Consensus Reached on Long-Term Oxygen Tx

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NAPLES, FLA. — Many recommendations about long-term oxygen therapy emerged from the Sixth Oxygen Consensus Conference, according to a presentation by Dr. Dennis E. Doherty at the annual meeting of the National Association for Medical Direction of Respiratory Care.

About 1 million Americans receive long-term oxygen therapy (LTOT) at a cost of more than $2 billion per year. This cost is anticipated to increase to $3 billion per year and to account for 1% of the annual budget of the Centers for Medicare and Medicaid Services, said Dr. Doherty, chief of the pulmonary, critical care, and sleep medicine division at the University of Kentucky, Lexington. Many new LTOT technologies are emerging, and evidence to support their use can lag a few years behind. "Some areas are weak in evidence-based medicine. Sometimes, it takes common sense or consensus to make a decision," he said.

The Sixth Oxygen Consensus Conference, held in Denver in August 2005, was designed to reach consensus on prescriptions, reimbursement, access, education, and research for LTOT. Participants included LTOT patients, who were "the central focus for most of the recommendations," Dr. Doherty said.

"All societies and professional and lay organizations should incorporate LTOT patients into their advocacy efforts for LTOT. This is very important," he added.

The consensus conference was attended by physicians, nurses, respiratory therapists, and other respiratory care professionals, as well as representatives from government and regulatory agencies, LTOT patient groups, device manufacturers, and providers. "I'll tell you, getting about 100 people into a room to reach consensus is not easy," Dr. Doherty said.

An official summary of what transpired at the conference was published (Respir. Care 2006;51:519-25).

Attendees agreed on categories for LTOT delivery devices (stationary, portable, and wearable), but they did not reach a consensus on specifications, such as the weight or configuration of such devices. "Evidence-based criteria are needed to define what is ambulatory, portable, or wearable. Until we have this evidence, we need the physician, patient, and HME [home medical equipment] provider to collaborate effectively," Dr. Doherty said.

CMS and other payers should be encouraged to support appropriate reimbursement so new technologies can be developed.

Consensus was reached on these issues:

► LTOT education is needed. "To ensure quality LTOT patient care, comprehensive education is necessary," Dr. Doherty said. One recommendation at the meeting was further development of educational materials in different modalities, including print, Internet, and audiovisual-based formats.

► All health professionals in disciplines caring for LTOT patients need training.

► All patients should have access to the appropriate LTOT delivery systems and accessories to optimize care. There are many technologies, including liquid oxygen systems, oxygen concentrator systems, and lightweight, portable oxygen concentrator systems. "It is laudable to all the investigators that so many devices that are of benefit to patients have come to market," Dr. Doherty said.

► LTOT standards should be developed further into clinical practice guidelines.

► Reimbursement should be based on the LTOT device that is "best for the patient" as prescribed by a physician.

► LTOT should be reimbursed adequately for the specific device or class of device. "CMS and other payer organizations should be encouraged to support appropriate reimbursement so new technologies can be developed," Dr. Doherty said.

► LTOT should be incorporated into disease management or a health maintenance approach to comprehensive patient care.

► A demonstration project should be developed to evaluate resource utilization for LTOT and to incorporate data into a recertification process when LTOT is prescribed in an acute setting. "This was somewhat controversial," Dr. Doherty said.

► Funding is needed for research to evaluate the outcomes and cost-effectiveness of LTOT. ■

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