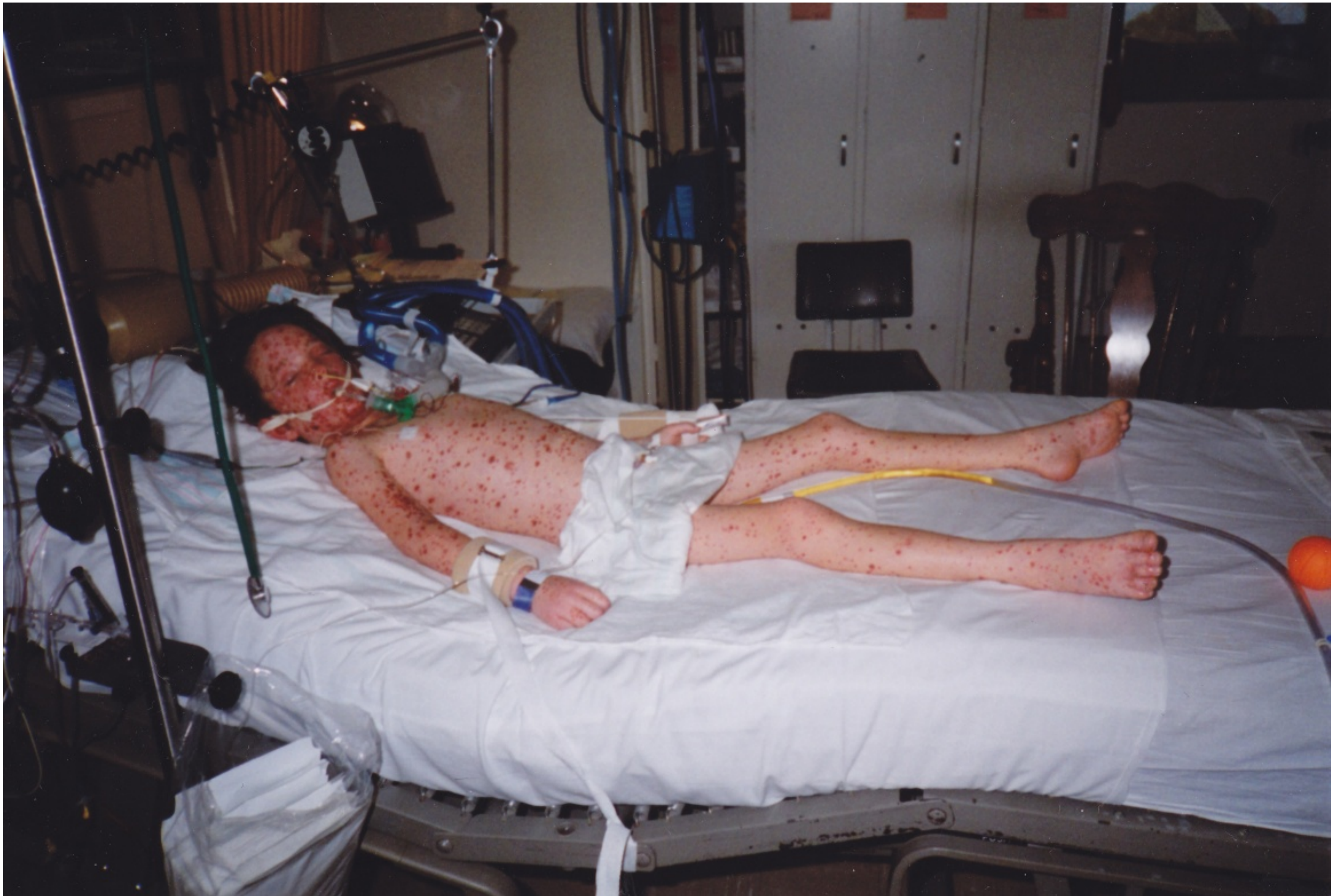
Next Steps for Respiratory Therapist

- Embrace Change - Step Up
- Realize the significance of ILD
- Seek out faculty treating ILD
- Know what’s important to those stakeholders
- Identify value added opportunities
- Make yourself available and indispensible
- Disease manager education
- Continued support of CTS

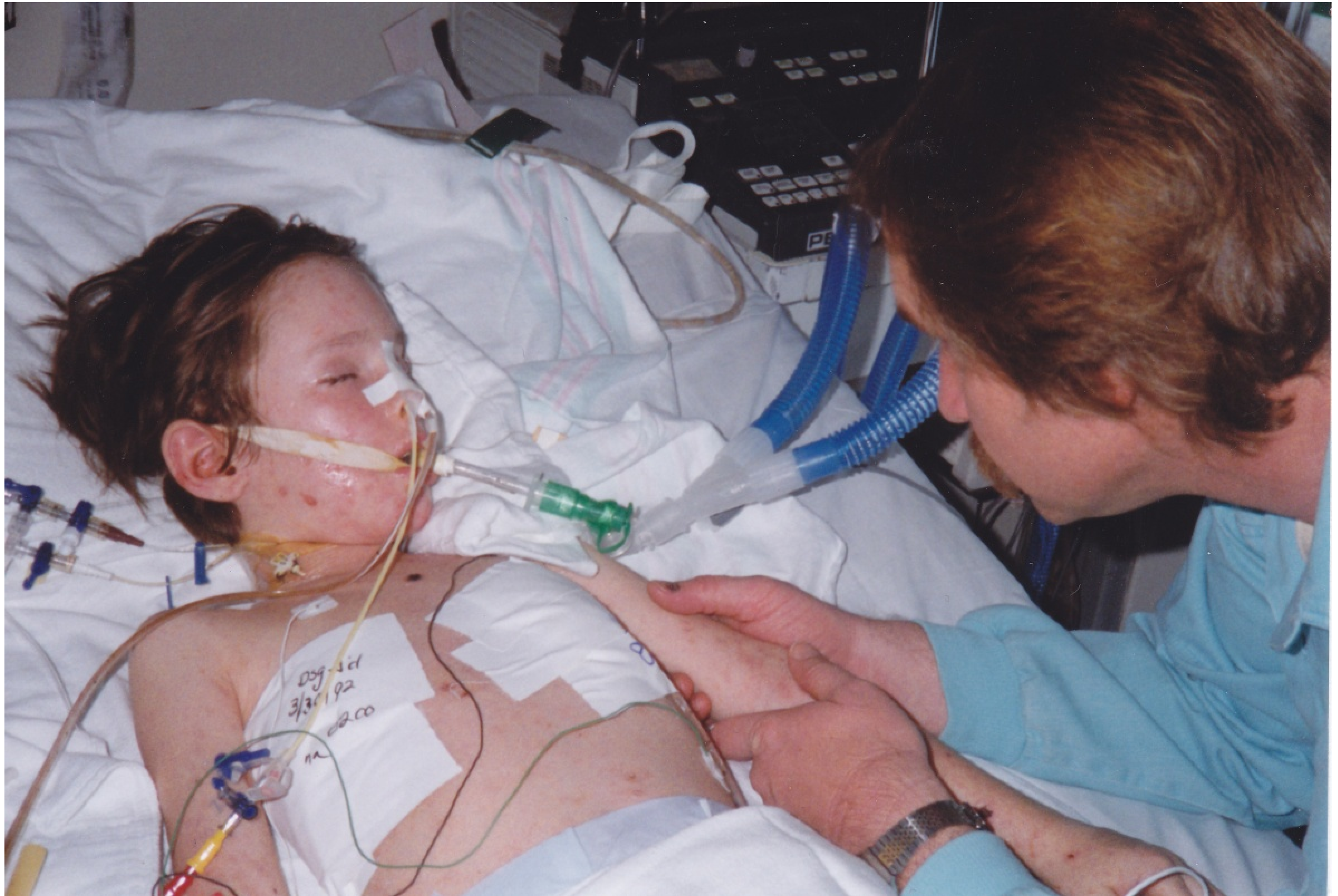
More Information…

rmford@ucsd.edu

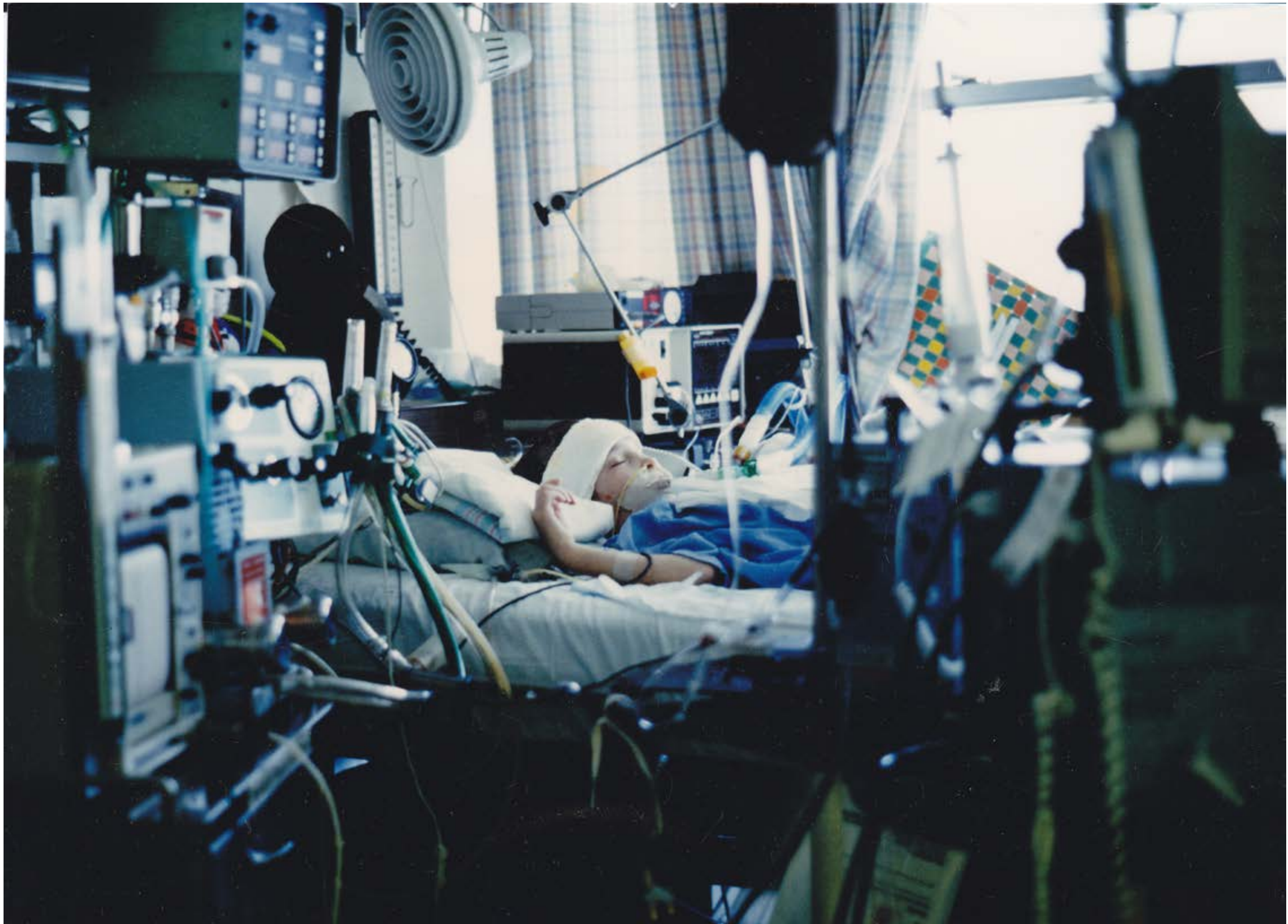
ILD Chicken Pox (Varicella) Pneumonia in a 5 year old



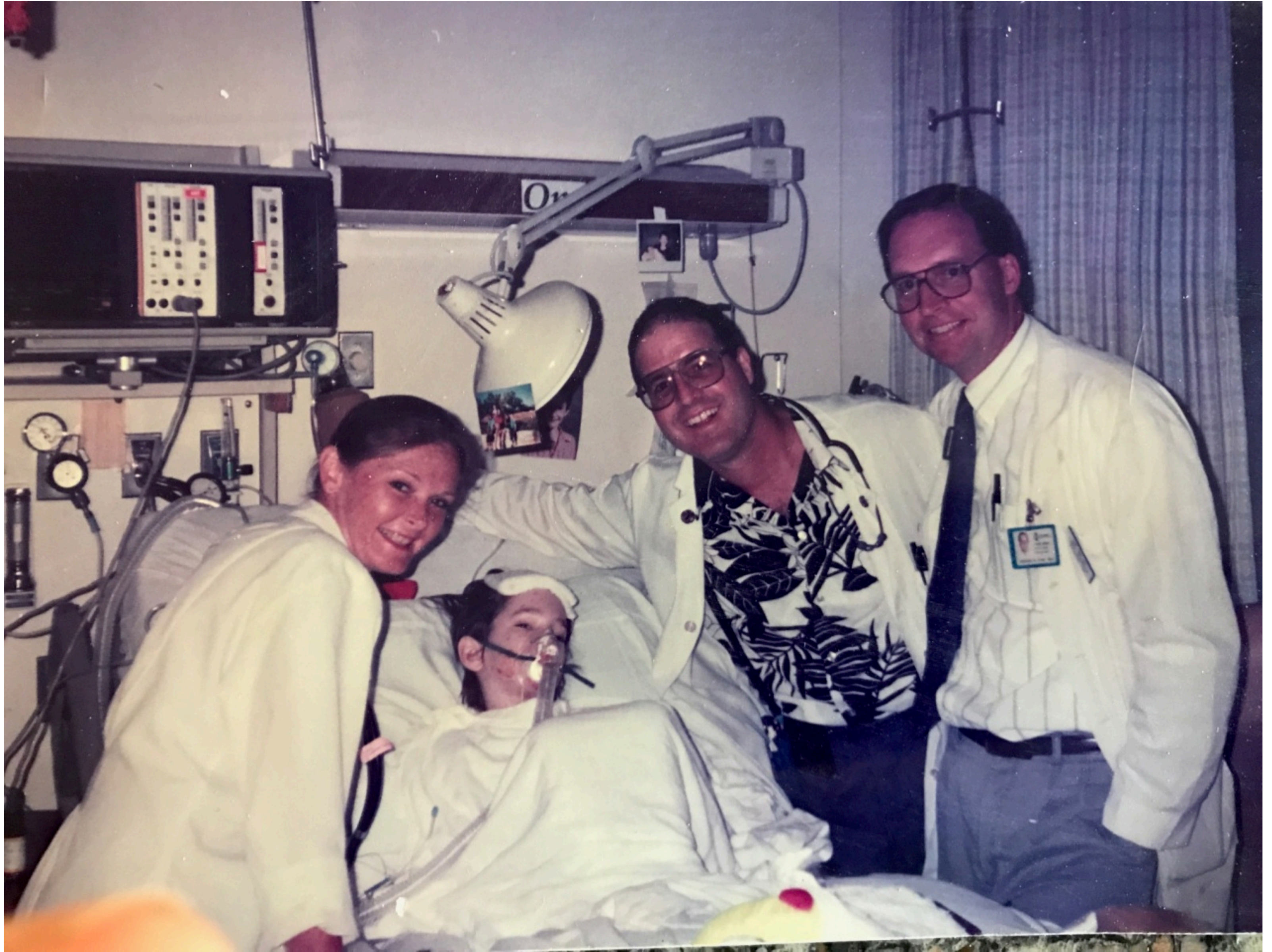
Externally Better, Internally Worse



8 Weeks of Managing Compliance/Leaks



Discharged after 9 weeks. Rx LTOT



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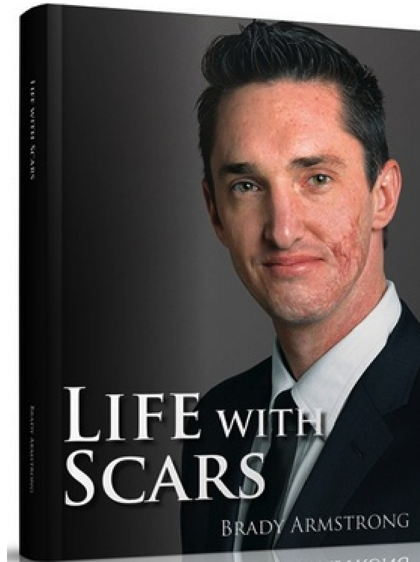
TURN YOUR TRAUMA INTO A SUCCESS STORY.

I will show you how your experiences, even the hardest ones, can bring you great reward.



Click icon to insert your logo

[Insert condition name] Action Plan

Green Zone: All Clear

If:

- Insert your bullets here
- And if you want another bullet just hit the return button
- Insert your bullets here
- And if you want another bullet just hit the return button

Then:

- Insert your bullets here
- And if you want another bullet just hit the return button
- Insert your bullets here
- And if you want another bullet just hit the return button

Yellow Zone: Caution

If:

- Insert your bullets here

Then:

- Insert your bullets here

Red Zone: Danger

If:

- Insert your bullets here

Then:

- Insert your bullets here

Name: Insert Provider Name Here

Number: Insert Provider Number Here

Purpose:

The System-wide Patient Education Council will provide evidence-based, patient/family-centered education across the health system, using a multidisciplinary approach.

Membership:

A. Patient Education Council will consist of:

1. One representative (RN) from the clinical areas: Intensive Care Unit (ICU)/Cardiac/Cardiac Rehab/Cardiovascular Lab (CVL)/Cardiac Short-Stay Unit (CSSU), Digestive Health, Emergency Department (ED), Home Health/Home Infusion, Maternity, Medical Unit, Orthopedics, Pediatrics, PrePare/Surgery, Surgical Unit, Rehab Unit, Bellin Psychiatric Center, and Bellin Medical Group, Telehealth, Neuro Team, Cancer Team, Asthma/Allergy Clinic, MRI, Diabetes Clinic, CHF Clinic.
    a. Chairperson from membership
    b. Co-chairperson from membership
2. One Nursing Team Leader
3. One Clinical Nurse Specialist or Advanced Prepared/Advanced Practice RN
4. One Nurse Educator
5. Member of Nursing Administration
6. Patient Advisor
7. Dietary
8. Resource Case Management
9. Pharmacy
10. PT/OT
11. Ad hoc members

The Role of the Chairperson:

1. Develops and facilitates the agenda to include 120-day action items and strategic plan initiatives.
2. Leads the meeting.
3. Remediates and removes if necessary non-performing members.
4. Delegates responsibilities during and between meetings.
5. Assigns work groups if necessary.
6. Moves the group to decision making.
7. Is a member of the Excellence in Care Coordinating Council and communicates issues from the Patient Education Council to the Coordinating Council.
8. Reports pertinent information from Excellence in Care Coordinating Council back to Patient Education Council.
9. Delegates the responsibilities of the chair in his/her absence.
10. Either attends *Effective Meetings* or utilizes the *Effective Meetings* audio resource, available through Organizational Development, to facilitate his/her development in leading a council.
11. Attends Strategy Day Away and identifies the areas that impact Patient Education Council work.

Outcome Measures:

1. Periodic review of regulatory standards shows compliance in the area of patient and family education.
2. There is consistent documentation of patient and family education.
3. All patient care areas have access to a database of patient/family education resources.
4. HCAPS survey scores indicate patient/family satisfaction with education.

Multidisciplinary Approach to Sarcoidosis

The UC San Diego Health Advanced Lung Disease Program offers patients with sarcoidosis both standard and cutting-edge investigational therapies. Standard treatment may require observation, immunosuppressive agents or biological agents.

Our clinical experts are actively involved in expanding horizons in the area of research for sarcoidosis. Some patients may be suitable candidates for clinical trials offered at UC San Diego Health.

Because sarcoidosis can cause various organ involvement and is potentially progressive in nature, we use a multidisciplinary approach to this condition. Our team partners with physicians and surgeons who have expertise in their respective specialties as they relate to sarcoidosis, including cardiologists, dermatologists, hepatologists, nephrologists, ophthalmologists, pathologists, neurologists and the heart/lung transplant teams.

In addition to medical care, patients will benefit from additional services provided to improve their health and empower them with the knowledge of sarcoidosis. These include:

- Pulmonary rehabilitation to improve breathing techniques and functional status
- Smoking cessation counseling
- Nutritional education and services provided by registered dietitians

Alexandre Savio January 5, 2018 at 2:57 AM

RE: REQUEST FOR INTERVIEWS ON SARCOIDOSIS FORMULARY DECISION MAKING

To: Rick Ford

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5 Things Everyone Should Know About MACRA

In 2015, Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), which changes the way that Medicare pays clinicians by establishing two new payment "tracks"—the Merit-Based Incentive Payment System (MIPS) and the Advanced Alternative Payment Model (APM) track. Initially, most clinicians will be paid under the MIPS track, which will adjust clinicians' Medicare payments up or down based on performance metrics. These new payment adjustments don't start until 2019, but will be based on performance measurement that begins in 2017. To help you succeed under MIPS, we highlight below five things that health care leaders and clinicians need to know.

MACRA Is Here to Stay