

Health

COLLECTIONS>MEDICAL DEVICES

CONSUMER'S WORLD; High-Tech Home Care Under Scrutiny

By BARRY MEIER

Published: December 09, 1989

These days, nurses from Tri-County Home Healthcare Services Inc. in Coral Springs, Fla., sometimes find more than a sick patient when they visit a home. Just-delivered boxes of complex home medical equipment may also clutter the doorstep of the ill.

"It's like a furniture delivery," said Jodie C. Getter, a vice president of Tri-County. "Some drivers just drop it off, and our nurses have to figure out what to do with it."

As more and more Americans receive high-tech medical treatments at home rather than in hospitals, consumer groups, regulators and even some insurers are beginning to scrutinize the companies that supply such equipment. One common concern: that some suppliers are providing shoddy devices or slipshod service.

"There is a whole industry out there unleashed and unmonitored," said Margaret Mikol, until recently the president of Sick Kids Need Involved People, a national advocacy group for seriously ill children. Some typical problems: lack of guidebooks, poor user training, haphazard maintenance and overcharges.

Dr. Colleen Monahan, a senior research specialist at the University of Illinois who is studying the issue, said: "We have to start from scratch. We are in a primitive land here."

With costs mounting, both industry and government are slowly awakening to the problem. Beginning next year, for example, Blue Shield of California will require equipment suppliers to be accredited by one of two private organizations in order for its subscribers to receive maximum benefits. Next year, the Federal Government is also expected to propose its first regulation affecting home medical equipment suppliers: suppliers would be required to use trained personnel to teach Medicare recipients how to use complex devices. The Technical Revolution

Some industry leaders support those plans. "Where life-sustaining equipment is concerned, a patient should be provided with knowledgeable and reliable service," said Thomas Antone, the president of the National Association of Medical Equipment Suppliers, a trade group in Alexandria, Va.

Such measures would have been unnecessary a decade ago when medical equipment companies supplied mostly wheelchairs and canes. But a technical revolution in home medical devices, along with cost-cutting moves by many hospitals, which are discharging patients earlier, are changing home health care.

Today's arsenal of home equipment is often life-sustaining and highly technical in nature. Among recent developments are so-called infusion pumps, electronic devices that deliver food or drugs intravenously. New portable ventilators allow patients with breathing problems to move freely. Other sophisticated machines can monitor infants with respiratory disorders like apnea or those with heart problems.

Experts can only guess at the number of high-tech medical devices used in homes. But all agree their number is soaring. For example, while home health-care costs accounted for only 1 percent of Blue Shield of California's total outlays in 1986, that figure has since jumped to 4 percent. And sales electronic infusion pumps are expected to reach \$269 million this year, up from \$210 million two years ago. The Pluses and Minuses

To be sure, the home-care boom is bestowing a variety of benefits upon consumers. For many, it means that illnesses can be treated in familiar settings rather than in impersonal medical institutions. As a result, medical costs are also typically being reduced. And many medical-equipment suppliers provide excellent service, several patient groups said.

But transferring complex medical equipment from highly controlled hospital environments into the home is also causing concern. "There may be excellent companies out there," said Shelah Leader, a senior policy analyst at the American Association of Retired Persons in Washington, "but consumers have no way of knowing whether the company in their area employs qualified people."

Nor apparently does the Federal Health Care Financing Administration, which oversees Medicare. While the agency performs annual surveys of companies that supply home-care personnel, similar reviews are not required of companies that lease life-sustaining home medical equipment. On the state level, regulators have also paid scant attention to the issue.

Insurers are concerned about high-tech home care as cost and quality issues. "We've had subscribers who perceived that equipment was not being maintained," said Terrie Pryce of Blue Shield of California.

Consumers find medical equipment companies in a variety of ways. Sometimes, an equipment supplier has an exclusive contract with a hospital. In others cases hospitals rent equipment. And in still other cases a physician may prescribe a device and suggest a supplier, leaving it to the patient to arrange for the rental.

Home medical equipment is often rented, and expenses vary depending on the device and area. The rentals are generally expensive. For example, the monthly cost of a ventilator and related supplies in New York City can range from \$800 to \$1,200.

Even at such prices, getting good service can be an ordeal. Karen Buckholtz, whose son,

Brandon, suffers from a respiratory disorder, said her supplier frequently refused to repair or properly service a ventilator and related equipment. These problems abated only after she told company officials about them last year at a meeting of respiratory professionals, said Ms. Buckholtz, a substitute teacher from Pasadena, Md.

"It has been one battle after another," she said, "and you get so used to fighting you think that is the only way."

As scrutiny grows, two private groups have developed accreditation programs for suppliers. One is the Joint Commission on Accreditation of Healthcare Organizations in Chicago. The other is the National League of Nursing in New York, which plans to begin its program next year.

Since its program started 18 months ago, the Joint Commission, financed mostly by hospitals, has accredited 331 suppliers of home equipment and infusion devices, with another 133 companies currently under review. Barbara A. McCann, the director of the accreditation program for hospices and home care, said that 7 companies failed to meet more the group's standards and were rejected. She would not identify them.

In its program, the Joint Commission hires medical equipment suppliers to inspect and rate the operations of other similar companies. Since 1988, for example, Peter Amico, the owner of Prime Care Medical Supplies Inc. in Flushing, Queens, has reviewed the operations of some 15 suppliers around the nation.

Mr. Amico, a respiratory therapist, said he gave high marks to most of the companies, but he noted that in several cases, respiratory therapists working for equipment suppliers were not developing rehabilitation plans for their patients.

Patients are also interviewed. Ms. McCann said, "Patients are often afraid to complain to a supplier, because they think any help will disappear."

Just how valuable such accreditation programs will be for consumers remains to be seen. But Ms. McCann maintains that accreditation is a step in the right direction: "In many cases there is not a basic level of protection for these patients." THE INFORMATION GAP FOR PATIENTS

Users of high-tech home-care equipment face a scarcity of information. "There is little that allows the consumer to compare medical devices," said James Thompson, the consumer-affairs manager for the American Association of Retired Persons.

One possible source is ECRI, a nonprofit health group at 5200 Butler Pike, Plymouth Meeting, Pa. 19462; 215-825-6000. ECRI tests, rates and compares competing brands of medical devices for health professionals. The company's highly technical reports cost \$35 to \$50. Recalls are a special problem. While the Food and Drug Administration oversees recalls, it does not require manufacturers to find the users, just the suppliers that bought the devices initially.

As a result, said Dr. Colleen Monahan, a University of Illinois research specialist, some users may not find out that a device has been recalled because their supplier may have not have been the original purchaser.

"In our study we found that about 20 to 30 percent of the ventilators out there are black market," she said. "That is, they have been purchased from other suppliers."

One possible solution, she said, is for users to make sure they are dealing with a supplier registered with the device's manufacturer.