

American Association For Respiratory Care
Board of Director Meeting
November 29-30, 2007
Orlando, Florida

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AAAAI

**AMA CPT/Health Care Professionals Advisory
Committee (HCPAC)
Committee Representative
AARC Activity Report
Fall 2007**

Committee Representative: Susan Rinaldo-Gallo, RRT, MEd
Staff Liaison: Cheryl West

Recommendation: None at this time.

Activities:

1. Cheryl and I attended the October 11 - 13th CPT/AMA meeting in Philadelphia. Each year at the October meeting the HCPAC group meets separately from the CPT board to discuss issues related to the non physician groups.
2. I contributed an article "CPT Update" for the Management Section Newsletter.
3. There was much discussion and a few proposals on electronic communication in Health Care. The topics were: Medical Home concept, Non-Face-To-Face consultation, Online Medical Evaluation and Services, Remote Critical Care Monitoring, Electronic Health Record and E Prescribing.
4. New codes of interest appearing in the CPT 2008 book are listed below:
 - a. 99406 - Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes.
 - i. 99407 – intensive, greater than 10 minutes
 - ii. This code was converted from a G code to an Evaluation and Management CPT code. This service is also a required CMS quality measure for hospitals.
 - b. 98966 – Telephone assessment and management service provided by qualified non physician HC professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5- 10 minutes of medical discussion
 - i. 98967 – 11- 20 minutes of medical discussion
 - ii. 98968 – 21- 30 minutes of medical discussion

- iii. Respiratory Therapists are considered non physician HC professionals. However, this code might not be funded by CMS. That decision will be made in November.
- c. 98969 – On line assessment and management services provided by a qualified non physician HC professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous seven days, using the Internet or similar electronic communications network.

American Association for Cardiovascular and Pulmonary Rehabilitation (AACVPR)

AARC Activity Report

Fall 2007

Chair: Karen Stewart MS, RRT, FAARC

Liaison: Cheri Duncan RRT, RCP

Recommendation:

Collaborating with AACVPR, ATS, ACCP in writing performance measure for Pulmonary Rehabilitation

Justification:

Brian Carlin MD will submit a project to ACCP after the chest meeting requesting performance measure for Pulmonary Rehabilitation be outlined. The proposal will include representation of 1 -2 members from AACVPR, ATS, ACCP and AARC. Our participation will ensure that AARC's knowledge and expertise of pulmonary medicine will be included in the wording and definitions outlined. I propose that Debbie Koehl, chair of the Continuing Care Rehabilitation Section and I represent AARC in the joint venture.

Note: AACVPR would like to thank AARC and all its members for the hard work and dedication exhibited on the legislative efforts for S329 and HR552. AARC has been extremely helpful and effective getting the word out to membership and speaking with legislators.

AACN

American Heart

American Society for Testing and Materials (ASTM)

AARC Activity Report
Fall 2007

Representative: Robert McCoy BS RRT FAARC

Status: The ASTM has asked for a proposal to update the current standard to Oxygen Conserving Devices. At this time the current standard does not address testing methods, specifics for labeling for dose volumes and triggering sensitivity. I am networking with clinicians and manufacturers to request input for methods and materials for testing and labeling for dose settings and sensitivity.

Objective: Have a draft recommendation for the next ASTM meeting in early 2008

Observation: The ASTM reviews and generates numerous standards related to respiratory equipment in different specialty areas. These standards impact equipment operation, labeling and capabilities. It appears that there is not an independent respiratory clinician represented at the meeting as most respiratory therapist attending the meetings work for a manufacturer.

Recommendation #1: Investigate the possibility of having standards that will impact an AARC specialty area sent to the specialty chairman to be shared with the members of that specialty area.

Justification: This will allow AARC members to be aware of standards for equipment and make suggestions for improvements or change.

CLSI REPRESENTATIVE – November 2007

Submitted by: Susan Blonshine, BS, RRT, RPFT, FAARC, AE-C

Liaison: Karen Stewart MS RRT FAARC

Report:

1. The Clinical and Laboratory Standards Institute (CLSI) released a proven model, *The Key to Quality*, designed to assist clinical laboratories with creating, implementing, and refining a quality-management system. A series of 12 handy monitoring best-practice laboratory procedures and performance to facilitate compliance and accreditation.

2. Lois Schmidt, DA, has been appointed CLSI's Vice President of Standards. Dr. Schmidt has been with CLSI for almost six years, most recently serving as the Director of Standards and Development. She has been the staff liaison to the Area Committees on Evaluation Protocols; Molecular Methods; Immunology and Ligand Assay; Automation and Informatics; and Microbiology, as well as Secretary for the US Technical Advisory Group to ISO/TC 212. Dr. Schmidt will be responsible for the creation, delivery, and oversight of the consensus standards and guidelines development process, as well as the management of the standards staff. She will also direct all key aspects of volunteer relations, including the recruitment and retention of volunteers

3. CLSI recently simplified its Corresponding/Associate Active member options. Now hospital-affiliated or hospital-based laboratories, physician office laboratories (POLs), and clinics can self-select one of four membership levels based on their requirements and budget. To reflect this new, simpler approach to membership, we are calling these types of organizations Associate Active members

4. Recently Approved Documents:

C50-A—*Mass Spectrometry in the Clinical Laboratory: General Principles and Guidance*

This guideline provides a general understanding of mass spectrometry and the principles that dictate its application in the clinical laboratory. It includes guidance, references, and quality assurance markers that will assist with the implementation and correct operation of a mass spectrometry (MS) system for its many applications. Information on maintaining optimum performance, approaches to ensuring accurate and precise mass measurement, verification of methods, quality control of assays within and between instruments, instrument troubleshooting, sample preparation, interpretation of results, and limitations of the technology are included.

H3-A6—*Procedures for the Collection of Diagnostic Blood Specimens by Venipuncture*

This document provides procedures for the collection of diagnostic specimens by venipuncture, including line draws, blood culture collection, and venipuncture in

children. It also includes recommendations on order of draw.

LA4-A5—Blood Collection on Filter Paper for Newborn Screening Programs; Approved Guideline—Fifth Edition

This document addresses the issues associated with specimen collection, the filter paper collection device, and the transfer of blood onto filter paper, and provides uniform techniques for collecting the best possible specimen for use in newborn screening programs.

5. CLSI received the renewal notice for the third year of funding for our cooperative agreement in support of the President's Emergency Plan for AIDS Relief (PEPFAR), administered through the Centers for Disease Control and Prevention (CDC). This year, we have received increased funding for our efforts to enhance laboratory quality in four countries. Here are some specific updates:

o Tanzania

- Five CLSI volunteers and staff recently returned from a 10-day trip throughout Tanzania to prepare its five major zonal laboratories for international accreditation and finalize the details for opening the National Quality Assurance and Training Center.

o Namibia

- Establishing CLSI's scope of work for the coming year and begin integration of programs with those already in place in this southwestern African country of two million people.

o Nigeria

- In early October, three volunteers and staff will attend a one-week meeting with senior CDC Nigeria and Ministry of Health officials to define CLSI's scope of work. Also attending this meeting will be representatives from partner organizations, the American Society for Clinical Pathology (ASCP) and American Society for Microbiology (ASM).

o Cote d'Ivoire (Ivory Coast)

- Initiated telephone discussions and in the initial stages of planning first trip to Cote d'Ivoire.

The global strategy continues to be consistent: *To develop globally relevant best practice standards, guidelines, and companion products that improve the quality of clinical and laboratory services worldwide.*

6. CLSI has revised its Education Membership for academic-based or hospital-based education programs.

New benefits include:

- A choice of eight documents a year;
- 50% savings on nonmember prices for the purchase of additional standards and guidelines;
- 10% off member prices on Wallcharts, Quick Guides, DVDs, and Checklists;

- Notification of the publication of new documents;
- Volume discounts;
- Access to educational material on the CLSI website;
- Complimentary attendance to the CLSI Leadership Conference for students;
- Monthly electronic newsletter, CLSI *eNews*;
- Discount on educational seminars.

CLSI POCT Representative

Commission on Accreditation of Medical Transport Services (CAMTS)

AARC Activity Report
4th Quarter 2007

Representative: Steven Sittig RRT-NPS, FAARC Liaison: Karen Stewart MS RRT
FAARC

Recommendations: None at this time

Charges: The CAMTS board of directors met September 14th to 16th in Tampa Florida. Twenty eight programs were presented for certification. Additional topics of discussion focused on issues on ambulance safety and creating a culture of safety. An additional executive board meeting has been set for San Diego in January 2008 focusing on special committee projects related to safety culture. The next scheduled board meeting for program deliberations is scheduled for late March 2008 in Washington DC.

CAAHEP

ELSO Representative

AARC Activity Report
Fall 2007

Representative: Donna M. Taylor, RRT-NPS

Liaison: Ruth Krueger Parkinson MS, RRT

REPORT:

CHARGE #1: Represent the interests of the AARC to the Extracorporeal Life Support Organization.

REPORT ON CHARGE #1: I continue to perform duties as AARC Liaison. Projects underway and for the future include:

- a. Explore opportunities to highlight the role Respiratory Therapists play in ECMO programs. The Specialist Education ECMO Conference (SEECMO) is being held here in Dallas in the spring of 2008 and hosted by my institution and our ECMO program. The conference is planned for May 1-8, 2008 at the Renaissance Marriott Hotel in Dallas. Further information will be made available to the Board as plans progress. The content must be comprised of 80% ECMO topics. For a portion of that remainder, we plan to include an advanced ventilator mode management lecture to the attendees. It is my desire to highlight the role that RRTs play in ECMO therapy at this conference.
- b. Continue to insure ECMO related meetings are announced in the AARC Times Magazine.
- c. Explore further the potential for creating contingency plans for staffing in case of national or regional emergency. A new company has been started by a former ECMO Coordinator and RRT. I have been in contact with him and have referred physicians to his company whose institutions need more ECMO resources than their perfusionists or ECMO staff can provide.
- d. Provide information to states regarding RCPs as ECMO Specialists. I am contacted at least three times each month regarding the role that respiratory therapists have at our institution. Because of the dedicated full time ECMO team composed of seven respiratory therapists and one registered nurse--all on the same compensation scale--I am able to provide information about respiratory therapists and the role they are capable of to other institutions reviewing their programs, or just starting an ECMO program.
- e. Provide information to encourage and establish use of RCPs for other roles in extracorporeal therapies such as autotransfusion, continuous renal replacement therapy and plasmapheresis.

Respectfully submitted, Donna M. Taylor

International Council for Respiratory Care (ICRC)
AARC Activity Report
Fall 2007

Chair: Jerome M. Sullivan
RRT
ICRC President

Liaison: Ruth Krueger Parkinson, MS,

Recommendation:

No recommendations at this time.

Update on activities in support of the Strategic Goals of the ICRC: Activities of the Council are currently focused on building the agenda for a quality meeting to be held in conjunction with the AARC International Respiratory Congress.

- 1.) **The featured presenter at the 2007 meeting will be John W. Walsh, Executive Director of the Alpha One Organization, Director of the International COPD Coalition, and member of the International COPD Patients in Action (ICOPA) Taskforce.**
- 2.) **The Nine ARCF International Fellows chosen by the AARC International Committee will also be featured on the agenda.** Each Fellow will make a presentation to the Council regarding the practice of respiratory care in their home country and will report on their USA fellowship experience.
- 3.) **Hector Leon Garza, MD, International Achievement Award:** The ICRC has conducted a vote and sent its recommendation regarding this award to the Chairman of the American Respiratory Care Foundation for consideration and action.
- 4.) **Toshihiko Koga, MD, Medal:** The Council has conducted a vote to choose the winner of this award and is currently making plans for the **Koga Medal** presentation. The Inaugural **Koga Medal** presentation will take place in Orlando in conjunction with the AARC Congress. Special guests at this presentation will include Mrs. Kazue Koga and Seiko Koga, the wife and daughter of the late Toshihiko Koga, MD.
- 5.) **International PFT Standards;** The Council continues to identify strategies to assist in the development and adoption of Universal Standards for pulmonary function laboratories.

Charge #1: Communicate with your assigned Board Liaison on a regular basis.
President of the Council intends to discuss ICRC issues with Ruth Krueger Parkinson.

Charge #2: As directed by the BOD President, represent the AARC's interests and positions to the organizations. The ICRC governors promote the mission of the AARC regarding the practice of safe and effective measures in respiratory care to health professionals worldwide.

Charge #3: Participate in appropriate activities and projects of the organization.

The President of the ICRC attends the meetings of the ICRC, and ensures that the AARC Executive Office keeps governors informed of the ongoing international activities of the AARC through the use of press releases, memoranda, and the AARC International Web page.

Charge #4: Submit information about your work with the organization to the AARC

TIMES for publication once a year. The ICRC in cooperation with the AARC International Committee and AARC TIMES, will produce an annual coverage report on the International Fellowship Program.

Charge #5: Demonstrate loyalty to the AARC and its vision, mission, strategic plan, bylaws, Position Statements, and policies in your dealings with the organization. All correspondence to the governors originates from the AARC Executive Office so governors are constantly aware that the ICRC is an AARC entity. Governors promote the mission of respiratory care globally, and strongly urge AARC membership among their associations' members.

Charge #6: Submit to the President a report of any meeting you attend as an AARC

Special Representative (if funding to attend was provided by the AARC) within 21 days

of the meeting. Funding for meetings is not provided by the AARC. The governors of the Council pay for their own travel and expenses when traveling to their own meetings.

Laboratory Professional and Technical Advisory Committee

AARC Activity Report

November, 2007

Representative: Rebecca Meredith

Liaison: Ruth Krueger-Parkinson

Recommendations: None

There has been no activity since the meeting in March that was held in Chicago. David Vines attended that meeting and submitted a report for the last Board Meeting. The conference call that was scheduled for October has been postponed.

Medicare Coverage Advisory

National Asthma Education & Prevention Program (NAEPP)

AARC Activity Report
November, 2007

Representative: Thomas Kallstrom, RRT, AE-C, FAARC

Recommendations: None

The Expert Panel Report III was finally released at the end of August. It had been ten years since the last copy was released. The final version looked very different from the draft that was made public in January of this year. It was at that time that we made our suggestions to the NHLBI. Thankfully as a result all of the issues that we presented we addressed. As a result the Guidelines specify the role of the RT in asthma management, protocol care, and education. There are also segments of the guidelines that are devoted to the important role we play in asthma care.

Not only were the Guidelines released this year but the Executive Summary of the Guidelines were as well. Both documents can now be downloaded and printed off but the government-supplied publications will not be available until after the first of the year.

The Guidelines implementation committee is in full swing as well. We met in Washington in October and agreed to a plan of action. There are 8 messages that the committee will be promoting to the public and clinicians. The AARC will play a significant role in making this happen. We do not want to have this important document ignored. This was a particular concern with primary care physicians in past releases.

There are no recommendations at this time. However we now must get this document into the hands and minds of our RTs.

National Coalition for Health Professional Education in Genetics (NCHPEG)

AARC Activity Report
Winter 2007

Representative: Linda Van Scoder, EdD, RRT **Liaison:** Karen Stewart, MS, RRT, FAARC

Recommendation: None

Activities:

NCHPEG has not met since February 2007. The 2008 annual meeting has not yet been scheduled. I continue to serve on its membership committee.

The Genetic Information Nondiscrimination Act (HR 493/S 358) remains stalled in the Senate, most likely due to lobbying from the insurance industry. It passed the House in April with only 3 no votes. President Bush has urged Congress to pass this legislation. The Genetic Alliance, which includes the Alpha-1 Association, the Coalition for Pulmonary Fibrosis, and the Cystic Fibrosis Foundation, asked the AARC to provide comments on this important issue, which President Rodriguez did in January.

Neonatal Resuscitation Steering Committee

AARC Activity Report

October 31, 2007

Representative: Timothy R. Myers BS, RRT

Liaison: Karen Stewart, Vice President of External Affairs

Recommendations: There are no recommendations at this time.

Activity Report: The NRP Steering committee met in this month (October) at the Academy's Congress in San Francisco, California. The NRP annually awards grants from \$10,000 to \$25,000 (total awards = \$85,000) for research in the area of Neonatal Resuscitation.

As a liaison, I was asked to co-review three of 20 grant applications for the 2007-08 Neonatal Resuscitation Program Research Grant. At the meeting, each committee member / liaison presented a summary of the grant(s) assigned and we voted for the award recipients. The NRP strongly encourages the AARC to publicize their Grant Program to its neonatal practitioners.

As the AARC's liaison, I will continue working with a variety of the committee's physicians on respiratory related equipment and standards. The NRP Steering committee will meet twice in 2008. In March, the meeting will be at either the Academy's headquarters in Elk Grove, Illinois or in Palo Alto on Stanford's campus for simulation training and prior to the Academy's Annual Meeting in Boston in early October. I have been asked to serve on the NRP faculty for their seminar in Boston.

Texas Asthma Coalition