

9/16/15 United Spinal webinar Lydia Cannady

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>> Bill: Thank you for joining us today for the United Spinal association webinar on the types of intermittent catheters and access to your electrical supplies. My name is Bill Furdick, and I will be your moderator. Today's webinar is one of a continuing series that United Spinal Association will be hosting and all of our webinars are archived at www.spinalcord.org. We will have time at the end of today's presentation for questions. Please use the questions window down on your control panel to write in any questions you may have. We'll try to do our best to get to them today. For any questions remaining unanswered please pose those questions directly to the presenters whose contact info will be displayed on the last slide. Today's presenters are Lydia Cannady, Hollister's contents care product manager and Anna Markiewicz, Hollister's senior reimbursement specialist. Please note

the instructions for use of closed captions appear in the chat window as a handout. The chat window on your control panel. Now, I'd like to hand it off for the presentation to Ms. Lydia. Lydia.

>> Lydia: Thank you every one for taking the time to join us this afternoon. We are going to talk about this topic, Anna and I, types of intermittent catheters and access urological supplies because we're a manufacturer of intermittent catheters. And we get lots of different types of questions from consumers and healthcare professionals on the different types of catheters that are available on the market and the last three or four years, five years there have been a whole slew of new catheters that have come into the US market and this on slot has created some confusion with people so we have talked about this topic in a few different opportunities and then also with insurance and access to products and to catheters that's also an opportunity for learning what's covered, what's not covered, how many units and Anna is an expert on that. So that is why we are talking with you today. So thank you again for your time. And as Bill said, please type any questions into the chat box on your computer and we'll have time at the end of the presentation to address your questions. So let's talk a little bit about why someone must intermittent catheterize, why catheterize at all. On the process of voiding or emptying the bladder really requires a very coordinated sequence of events between the brain, the spinal cord and the bladder. All three of those items must be working in order for the bladder to empty correctly. When there is a break in the spinal cord either from an injury or from a disease, then

the bladder can't communicate to the brain when it's full and needs to empty and the brain can't communicate to the bladder and tell it to empty. So this is called neurogenic bladder it's when the communication between the brain and the bladder is altered resulting in problems with either bladder storage and/or bladder emptying. The bladder may empty too often or not often enough or in an uncoordinated fashion. Different types of catheters. We're going to talk about three different types of catheters here indwelling catheters, external catheters and intermittent. Indwelling catheters sometimes they're called Foley or suprapubic catheters. This is a catheter that is inserted into the bladder and stays there for a continual period of time. And while an indwelling catheter is in the bladder it continually drains urine from the bladder. It will drain and empty into a leg bag or a drainage bag or some sort of collection device like that. An external catheter stays outside the body, sometimes they're called condom catheters and generally external catheters are really only available for males and external catheters since they will drain also into a leg bag or collection device they're really not suitable to manage a bladder that's in retention and that is one that cannot empty at all. So external catheters have a limited use. We're really going to talk about today is intermittent catheters. Sometimes people call these in and out catheters and an intermittent catheter is inserted into the bladder each time the bladder needs to be voided or emptied of urine. There's different ways of looking at catheters for today's purposes. We're going to look at them as straight touch catheters and no touch catheters.

Straight catheters can either be nonlubricated and this is what most people in the U.S. market use or straight catheters can also be hydrophilic and we'll talk about that in little bit. We'll have no touch catheters and can either be gel lubricated or hydrophilic lubricated. So let's talk about straight catheters for a minute. Straight catheters, to use the insert is called clean technique and this is where the user will touch the catheter with clean hands, wash the hands first and hold on to the catheter and insert the catheter into the bladder. These can be nonlubricated where an external gel is applied or hydrophilic lubricated which means with water. The tips on straight catheters can be straight so a straightforward tip or Coude or a bent tip, you can see the picture in the lower left that is a picture of a Coude tip catheter and these catheters are labeled as single use devices. No touch catheters again also can be called sterile catheter kits, closed catheter systems, closed kits, those sorts of things, but use sterile or aseptic technique to insert the catheter. That means the catheter is protected by a collection bag or a sleeve so the user does not have to touch the actual catheter in order to use the catheter. No touch catheters can either be gel lubricated or hydrophilic lubricated and that is water lubricated and no touch catheters may or may not include insertion supplies so there's a picture there of a closed system catheter a no touch catheter with insertion supplies. They are gloves, a drape and an antiseptic swap or a wipe. And like straight catheters, no touch catheters can either have a straight tip or a Coude tip and these catheters also are single use devices. So let's talk

about straight nonlubricated catheters. So again, most of the U.S. market uses a nonlubricated straight catheter and these, there's not a whole lot to really say about these catheters. Sometimes the nonlubricated catheter or naked catheter, a catheter is a catheter so really what you want to focus on is smooth eyelets, that's really important. A catheter that has rough eyelets can damage the urethra and cause problems. The user will apply an external gel to lubricate the catheter and that's just important to make the catheter more smooth and easier to insert. And again, these are single use devices so use one time and dispose of and clean technique is used to insert straight nonlubricated catheters, that means washing hands and the user touches the catheter. So hydrophilic straight catheters, also these are single use devices and use clean technique like the straight catheters we just talked about but hydrophilic catheters are lubricated with water so how does that work. Essentially in the manufacturing process so when these catheters are manufactured by the manufacturer there is a coating that is applied to the catheter itself and when that coating becomes wet it becomes slippery and smooth. So many users find hydrophilic catheters more comfortable to insert and however because they are more slippery than nonlubricated catheters and gel catheters they can be difficult to hold onto and because they're lubricated with water they can also make a mess on the floor or on one's clothes if they're using them. So there are many different types of straight hydrophilic catheters available on the market however not all are created equal. So some things that you just may want to consider if you're looking at

hydrophilic catheters. One is some catheters some hydrophilic require the addition of water from an external source. That means the catheter comes in a package and looks like a nonlubricated catheter but has that special coating and you have to take that package over to a tap like a faucet and fill the package up with water and wait for it to become activated. Think about using that type of catheter if you're in a public restroom. Other types of straight hydrophilic catheters have a sterile gel sashay or water packet -- water packet in the packaging itself and it requires the user to burst that package or sashay before the packaging is opened and then the same idea is you just let the catheter soak for a couple of seconds and then open the package and the catheter is slick and wet and ready to use. And some hydrophilic straight catheters are ready to go right when the package is opened no need to add water or break a water packet. Some hydrophilic catheters have a sleeve or a partial sleeve or packaging that can be manipulated into a type of sleeve to help protect the catheter from contamination and make it easier to hold onto. So let's talk about no touch catheters now. Again, these also can be called sterile catheters or sterile kits, any of those terms refer to this type of catheter we're going to talk about now. Again, they may or may not include insertion supplies. If no supplies are included in order for a no touch catheter to be considered no touch it must be a self-contained system where the user can perform sterile intermittent catheterization without the use of additional supplies. That's a definition right from the policy article that Anna is going to talk about in a little bit but essentially that

means is the catheter is protected either by a collection bag or a sleeve so that the user can use the catheter without touching it. As you can see in these photos here on the slide the one on the bottom has a catheter inside the collection bag and the one on the right has a protective sleeve over the catheter. So why a no touch catheters. There's a couple of benefits. The main one being it's really designed to help reduce getting germs to the catheter. We talked about clean technique and the hydrophilic straight catheter or nonlubricated straight catheter even if you wash your hands your hands are not considered sterile so a protective sleeve or bag no touch bag over the catheter really helps to reduce the risk of touch contamination. And also no touch catheters have what's called a protective tip or sometimes called an insertion tip and you'll see in that illustration it's that blue tip there and that really is to protect the catheter which is sterile from bacteria that lives in the first part of the urethra. No touch catheters can be a little easier to use sometimes because you don't have to worry about touching the catheter. You can touch it anywhere as long as it's inside the bag or sleeve. These are ready to use right out of the package. Now we're going to do a poll and turn over to my friend Bill to lead the poll here.

>> Bill: The first is: Do you use a no touch or closed system catheter as your primary catheter. Do you use a closed or no touch system, yes or no? In just a few seconds we'll have some results for you. And to our technical staff I'm getting some answers in now via chat window. I believe we have the actual voteable screen up. The results are 47%

say yes they use a no touch or a closed system catheter as a primary catheter versus 53% indicate no they don't have a closed system or no touch system.

>> Lydia: Great. Thank you all for taking that poll that's very interesting and that's similar to a lot of the feedback that we've seen before so that's great to know that we have good representation on this call. So I'm going to turn it over to my colleague, Anna, now who is going to talk about access urological supplies.

>> Anna: Thank you. So access to intermittent catheters. There are different types of insurances in the U.S. that cover catheters. There are private payors which could be insurance plans that you pay for yourself or insurances that you get through your employer. Coverage depends on the plan that you have and all of them are different. There are also Medicaid plans which are state insurance plans and each state has their own program and coverage depends on where you live. Then there are the VA and military plans which are for active and required duty soldiers and their families. And then at the bottom we have Medicare and Medicare is a federal program that provides coverage for people who are 65 or older, disabled or people who have end stage renal disease. You can also qualify for Medicare after being on Social Security disability for at least two years. The reason why I have Medicare circled here is because Medicare sets rules and regulations specific to catheter coverage that other insurances in the U.S. follow. They don't have to follow Medicare guidelines exactly but they tend to do that at least to some degree. Also, Medicare publishes a urological

policy which outlines coverage and guidelines for catheters. This policy talks about what is covered, how many catheters are allowed per month, what the prescription and documentation requirements are. So let's dig a little bit deeper into this policy. Earlier Lydia went over different types of catheters that are available on the market so now let's talk about how these get covered. The Medicare policy outlines three main categories within the intermittent catheter family. The first category is a straight tip intermittent catheter that can be with or without coating, it can be silicone based hydrophilic or a red rubber catheter. In the Medicare urological policy these types of catheters are described using a HCFA code A 4351 and there's a limit that Medicare has set which is up to 200 per month and any user can have up to 200 catheters a month. The second category in the policy are the Coude or the curved tip catheters that Lydia mentioned earlier. Again they can be silicone based hydrophilic or red rubber. Coude catheters are described using a HCFA code A 4352 and the limit on these are also 200 per month or up to 200 per month. In the policy it actually says that Coude catheters for females are rarely needed and justified and it also says that if a doctor is prescribing a catheter a Coude catheter the medical necessity should be clearly documented in the medical record. Basically there has to be a reason why the doctor is prescribing a Coude catheter instead of a straight tip catheter and the reason needs to be clearly documented for this catheter to be covered. The third final category in the catheter family is a catheter with insertion supplies so that's the gloves, the wipes and the drape or the

no touch types of systems that allow for a sterile catheterization to happen. This category is described using a HCFA code A 4353 and Medicare also allows a user to have up to 200 catheters per month. Because these catheters are more complex there are more strict parameters around coverage for these catheters. There are five categories and any of these five would qualify a user for a catheter that falls into the A 4353 category. The first one resides in a nursing facility, the second category is immunosuppressed, third a documented vesico-ureteral reflux, 4 a pregnant spinal cord injured female with a neurogenic bladder. Five, has had two urinary tract infections while using A4351 or A4352. Those are straight or Coude catheter within 12 months. I want to focus on the last bullet here, the two urinary tract infections. In order for the urinary tract infections to count they have to be properly documented in the medical records by the physician. Not only does the UTI have to be documented, a urinalysis must be performed with a bacteria count with more than 10,000 colony forming units. Also another symptom must be recorded in the medical notes. Some of the acceptable symptoms are things like a fever, change in frequency or urgency, increased muscle spasms and things of that nature. After a doctor has diagnosed a UTI documented properly in his notes, ran all the tests, the patient has taken the antibiotics and is feeling better which also has to be documented in the medical records all of that counts as one urinary tract infection and two of these have to be documented in order for a person to qualify for an A 4353 type of catheter. Sometimes these tests are not performed and/or not properly

documented which creates a lot of access issues for catheters of the A 4353 family. And now we're going to do a poll.

>> Bill: The second poll is have you been told by your supplier or physician that you do not qualify for a certain kind of catheter. Please wait for the window and you'll be able to vote by the blue window. Have you been told by your [splirp](#) or physician that you do not qualify for a certain type of catheter. And there we have the voting window. And we should have results in a few seconds. The results are very even on this as well, team, it's yes 41%, no 59%. So have you been told by your supplier or physician that you do not qualify for certain type of catheter, yes is 41% to that question.

>> Anna: Okay. So just a couple of more things. Medicare is not the only insurer whose policy creates access issues to catheters. Some state Medicaid programs are very restrictive and they only cover very little per month. Medicare set the limits at up to 200 perfect month and some of the Medicaid's are much lower than that. Then you have private insurance some plans don't cover urological supplies at all. So that creates access issues for people that do need catheters. Intermittent catheters are prosthetic devices that replace a functioning body part they are considered the focal medical supplies and there are coverage access issues. If you have any questions about products or insurances here are some websites that are available to you where you can get your questions answered or you can always contact Lydia or I and here are our contact information. And please pose your questions in the chat box if you have any.

>> Bill: Thank you, Lydia and Anna. We have a couple of questions and again for the audience pose your questions in the chat box. This is addressed during your presentation directly but are we clear that hydrophilic catheters are no more difficult to obtain reimbursement for, I saw the indication on a couple of your slides that where there's straight, straight or Coude tipped coated or not so are hydrophilic catheters not any more difficult to obtain reimbursement for whether it's straight or Coude tipped.

>> Lydia: Yes, that is correct, the hydrophilic catheter as long as whatever catheter you're using as long as it's a straight tip and doesn't have all the insertion supplies is considered an A 4351 which is reimbursed the same. Now when you have a Coude tipped catheter that is a little bit different and coverage is mostly for males, it states that very clearly in the policy.

>> So the difference has nothing to do with hydrophilic coating only whether Coude tip versus straight?

>> That's correct.

>> Bill: And another question, do you have to prove two UTI's ever year or just once in order to qualify for the self-contained catheter, is this a one time proof threshold or is it each year that you need to have UTI's in order to qualify for the upgraded supplies?

>> Anna: As far as we know, especially with the private payers, it's really the enrollment year so it depends on when your insurance starts and ends. But two of them do have to be documented within 12 months and I know that if you're in the hospital or something, the UTI's can

only be documented when you're at home using the catheters at home.

>> Bill: Okay. And now questions are rolling in. The next is what is the best method to refocus on that -- they are pouring in so I couldn't keep track. What is the best method to clean a drainage system which I use at night, sometimes a bag leaks. Is there a prescribed method for cleaning a drainage bag?

>> The best thing to do is two options really is to call, talk to your healthcare professional about how they recommend it should be cleaned or another good resource for any sorts of questions like that is to call secure start services which is a patient support service and the number and the e-mail are posted there on the screen for those of you who may not be looking at the screen the number is 888-740-8999.

>> Thank you. The next question I'm currently using intermittent catheters but at times I would like to use a Foley. Will Medicare reimburse for both and will I need another prescription?

>> You would need a separate prescription and I am honestly not sure they would cover both of them at the same time because there would be a quantity issue. So maybe if you did half and half they would allow that but you certainly can have, you know, the maximum amount of the intermittent catheters and the maximum amount of the Foley catheters together.

>> Bill: Okay. Thank you. Next question do you know where I could find the catheter made to a custom length? I don't know if you've address -- had this issue come up before or not?

>> All intermittent catheters are FDA clear devices which means they're

screened by the government as a medical device before they're allowed to be distributed and so it would be very hard for someone to have a custom length intermittent catheter because every time they made one they would have to get it cleared by the FDA that's why you typically have three different lengths of catheters the 6 inch, the 10 inch and the 16 inch.

>> There's some manufacturers who made an extension that, it would be for a straight catheter only that would go from the funnel end of the straight catheter to make it longer.

>> I was inputting an extension tube on the end of the catheter in order to drain it directly into a bag.

>> Correct.

>> Bill: Next question is for Anna. Medicare is currently denying my A 4353 claims because they say the UTI's must occur within the 12 months prior to using the A 4353 and we don't have access to those old records anymore. Have you come across this?

>> Anna: Yes. I mean we've seen that before. When -- I would have to get more specific information to answer this question because the records should be available as long as it's within the first year within the 12 months the records should be available.

>> Bill: To the audience member possibly you'd like to take a good look at Anna's e-mail and send her a note on that for assistance. Next question is it true that hydrophilic catheters are sometimes more expensive than what the insurance pays for the product?

>> Anna: Yes, that can happen at times different types of hydrophilics

generally they're more difficult to manufacturer so they're more ex-expensive than straight nonlubricated catheters and can be more expensive than what insurance will reimburse.

>> Bill: And Anna, switching back to that last audience member asked about the old records, she's indicating that the records are over seven years old. Should she still contact you?

>> Anna: Yeah, have her write me a specific e-mail and I will be more than happy to talk to her.

>> Bill: Thank you. Next question, I need to leave a Foley catheter in overnight so I can sleep through the night and my doctor can't get them for me. I use the kits during the day and have to wake up every three to five hours to cath. Why can't I get a few Foley catheters so I can sleep a few nights a month. I've tried taping on the kits but the bags overflow. Taping on the kits.

>> We would definitely need a little bit more information and we would have to explore a little bit more. Secure start services would definitely be able to help which is that first number on there.

>> Bill: Okay. And a question about research. In the clinical research data available on benefits abuse of a Coude tip or any critical data in general to which you could refer folks so that they could look up any results on either the Coude tip or the hydrophilic versus noncoated catheter use? Is there anything out there that's current at all especially with changes in the products that you referred to in the last few years?

>> There have been some studies on coated catheters or hydrophilic

catheters versus nonlubricated catheters that are available. They're more of a clinical nature so the average person it can be challenging for the average layperson to read and understand what it's talking about. As far as Coude tip catheters, there may be Coude tip catheters are used for males when they have full passage or enlarged prostate. If you Google something online you could probably find a few articles on that subject as well.

>> Bill: Okay. A question along that same line. Can you recall of any research to support the use of closed system catheters?

>> Lydia: Yeah, there are some as well. Again, most of them are clinical in nature, they talk about no touch the benefits not touching the catheter and benefits of the protect tip but also those are more clinical in nature. Someone is curious we have a list that we'd be happy to share with you, it's all public information if you e-mail me we can -- or e-mail one of us we can refer you to that.

>> Bill: That would be a big help, thanks. Folks that's all the questions. We did have a number of questions flood in at the end as expected. On behalf of United Spinal association I'd like to thank Lydia Cannady and Anna Markiewicz so much for sharing their personal experience and knowledge with us today on the topic of types of intermittent catheters and access to those urological supplies and how best to get the supplies that you need. Our next webinar will be vibration therapy benefits for people with spinal cord injury or disorder on September 30th at 3 p.m. eastern with Jennifer French and Dr. Kim Anderson. To sign up for and receive our webinar newsletter

visit us at www.spinalcord.org. Check our new mobility website where there's information at newmobility.com to see what we're all about. That will conclude our presentation today. Thank you very much Lydia, Cannady and Anna Markiewicz and it will be archived. Usually give us about two weeks to have it archived at spinalcord.org so you can share it and review it.

>> Thank you.

>> Thank you.