

QUALITY CORNER

Managing Patients with COPD

COPD management to reduce the rate of admissions and readmission to the hospital

Management of chronic diseases is no easy task. Normally it takes multidisciplinary efforts, which are often difficult to coordinate but effective when applied correctly. COPD is no different. COPD is taxing to patients, their families, hospitals and third-party payers.

An accurate diagnosis of COPD is critical before assuming every patient coming to emergency room with symptoms of shortness of breath, coughing and wheezing has COPD. Certain elements of the patient's history must be obtained, including social history, smoking duration, exposure to second-hand smoke, occupational and environmental history. After we establish this diagnosis, the severity of the disease can then be determined through various methods, including, but not limited to, pulmonary function tests, imaging tests and patient performance statuses.

The following recommendations will help establish better control of COPD symptoms and reduce patient readmissions to the hospital:

- Quitting smoking is the most important thing patients can do to slow down the progression of COPD. With support and counseling, many patients can quit on their own. There are various other strategies, including medication, nicotine replacement therapy and hypnosis.
- Oxygen supplement if needed.
- Pneumonia and annual flu vaccines are strongly recommended.
- Correct use of inhalers, proper selection and usage will provide a significant improvement in symptoms and reduce cost. It is important the health care providers spend the time to make sure patients have a clear understanding of how to use their inhalers.
- Evaluate for anxiety, depression and mood disorders in order to reduce urgent care/emergency room visits.
- Refer patients to pulmonary rehabilitation programs. These programs are grossly underutilized. It is estimated only 3% of all COPD patients have utilized these multidisciplinary programs. Not only do they provide gradual rehabilitation for patients in group therapy, but they also address social and nutritional problems associated with COPD. Education is a big component of the program and patients develop better understanding of their disease process. Different types of exercise routines are tailored to each patient.
- Management of comorbidities ensures better control of COPD. COPD management is significantly impacted by improvement in cardiac, renal and GI diseases.
- Encourage patients to undertake simple airway clearance methods by hydrating themselves, using expectorant and using flutter devices as needed.
- Advise COPD patients to avoid outdoor activity in extreme weathers, such as bitter cold or oppressively humid heat. Changes in airway temperature can trigger COPD exacerbation.

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- Advise patients, if possible, to avoid environmental pollutants that could exacerbate their COPD. This includes working or living near factories, highways, airports and other similar environments.
- Evaluate for overlap syndromes of COPD with asthma, interstitial lung disease, CHF and sleep apnea to obtain better control of the disease.

Controlling COPD by applying these formative recommendations will help the patients become partners with their health care providers, provide better longevity in the lives of COPD patients and improve their performance status as they become less dependent and more productive in society. In addition, these recommendations drive down hospitalizations and readmissions, thus creating saving for the ACO and the health care system.

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