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Redux: Empirical Validation of Medical Equipment Replacement Schedules in Life Care Plans

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Abstract

The present study sought to update and validate the replacement schedules of various durable medical equipment (DME) and assistive technology (AT) commonly cited in life care plans. For life care plans used in litigation, the 1993 *Daubert* decision, which placed more onus on testifying experts to rely upon empirically-supported and generally-accepted literature in their field, increased the need for evidence-based research. In this study, 127 sales representatives and equipment repairers across the United States were contacted to participate in a survey to explore whether replacement values found in similar research conducted in 2005, had significantly changed. Frequency data were analyzed in terms of ranges, median life expectancy of equipment, replacement parts needed for equipment, and current price ranges for equipment, repairs and maintenance. Implications for life care planners are discussed.

Introduction

Life care planning is an interdisciplinary rehabilitation subspecialty in which individuals provide opinions about the need for future medical and quality-of-life care items, and the cost thereof, for individuals who have sustained severe physical and/or cognitive impairments. This role subjects life care planners to testify under the Federal Rules of Evidence. Prior to 1993, experts in various disciplines were able to proffer opinions based solely on their education, training and experience. This unchallenged practice changed, however, with the 1993 *Daubert v. Merrill Dow Pharmaceuticals* decision. The decision mandated experts to base their opinions on empirically-based evidence and opinions generally-accepted by peers in their field (Amsterdam, 2003; *Daubert* Ruling as cited in Field, 2000). Weed (2010) noted how a life care planning expert's methodology must be scientifically validated and applied to the facts of the case.

Although many life care planners have sought to validate their opinions with empirically-based evidence and data, there continues to be several areas of life care planning practice where there is scant data to support opinions. This includes replacement schedules of durable medical equipment (DME) and assistive technology (AT). Marini and Harper (2006) cited this ongoing problem with their study on the topic, yet little subsequent research has been conducted. Many life care planners continue to proffer opinions by cost-sourcing DME and AT and may or may not speak with a representative (if relying upon online pricing) to verify equipment life expectancy.

Anecdotally from the first author's life care planning experience, item by item questioning from opposing counsel regarding how the life care planner "knows" certain equipment longevity is generally responded to by citing warranty or insurance accepted replacement rates, or alternatively by surveying vendors.

The purpose of the present study was to update a 13-year-old empirical validation study of DME and AT sales representatives and equipment repairers (Marini & Harper, 2006). The authors obtained the assistance of these providers to determine whether newer technologies or stronger materials used to manufacture DME and AT impacted the replacement rates of equipment, parts and accessories. A review of existing literature on the topic follows.

Literature regarding DME and AT

Amsterdam (2003, 2010) cited a number of important factors to consider when recommending equipment and replacement schedules. These include demographics of the user such as age, environment in which the equipment is used, and lifestyle of the user. Scherer (2016) further distinguished between the importance of the AT and user match or fit, essentially noting that if a device is ordered 'for' rather than in consultation 'with' a user, the equipment may be underutilized, if used at all.

The age of the equipment's user is an important factor for two primary reasons. First, consideration should be given to one's phase of life. For example, a user in adolescence may experience growth spurts which can cause accelerated replacement schedules at certain developmental milestones or ages. Certain equipment may need to be replaced because the user outgrew it, rather than due to equipment wear and tear. A second consideration for younger users is that they may be rough on or less attentive to properly maintaining

equipment, contributing to breakage, the need for more frequent and extensive repairs, and/ or more frequent replacement. Amsterdam (2003, 2010) also addressed the environment to which the user exposes the DME or AT. This can include weather conditions and physical environments. For example, adapted vans with a hydraulic lift may succumb to damage or wear and tear during extended winter periods with below-freezing temperatures and exposure to dirt or salt used to control snow and ice on the streets. These lifts typically have a much shorter life expectancy than ones used by those who reside in warmer climates, without exposures to such harsh conditions. Winter climates can have a similar hastened deterioration impact on outdoor wheelchair elevators, scooter lifts, etc.

Amsterdam (2003, 2010) additionally addressed the effects of using equipment in rural communities with dirt unstable surfaces roads, rocks or water noting that each of these things can have a negative impact on equipment life expectancy. Hot climates, beach sand and saltwater can erode metal and bearings from such exposure. Beach wheelchairs with PVC piping and mesh, as well as all-terrain wheelchairs for unstable surfaces, are more likely to last longer than an indoor manual or power wheelchair used in such environmental conditions.

Amsterdam (2010) also distinguished between an individual's body type, such as the impact of obesity on power lifts and wheelchairs, as well as an individual's lifestyle choices. Persons using athletic wheelchairs (whether it be basketball, marathon, or rugby) may experience significant wear and tear and damage, requiring more frequent replacement parts or replacement of the equipment itself. Amsterdam further distinguished between whether individuals can propel themselves, and how the equipment is handled by the individual or others. Finally, Amsterdam attempted to obtain perceived replacement rates of DME from 28 life care planners and unfortunately had a low response rate. It perhaps would have been more reliable to survey users of DME regarding when they actually replaced their equipment. This is recommended for future research.

Scherer (2016) discussed the importance of consumer inclusion when selecting assistive technology and equipment. She cited the medical model where healthcare professionals choose equipment they perceive patients require, such as a hospital bed, rather than including the consumer in choosing the type of bed preferred. In many cases, from the first author's experience, persons with physical disabilities would much rather sleep in a regular bed with a low air flow mattress, particularly when they have a partner. Scherer indicates that when equipment is chosen for individuals devoid of their input, they are much less likely to use it, in comparison to those who are involved in the decision-making process.

In the study that served as the basis for this present study, Marini and Harper (2006) surveyed 101 DME sales representatives and technical repairers regarding the replacement schedules of 58 types of DME and AT. Overall findings indicated children replaced wheelchairs at approximately one year earlier than adults, at four years versus five years respectively. Accessories like wheelchair cushions and batteries required replacement roughly every two or three years, and hospital beds were typically replaced every 10 years. The reader is referred to Marini and Harper (2006) for a more detailed discussion on this prior study.

Method

Participants

Participants in the current study included 127 AT and DME sales representatives or equipment technicians from across the continental United States, representing 39 states. One hundred and two respondents identified as sales representatives and 25 as equipment repairers. Of 576 participant contacts, 127 (22%) responded with 2-8 participants from the each of the 39 states. Participating state response rates were eight each from Texas, California, and Florida; six each from New York and Nevada; and four each from Colorado, New Mexico, Minnesota, Wisconsin, Alabama, Georgia, and Tennessee; three each from Louisiana, North Carolina, New Jersey, Oklahoma, Iowa, Ohio, and Kansas; two each from Alaska, Wyoming, Nebraska, South Carolina, Vermont, Connecticut, Mississippi, Arkansas, Oregon, Washington State, North Dakota, South Dakota, Utah, Kentucky, Missouri, Maryland, Illinois, Indiana, Pennsylvania, and Idaho.

Procedure

The authors obtained a grant from the Foundation for Life Care Planning Research to fund the study. Permission to work with human participants was obtained from the Internal Review Board (IRB) from the researchers' university. Initially, participant solicitation involved emailing DME site employees inviting them to participate and sending them a link to the survey. This data collection method largely failed, and the investigators then began to either cold-call sites and record responses of willing participants or visited DME suppliers in various states. Potential participants were only contacted one additional time if they had not responded within two weeks. Finally, participants were encouraged to base their responses on their experience and not insurance acceptable replacement rates.

Instrument

A 73-item (69 useable) Qualtrics™ and hard copy survey was designed to assess the life expectancy replacement rates as well as interim replacement part schedules of various AT and DME. In the present study, 11 new items were added to the original study's 58 items (Marini & Harper, 2006) to include the following: three-wheel hand cycle, standing power tilt incline wheelchair, Clinitron gel air fluid bed, indoor wheelchair elevator, modified van replacement, Clinitron gel air bed

replacements, indoor elevator wheelchair placement parts, van folding platform lift, folding platform lift replacement parts, van folding ramp, and folding ramp replacement parts. The same 2006 survey was used in addition to the 11 new items above. Additional items were added by the authors and solicited from the Foundation of Life Care Planning committee for inclusion. These items were all believed to be some of the most frequently cited in life care plans and selected for that reason.

The survey cover description letter asked participants to assume regular or daily consumer use of the equipment use. For those who completed the survey online, a drop- down box listing a range of months or years could be individually selected. The survey had four categories, DME, DME accessories, DME supplies, and maintenance for DME, for each of the equipment items listed below:

Durable Medical Equipment-How often do the following need replacement, if used daily?

Power Wheelchairs for Adults
Power Wheelchairs for Children
Power Tilt/Recline: New Wheelchair
Ultralight Manual Wheelchair
Basketball Sports Wheelchair
All-Terrain Wheelchairs
Commode PVC Shower Wheelchairs
Power Scooters for Adults
Three Wheeled Hand Cycle*
Standing Power Tilt and Recline Wheelchair*
Power Hospital Bed: New Bed Replacement
Clinitron Air Fluid Bed*
Hydraulic Bathtub: New Tub-lift Chair
Four Wheeled Walkers
Gait Trainer for Child
Gait Trainer for Adult
Standing Frame Manual Wheelchair
Power Standing Frame Wheelchair
Indoor Wheelchair Elevator*
Respiratory Suction Machine
Nebulizer Machine
New Home Ventilator
Environmental Control Units: Computer Replacement
Environmental Control: Built in Receiver
Modified Van Replacement*

DME Accessories: How often do the following need replacement, if used daily?

Power Hoyer®: New Lift Replacement
Power Hoyer®: New Sling Replacement
Manual Pump Hoyer®: pump replacement only
Power Hoyer®: replacement parts only
Power Track Ceiling Lifts: Lift Replacement
Bed Mattress: ROHO®
Bed Mattress: Power Air Flow Mattress
Clinitron bed replacement parts*
Cushions: Replacement of High/Low Profile ROHO
Cushions: Jay® 2 gel
Cushions: Cloud/Foam
Indoor Wheelchair Elevator Replacement Parts*
Van Folding Platform Lift*
Folding Platform Lift Replacement Parts*
Van Folding Ramp*
Folding Ramp Replacement Parts*
Power Wheelchair for Adults: New Batteries (2)
Power Wheelchair for Adults: New Tires
Power Tilt/Recline: New Batteries (2)
Power Tilt/Recline: New Tires
Ultralight Manual Wheelchairs: New Tires/Spokes
Basketball Sports Wheelchairs: Annual Spare Parts
All-Terrain Wheelchairs: New Batteries
Power Scooters: New Batteries
Power Scooter Tires
Power Hoyer®: New battery
Power Hoyer® Sling
Manual Pump Hoyer Replacement
Power Track Ceiling Lifts: New Battery
Power Hospital Bed: New Battery
Bed Mattresses: Power Box for Air Flow
Hydraulic Bathtub: Parts for Tub-lift Chair
Four Wheeled Walker Tires
Respiratory Equipment: Ventilator Parts
Power Wheelchair Adults: New Tires
Power Tilt/Recline: New Tires
Manual Wheelchairs: New Tires

DME Supplies: How frequently are the supplies needed, if used daily?

Oxygen (O2) Concentrator
O2 Concentrator Filter
Respiratory Suction Machine Filter
Nebulizer Filter

Maintenance for DME: What are the costs for maintaining these items, if used daily?

Power Wheelchair for Adults: Annual Maintenance cost
Power Tilt/Recline: Annual Maintenance cost
Ultralight Manual Wheelchairs: Annual Maintenance cost
Power Scooters: Annual Maintenance cost
Power Track Ceiling Lifts: Annual Maintenance cost
Power Hospital Bed: Annual Maintenance cost
Clinitron hospital bed annual maintenance cost*

Data Analysis

The data were analyzed by first collecting each of the four researcher's compilations and inputting them into an Excel spreadsheet. This was then transferred into SPSS version 21 in order to calculate frequency distributions of participant responses. These responses varied considerably,

as many DME and AT suppliers did not provide answers for every equipment item resulting in variable cell sizes for each piece of equipment. Researchers recorded the range of responses from each participant, then calculated the median score. Median scores were deemed more statistically reliable than mean scores because the median is less affected by outlier variables and best represents the middle score weight. The mode, which is the most frequent number was also deemed inappropriate due to outlier responses (Huck, 2008). See Tables 1-3 for a detailed results obtained for each piece of equipment.

Results

Although in many cases participant responses ranged considerably, for the most part, respondents were fairly consistent. Overall, child manual and power wheelchairs were deemed replaceable after four years, while adult wheelchairs were replaced after five years. Rougher use equipment, such as sports wheelchairs and three-wheeled cycles, were deemed to need replacement after three or four years, respectively. Hospital beds and indoor wheelchair elevators scored median replacement at 10 years, and gait trainers were similar to child and adult wheelchairs with median scores at four and five years respectively. Various respiratory equipment was seen as requiring replacement after five years (see Table 1).

Hoyer lifts, both power and manual, were reported to last roughly five years and replacement parts (e.g., a sling or hydraulic pump) lasted approximately half that time. Track ceiling lifts had a longer life expectancy of approximately nine years. Customized cushions including gel and Roho lasted 2.5 to 3.5 years before needing replacement. Wheelchair batteries, tires, and spokes were all replaceable at approximately two years, while hospital bed replacement parts were listed as 3.5 years. Finally, respiratory equipment such as oxygen concentrators and filters were deemed necessary to replace every six months (see Table 2).

Finally, Table 3 reflecting data collected about maintenance of equipment and cost had low cell sizes. The dollar values varied, and an average was taken, however no cost was seen as excessive to approach 10% of the cost price of the equipment per year. The 10% per year maintenance cost of equipment has been debated and the original source of this percentage is unknown but has been commonly found in life care plans reviewed by the first author (I. Marini, personal communication October 27, 2018).

Discussion and Implications for Life Care Planners

As an overall observation regarding the findings in the present study, the authors found equipment replacement schedules to be very similar as those reported in the earlier study by Marini and Harper (2006). As a 20+ year seasoned life care planner, the first author views the majority of median schedules reported by equipment representatives to be consistent to frequency schedules commonly seen in life care plans.

The additional 11 items added in this current study provide more information about DME specialists' opinions for these items that were not surveyed in the 2006 study. It appears ceiling track lifts have almost a double life expectancy than Hoyer lifts, and the battery replacement is similar to the battery life of other DME. Since ceiling track lifts typically are two to four times the cost of Hoyer lifts, the extra life expectancy seems to offset the initial cost. In addition, the Clinitron bed appears to have the same replacement life as a low air-flow mattress bed. The Clinitron beds are priced over $60,000 compared to the low air flow mattress generally priced at approximately $10,000.

The modified van with ramp or platform lift is also a new addition to this study. The median life expectancy of a van was reported to be seven years, which again mirrors what many life care planners include in their plans. The life expectancy of the platform lift versus the ramp appears to be five years, but as noted earlier, this may depend upon climate extremes. There were not significant differences with the Marini and Harper (2006) study.

In terms of life care planning implications, the goal of the study was to provide practicing life care planners with current DME and AT replacement schedules that are empirically-supported by sales representatives and equipment repairers. Although the numbers to each specific item varied considerably, all of the numbers are better than an n=1. Although this study and the data analysis of frequency counts does not require statistical significance, the data are clinically significance as they provide practitioners a solid foundation for replacement schedules when developing life care plans.

Study Limitations

The present study has several limitations that are noteworthy. First, with a 22% response rate or any response rate in general, it is not advised to generalize that all DME and AT vendors would opine the same replacement schedules that were collected in this study. Second, although the study's participants were encouraged not to simply cite insurance mandated replacement rates, we have no way of knowing whether they did or not. Third, it is unknown whether how many participants gave more favorable or longer replacement value expectancy rates to suggest their equipment is resilient or lasts longer. Finally, although some dollar schedules were requested for maintenance of equipment, the information is time-limited, as DME costs typically increase each year.

Future Research

It is difficult to predict what type of assistive technology will be available in the future. There continues to be an increase in fusing human anatomy with biotechnology, and science appears to be moving in that direction at an exponential rate. Cochlear implants, nerve inducted prostheses, spinal cord stimulators, and exoskeletons are just

some examples of interfacing humans with technology. It appears that the next wave of such technology will be more sophisticated artificial intelligence, robots or cyber humans, and computer chips that may be placed to interface with the human brain. Persons with physical disabilities, neuromuscular disorders, and sensory disorders will continue to benefit from this technology. Ultimately, an increase in the ability to complete one's activities of daily living with the assistance of DME, AT, and artificial intelligence will enhance the quality of life for persons with disabilities.

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Table 1
Durable Medical Equipment-How often do the following need replacement, if used daily?

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Power Wheelchairs for Adults	95	5	2.4	2 – 10
Power Wheelchairs for Children	90	4	2.3	1.5 – 10
Power Tilt/Recline: New Wheelchair	79	5	2.5	2 – 10
Ultralight Manual Wheelchair	94	5	2.4	2 – 10
Basketball Sports Wheelchair	34	4	2.7	3 – 10
All-Terrain Wheelchairs	37	5	2.4	1 – 10
Commode PVC Shower Wheelchairs	72	5	2.3	2 – 10
Power Scooters for Adults	86	5	1.7	1 – 6
Three Wheeled Hand Cycle*	29	3	2.6	3 – 10
Standing Power Tilt and Recline Wheelchair	56	5	2.1	3 – 10

Note: SD = Standard Deviation rounded to single decimal.

Table 1 Cont'd
Durable Medical Equipment-How often do the following need replacement, if used daily?

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Power Hospital Bed: New Bed Replacement	60	10	2.4	3 – 15
Clinitron Air Fluid Bed	24	10	2.3	2 – 15
Hydraulic Bathtub: New Tub-lift Chair	22	5	.7	3 – 5
Four Wheeled Walkers	68	5	2.4	1 – 10
Gait Trainer for Child	33	4	2.3	1 – 10
Gait Trainer for Adult	37	5	2.5	2 – 15
Standing Frame Manual Wheelchair	50	5	2.2	.5 – 10
Power Standing Frame Wheelchair	42	5	2.3	2 – 10

Note: SD = Standard Deviation rounded to single decimal.

Table 1 Cont'd

Durable Medical Equipment-How often do the following need replacement, if used daily?

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Indoor Wheelchair Elevator	19	10	2.6	3 – 15
Respiratory Suction Machine	75	5	1.8	1 – 8
Nebulizer Machine	105	5	2	1 – 10
New Home Ventilator	58	5	2.4	1 – 10
Environmental Control Units: Computer Replacement	10	5	1.6	2 – 8
Environmental Control: Built in Receiver	8	3	.8	1 – 3
Modified Van Replacement	22	7	2.3	3 – 15

Note: SD = Standard Deviation rounded to single decimal.

Table 2

DME Accessories: How often do the following need replacement, if used daily?

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Power Hoyer: New Lift Replacement	54	5	2.3	2 – 15
Power Hoyer: New Sling Replacement	46	2.5	1.2	.5 – 10
Manual Pump Hoyer: pump replacement	41	3	1.2	.5 – 5
Power Track Ceiling Lifts: Lift Replacement	17	9	2.6	3 – 15
Bed Mattress: ROHO	43	3	1	2 – 6
Bed Mattress: Power Air Flow Mattress	45	5	2.3	2 – 10
Clinitron bed replacement parts	14	3	1	2 – 6
Cushions: Replacement of High/Low Profile ROHO	43	2.5	1.8	2 – 6
Cushions: Jay 2 gel	50	2.5	.4	2 – 5

Note: SD = Standard Deviation rounded to single decimal.

Table 2 Cont'd
DME Accessories: How often do the following need replacement, if used daily?

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Cushions: Cloud/Foam	58	3.5	.5	.5 – 5
Indoor Wheelchair Elevator Replacement Parts	13	5	2.3	1 – 10
Van Platform Lift	10	5	1.8	3 – 7
Van Platform Lift Replacement Parts	10	3	1.4	1 – 7
Van Folding Ramp	12	5	2.6	1 – 10
Folding Ramp Replacement Parts	12	3	.9	1 – 5
Power Wheelchair for Adults: New Batteries	59	2.5	.4	1 – 3
Power Wheelchair for Adults: New Tires	55	2	.3	1 – 3
Power Tilt/Recline: New Batteries	49	2	.3	1 – 3
Power Tilt/Recline: New Tires	43	2	.3	1 – 3
Ultralight Manual Wheelchairs: New Tires/Spokes	37	3	.2	1 – 3
All-Terrain Wheelchairs: New Batteries	32	2	.3	1 – 3
Power Scooters: New Batteries	47	2	.3	1 – 3

Note: SD = Standard Deviation rounded to single decimal.

Table 2 Cont'd
DME Accessories: *How often do the following need replacement, if used daily?*

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Power Scooter Tires	46	2	1.2	1 – 7
Power Hoyer: New battery	40	2	1	1 – 5
Manual Pump Hoyer Replacement	36	5	1.2	.5 – 5
Power Track Ceiling Lifts: New Battery	16	3	.7	.5 – 4
Power Hospital Bed: New Battery	22	3.5	1.8	1 – 10
Bed Mattresses: Power Box for Air Flow	35	3.5	1.6	1.5 – 10
Hydraulic Bathtub: Parts for Tub-lift Chair	11	3	.6	2 – 5
Four Wheeled Walker Tires	40	2	.5	1 – 6
Respiratory Equipment: Ventilator Parts	24	1.5	.7	.5 – 5
Power Wheelchair Adults: New Tires	39	2	.4	1 – 3
Power Tilt/Recline: New Tires	37	2	.4	1 – 3

Note: SD = Standard Deviation rounded to single decimal.

Table 2 Cont'd
DME Accessories: How often do the following need replacement, if used daily?

DEVICE	N	MEDIAN REPLACEMENT RATE (YEARS)	SD	RANGE
Manual Wheelchairs: New Tires	41	2	.4	1 – 3
Oxygen (O2) Concentrator	75	.5	.6	.5 – 12.5
O2 Concentrator Filter	75	.5	.2	.5 – 2
Respiratory Suction Machine Filter	69	.5	.2	.5 – 2
Nebulizer Filter	71	.5	.2	.5 – 2

Note: SD = Standard Deviation rounded to single decimal.

Table 3

Maintenance for DME: What are the costs for maintaining these items, if used daily?

DEVICE	N	COST	COST RANGE
Power Wheelchair for Adults	12	$250	$75 – $2500
Power Tilt/Recline	10	$85	$11 –$ 2500
Ultralight Manual Wheelchairs	12	$75	$35 – $400
Power Scooters	12	$175	$75 – $1500
Basketball Sports Wheelchairs	5	$265	$170 – 500
Power Track Ceiling Lifts	2	$187	$75 – $300
Power Hospital Bed	3	$65	$10 – $500
Clinitron Hospital Bed	2	$282	$65 – $500