COPD: Enhancing Education and Postdischarge Support to Improve Patient Outcomes

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Agenda

• Identify initiatives to improve outcomes for patients with COPD

• Recognize opportunities to reduce COPD patient readmissions

• Assess processes for educating patients with chronic conditions

• Discuss staffing strategies to improve patient access and care
Background

Healthcare leaders are faced with increasing complexity in understanding and responding to a number of industry challenges and requirements.

• According to the U.S. Centers for Disease Control and Prevention:
  – COPD was the third-leading cause of death among U.S. citizens in 2011.
  – 16 million Americans are currently diagnosed with COPD, but another 16 million remain undiagnosed.
  – Despite attempts to raise public and medical community awareness, COPD remains under-diagnosed and under-treated.

• Additionally, COPD has been included as one of the key conditions listed by CMS in its Hospital Readmissions Reduction Program, along with heart attack, heart failure, pneumonia, hip/knee replacement, and coronary artery bypass graft surgery.

• Through this program, hospitals and health systems may incur financial penalties if target benchmarks in care are not met.
Background (cont.)

Due to this and other factors, many hospitals and health systems have made readmission reduction an organizational priority.

• With its high rate of mortality and prominence in quality measures, numerous organizations have focused on better managing patients with COPD.

• UC Davis Health exemplifies this drive to improve outcomes for patients with COPD through its implementation of the Reversible Obstructive Airway Disease (ROAD) program at UC Davis Medical Center.
Providing Enduring Education

When managing any chronic condition, patient education plays an important role in reducing readmissions and improving outcomes and the overall quality of life.

• The UC Davis ROAD program focuses its efforts on providing inpatients with comprehensive education on how to:
  – Self-manage their condition upon hospital discharge
  – Reduce the likelihood of exacerbations and readmission to the hospital

• Severe COPD exacerbations can be more deadly than a heart attack!
  – Many patients have no idea about the danger or how to get help and access their healthcare services.

Increasing the danger is that almost all exacerbations begin at home!
Providing Enduring Education (cont.)

The patient education service provided by the ROAD program differs from that of many other organizations.

• Primarily, this is because patient education is conducted while the patient is still in the inpatient setting.

• As soon as patients are admitted to the hospital, they are flagged for enrollment in the ROAD program through:
  – Provider word-of-mouth
  – A screening tool embedded in the UC Davis electronic health record, which looks for elements such as smoking history or use of respiratory medications
Providing Enduring Education (cont.)

Following their enrollment in the ROAD program, patients begin receiving education right away with the approval of the hospitalist.

- Patients are provided with 4 1-on-1 educational sessions by registered respiratory therapist COPD case managers, with each session lasting approximately 20 minutes.

  - Beginning on their first day of admission, patients are educated on:
    - Foundational information about COPD
    - Medications they will be prescribed and the correct way to use them
    - How to recognize impending exacerbations
    - What their postdischarge care plan will be and how their care will be coordinated in an interdisciplinary manner

This information is provided to patients and their families in a written COPD action plan.
Providing Enduring Education (cont.)

Educating patients in this 1-on-1, progressive manner is beneficial.

• The information is presented at an individualized pace, giving it a more lasting impact than the more common classroom approaches to post-discharge patient education; all patients are created different!

• To see the difference between 1-on-1 education and classroom-based education, visit a classroom in any U.S. university and note all of the people falling asleep!

• By going to the patient’s bedside and personally engaging with them to provide education in a manner that is palatable and approachable, we are providing patients with:
  – Enduring Value
  – The “know how” to leave the hospital equipped to improve their safety, reduce symptoms and risks from COPD in the quest for a better quality of life
Facilitating Specialist Staffing

Beyond implementing engaging patient education practices, employing the best, most appropriate staff can often drive quality improvement.

• Typically, other organizations utilize nurse practitioners for initiatives similar to the ROAD program.

• UC Davis uses registered respiratory therapists who are certified COPD case managers, which allows them to:
  – Provide inpatient education services
  – Coordinate patients’ postdischarge care

• Registered respiratory therapists are cheaper to employ than nurse practitioners and better-suited professionally to the task.

The ROAD program is a fiscally responsible and viable business model for the delivery of healthcare to COPD patients and their families.
Facilitating Specialist Staffing (cont.)

After the inpatient episode of care, the ROAD program’s registered respiratory therapists continue to support patients as needed.

• Following discharge, patients are provided with a phone number giving them direct access to registered respiratory therapist COPD case managers.
  – Patients are able to call with any questions or concerns between 7:00 am and 7:00 pm.
  – Registered respiratory therapist COPD case managers practice under the medical direction of a dedicated pulmonologist.

• All patients are also referred to the UC Davis Pulmonary Rehabilitation Program to take advantage of services to consolidate the lessons learned in the hospital and further develop self-management techniques in a social setting with other COPD patients.
Reviewing Results

As a result of the ROAD program’s tactics for quality improvement, the organization has noted a consistent annual reduction in hospital readmission rates, leading *US News & World Report* to recognize UC Davis Health for excellence in common care in the area of COPD.
Reviewing Results (cont.)

UC Davis Medical Center has noted a significant reduction in hospital length of stay for COPD patients as well, and other hospitals nationwide have found similar results with the ROAD program approach.

![COPD Patient Average Length of Stay at UC Davis Medical Center](chart.png)
Lessons Learned

For other hospitals and health systems seeking to enhance their organization’s patient education and COPD self-management processes, UC Davis Health’s practices may provide useful insight.

• Emphasize the concept of “reversibility” to your COPD patients in the areas of lung function, exercise tolerance, and the quality of life when COPD patients control their symptoms and reduce their risks of acute exacerbation with a dedicated registered respiratory therapist COPD case manager.

• Provide personalized educational services at the patient’s bedside to maximize their impact.

• Be dedicated and empathetic — that is what these patients really need.

*Empathy is not an occupational hazard!*
Conclusion by The Academy

• The Academy extends thanks to our presenter as well as our attendees – and welcomes any questions, comments, or feedback regarding this presentation.

– At this time, we would like to begin our Q&A session.
Appendix

NOTE TO ATTENDEES

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