

President's Message Deb Haider

Critical Thinking: Focusing in on the "Big Picture" in Respiratory Care - Last November, the MSRC



Officers, Board of Directors, and Committee Chairs met for a daylong strategic planning session, as we have for the last 4 years. During this session, our goal

was to set the "tone" for the upcoming year, and come to consensus on key issues facing our profession and Respiratory Therapists in Minnesota.

Deciding on these key issues took a lot of discussion and critical thinking skills. What is facing our profession right now that we need to take action on? What issues are key to Respiratory Therapists of today and those in the future, and which of these will have the greatest impact on our patients? Of these critical issues, which best fit with the mission of the MSRC?

President's Message continued on page 4.

Therapist Receives Award by Ron Van Beusekom

Asthma Camps are important events held each year providing a wonderful opportunity for children with asthma. Respiratory therapists from across the state participate in five camps and play an integral role in seeing to it that these children have the best experience possible. Therapists involved find this to be enjoyable and rewarding. Asthma camps in Minnesota include; Camp We-No-Wheeze Central, North and South, Camp SuperKids and Camp SuperTots.

Lynne Bausman, RCP, RRT, Respiratory Therapist at HealthEast Bethesda Hospital in St. Paul was recently presented with an award for her involvement in Camp SuperKids and Camp SuperTots at the American Lung Association of Minnesota's annual volunteer recognition dinner held on May 21st, 2002.

Kären Alaniz, current President of the ALAMN Board of Directors indicated as she presented Lynne with this "Extra Mile Award" award:

"Lynne started her Superkids journey as Coordinator of the Respiratory Therapists and working RCP. Her talents for recruitment and organiza-

tion were quickly recognized and she has been coordinating operations for Superkids for the past two years. Where she really shines is her ability to get blood from a stone! Last year alone she solicited donations from local and national vendors that topped \$15,000 in merchandise for Superkids campers and staff needs. Some of the items included new blood pressure cuffs and stethoscopes; tents for the



nurses to use on the overnights, multiple prizes and give-aways for camper education and a donation of nearly \$10,000 of time and expertise to develop a new Superkids video for use in recruitment and information for staff, campers and third party payers!

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Editor's Note

Thanks for joining us for this issue of the "New and Improved Bronchus". In the spirit of summertime we've freshened up. We've tweaked our design for a brighter look and added a few new features that you'll be seeing in future newsletters. One new feature includes the "Editorial column". As talked about in the previous Bronchus, a questionnaire as to "what you would like to see in future issues" will be mailed to members along together with the candidate ballots later this summer. Your response is greatly appreciated, and rewarding to us as Editors to bring to you the reader exciting columns on Respiratory Care. Please feel free to e-mail us at any time to let us know what you think about our new look, our new features, and anything else.



Kyle Jeff Megan

Until next time... Enjoy the sun, late night walks, grilling, and the dreaded mosquitoes!

Thanks again for your continued support. Enjoy

Kyle Oen, Jeff Rutter, Megan Terveen

FALL ISSUE DEADLINE JUNE 27

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The Bronchus is the official newsletter of the Minnesota Society for Respiratory Care, and an affiliate of the AARC. Published in Minneapolis, Minnesota. The Bronchus welcomes articles from respiratory therapists, physicians, nurses, and other health care personnel interested in pulmonary care.

Editorial Guidelines:

The Bronchus welcomes contributions from readers, whether in the form of editorials, correspondence, or commentaries. The editors of The Bronchus make the final decision on what letters are published. All letters must include the writer's name, address, telephone number, and e-mail address, if available. This information will be included in the letter if it is published. Any reader response to a submitted letter will be referred back to the author. Letters must also include the writer's signature. We reserve the right to edit all letters. Letters should be kept brief. By submitting a letter to the editor, a correspondent letter or a commentary article to the MSRC you are agreeing to give the MSRC permission to publish the letter or article in any format and in any medium. All letters submitted become the property of the MSRC.

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 Circulation Coordinator ————— Jeff Anderson
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All materials for publication including advertisements should be in: MS-Word, Illustrator or Quark XPress format sent via E-mail to:

The Bronchus:
 Kyle Oen: kyleoen@yahoo.com
 Jeff Rutter: jirutter@aol.com
 Megan Terveen: meganpt@msn.com

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RCP of the Year Nominations

It is time once again for "RCP of the Year" nominations. Please consider nominating one of your fellow practitioners for their outstanding contributions in the field of Respiratory Care. This is an annual MSRC award given out at the Educational meeting in September. Check out our web site for more information!

We hope you will take this opportunity to recognize one of your colleagues for their ongoing commitment to our profession

Please return completed forms to:

Ron Van Beusekom @ ALA of Minnesota, 490 Concordia Avenue • St. Paul, MN 55103 • Fax: 651-227-5459,
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In the space provided below please write a brief description of why this person is special and deserves to be chosen for this position. DO NOT USE THE PERSON'S NAME IN YOUR DESCRIPTION

Current Events

AARC Partners with EPA on Smoke-Free Home Initiatives

May 28, 2002

The AARC has partnered with the Environmental Protection Agency to launch the EPA's National Smoke-free Pledge Initiative. The EPA reports that more than 12,000 individuals have pledged to make their home smoke-free. We have just been made aware of additional resources on their web site that you may want to co-opt for patient education materials on the smoke-free home initiation. You can order any of these materials, free of charge, from the EPA website at www.epa.gov/iaq or by calling their IAQ Info hotline at 1-800-438-4318.



For more current event articles visit
www.AARC.org



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SENSORMEDICS

Most RCPs are aware of the recent efforts to unionize RCPs in Minnesota hospitals. In fact, a number of RCPs have been contacted at home by union representatives to discuss the issues and options of unionization. In two hospitals RCPs are currently represented by unions and there has been a unionization vote, that is currently sealed, in a third hospital. This is, clearly, an important issue for Respiratory Care Practitioners.

As an emotionally charged issue, unionization has never been debated within the MSRC or AARC. Why not? There are several possible explanations. First and foremost is the issue of wages. The Respiratory Care organizations (MSRC and AARC) do not have this issue in their bylaws or as part of their mission. While the AARC and MSRC have represented RCPs in the legislatures, in position statements, in specific turf battles - seeking higher compensation has been the individual's responsibility, not a job for the MSRC/AARC. There is, then, the implication that unions will introduce the possibility of a strike or walkout. To some people this is an abandonment of sick people - a principle that can not be violated. But finally and of great importance is the probability that unions will increase or create divisions within a department. And an adversarial relationship within a department can be counterproductive when the patient is in the middle.

Is the MSRC/AARC correct in avoiding these tough issues? There are arguments for getting involved in a debate about unionization. Nursing has become unionized in many hospitals, engaged in strikes, and negotiated for higher wages as a bargaining group. To some people, the reputation of the nursing profession has been harmed by these efforts. Yet to others, these efforts are an example of the success of unionization in a service industry. The MSRC/AARC has tried, in my opinion, to walk the high ground on unionization but, to my knowledge, there have been no open debates on the topic.

If efforts to unionize continue, I believe there should be an open discussion of the issues of unionization. Please contact me by email at adams922@hotmail.com with any commentary or views and I would be pleased to try to circulate your opinions to the MSRC Board or the *Bronchus*.

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Spring Forum Update

by Ellen Cannefax

Spring Forum 2002 was held at Breezy Point Resort on May 9-10, Thursday, FUN Day, activities included the 2nd annual Cribbage Tournament and a Cajun Fish Fry. Once again the MSRC's executive chef, Gary Johnson, outdid himself. Friday's education began with a talk by the AARC's 2001 Transport Therapist of the Year, Steve Sittig, RRT from the Mayo Clinic. The next speaker was Mary Pierce, who talked about lung transplantation from the patient's point of view. Mary received a double lung transplant nine years ago as a result of Alpha-1 Antitrypsin Deficiency and was honored by the American Lung Association this year when she was asked to carry the Olympic Torch in Falls Church, VA. Other talks that followed included "Hope Takes Flight" by Ginger Buxa from AirLifeLine. AirLifeLine is a non-profit organization that provides free air transportation to medical patients with financial need. Ron Van Beusekom presented information about the Minnesota Asthma Coalition and Rick LaMonica led the group in exercise with his presentation on "Yoga Without Leaving Your Chair". We would like to thank our sponsors for their support for this event Nonin, Nellcor/Puritan Bennett, and Bemidji Medical.



Welcome
Deb Halder -RCP, RPFT, CRT,
President MSRC



Critical Care Transport
Steve Sittig -RRT Mayo
Health System



Lung Transplantation:
A Patient's View
Mary Pierce



Hope Takes Flight
Ginger Buxa -Outreach
Manager AirLifeLine



Yoga Without Leaving Your Chair
Rick LaMonica -Primordial Sound
Meditation Instructor



The Losers of the
Cribbage Tournament



Fish Fry
Gary Johnson

PSRC Gets Results in Adding RTs to the Smoking-Cessation Mix

May 14, 2002

In a proactive move by the Pennsylvania Society for Respiratory Care (PSRC), state president Vicki Harter, RRT, asked for clarification on or an amendment to a Medicaid policy that did not specifically allow RTs to be reimbursed for providing smoking-cessation courses. In late April, the letter paid off.

"The PSRC has our congratulations," says AARC Executive Director Sam Giordano, MBA, RRT, FAARC. "The AARC has encouraged state societies to go after some of the tobacco settlement funds for smoking-cessations programs and smoking-related illnesses. It's great to see the PSRC doing just that."

Harter says that this is the first recognition of RTs by Pennsylvania medical assistance. She adds that it provides a platform to request reimbursement for other respiratory-related services and may increase the recognition of RTs as providers of services outside the acute care setting.

Harter explains that the technique was simple - the AARC executive office informed us of the opportunity and we wrote a letter.

"This is AARC President Peg Traband's 'butterfly theory' in action. It was a little effort that paid off in a big way," Harter says. "In fact, I believe that this is the beginning of more positive outcomes as RTs continue to strive to receive recognition and reimbursement for their services in home care."

This article reprinted from www.AARC.org



www.msrcnet.com

...Articles Continued

Therapist Award Continued (from cover)

With her efforts Camp Superkids continues to be a great experience for children with asthma!"

Congratulations Lynne!

Please consider how you may help with asthma camps in Minnesota. Please call 651-232-7601 to be put in contact with a camp coordinator in your community.

Ron Van Beusekom, RCP, RRT
Senior Manager
Minnesota Asthma Coalition

Tobacco Cessation Continued (from pg.8)

As you read the guidelines, you will see that these methods are easy to incorporate into your daily routine and you do not need to allow a lot of additional time to help patients quit. It has been shown that consistent messages like these from all health care providers does indeed make a difference in the success rate for tobacco cessation. You can order publications from the same website (www.cdc.gov/tobacco/quit/guidline.htm) free of charge - that are geared both to the clinician and to the general public.

The Tobacco Cessation Task Group looks forward to hearing from you. If you have questions, comments or would like to volunteer your time to assist the efforts of this committee, please contact the co-chairs: Ruth Rinker (612-869-4373, ruthrinker@cs.com) or Jan Salo Korby (218-726-4721, jan.salo.korby@alamn.org)

Pulmonary Rehab Week

by Pam Neuenfeldt, RRT,
MnACVPR President



The MSRC and several other professional groups celebrated National Pulmonary Rehab Week by sponsoring the First Annual Nordic Pace Race at Northtown Mall on March 15th. The crazy March weather almost ruined the event but Minnesotans are hardy souls. Sunshine after the snow storm must have inspired the 15 "pace racers" to trudge through the

snow mounds for a one minute walk in the Mall. Prizes were awarded to those who predicted their walk time closest to actual walk time. The track was only 180 feet so the average time was about one minute.

First prize, \$25, went to Northwind's member Beverly Nordquist. She estimated 50.00 seconds and walked 49.84 seconds. That's a difference of 0.16 of a second! Second prize, \$15, went to Lung Power participant Don Neuenfeldt.



Left: Don Neuenfeldt, Second Place Winner Above: (Back Row from left) Mary Sobiech, Beverly Nordquist (First Place Winner), Bonnie Williams, Roger Briesse, (barely visible-Caire Sponsor), Darwin Fatland, Sandie Stegeman, Teri Wisdorf. (Front Row from left) June Chandler, Dee Rasmussen, Pam Neuenfeldt, Mary Mouse (St. Paul Tech College)

His guess was only 0.80 of a second from actual. He graciously donated his winnings to Lung Power. Third prize, \$10, went to EA.N Club member, Judy Schendel. Her guess was 2.26 seconds from actual time. Five different pulmonary rehab programs were represented. Four different respiratory equipment companies set up displays and gave away gifts. Caire Oxygen Equipment was the major financial contributor. The American Lung Association of Minnesota and MSRC provided staff and support. It was so much fun we plan to do it again next year.

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World Asthma Day is a fun and rewarding event. As with all events, World Asthma Day requires a multitude of volunteers and sponsors. We would like to give a heartfelt thanks to all of our sponsors this year, including AstraZeneca, GlaxoSmithKline, North Memorial Medical Center, Respironics, Sepracor, Caribou Coffee and

Cinnabon; and to all our

volunteers! We couldn't do it without you! If you are interested in helping out with World Asthma Day next year, or in participation on

the MSRC's Chronic Disease Task Force, please feel free to contact Lynn Bausman at 651-232-2072 or Deb Haider at 763-694-8930. We encourage you to join the effort to raise awareness about asthma in our community.



Since 1979-82, the average age-adjusted asthma death rate for blacks has increased 71 percent versus 41 percent for Caucasians, and in 1995-1998, the asthma death rate for blacks was almost three times that of Caucasians.

The cost of asthma in 2000 was estimated to be \$12.7 billion, with direct costs amounting to \$8.1 billion and lost earnings due to illness and death totaling \$4.6 billion.

World Asthma Day is a partnership of health care professionals. On World Asthma Day, public officials, health organizations, and patient groups in countries throughout the



world are hosting special activities. In the United States, hundreds of organizations held asthma education activities this May.

A list of U.S. organizations which conducted World Asthma Day activities this May is available on the NHLBI Web site at http://www.nhlbi.nih.gov/health/prof/lung/asthma/wad_2/index.htm.

SIDE 1

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Step 2: CLICK

• Push the cover back until you hear a click.

Step 3: INHALE

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Finish: RINSE

• Rinse your mouth with water after each use.

SIDE 2

Pulmicort Turbuhaler

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Step 2: TWIST

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Step 3: INHALE

• Breathe in deeply through the Turbuhaler mouthpiece.

Finish: RINSE

• Rinse your mouth with water after each use.

These new dry powder inhaler instructions sheets are available from the MSRC. The cost is \$8 per pack of 25. Please see the website for ordering.

Special discount pricing is available for large quantities and special events. Please contact Deb Haider or Lynne Bausman for details.

www.msrcnet.com

Millions of People Observe World Asthma Day

The MSRC Asthma Coalition Joins "Communities Working for Life and Breath"

by Lynne Bausman

May 7, 2002 marks the fourth annual World Asthma Day, and a growing number of people and organizations throughout the world are joining together as "Communities Working for Life and Breath" to increase public awareness of asthma and promote better diagnosis and treatment.

The MSRC Asthma Coalition was a major player, sponsoring its Second Annual World Asthma Day Event at the Mall of America on May 4, 2002. The event was held in the Sears Court from 10:00 AM - 2:00 PM. The Mall was filled with MSRC World Asthma Day posters in their three tiered sign holders. The Sears Court sported a 12' by 20' banner with the logo's for World Asthma Day and the MSRC. The banner was visible from all floors surrounding the Sears Court and from all directions! The MSRC Asthma Coalition also debuted our new educational piece on the proper use of dry powder inhalers (see article on page 11). Respiratory Therapists and Physicians were on hand to provide participants with information on asthma and asthma management, proper MDI and DPI inhaler techniques, and proper peak flow meter technique.

Asthma ranks among the most common chronic health conditions in the United States, affecting an estimated 17 million Americans, with approximately 5 million of these being children. In Minnesota asthma affects 85,000 children.



(NHLBI) at the National Institutes of Health, and the World Health Organization. In the United States, World

Asthma Day is coordinated by NHLBI's National Asthma Education and Prevention Program (NAEPP), which has established the theme of "Communities Working Together for Life and Breath."

According to NHLBI Director Dr. Claude Lenfant, "World Asthma Day raises awareness of the continuing asthma 'epidemic' and brings together all those around the world who care about asthma to take action against it in our families and communities. This is an occasion on which we are communicating to people of all nations that asthma is a worldwide burden that must be addressed."

Asthma is a chronic lung condition that increasingly is being recognized as a major international public health problem. During the past 15 years, its prevalence around the world has doubled. In the

United States, rates of asthma deaths, hospitalizations, and emergency department visits have been increasing for more than two decades, especially among African Americans and children.



World Asthma Day is an international event coordinated by the Global Initiative for Asthma (GINA), a collaborative effort of the National Heart, Lung, and Blood Institute

Committee Reports

Minnesota Asthma Coalition Update by Ron Van Beusekom

On World Asthma Day, May 7, 2002, The Minnesota Asthma Coalition (MAC) held its third annual meeting. Dr. Mohamed Yassin, MD, chair of the coalition, presided over the meeting. The meeting was well attended, with noticeable participation of respiratory therapists. The following day the MAC was a key sponsor in "Improving Asthma Management Among Diverse Populations," an education conference focused on key issues facing physicians and health care professional today. An exceptional faculty was assembled. Many respiratory therapists were in attendance.

In 1999 the Minnesota Department of Health was one of four states to receive a grant from the Centers for Disease Control (CDC) to develop a statewide asthma program. One of the two primary goals was to form a statewide asthma coalition. After receiving this grant, MDH joined with the American Lung Association of Minnesota (ALAMN) to initiate the Minnesota Asthma Coalition (MAC) as a collaborative statewide effort organized in seven regions. The mission of the MAC is "To enhance the quality of life for people with asthma in Minnesota."

GOALS OF THE MAC INCLUDE:

- Health care professionals in Minnesota have knowledge of and practice the established asthma guidelines.
- Minnesotans with asthma have access to resources and tools they need for self-management.
- The people of Minnesota are aware of asthma and supportive of those who have asthma.
- Health care systems ensure that Minnesotans with asthma have access to receive culturally appropriate health care and health care coverage to meet their needs.
- Minnesotans have healthy indoor and outdoor environments.

Seven distinct regional coalitions make up the Minnesota Asthma Coalition. The purpose of starting the regional asthma coalitions within Minnesota was to

encourage the formation of local asthma networks responsive to the specific needs of these communities while participating in statewide activities and contribution to the shared learnings of each region and the statewide MAC.

Nearly 1000 individuals are members of the coalition. MAC membership includes physicians, health care professionals, health educators, public health workers, stakeholder organizations, individuals with asthma, family members, industry partners, public policy makers, and other interested citizens of Minnesota. Many respiratory therapists are involved in the MAC, a number of them serve in key leadership roles.

Currently nine key organizations serve as the cornerstone of the MAC as key stakeholder organizations. This group of partners includes the MSRC.

For more information about the Minnesota Asthma Coalition visit the MAC website at www.mnasthma.com or call 651-268-7601

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Tobacco Cessation Task Group (TCTG)

by Jan Salo Korby

Please watch your mail for a very important survey from the TCTG. Your input is not only valued, it is needed! Our group will be compiling the responses and prioritizing our goals for the coming months with your needs in mind.

As you know, tobacco dependence is a chronic condition that often requires repeated intervention. Effective treatment does exist and can produce lifelong QUITTERS! Take a moment to review the Clinical Practice Guidelines for treating tobacco users on the Center for Disease Control website:

<http://www.cdc.gov/tobacco/quit/guideline.htm>

The guidelines help give a consistent method of treating those who are willing to quit as well as motivating those who are not yet ready to quit.

The "5 As" are designed to be used with those who are willing to quit:

- Ask** - Systematically identify all tobacco users at every visit
- Advise** - Strongly urge all tobacco users to quit
- Assess** - Determine willingness to make a quit attempt
- Assist** - Aid the patient in quitting
- Arrange** - Schedule follow up contact

The "5 Rs" are designed to be used with those who are unwilling to quit:

- Relevance** - Encourage patient to indicate why quitting is relevant to them
- Risks** - Ask patient to identify potential negative consequences of tobacco use
- Rewards** - Ask patient to identify potential benefits of stopping tobacco use
- Roadblocks** - Encourage patient to identify barriers or impediments to quitting
- Repetition** - Repeat the motivational intervention at each hospitalization or appt.

Article continued on page 13.

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- National Commission of Sleep Disorders Research Report to United States Congress, January 1993.



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- National Sleep Foundation Omnibus Sleep in America Poll, March 2000.



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Student's Corner

Student Presentations

by Patti Sawyer

"The best way to have a good idea is to have a lot of ideas." Linus Pauling 1901-1994

This spring, the student presentations at Saint Paul Technical College were a diverse group of case studies, innovation and fresh ideas. They sparked debate and controversy amongst the distinguished panel and within the audience. The atmosphere was faintly electric with facts, opinions, and voices clamoring to be heard.

Our learned panel included Alex Adams, Dr. Shapiro and Jeff Ward.

THE STUDENTS PRESENTED THE FOLLOWING TOPICS:

"Critical Opening Pressure is Critical" by Patti Sawyer, SPTC student and Caroline Dunow RRT and SPTC Instructor

"6 year old in a Hurricane" by Sue Knight RRT and Cathy Polley RRT, Gillette Hospital

"Don't be Fluish, Get Your Shots" by Julie Bulkow, St. Catherine student and Scott Schrader RRT and Vicki Engmark, RRT

"Bionic Breathers: Ventilation Using Diaphragmatic/Phrenic Pacing" by Jose Banzon, Kellie Davis and Greg Opdahl, Mayo students

"The Great Escape: Acute Respiratory Failure Due to a Secondary Pneumothorax"
Lance Lothert, ISJ/MHS Mankato Student

As students we are constantly in a flux of learning. We are bombarded with new thoughts and concepts daily. We are excited by the discoveries made in our little corner of medicine and we muster all our courage to share what intrigues us with the community. Thank you to all our supporters who challenge and guide us, but most of all allow us to grow.



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Therapists care at home...please help! ... continued

We mentioned the nursing shortage and how using respiratory therapists, for appropriate patient visits, would help home care companies recruit additional caregivers. With the tight hospital bed situation of the Twin Cities, patients are sent home earlier and earlier. We would be able to help these folks become more familiar with their therapies and equipment, that there isn't time to cover in the acute care hospital. Hopefully, this would reduce the readmission rate of COPD patients, and improve patient access to our Emergency and ICU services. We also left a copy of the proposed language, a background information sheet, and a letter of support from the Home Health Association. All of the staff people we met with were generally supportive of our request. Many now know what a Respiratory Therapist does and the types of patients we see. Some of the feedback we received was very encouraging. This was a tremendous learning experience for all participants and we would like to thank you for your support in this initiative.

We are depending on all of you for help.

I traveled to Washington D.C. again on May 14 to meet with Michelle Mackey who is the Health Counsel to Congressman Jim Ramstad. Congressman Ramstad is on the House Ways and Means Health Subcommittee, a key committee in introducing and passing this amendment to Medicare. We discussed the proposed language once again. Ms. Mackey related the difficulties with the Medicare reform bill posed by the prescription drug coverage language. She thought it unlikely that our language could easily be introduced at this time, but was willing to continue to introduce the subject in Congressman Ramstad's health staff committee group to consider sending a request to the Congressional Budget Office for a cost analysis. This cost analysis is done with all legislative language being considered for introduction into law, (sort of a first step). I am hopeful that the Congressman will opt to send this request this year, but perhaps would consider it again next year.

Ms. Mackey reminded me that this was the first large effort made by Respiratory Therapists to introduce Medicare reform language and that these changes often take a long time. Also of note is that the Chairwoman of the House Ways and Means Health Subcommittee, has gone on record in at least one venue that she does not favor the change fearing that Home Care Agencies would use Respiratory Therapists in place of nurses to save money. I discussed this concern with Ms. Mackey



pointing out that this has not been the case in other health care delivery venues.

While these meetings were important, they pale in comparison to what we could do by working together and continuing to send letters. You don't need to be a member of the MSRC, you need to be a concerned citizen and share your unique viewpoint based on being a respiratory professional.

This is a proposal that benefits our patients the most. It feels good to be an advocate for something that we all understand. You don't have to be an expert politician. You only

need to pass on this message to your Representative and our Senators and voice your support as a respiratory professional. You are the experts on respiratory care!

Thanks so much for any letters you can send regarding this proposal!

I can be reached at clarkjm@parknicollet.com or (952)-993-5684.

Carrie can be reached at carrie.bourassa@hotmail.com or (651)-254-2347.

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Legislative Update

Access to Respiratory Therapists care at home... please help!

by Julie Clarke-Wilson

On April 15, 2002 Carrie Bourassa and I had the honor to represent Minnesota Respiratory Therapists, and our patients and their families in Washington D.C. Specifically, we joined fifty other therapists from around the country to lobby our Senators and Representatives to introduce Medicare reform language. We were all generally aware of what we were to do, but Jill Eicher, Cheryl West, Sam Giordano and Kris Williams from the AARC, and other speakers made our job easy by preparing us with information and lobbying tips prior to our visits.

Essentially, the language we proposed allows for respiratory therapists to provide respiratory care in the home and be included as a provider of skilled visits where it is an appropriate part of the patient care plan. The language does not mandate that RTs be used, only that we are substituted where appropriate to provide our special services to patients in the home. Currently other caregivers provide respiratory care related skilled visits at this time.

Carrie and I met with staff persons of five of our congressional leaders. Our key points made during these meetings were as follows:

- What Respiratory Therapists do, brief description of our scope of practice and types of patients we treat.
- When the home health benefit was enacted, respiratory therapy was mainly a hospital-based practice. Over time that has changed, but the Medicare program has not kept up with those changes.
- We asked that they introduce or support legislation that would recognize respiratory therapists under the home health services benefit.
- We explained that our proposed language would not mandate the use of RTs but would give home health agencies another provider option. It would not add cost to the medicare program.
- We discussed many advantages of allowing respiratory therapists actually provide respiratory care in all venues. Patients and families would be provided with access to respiratory specialists at home like in the hospital and skilled nursing facilities.

Article continued on page 6.

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President's Message Continued (from cover)

The issues we decided were key to all of the above groups and that we would focus on in 2002 were:

1. Recruitment of students into Minnesota Respiratory Care programs and retention of our members.
2. Legislative issues, such as reimbursement for our services in all venues.
3. Public awareness of the profession of Respiratory Care and what we do.
4. Mentoring new students, new therapists, and new members of the MSRC.
5. Professional involvement, and encouraging other R.T.s to become professionally involved.
6. Education for our members and all Respiratory Therapists in Minnesota.

You will read articles in this issue that show how we are carrying out our strategic plan:

■ Julie Clarke-Wilson, MSRC President-Elect, and Carrie Bourassa, MSRC Political Action Contact Team Coordinator, visited Washington D.C. in April and met with key Minnesota representatives regarding reimbursement for respiratory care in the home.

■ The MSRC Coalition of Respiratory Therapists for Asthma hosted the 2nd Annual World Asthma Day event at the Mall of America.

■ Two educational forums have been offered already this year, and the fall annual educational conference is planned for September 11th-13th in Duluth.

■ In April, the Student/Therapist presentations took place, earlier in the year the Job Fair occurred, and a student-mentoring program was put into place.

■ The Student Affairs committee has put together presentation kits that any R.T. can use to make a presentation about our profession and how to become enrolled in a MN Respiratory Care program.

■ We are also attempting to keep dialogue open about Licensure with the MN Board of Medical Practice.

However, there are always other issues that come up and that have the potential to take our focus away from our identified priorities. When these issues occur, it's useful to ask ourselves if it's important enough to take our energies away from our identified strategic plan and to weigh the pros and cons, always looking at the big picture and our mission.

Do you know what the MSRC mission is? Our mission statement reads:

The MSRC exists to serve its members by:

- Encouraging education programs for those persons interested in Respiratory Care.
- Advancing the Science, technology, ethics, and art of Respiratory Care through institutes, seminars, conferences,

publications, and other materials.

■ Facilitating cooperation and understanding between Respiratory Care personnel and the medical professions, allied health professions, hospital, service companies, industry, government organizations and other agencies interested in Respiratory Care.

Hot issues like unionization or therapists working without being registered with the state are very important. But issues such as these may not even matter if, within the next 5 years we become replaced with non-licensed assistive personnel who can provide the "tasks" of our jobs; because our services are not being reimbursed, the public and our legislative representatives are not aware of the importance of what we do, and we cannot keep our respiratory programs and schools full, so there are not therapists to fill our open positions.

We must keep growing our profession and raising public awareness about what we do. We need to keep advancing into new areas of specialty for Respiratory Therapists, such as case management, Asthma/COPD education, specialty roles such as critical care transport, and expansion of our services outside of the acute care venue. We need to vigorously pursue reimbursement for our services, such as those provided in the home, pulmonary rehabilitation, and asthma education. We need to keep recruiting new students, and mentoring those that are new to the profession. We need to keep providing cutting edge education to the Respiratory Therapists of Minnesota so they are prepared to provide optimal care to our patients now and in the future.

I challenge you to look at the big picture. Try to avoid being taken off course by the hot issue of the moment, unless you are sure it will have far-reaching benefit for our profession, and ultimately, our patients.

What will be left for the Respiratory Therapists of the future? Will there be Respiratory Therapists in the future? What will our role look like? Who will take care of our families and loved ones in need of complex respiratory care in their homes? Will we be educated, prepared, and reimbursed to provide this care? If not, who will be providing it?

Take a step today and write a letter to your representatives, senators, and congressman to support legislation to reimburse for care provided in the home by a Respiratory Therapist. Go to the MSRC web site at www.msrcnet.com or the AARC web site at www.aarc.org (look for Capitol Connection) to help you do this. It is simple, and I guarantee it will take you no longer than 15 minutes to complete the entire process. Or call your local high school counselor to schedule a career talk in the fall on the profession of Respiratory Care. The tools are ready and waiting for you – there are kits available for these talks complete with slides and power point – at the American Lung Association of Minnesota. Do it for yourself, and for the future of your profession. Take Time to Act today!



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Annual Education Conference

Wednesday, Sept. 11:

4:00 p.m. – Board of Director's Meeting
7:00 p.m. – Special Event commemorating 1 Year Anniversary of 9/11
8:00 p.m. – Sputum Bowl Finals

Thursday, Sept. 12:

8:00 a.m.- 4:00 p.m. – Education Conference and Vendor Exhibits
4:00 p.m. – Ice Cream Social with Students
7:00 p.m. – Bowling

Friday, Sept. 13:

8:00 a.m.- 3:30 p.m. – Education Conference
12:00 noon – Annual Business Meeting and President-Elect Message

Saturday, Oct. 16:

"Asthma Management in the Primary Care Setting"
A day-long conference in Duluth at the Duluth Entertainment Convention Center.
The conference is sponsored by the American Lung Association of Minnesota,
together with the Northeast Regional Asthma Coalition.



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