

Oakes' Respiratory Home Care: An On-Site Reference Guide. Dana F Oakes RRT-NPS, Kenneth A Wyka MSc RRT FAARC, and Kathleen S Wyka CRT. Orono, Maine: Health Educator Publications. 2006. Loose-leaf bound, unpaginated, \$25.95.

For many, the golden days of respiratory home care are behind us. Over the recent years, reimbursement changes and cutbacks have exposed a fairly well-known but often dismissed reality: that the growth of respiratory home care from the 1970s up until today was due in no small part to the contributions of the thousands of respiratory therapists (RTs) who over the years transitioned into this growing care venue. The growth occurred despite the fact that there is no direct reimbursement for the professional services provided by a home RT. Instead, under most third-party-payer practices (most notably Medicare) reimbursement is provided solely for the sale or rental of the prescribed equipment.

Nonetheless, as home care equipment became more complex, to keep pace with the increased medical complexity of patients being discharged, home care companies looked to RTs to provide the required initial care and follow-up. It was deemed essential for good patient care and safety as well as also being good for business. In the larger scheme of things, the revenue generated solely from equipment sale or rental covered the non-revenue-generating services provided by home care RTs. Better service led to better outcomes, which in turn, contributed to more referrals from satisfied sources.

That brings us to today and the shock waves that the recently enacted Deficit Reduction Act of 2005 is sending through the entire home care industry. In another attempt to slow ever-increasing Medicare expenditures, various federal proposals (both legislative and regulatory) have been enacted that will severely reduce how much, under what conditions, and for how long Medicare will pay for durable medical and home respiratory equipment. Regrettably, in establishing the new rules, policymakers are focusing entirely on the acquisition costs of the equipment, rarely taking into account the added costs associated with providing

essential ongoing technical support services. For many senior industry observers, there is good cause for the growing concern that one potential casualty of the new reimbursement policies will be the eventual decline of respiratory home care services provided by home care RTs. As unappealing as this may sound, it may indeed be an economic reality for many home care providers. Interestingly, the current Medicare Supplier Standards and the standards of all 3 home care accrediting agencies clearly espouse the use of qualified home care professionals (most often an RT) to ensure that the prescribed equipment is appropriate for the patient's condition(s) and that the equipment is properly used. Hopefully, efforts by all home care stakeholders to mitigate the onerous features of the Deficit Reduction Act of 2005 will prove successful.

So what does this have to do with **Respiratory Home Care: An On-Site Reference Guide**, which is a recent arrival and surely a welcome resource for the thousands of home care RTs and those contemplating the move to community-based care? Well, publication of this reference guide could not happen at a better time. It comes at a point when respiratory home care is under siege. However, taken as a whole, this reference guide shows how far respiratory home care has evolved, despite shortsighted reimbursement policies, to become what it is today: a highly complex, functional, and cost-effective care model.

This reference guide represents a collaboration between 2 long-practicing home care RTs and a well-recognized educator. It is bound in a three-ring binder that's about 7 cm × 18 cm, and about 4 cm thick, so it's easily used anywhere and any time.

There are 19 chapters, an appendix, and a cardiopulmonary resuscitation reference card. Each chapter begins with a detailed table of contents, which makes it easy to locate specific topics. Each chapter is a compendium of tables, charts, and brief paragraphs on the chapter topic. Throughout, the authors liberally used and appropriately cited other publications. The sources mentioned are far-ranging and include: position statements from the American Association for Respiratory Care (AARC) and American Thoracic Society; asthma guidelines

promulgated by the National Asthma Education and Prevention Program/National Institutes of Health; guidelines on chronic obstructive pulmonary disease from the National Heart, Lung, and Blood Institute and World Health Organization; and many of the AARC's Clinical Practice Guidelines. One problem with several of the cited clinical practice guidelines is that they were originally developed with an institutional care focus, so they are not totally relevant to the home care setting. One example is in Chapter 9, "Airway Management," where most of the cited material is clearly written for the acute or subacute care setting. However, in the preface the authors do caution readers that none of the cited sources should be considered as absolute, and they advise that the best course of action is always doing what is right for the patient given the available resources.

Though the authors did not organize them as such, it is possible to group the 19 chapters into 3 sections. Chapters 1–3 compose the first section; they address activities that take place when a patient is first considered and referred for respiratory home care services. Chapter 1 discusses what goes into a good discharge planning process. Chapter 2 focuses on the initial home visit. Chapter 3 delves into initial patient assessment. These 3 chapters nicely set forth how a defined, organized process is required to seamlessly transition a patient from an acute care setting to home. This is all the more important as the complexity of home care referrals increases.

The second section, composed of Chapters 4–12, which constitutes the bulk of the guide, addresses the various home therapies and equipment. Chapter 4 covers the essentials of long-term oxygen therapy. Chapter 5 addresses aerosol therapy, but, unfortunately, has no mention of some more efficient nebulizers (breath-enhanced, breath-actuated, and electronic) or the advantages these newer devices offer, such as shorter treatment times and possibly fewer treatments per day. Also absent is any discussion of the adverse impact of electrostatic charge on aerosol delivery to the lung and with the new hydrofluoroalkane-propellant metered-dose inhalers.

Chapters 6–9 cover humidity therapy, bronchial hygiene therapy, lung expansion therapy, and airway management. Chapter 10 tackles the highly complex issue of home mechanical ventilation. Chapters 11 and 12 address sleep therapy and apnea monitoring.

In the real world of respiratory home care, patients often have multiple respiratory devices prescribed for specific therapies. Thus, information found in one chapter (eg, on humidity therapy) would often be used in conjunction with information from another chapter (eg, on mechanical ventilation or sleep therapy). The guide's format makes it easy for the home care RT to extract the bits and pieces needed to ensure that all aspects of the care plan are properly addressed. Moreover, when modifications to the care plan are anticipated, the guide can be used to individualize the plan to the patient's specific needs. Since the guide also functions as a reference, one advantage of using the guide company-wide might be a reduction in practice differences between RTs.

In the third section, Chapters 13–19, the authors turn their attention to other somewhat related topics of respiratory home care, but with mixed results. These chapters address some topics and issues seldom seen by the home care RT. For example, in Chapter 13, on pulmonary rehabilitation, there is little other than information extracted from the AARC's clinical practice guideline on pulmonary rehabilitation, followed by a brief list of patient exercises. Chapter 14, on disease management, is 40 pages of tables on the definition, etiology, and treatment options for 41 specific diseases, which afford a cursory overview at best. Chapter 15, on pharmacology, and Chapter 16, on infection control, are somewhat better; both have useful information. Chapter 15 includes a nice list of current respiratory medications and recommended dosages. However, starting on page 15–11, in the table that lists commonly used sympathomimetics, in the adverse reactions/comments column the reader is incorrectly referred to page 13–4 (the correct page is 15–6).

Chapter 17, "Education and Training," provides an excellent overview of the importance of properly planned and provided in-home education and training for patients and family/caregivers. Useful advice is provided to help the home care RT promote patient adherence to the care plan. The authors rightly state that, following the initial assessment of a new home care patient, pro-

viding effective and meaningful patient education is the second most important skill of the home care RT. I couldn't agree more.

There are problems with Chapter 18, on reimbursement. Simply stated, the chapter's contents have been trumped by newer developments. Medicare is now well underway in implementing a radically different reimbursement process from that described here. This is certainly not the authors' fault, but it demonstrates the volatility of the home care industry. One topic in the chapter that remains relevant is the discussion on ethical issues, which is, regrettably, a recurring problem in the industry. I was surprised that 2 important resources on this topic were not included or referenced: the AARC's position statements on ethical and professional conduct and home respiratory care services, which articulate the expected professional behavior of home care RTs.

Chapter 19, "Accreditation and Other Rules," is nothing more than a brief overview of the 3 existing accrediting agencies, and the preponderance of information is on the Joint Commission on Accreditation of Health Care Organizations, at the expense of the other two: the Community Health Action Program and the Accreditation Commission for Health Care. Though there is mention of Medicare's planned mandatory accreditation for home medical equipment providers, there is no mention of the current Medicare Supplier Standards, which will be the basis for the additional service and performance standards to be required for participating home medical equipment providers.

Though this small guide can't provide an exhaustive treatment of this complex topic, it does provide relevant and accurate information that home care RTs will find useful in carrying out their daily home care visits, the net effect of which will be better patient outcomes. It is also an excellent resource for RTs transitioning into home care. It can serve another important purpose as well. In the context of the growing concern that new Medicare reimbursement policies may make it increasingly difficult for home medical equipment providers to continue to offer the "value-added" service of home care RTs, this guide sets forth, in no uncertain terms, just how complex respiratory home care has become, and clearly underscores the fact that without such highly competent professionals, patient care would suffer. As the debate over new Medicare policies intensifies, hopefully the policy makers will look

at this guide and realize how vital it is that new rules do not limit Medicare beneficiaries' access to professional home care RTs, especially for patients with complex medical conditions.

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Imaging of Diseases of the Chest, 4th edition. David M Hansell, Peter Armstrong, David A Lynch, and H Page McAdams. Philadelphia: Mosby/Elsevier. 2005. Hard cover, illustrated, 1,220 pages, \$295.

The 4th edition of **Imaging of Diseases of the Chest** is a welcome update to one of the most comprehensive thoracic imaging texts currently available. The most notable changes are the retirement of previous edition authors Wilson and Dee and the addition of authors Lynch and McAdams. The authorship of each chapter is no longer specified, which suggests more of a collaborative effort. The book has also grown from 1,039 pages to 1,220 pages, which reflects the more detailed text and additional illustrations and references. Although the chapter on interventional techniques has been removed and the order of the remaining chapters has been somewhat rearranged, the overall organization of the book is similar. Despite the changes, the scope of **Imaging of Diseases of the Chest** is the same: it is a single-volume, comprehensive thoracic imaging text focused on the adult patient, with emphasis on complex and rarer diseases rather than on more common, well-understood entities.

The overall appearance of the 4th edition is more polished than the previous editions. Text boxes and tables now have a light gray background. The new typefaces are more pleasing to the eyes, and the figure legends are set in larger type, which I think will reduce eye strain. The outlines that open each chapter are also set in larger type, and the use of bold and italic type better highlights the chapter organization. This new edition has better-quality images and many new ones. Illustrations from conventional tomography (a technique that has been obsolete since the wide availability of computed tomography [CT]) have been aban-