

## From Around the Network

Judith R. Fischer, MSLS, IVUN Information Specialist, [info@ventusers.org](mailto:info@ventusers.org)

*International Ventilator Users Network's mission is to enhance the lives and independence of home mechanical ventilator users and polio survivors through education, advocacy, research and networking.*

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Executive Director: Joan L. Headley, MS  
[info@ventusers.org](mailto:info@ventusers.org)

Editor: Gayla Hoffman  
[info@ventusers.org](mailto:info@ventusers.org)

Designer: Sheryl R. Rudy  
[webmaster@ventusers.org](mailto:webmaster@ventusers.org)

Special thanks ...  
Judith R. Fischer, MSLS

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## New Products

**Respireo mask series** from Air Liquide Medical Systems SA includes Respireo Primo N, a nasal mask; Respireo Primo F, a full face mask; and Respireo Primo B, an oral mouthseal. Available outside the USA. [www.airliquidemedicalsystems.com/en/ventilation/non-invasive-ventilation/respireo.html](http://www.airliquidemedicalsystems.com/en/ventilation/non-invasive-ventilation/respireo.html)

**Aloha™ nasal pillow system** from DeVilbiss Healthcare has a feature enabling vent users to adjust the angle and depth of the pillows. Available worldwide. [www.devilbisshealthcare.com/products/sleep-therapy/interfaces-and-masks/nasal-pillow-interfaces/aloha-nasal-pillow-system](http://www.devilbisshealthcare.com/products/sleep-therapy/interfaces-and-masks/nasal-pillow-interfaces/aloha-nasal-pillow-system)

**Cuirass shells** for use with Dima Italia's **Pegaso** negative pressure ventilator come in eight sizes for adults and two for infants. Available outside the USA. [www.dimaitalia.com/english/documenti/pegasov/BROCHURECORAZZEEN.pdf](http://www.dimaitalia.com/english/documenti/pegasov/BROCHURECORAZZEEN.pdf)

**Multilevel ST30V and ST40V** are new bilevels in Dima Italia's Multilevel series. The ST30V sets a target volume and guarantees a minimum volume; maximum inspiratory pressure is 30 cm H<sub>2</sub>O. The ST40V model provides inspiratory pressure up to 40 cm H<sub>2</sub>O. Available outside the USA. [www.dimaitalia.com](http://www.dimaitalia.com)

## Centers for Medicare and Medicaid Services (CMS)

**Medicaid waivers.** For a listing of all Home and Community-Based Services Waivers (HCBS) 1915 (c) that enable people to live in their own homes instead of institutions, go to [www.medicaid.gov](http://www.medicaid.gov). Click on Medicaid and CHIP Program Information, then click on Waivers. [www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/)

**Money Follows the Person.** For more information on how the Affordable Care Act of 2010 strengthens and expands the "Money Follows the Person" Program to more states, go to [www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Balancing/Money-Follows-the-Person.html)

**Competitive Bidding Program (CBP) update.** The GAO (Government Accountability Office) released a *Review of the First Year of CMS's Durable Medical Equipment Competitive Bidding Program's Round 1 Rebid*. In commenting on a draft of this report, HHS noted that the CBP round 1 rebid resulted in savings of more than \$200 million in its first year. HHS also cited the results of CMS's monitoring of beneficiaries' access to DME in CBP areas as evidence that the CBP did **not** affect beneficiaries adversely. The full report, released in May 2012, is available online: [www.gao.gov/assets/600/590712.pdf](http://www.gao.gov/assets/600/590712.pdf).

For more on competitive bidding's effects on home health care companies, go to the American Association for Home Care's website: [www.aahomecare.org/associations/3208/files/MPP\\_Testimony\\_House\\_Ways\\_and\\_Means\\_Health\\_Subcommittee\\_050912.pdf](http://www.aahomecare.org/associations/3208/files/MPP_Testimony_House_Ways_and_Means_Health_Subcommittee_050912.pdf)

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change in perspective. Many are thinking differently and creatively about how to encourage healthy living and improve patient care. Some providers are developing what are known as disease management programs, working with patients in the early stages of COPD and trying to reverse the course of this difficult disease. Others are pioneering tech-

nological innovations, developing medical devices that enable quality care to take place in the home, rather than the hospital.

Unfortunately there is no cure for COPD. Reducing the incidence of this disease and making a quality of life difference for those living with it will require a shift in how we approach health, as patients and as clinicians. Proposed treatments and solutions will come in many forms. And in all likelihood, there will be no silver-bullet solution.

In the next issue of *Ventilator-Assisted Living*, we will discuss how high-touch clinical care and high-technology are coming together to play a significant role in the care and treatment of COPD. ▲

### References:

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National Institutes of Health, "Estimates of Funding for Various Diseases, Conditions, Research Areas," March 8, 2005, at [www.nih.gov/news/fundingresearchareas.htm](http://www.nih.gov/news/fundingresearchareas.htm). Also, Cary P. Gross, MD, Gerard F. Anderson, PhD, and Neil R. Powe, MD, MPH, MBA, "The Relation Between Funding by the National Institutes of Health and the Burden of Disease," *N Engl J Med* 1999;340:1881-1887 at <http://tinyurl.com/ddb2y>.

## From Around the Network

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### Canadian Study on Prolonged and Long-Term Mechanical Ventilation

Currently there is no national strategy in Canada for the management of individuals at risk for or requiring prolonged and long-term mechanical ventilation (PMV/LTMV). Due to the lack of a national or provincial database to inform policy development, a study has been designed to collect the information needed to establish a national PMV/LTMV network of health care providers. The study will also describe health service provisions and promote the delivery of safe, high quality care to this population in different health care settings, including the home.

The study is being coordinated by the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, and the Survey Research Unit, Centre for Research on Inner City Health, St. Michael's Hospital, Toronto. For more information, contact the Principal Investigator, Louise Rose ([louise.rose@utoronto.ca](mailto:louise.rose@utoronto.ca)). [www.stmichaelshospital.com/crich/sru/ventilation.php](http://www.stmichaelshospital.com/crich/sru/ventilation.php).

### Families of Children with Special Health Care Needs

The Department of Health and Human Services (HHS) has announced \$4.9 million in Affordable Care Act funding to support Family-to-Family Health Information Centers. The Centers are run by and for families with children with special health care needs. They provide information, education, training and outreach for families of children and youth with disabilities and the professionals who serve them. [www.familyvoices.com](http://www.familyvoices.com) ▲