



The leader in care and services for ventilator patients

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September 11, 2013

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Marilyn Yocum
Department of Public Welfare
Office of Long-Term Living
Bureau of Policy and Regulatory Management
P. O. Box 8025
Harrisburg, PA 17805-8025

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IRRC

Re: Regulation No. 14-535 (Supplemental Ventilator Care
Payment for Medical Assistance Nursing Facilities)

Dear Ms Yocum:

I am the Chief Medical Officer of the Fox Subacute Centers, skilled care nursing facilities located in Montgomery, Bucks and Cumberland counties. These facilities are devoted exclusively to the care and treatment of patients who suffer from severe pulmonary issues. Most of the patients depend on mechanical ventilation in order to breathe, while others have been weaned from the ventilator but are still limited in their ability to breathe and require a trach collar for assistance.

With respect to the level of care provided to patients at the Fox Subacute Centers, it is my opinion that from a clinical standpoint there is little or no difference in the care of the ventilator dependent patient and the trach collar patient.

The procedure of placing a surgical airway into a patient's trachea is called a tracheostomy and performed by an Otolaryngologist (ENT). It is done when a patient has been put on a ventilator for respiratory failure and is unable to come off the ventilator after a reasonable length of time, usually within 2 weeks. After the procedure, it is typical to continue efforts to wean and liberate patients from the ventilator. While this may be possible, once completely weaned, some patients are unable to have the tracheostomy removed for several reasons, including paralysis of the vocal cords, inability to protect the airway, and other life threatening conditions. Patients who are unable to have the tracheostomy removed are termed "trach collar" patients.

The only difference from a clinical standpoint in the care of those patients who are on a ventilator and those who have a trach collar is the cost and care of the ventilator alone. They require the same nursing and respiratory care including suctioning, pulmonary, necessary and routine trach maintenance, and toileting and other daily care needs. Further, they are at risk for the same infections, complications, and adverse reactions, all of which are at a higher level than the typical patient simply given their tracheostomy status. They are also at risk for airway compromise due to blockage of the tracheostomy as well as internal issues such as a thinning of the trachea itself, which can be fatal.

It is my considered opinion that because there are no clinical differences between the two subsets of pulmonary patients, and since they require the same level of advanced care and monitoring,

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they should be considered exactly the same from both a medical risk standpoint as well as a reimbursement standpoint.

I hope the above information is helpful to you. Should you have any questions please feel free to contact me at any time.

Sincerely,


Erik I. Soferman, DO, CMD, FACOI, FACP
Chief Medical Officer
Fox Subacute Center
251 Stenton Avenue
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