



The Pulmonary Paper

July/August 2010

Dedicated to Respiratory Health Care

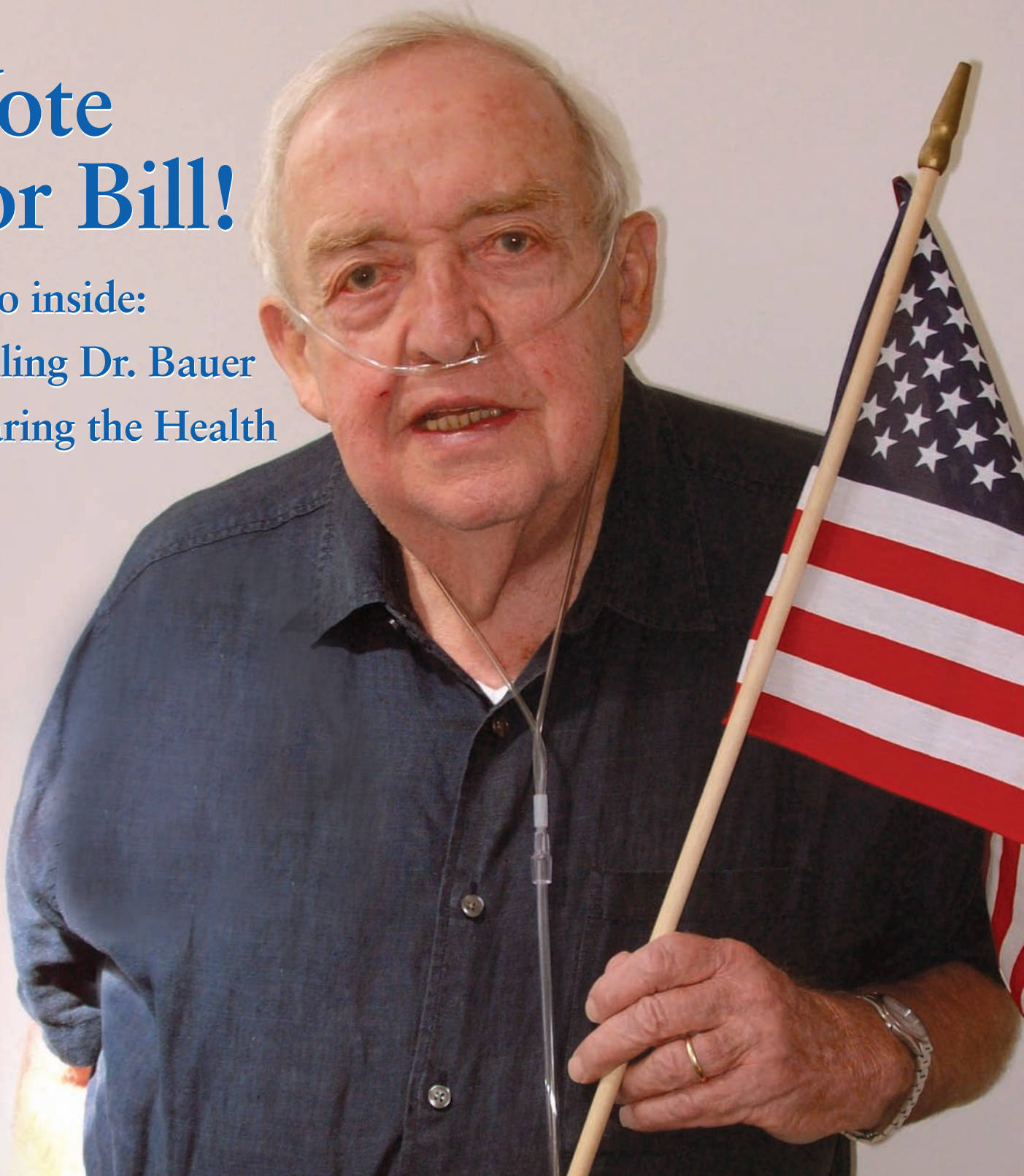
www.pulmonarypaper.org • Volume 21, Number 4

Vote for Bill!

Also inside:

Calling Dr. Bauer

Sharing the Health



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Dedicated to Respiratory Care

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On the cover: Oxygen user Bill Higgins, 78 years old and an oxygen user for 14 years, is ready to run! (See story to right.)

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As we cannot assume responsibility, please contact your physician before changing your treatment schedule.

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Cover Story: Bill Higgins Runs for Massachusetts Senatorial Seat

Oxygen user, Bill Higgins, is offering voters a "breath of fresh air" along with years of political and civic involvement as he runs for the First Worcester (MA) District senate seat.

Starting out as a U.S. postal carrier and working his way up to postmaster, Bill retired from his 20-year career with the Postal Service in 1998. He has been involved with the Boy Scouts for two decades and is active in the Disabled American Veterans.

Bill has no Republican opposition in the September 14 primary and is planning to work very hard to win this important election on November 2. We wholeheartedly endorse Bill!

**"I like to see a man proud of the place in which he lives.
I like to see a man live so that his place will be proud of him."
— Abraham Lincoln**

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The Pulmonary Paper is a membership publication. It is published six times a year for those with breathing problems and health professionals. The editor encourages readers to submit information about programs, equipment, tips, or services.

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The 'Secret Game' is one of my favorite things to do when we travel with the Sea Puffers. After a few days of getting to know each other, everyone writes a fact about themselves, we draw them out one at a time and try and guess whose secret it is. Henry used to be a hippie? Who knew Bruce was suspended from school for throwing a firecracker out the window! A well kept secret of mine? When I hear the Star Spangled Banner, it makes me cry – every time and no matter where I am! Since it is summer and fireworks time, try this with friends and family and I am sure you will come up with some surprises!



Home Medical Supplies: Changes that May Affect You!

Competitive Bidding: What's the issue?

In 2008, Congress passed a law that changes the way Medicare will pay for many types of supplies that beneficiaries receive at home. The law phases in a program called 'competitive bidding' starting January 1, 2011, in nine different geographic regions. The supplies impacted by competitive bidding (*called durable medical equipment, DME*), include oxygen concentrators, walkers, wheel chairs, prosthetic limbs, hospital beds, and mail order diabetes products among many others. A complete listing of items is available on www.medicare.gov, however, as a COPDer, you are probably most concerned with how the changes in Medicare reimbursement could affect the oxygen supplies you receive at home.

The new competitive bidding program means companies that provide your oxygen equipment will have to submit bids to Medicare reflecting the lowest price they can provide for the supplies. Medicare will then choose approved companies (*called contract suppliers*) and set the price based on the bids that were submitted. If you live in one of the first nine regions where competitive bidding will be implemented, you will have to get your oxygen equipment from one of the contract suppliers approved by Medicare, with a few exceptions described in detail below.

Medicare claims that the new competitive bidding program, which will eventually expand to 91 regions in mid-2012, will help lower costs of the system by 32%. Since patients pay up to 20% of the costs of durable medical equipment, if Medicare sets lower prices then the consumer also pays less. You may ask, "What is the issue?"

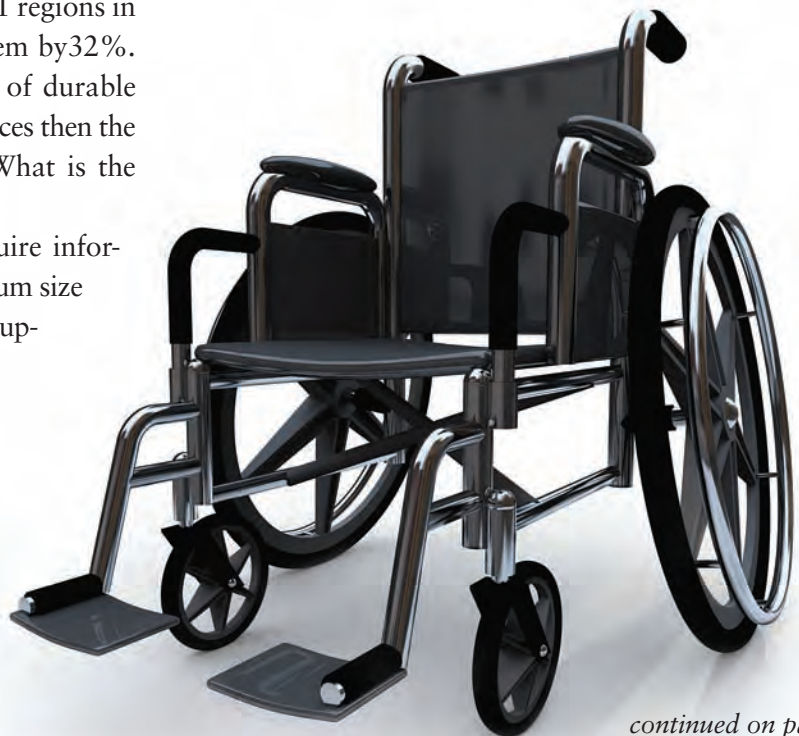
Changes always raise questions and require information and education. Some small and medium size companies may not get approved as contract suppliers, and the trade associations representing these companies claim that they will not be able to keep providing the same services at the lower rates. Even if access is guaranteed for all, there will certainly be a period of transition causing patients and their families confusion over how and where they will receive their oxygen services.

What's the background?

Medicare currently pays for durable medical equipment based on prices that are considered "market based" and use very relaxed criteria on who qualifies as an approved Medicare supplier. As a result, prices tend to vary widely by region. Fraud in this category of Medicare reimbursement has been a constant concern. To lower costs, reduce fraud and more stringently certify the companies that are providing vital services, the Centers for Medicare and Medicaid Services (CMS) proposed that Congress mandate the switch to a competitive bidding program.

What is scheduled to happen?

There are many efforts underway to ask Congress to repeal the piece of the law (*called the Medicare Improvements for Patients and Providers Act of 2008 or MIPPA*) that mandated competitive bidding. As a result of advocacy efforts by patient groups and home health companies, Congress delayed the start of the program to allow for review of 'who' was qualified to provide beneficiary services. It is important for the community to be prepared for these changes while not giving up hope that advocacy may successfully reverse their impact. Visit the COPD Action Center and join us in taking action (<http://capwiz.com/copdfoundation/home>).



continued on page 4

Who will be impacted?

There are nine geographic areas that were selected for the initial phase of competitive bidding due to their size. Check out the list on Medicare's Resource Locator on www.medicare.gov to verify if you live in an impacted area.

The 9 geographic areas:

- Charlotte-Gastonia-Concord (NC-SC)
- Cincinnati-Middletown (OH-KY-IN)
- Cleveland-Elyria-Mentor (OH)
- Dallas-Fort Worth-Arlington (TX)
- Kansas City (MO-KS)
- Miami-Fort Lauderdale-Pompano Beach (FL)
- Orlando-Kissimmee (FL)
- Pittsburgh (PA)
- Riverside-San Bernardino-Ontario (CA)

Types of supplies that will fall under Competitive Bidding

- Oxygen, oxygen equipment and supplies
- CPAP, BiPAP, and other respiratory assist devices, supplies, and accessories
- Standard power wheel chairs, scooters, and accessories
- Complex rehabilitative power wheel chairs and accessories
- Mail-order diabetic supplies
- Total parenteral nutrients (TPN or liquid feed), equipment and supplies
- Hospital beds and accessories
- Walkers and accessories
- Support surfaces

How will you know if your supplier is chosen as a Contract Supplier?

In September 2010, Medicare will announce 'who' they have chosen to be contract suppliers in the nine regions. While this information will be online and community organizations will spread the word, you may not hear from your supplier right away.

Medicare will send notification to all beneficiaries currently receiving service from suppliers who were *not* chosen to participate as contract suppliers.

Your current company must also notify you directly if they were not chosen as a contract supplier. You can also call them directly before hearing from them to verify.

What do I do if my current company was not chosen as a Contract Supplier?

Research your options and communicate with the company!

- If you rent your equipment and have an agreement that started before January 1, 2011, ask your current company if they have elected to be considered a grandfathered supplier.
- A grandfathered supplier is a company that did not get approved as a contract supplier but that has agreed to accept the lower payment rate from Medicare for the remainder of your rental contract.
- If your current company elects to be a grandfathered supplier, you will need to decide if you want to keep getting your equipment from them and find out if your co-pays will change. If you decide to switch to a new company that is an approved contract supplier, your rental term may start over resulting in another 36 months of co-pays and extending your time to ownership of your equipment.
- If you own your equipment, or if your current company will not agree to be a grandfathered supplier, then you will have to find a new company.

How do I find a new Contract Supplier?

- Visit Medicare's Resource Locator feature on www.medicare.gov and search for "medical equipment and supplies".
- Call 1-800-MEDICARE and ask a phone specialist for a list of approved companies.
- Contact the new company and arrange for your new equipment to be delivered.
- Contact your current company and give them the information on 'who' your new supplier will be and 'when' you will get your new equipment. This will allow them to coordinate the pick up time to make sure you never go without your equipment.



What are my current company's obligations to me if they are not approved?

- They must notify you that they did not receive a contract from Medicare.
- They must notify you if they will participate as a grandfathered supplier, if you are eligible.
- Before they pick up your equipment, they must notify you, 30 days prior in writing and by phone with verbal confirmation, that you understand they will pick up the equipment 10 days prior to the scheduled date and again two days before the actual pick up.
- They should help coordinate directly with your new supplier to ensure uninterrupted service and an easy transition for you.

Are there any exceptions?

YES!

- Grandfathered suppliers (see “*What do I do if my current company was not chosen as a Contract Supplier?*”).
- Walkers that are given out during doctors office visits or hospital stays.
- If you get mail-order diabetic supplies from a company that was not chosen, you can still go to the company's physical location to get your supplies, if you do not want to switch mail-order providers.
- Some beneficiaries who are enrolled in multiple plans like Medicare and Medicaid (*Dual Eligibles*) may be exempt – so if this applies to you, make sure you contact your supplier or 1-800-MEDICARE to verify.

What if I experience problems with my current company or have trouble with a new Contract Supplier?

Oxygen and other durable medical equipment are critical supplies that allow you to have quality of life and the ease of at home living. A company, a policy, and/or a person should never come in the way of you receiving and maintaining your oxygen equipment.

If you experience any difficulties here is what to do:

- First, file a complaint directly with the supplier. They have five days to acknowledge receipt of the complaint and 14 days to respond with an answer.
- You can also file a complaint with Medicare by calling 1-800-MEDICARE.

- Call the toll free COPD Information Line (1-866-316-2673) and a trained volunteer patient associate will help file your claim with Medicare right on the phone.



Some good terms to know:

- **Advanced Beneficiary Notice:** A statement of costs for a specific item or service that Medicare will not cover. It must be given to you by the company providing the service and you must sign it or you cannot be held responsible for the uncovered costs.
- **Approved Medicare Contract Supplier:** A company that has submitted successful bids and been certified by Medicare to provide covered products and services to beneficiaries at home.
- **Dual Eligible:** An individual who is enrolled in Medicare and their state's Medicaid Program.
- **Durable Medical Equipment (DME):** A variety of medical support products such as oxygen equipment, wheel chairs, walkers and hospital beds.
- **Grandfathered Supplier:** A company that has elected to accept the lower contracted Medicare rate for rented oxygen and other equipment for the remainder of the beneficiary's rental agreement.
- **Medicare Beneficiary:** An individual enrolled in Medicare Part A and/or Part B.
- **Medicare Advantage/Medicare Part C:** An individual who elected to enroll in a Medicare-approved managed care plan to receive all services covered under Part A and B; plus additional services like preventative care and prescription drugs.
- **Medicare Part D:** Optional Medicare plans to help cover some of the costs of your prescription drugs. To enroll in Part D you must be enrolled in Part A and/or Part B.

Calling Dr. Bauer ...



Dr. Michael Bauer

Dear Dr. Bauer,

As a bona fide elder at 80 years, I try to keep on top of the daily things I need to remember like pills, inhalers and bills! Every once in a while, weary at the end of the day, I forget to turn my concentrator down from the 4 LPM for daily use, to 2 LPM for sleepy time! How much damage am I doing to myself with this forgetful neglect?

AG, Appleton, WI

Most oxygen concentrators at home can deliver anywhere between one to five liters per minute flow by nasal cannula. Higher flows are possible, but may result in nasal dryness and discomfort.

From a scientific standpoint, our goals for determining the “correct” flow rate are to maintain an oxygen saturation level in the blood of at least 88%. Normally, oxygen levels are in the high 90s, but with COPD and other lung diseases, oxygen levels can drop much lower. Oxygen saturations are also very fluid. They improve when you are resting. With exercise or sometimes with just walking, levels can quickly fall.

How do we know what flow rate is optimal for you? Most often a finger pulse oximeter is used by your physician or respiratory therapist to document oxygen levels at rest and with exercise (sometimes even when sleeping) breathing room air and again with different oxygen flow rates to determine your specific need.

Since all of us have different breathing patterns throughout the day in response to our physical activities and emotions, our oxygen needs are constantly changing. The liter flow that is prescribed is our best estimation of what is good for you for most of the day and night. I tell my patients to try to use their flow rates as prescribed, but not to worry if there are occasional ups and downs! It’s very unlikely that brief changes in flow rates will cause a problem.

Question for Dr. Bauer? You may write to him at The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175 or by email at info@pulmonarypaper.org.

Click on Patient Resources at www.nonin.com, and you will see a link to Dr. Petty’s *Patient Guidebook* that you can download. This very informative 13-page booklet contains an activity log chart where you can monitor your oxygen saturation readings during and after various exertions during the daily activities.

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Fibrosis File

O'Rourke Spreads the Word about Pulmonary Fibrosis



Bob O'Rourke pictured with his wife Sandy *Photo courtesy of Star-News*

Bob O'Rourke, advisor to the president at California Institute of Technology (Caltech) in Pasadena, was diagnosed in 2006 with Pulmonary Fibrosis. He has become a one-man dynamo spreading the word about the

disease and the need for research for treatment of it. He has appeared on the *Today Show* and many other television programs and has been interviewed by radio personalities and newspaper editors. If you visit the "We Love Bob O'Rourke" Facebook page, you will be able to see videos of his interactions with the media. Bob is currently on the transplant list at UCLA. He has stated that this effort to build awareness is "the most important thing I've ever done in my life" and has indicated he will stay on course once he is transplanted. We thank him for his invaluable contributions from which many people are sure to benefit.

Of Interest

A new magazine called *Lung Health Professional* is being published by The COPD Foundation. Volume 1 Number 2 focuses on the evaluation and management of Interstitial Lung Diseases. Please visit <http://lunghealthprofessional.org> to review the up-to-date information on Idiopathic Pulmonary Fibrosis – IPF.

InterMune Inc. will meet in August with federal regulators about its rejected medication to treat IPF. The FDA said the company needed to conduct another study looking at Pirfenidone's effectiveness, but InterMune warned that months will pass before it can discuss the route it needs to take to get the drug approved in the U.S.

National Pulmonary Fibrosis Awareness Week Is September 11–18

The Coalition for Pulmonary Fibrosis (CPF) encourages you to set up a meeting soon with your Member of Congress during the August recess (August 9–September 12) to personally ask for their support of the Pulmonary Fibrosis Research Enhancement Act (HR 1079). We need your help now to insure the bill gets passed this Congress. If you can't meet in person, you can make a difference with a phone call or letter!

If you are able to meet with your Member of Congress during the August recess when he/she is in your home district, it will allow you to share your personal story of your connection to Pulmonary Fibrosis and personally ask for your Member of Congress' support of HR 1079, the first legislation that will directly help PF patients. If your Member is already a cosponsor, visit him/her and thank them for their support. There are currently 133 cosponsors on the bill.

If you can't visit, call the Capitol switchboard at 1-202-224-3121 and ask for your Representative or give your zip code if you don't know their name. When you are connected to an office, ask for the Health Legislative Assistant. If you leave a voicemail message, include your name and phone number so they can call you back. Also, it may be helpful to include your city as well.

Sample phone message:

"I am a constituent and a Pulmonary Fibrosis (patient, family, friend) and I am calling to ask the (Representative or Senator) to cosponsor the Pulmonary Fibrosis Research Enhancement Act. This bill will create a much needed national patient registry so scientists and researchers can learn more about the disease as quickly as possible so that treatments may be found. There is currently no FDA approved treatment for PF and as many people die from it each year as from breast cancer. Please help us now by signing onto HR 1079 and supporting a hearing on Pulmonary Fibrosis."

Visit the Advocacy section of the CPF web site at www.coalitionforpf.org for a quick link to send an email and to view the current cosponsors of HR 1079.

Plan how you will celebrate Pulmonary Fibrosis Awareness Week!

Ask Mark ...



Mark Mangus, RRT
EFFORTS Board

EFFORTS members who are considering having a lung transplant ask Mark to define 'lung allocation score'.

Mark replies, Every lung transplant candidate, age 12 and older, receives an individualized lung allocation score. This score is an important factor in determining priority for receiving a lung transplant when a donor lung becomes available. For more information, contact The United Network for Organ Sharing at 1-804-782-4800 or to download an informative booklet visit [www.unos.org/SharedContentDocuments/Lung_Patient\(1\).pdf](http://www.unos.org/SharedContentDocuments/Lung_Patient(1).pdf).

When lungs become available, they must go to the person on the top of the list for the tissue type that comes available. Ischemic time is the time from the moment the organ is removed from the donor's body and donor blood ceases flowing through it until that lung receives the first blood of circulation from the recipient once transplanted. The longest acceptable ischemic time is about eight hours.

Insurance coverage plays no role in determining if you will get a call for a lung transplant. An abnormal body mass index may keep you from being

on the top of the list as well as having diabetes. Determine your body mass index by entering your height and weight into the National Heart, Blood and Lung Institute's calculator at www.nhlbisupport.com/bmi.

Melinda asks Mark why she was unable to obtain liquid oxygen from her home care company. If more people used it, wouldn't it be less costly for the company to provide?

Mark explains, Oxygen itself is cheap! It only costs a few cents per pound. The licenses, transport and labor costs push oxygen's cost up in a "fixed" fashion which is not reduced by more users. A liquid oxygen system costs the provider an average of \$3,500 to \$6,500, depending upon which reservoir and portable they invest in. The truck to transport it can cost upwards of \$150,000, plus the salary and benefits of the driver, plus insurance, and the costs to cover the Department of Transportation and other licenses and permits.

Many liquid oxygen users need more than one reservoir and one portable. To keep delivery costs down, the company needs to put two or more reservoirs in the home. That can add up to over \$10,000 in equipment. Reimbursement, especially under the proposed competitive bidding reimbursement structure, will be around \$120/month. Until and unless the 36-month cap is repealed, that means the company will recoup \$4,320. Portable payment for oxygen contents is projected to be \$29—hardly enough to cover the product, let alone the cost to deliver it!

Concentrators, which admittedly shift a portion of the cost to the user, are the only way to provide the service with any chance to break even. Oxygen conservers are the best way

to stretch supply and time away from your base between refills. Liquid oxygen does not present any potential for less expensive therapy. To expect the companies to bear all the cost is not realistic in this current health care and governmental-financial climate.

Sue tells Mark that she checks her oxygen saturation with her oximeter, and wonders at the varying results.

Mark answers, In a study I did several years ago, I compared finger saturation measurements to those from a sensor place on the forehead (called a reflectance sensor). I drew arterial blood gases on 57 people as I had them walk on a treadmill and I reduced or discontinued their oxygen to make their saturations drop into the low 80s/upper 70s for a short time. While the blood gas and forehead measurements were very close to each other, the finger sensor became increasingly inaccurate and showed as much as 12% lower than the actual blood gas saturation.

The bottom line is that finger saturations become less accurate under desaturation conditions and with various activities. Actual saturation is usually higher than what the finger sensor is reading, but you don't know by how much your monitor may be off without checking against a forehead measurement or a blood gas. I recommend erring on the side of caution. Use more oxygen than you need if that's what it takes to get your finger monitor to read as close to 90% or higher when possible and practical.

Mark Mangus RRT, BSRC, is a member of the Medical Board of EFFORTS (the online support group, Emphysema Foundation For Our Right To Survive, www.emphysema.net). He generously donates his time to answer members' questions.

iPhone Breathing App Coming in January

For those with iPhones, a new application will be available as a free download in January 2011. *iBreathe* will provide video-based instruction that explains the body's reaction to stressors and how belly breathing can reduce stress. The application includes illustrative examples, narrated exercises, practice sessions, pre/post stress ratings, graphically-charted progress, a journal, a visual stress tracker, customization and a feature that allows users to tag data points with personal notes! It was originally developed for the military.

Beta-blockers Recommended for COPD

A large observational study was reported in *Archives of Internal Medicine* involving 2,230 patients with COPD and the co-morbidities of hypertension or cardiovascular disease. Researchers found beta-blockers used in this population resulted in a lower risk for exacerbations and improved survival, possibly as a result of combined cardiopulmonary protective properties.

A randomized controlled trial is now needed to confirm the findings.

Strive for Your Optimal BMI

Researchers collecting dietary information and measuring body mass index (BMI) and upper and lower body strength in patients with severe COPD found BMI was positively associated with upper and lower body strength. Total daily caloric, protein and carbohydrate intakes were positively related to both upper and lower body strength and the 6-minute walk. Fat intake was positively related to upper body strength. The study was published in the *Journal of Cardiopulmonary Rehabilitation and Prevention*.

Respiratory Care Reports

A recent study in *Respiratory Care* reports the benefits of using non-invasive ventilation while doing your exercises in a pulmonary rehabilitation program compared to using supplemental oxygen only. Non-invasive ventilation supports your lungs through a mask or nasal pillow as CPAP users know.

It was also reported that hair dressing work is associated with a high frequency of respiratory symptoms and reduced pulmonary function values, especially those employees with exposure to bleaching powder and hair spray.

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Sharing the Health

Jeri from Minnesota writes, “Many former smokers who develop COPD can fall into the trap of depression and self-blame. Rather than wallow in this kind of attitude, I realized that the best medicine for me is being with others. I have lunch with friends and visit people in a nursing home. I help my neighbors with small tasks I can do for them. I learned how to quilt and joined a group that makes quilts for Habitat for Humanity. Stay away from those who have negative attitudes that can bring you down.”



Ann from England recently posted to EFFORTS (www.emphysema.net), “This disease is a challenging one to live with and some may despair and feel that their lives, compared with the ‘before COPD stage’ are worth very little. I have news for you, while there is a recession in several nations in the world at the moment, and the dollar and the pound may be worth less, you are not! You now have different contributions to make to those around you but your contributions are still of value and so are you.

“Just because we have diminished lung function does not mean that we are lacking in love, respect and kindness towards friends and family. Be a listening ear to them showing you care. It’s something we can do with ease, as listening doesn’t make us breathless!

“Find out if there is a COPD social group near you and if not, could you start one? Some people belong to book clubs, and join discussion groups on dozens of subjects. Can you remember if there was something that you were very interested in when you were young, but never had time to pursue in the following years? The Internet is a wonderful resource to learn about new subjects. See if anyone shares a passion for something you care about. Look outside the confines of your walls and let your imagination travel far and wide!”

Receive a Free One Year Membership

Contribute a picture or tip on how you COPE with COPD! Send to The Pulmonary Paper, PO Box 877, Ormond Beach, FL 32175. Include your name/address.



The FDA has compiled a list of 36 tips to keep your family, pets and food safe during hurricane season. To get prepared, visit the web site, www.fda.gov/ForConsumers/ConsumerUpdates/ucm050825.htm. They recommend that you notify your local public health authority to request priority evacuation before bad weather occurs. Also let the electric company and fire department know if you use oxygen, CPAP or other medical devices.

When power is restored, check to make sure the settings on your medical device have not changed. Often medical devices reset to a default mode when power is interrupted.

Never use a generator inside the home due to risk of carbon monoxide buildup.

Use battery-powered flashlights or lanterns rather than gas lights or torches when oxygen is in use to lower the risk of fire.

There are many types of battery-powered nebulizers on the market that can be used for travel and in instances where no power is available.

I’m haunted that landfills are filling up and I try to recycle and reuse as often as possible! So how about those cannulas we tankers use? They are absolutely the best garden friend I have ever had. When a cannula has lived its life, instead of going to the landfill, it becomes a tie-up in my garden. Because I have a small area for vegetables, I train beans and tomatoes on bamboo stakes, tied with lengths of tubing. The interesting thing about these plastic ties is that they keep a square knot extremely well and yet are easy to untie. In the flower bed, I like to use the clear cannulas, but in the vegetables, I use the bright green. Bless the plastic engineers who created these great aids that I can step on and the cats can’t pierce. They are impervious to a daily meeting so that I can rely on them!

Anne Glasner, Appleton, WI

The American Association of Respiratory Care (AARC) wants to alert you to an inaccurate product promotion from a Texas company. The “Anti-Bacterium Nasal Cannula” is being marketed as having 98% less bacteria than regular cannulas when tested on hospital patients. It must be a big disappointment for other manufacturers to learn their products have been full of germs all this time. The company is erroneously stating that the AARC supports their product and that the Joint Commission (which accredits health care organizations) is mandating its use. Neither is true.

The FDA announced that three CFC inhalers currently in use – Aerobid, Combivent, and Maxair – will be phased out over the next one to three years. These inhalers contain ozone-depleting chlorofluorocarbons (CFCs), which are propellants that move medication out of the inhaler and into the lungs of patients. Alternative medications that do not contain CFCs are available.



If you visit www.drtpetty.org, you will find a wealth of information, including a link to 13 years of monthly *Letters from Tom*. From *Both Ends of the Stethoscope* and *Adventures of an Oxy-Phile* are available to download for free. You may also order a copy of the new book, *Adventures of an Oxy-Phile 2*, finished after Dr. Petty passed away by a group of his dedicated friends. The cost is \$19.99 and includes shipping or you may send a check to: Snowdrift Pulmonary Conference, Inc., 1305 Krameria St. #H, PMB 115, Denver, CO 80220.

For those of you near or visiting the Denver area, The Colorado COPD Connection is hosting the “Thomas L. Petty, MD, Moving Mountains COPD Conference” on Saturday, October 2. You will have the opportunity to hear lectures by outstanding speakers such as John Goodman RRT, Robert McCoy RRT, and Dr. Barry Make from National Jewish Health, among others, as well as to attend interactive sessions. Alpha 1 testing will be done throughout the day. Liquid oxygen refills will be provided at the conference. The fee of \$15/person or \$20/couple includes lunch. Call 303-771-1628 with any questions or check www.copdconnectco.org.

It is difficult to predict how quickly a person’s COPD will stabilize or worsen. Stopping smoking is the single most important thing a person can do to slow down the progression. Respiratory Therapist Jane Martin has written a series of excellent articles on Health Central concerning many aspects of Chronic Obstructive Pulmonary Disease. The severity of your COPD is classified based on your pulmonary function test results. If you are told you have severe or “end stage” COPD, it understandably causes much anxiety. Jane’s series on End Stage COPD has four parts and can be found at the web site, www.healthcentral.com/profiles/c/19257/index/4 where you will be able to print out the articles.

Barbara DeLuca RRT at Nathan Littauer Hospital recommends that you keep your inhaler with you and not in a car. The glove box might seem handy to store an inhaler, but the extreme heat in your car can change the composition of medication and render it ineffective. Some inhalers can burst in extreme heat. Cars can reach an internal temperature of over 130 degrees on hot days. A study from Stanford University shows that even on comparatively cool days, such as 72 degrees, a car’s internal temperature will rise to 116 degrees within 60 minutes. A cracked window hardly slows the temperature rise.

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Traveling News

In the January-February 2010 *Pulmonary Paper*, you advised getting a seat with an electric plug-in outlet on an aircraft so we could use/charge our POCs. The websites you mentioned were very helpful in other ways. It has come to my attention that those outlets are generally only available in First Class or Business Class and are very low wattage – for use with laptop computers. They are such a low wattage that some laptops will not find them adequate, which would mean that a POC could not possibly function or recharge plugged into those.

Lorraine Oleaga, Boise, ID

Holly Marocchi RRT of Get Up and Go₂ suggests shipping your luggage to your destination rather than taking the bags to the airport. The fee you will pay is sometimes less than the checked bag fee the airlines will charge you and you won't have to worry about carrying them. Some of the cruise lines are now offering a service where they will take your luggage from the stateroom, to the airport and even check them in for you.

Don't assume! I want to warn everyone to make sure to follow every rule of the airline when you will be using a portable oxygen concentrator! My friend lent me her POC to use on a short trip and I brought it to the ticket counter at the local airport to make sure it was one of their approved models. The Representative checked and assured me it was okay. When I went to board the plane, they would not let me on, saying I did not give them 48 hours notice. I assumed when I checked with the airline, they would note that I would be bringing the unit on!

Mary V, Florida

Elizabeth Paul recommends Passport Visa Express for those traveling overseas needing a Visa. Passport Visa Express claims to be able to get a passport returned in 24 hours. "They were fast, efficient and half the cost of other agents I reviewed when trying to get a Visa. They allow you to pick how much you want to pay to get your passport returned to you. I selected USPS Priority Mail with delivery confirmation, sent in the return envelope already addressed and with postage and saved a substantial amount over a regular FedEx delivery." For information, you may visit their web site, www.passportvisaexpress.com or call 1-888-596-6028.

Alaskan Adventures!



Henry crabs on the Deadliest Catch tour!



Above, Larry power naps during a meeting! And guess who got engaged in Alaska?



Jeff, far left, Dolores and Matt compare numbers at dinner.



Kate and Mick clean up good!



The YaYas celebrate their birthdays!

Call to book your individual trip



or join us on our upcoming group cruises!

Get Up and Go2 featuring Sea Puffers Cruises

We take the worry out of
traveling with oxygen!



Canada & New England! 10-day cruise

Leaving NYC Sept. 26, 2010

Holland America's Eurodam

Day	Port	Day	Port
Sept. 26	NYC	Oct. 1	Sydney, Can.
Sept. 27	Newport, RI	Oct. 2	Charlottetown, PEI
Sept. 28	Gloucester, MA	Oct. 3	At sea
Sept. 29	Bar Harbor, ME	Oct. 4	Saguenay, Can.
Sept. 30	Halifax, NS	Oct. 5	Quebec City, Que.
		Oct. 6	Quebec City, Que.

See the grand American mansions in Newport, the lighthouse from the 'The Perfect Storm' in Gloucester. Greet the day in Acadia National Park, Bar Harbor and visit Peggy's Cove in Halifax. Tour the picturesque farm that inspired 'Anne of Green Gables' in Charlottetown. Enjoy the Saguenay Fjord – a 200-mile natural canal. Quebec City will make you think you are visiting France!

Price per person based on double occupancy. Inside Cabin from \$1,399; Ocean View Cabin from \$1,649; Balcony Cabin from \$2,199. Mini-Suite/Suite from \$3,299. Government taxes and fees are \$116/person. Single and Third Person Occupancy available. Call today for availability! A passport is required!

Sept 23–26, 2010 PreTrip in NYC!

Includes: Transfer from the airport to the hotel; three nights (Sept. 23–26) at the Broadway Millennium; two four-hour tours of the city on Sept. 24 and again on Sept. 25; dinner at Patsy's Italian Restaurant; and Orchestra Seating to see Wicked on Broadway on Sept. 24. In our free time, we have admission to your choice of the Empire State Building Observatory or the Harbor Experience Flex Pass. Second admission is also included for your choice of the Metropolitan Museum of Art, the American Museum of Natural History or the Top of the Rock Observation Deck. Shopping discounts at Macy's Bloomingdales and South Street Seaport are available too.



Package Rates: 1 Adult per room, \$1,709; 2 Adults per room, \$1,104/person; 3 Adults per room, \$946/person; 4 Adults per room, \$867/person.

The Eastern Caribbean!–7-day cruise Feb. 20, 2011

Roundtrip from Fort Lauderdale

Aboard new Allure of the Seas from Royal Caribbean

Day	Port	Day	Port
Feb. 20	Ft. Lauderdale	Feb. 24	Philipsburg,
Feb. 21	Nassau, Bah.		St. Maarten
Feb. 22	Cruising at sea	Feb. 25	Cruising at sea
Feb. 23	Charlotte Amalie,	Feb. 26	Cruising at sea
	St. Thomas	Feb. 27	Ft. Lauderdale

Price per person based on double occupancy. Inside Cabin from \$1,149; Ocean View Cabin from \$1,379; Balcony Cabin from \$1,529; Mini-Suite/Suite from \$2,599. Government taxes and fees are \$115.36/person. Single and Third Person Occupancy available. A deposit is due within 5 days of making your reservation. Final payment is due Dec. 12, 2010. A passport is required!



The Western Caribbean!–7-day cruise! Mar. 13, 2011

Roundtrip from Fort Lauderdale

Aboard new Nieuw Amsterdam from Holland America

Day	Port	Day	Port
Mar. 13	Ft. Lauderdale	Mar. 17	Georgetown,
Mar. 14	Half Moon		Cayman Islands
	Cay, Bahamas	Mar. 18	Costa Maya, Mex.
Mar. 15	Grand Turks,	Mar. 19	Cruising at sea
	Turks and Caicos	Mar. 20	Ft. Lauderdale
Mar. 16	Cruising at sea		

Price per person based on double occupancy. Inside Cabin from \$809; Ocean View Cabin from \$959; Balcony Cabin from \$1,099; Mini-Suite/Suite from \$1,699. Government taxes and fees are \$74.78/person. Single and Third/Fourth Person Occupancy available. A deposit of \$350 is due within 5 days of making your reservation. Final payment is due Dec. 28, 2010. A passport is required!

You will always the lowest possible price available at time of booking with Get Up & Go2!

Each person will receive shipboard credit as well as other surprises!



The Panama Canal–10-day cruise! Apr. 4, 2011

Roundtrip from Fort Lauderdale

Aboard Coral Princess

Day	Port	Day	Port
Apr. 4	Ft. Lauderdale	Apr. 10	Limon, Costa Rica
Apr. 5	Cruising at sea	Apr. 11	Cruising at sea
Apr. 6	Cruising at sea	Apr. 12	Ocho Rios,
Apr. 7	Aruba		Jamaica
Apr. 8	Cartagena, Col.	Apr. 13	Cruising at sea
Apr. 9	Panama Canal,	Apr. 14	Ft. Lauderdale
	Panama		

Price per person based on double occupancy. Inside Cabin from \$1,599; Ocean View Cabin from \$1,849; Balcony Cabin from \$1,949; Mini-Suite/Suite from \$2,249. Government taxes and fees are \$223.48/person. Single and Third/Fourth Person Occupancy available. A deposit of 20% is due within 5 days of making your reservation. Final payment is due Jan. 19, 2011. A passport is required!



Scandinavia & Russia–11-day cruise! June 4, 2011

Roundtrip from Copenhagen, Denmark

Aboard Emerald Princess

Day	Port	Day	Port
June 4	Copenhagen, Den.	June 10	St. Petersburg, Rus.
June 5	Oslo, Norway	June 11	St. Petersburg, Rus.
June 6	Aarhus, Den.	June 12	Helsinki, Fin.
June 7	Berlin, Germany	June 13	Stockholm, Swed.
June 8	Cruising at sea	June 14	Cruising at sea
June 9	Tallinn, Estonia	June 15	Copenhagen, Den.

Price per person based on double occupancy. Inside Cabin from \$1,590; Ocean View Cabin from \$2,190; Balcony Cabin from \$2,690; Mini-Suite/Suite from \$3,390. Government Taxes and Fees are \$151.57/person. Single and Third/Fourth Person Occupancy available. A deposit of 20% is due within 5 days of making your reservation. Final payment is due March 21, 2011. A passport is required!

Become a fan or 'Like' our Get Up and Go2 featuring Sea Puffer Cruises Facebook page! You'll be able to keep up on our latest news, including daily blogs during our trips!

Visit www.seapuffers.com or call 1-866-673-3019 to join the fun!

FST: ST36334

High Calorie Supplemental Shake

People with COPD burn many times the calories just to breathe compared to those with normal lungs and can lose excessive amounts of weight in the process. Folks who need to gain weight may find it easier, and more delicious along the way, if they try the **World Famous Mark Mangus Supplemental Shake** recipe!

In a blender, mix together:

- 1 cup Whole Milk
- 4 ounces of high-fat Ice Cream
- 1 package Instant Breakfast Mix
- 1 to 2 tablespoons of Canola Oil

You can add chocolate, fresh fruit or juices to make fruit flavored shakes. Add protein powder for even more calories and a greater amount of protein.

The added vegetable oil will not change the flavor of the drink, but will result in a silky texture. It does add 125 calories/tablespoon and will boost the fat calories to the drink to between 40% and 50%. Vegetable oils add no cholesterol to the shake.

You now have a drink that yields about 750 calories, improving the total calorie distribution, boosting protein percentage and meeting the goal of higher fat calories and less carbohydrate. The key in nutritional repletion for those with COPD who are underweight is greater calories more densely packed into less food volume. This drink will give you as many or more calories in about the same volume for significantly less than purchasing similar commercially available supplemental drinks.

Try also to eat fruits that are high in calories such as bananas, mango, papaya, dates, dried apples or apricots instead of apples, watermelon or honey dew melons.

You May Be Eligible for Benefit Programs!

For those with access to the Internet, visit www.benefitscheckup.org. Many people need help paying for prescription drugs, health care, utilities and other basic needs.

Ironically, millions of older Americans – especially those with limited incomes – are eligible for but not receiving benefits from existing federal, state and local programs. Ranging from heating and energy assistance to prescription savings programs to income supplements, there are many public programs available to seniors in need if they only knew about them and how to apply for them.

Developed and maintained by The National Council on Aging in Washington, DC, (1-202-479-1200) Benefits CheckUp is the nation's most comprehensive web-based service to screen for benefit programs for seniors with limited incomes and resources.

No Prescription Drug Coverage? Here's Help!

The Partnership for Prescription Assistance helps qualifying patients without prescription drug coverage to get the medicines they need for free or nearly free.

Visit www.pparx.org on the Internet or call 1-888-477-2669 to see if you qualify.

Rx Stat Respiratory will match or beat anyone's prices on oxygen equipment!



Sequal's Eclipse

Smallest continuous flow POC. 3LPM continuous and 6LPM pulse



Respironic's EverGo

Best battery life, 8 hours at 2LPM 6LPM pulse



Respironic's Everflo™ Quiet with Oxygen Purity Indicator

Small form, 30 lb. stationary unit (\$799 delivered). Great for after your Medicare rental!



Invacare® XP02™ Lightest POC at 6 lbs.! 5LPM pulse

See demos of POCs on YouTube.com, search "Rx Stat"

Rx Stat will beat anyone's price on a new portable concentrator.

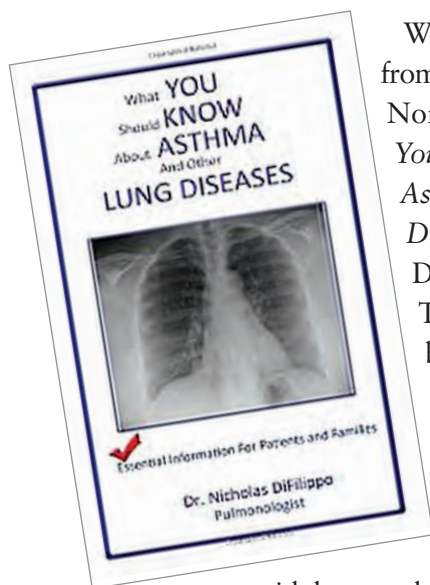
We also rent POCs for travel: \$395 for first 10 days, \$295 for each additional 10 days—includes shipping!

And we buy and sell used portable concentrators. Call for availability!



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Product Corner



We learn of a new book from Theresa, a reader from North Carolina – *What You Should Know About Asthma and Other Lung Diseases*, authored by Dr. Nicholas DiFilippo. Theresa recommends the book to people with loved ones dealing with chronic lung problems to gain a better understanding of what it is like to cope

with lung problems. The book is available at Amazon.com for approximately \$14.

We found a site on the Internet at www.strapparatus.com selling an adjustable head strap called Strappartus – developed by Respiratory Therapist, James Moriarty of South Carolina.

There also is a patent-pending medical tape, EarZ™ to protect your ears when wearing a cannula and NosGuard™ pads to protect your nose from a CPAP mask. Call 1-866-933-4524 if you would like further information and pricing.

The retractable oxygen tubing reel has not been available for many years. A Texas company – Reel Standards – has begun marketing the product again which mounts directly to your home concentrator. You can tug on your tubing and have it recoil, much like a vacuum cleaner's electrical cord retracts. It is currently priced at \$199 plus shipping. Call 1-432-349-4729 or visit www.reelstandards.com.



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Respiratory News

A two-step flu vaccine using DNA to “prime” the immune system and then a traditional seasonal influenza vaccine may be able to protect against all strains of the virus – providing that long-sought “universal” flu vaccine, U.S. researchers said recently. The team at the National Institute of Allergy and Infectious Diseases (NIAID) is already testing the new vaccine in people and says the results of tests in mice, ferrets and monkeys suggest that the industry may finally be able to dump the cumbersome process of making fresh flu vaccines every year.

The FDA has approved Glassia™ (Alpha 1 Proteinase inhibitor), also known as Alpha-1-Antitrypsin (AAT), for the treatment of Emphysema caused by Alpha 1 deficiency. Glassia™ is now the first and only ready-to-use liquid Alpha-1-Proteinase Inhibitor available. An inhaled Alpha-1-Proteinase Inhibitor is currently in Stage 2-3 clinical development.

The FDA is warning consumers not to use inhalers stolen from a Virginia warehouse after some of the pilfered medicine turned up in some pharmacies. The stolen Advair Diskus inhalers (fluticasone propionate and salmeterol inhalation powder) were found recently – the first batch known to have hit the supply chain since the August 2009 theft. As the investigation continues, FDA officials warn that more stolen inhalers could still be on the market.

More than 25,000 of the inhalers were stolen from drug maker GlaxoSmithKline’s distribution center near Richmond, VA, last year. They are set to expire in September. FDA experts are advising anyone who uses the Advair Diskus inhaler to check the label for the following lot numbers: **Lot 9ZP2255** – NDC 0173-0696-00, Advair Diskus 250/50, 60 Dose; and **Lot 9ZP3325** – NDC 0173-0697-00, Advair Diskus 500/50, 60 Dose.

Patients who have inhalers with matching lot numbers should discontinue use and call GlaxoSmithKline’s Customer Response Center at 1-888-825-5249.