DISTINCTION IN CLINICAL RESPIRATORY PATIENT MANAGEMENT (CRPM)
OVERVIEW

Topics
  • What is a Distinction
  • About ACHC Clinical Respiratory Patient Management Distinction
  • Requirements
  • Q&A

Panelists
  • Cindy Roberts, RRT, RPFT, RCP - Senior Corporate Surveyor
  • Tim Safley, MBA, RCP, RRT – ACHC Program Director
  • Kris Ravotti, RRT, RCP – Clinical Compliance Educator
WHAT IS A DISTINCTION?

- **Definition**
  - “Excellence that sets someone or something apart from others”

- **Accreditation Distinction**
  - Accreditation distinction offers healthcare organizations an additional way to set their business apart through measurable, evidence-based best practices.
  - Allows healthcare organizations to demonstrate their ability to meet standard requirements that exceed industry expectations in the specified field.
  - Earning a distinction differentiates an organization from other healthcare providers
  - It represents written assurance by a third party of the conformity of a process or service to specified requirements.
DISTINCTION IN CRPM

- What is the Distinction in CRPM?
  - The provision of managed care to patients with acute or chronic respiratory conditions
  - Services focus on care by licensed Respiratory Care Practitioners (RCPs) or other qualified healthcare professionals that can be monitored and managed outside a hospital environment.
  - The goal:
    - Better clinical outcomes that reduce hospital readmissions, support activities of daily living, and enhance quality of life for the patient.
DISTINCTION IN CRPM

- Why was the Distinction in CRPM developed?
  - Evolving climate for care of the respiratory patient in the home environment
    - Recognition of Respiratory Care during the Pandemic
    - Care/service “accountability”
      - Impact of care/service on patient outcomes
      - Cost justification
  - Recognition of a collaborative approach to patient care in the home
  - Realization of increasing number of providers who are committed to improving outcomes for their respiratory patients and looking for recognition of the role they play in improving those outcomes
CREATING A NETWORK OF PROVIDERS
ARTICLE IN HME NEWS

- Seeing & treating the whole patient
  - The launch of the chronic respiratory program grew out of a pilot program that reduced readmission rates from 24% to 9% over a 12-month period for 50 patients who were identified as “high utilizers.”
  - The success of that pilot program led to grant funding from the state to expand and to develop a population health division as well as to create a network of partners to ensure patients have access to the resources they need to successfully transition back home.

DISTINCTION IN CRPM

Why should providers consider adding the Distinction in CRPM?

- The ACHC Distinction in CRPM is the first in the DMEPOS industry to offer recognition for this area of specialty care.
- It demonstrates a provider’s commitment to delivering consistent, quality care and enhancing patient outcomes – “over and above” service/care.
- Improved outcomes can lead to reduced hospital readmissions, and lower costs for providers, patients, and payors.
- Allows home/durable medical equipment (HME) organizations to offer hospitals and other healthcare facilities a validated, quality service that documents care and helps keep patients in the home.
- It can strengthen trust and confidence in an organization, setting the business apart from competitors, leading to additional referrals.
DISTINCTION IN CRPM

- How is CRPM different from current CRCS Accreditation?
  - Standards focus on
    - Identifying unique needs of each patient
    - Developing individualized plans of care
    - Goals and outcome monitoring
  - Emphasis on patient outcomes
  - Diagnosis driven education
  - Creating a collaborative approach with the healthcare community of patient providers
  - Ensure patients have access to the resources they need to successfully transition back home
DISTINCTION IN CRPM

- What must I do over and above my CRCS accreditation?
  - Develop additional P&P’s
    - Advanced directives
    - Education of CRPM staff
    - Update requirements for CRPM patient records
    - Update evaluations and/or assessment
    - Update plan of care requirements
    - Update transfer or discharge requirements
    - Update cleaning/maintenance requirements for patient assessment and diagnostic equipment
    - CRPM patient education
  - Add additional PI indicators and monitoring processes
    - Outcome based
      - Infections
      - Readmissions
DISTINCTION IN CRPM

- What else must I do over and above my current CRCS accreditation?
  - Additional Requirements:
    - W-2 Respiratory Care Practitioner or qualified healthcare professional
    - Storage and access to advance directives
    - Review of plan of care at least every 60 days
    - Review of medications at each visit
    - Monitoring readmissions
    - Tracking infections
DISTINCTION IN CRPM

- How do I add this distinction?
  - Must currently be accredited by ACHC for HME services
  - If a new provider; apply for HME and CRPM
  - Notify Account Advisor of interest
  - Develop P&P’s and infrastructure/operations support to meet distinction standards
  - Undergo additional ½ day survey
  - Since distinction is not CMS required, it can be a scheduled survey
    - If adding at time of HME survey, will need to be unannounced
QUESTIONS?