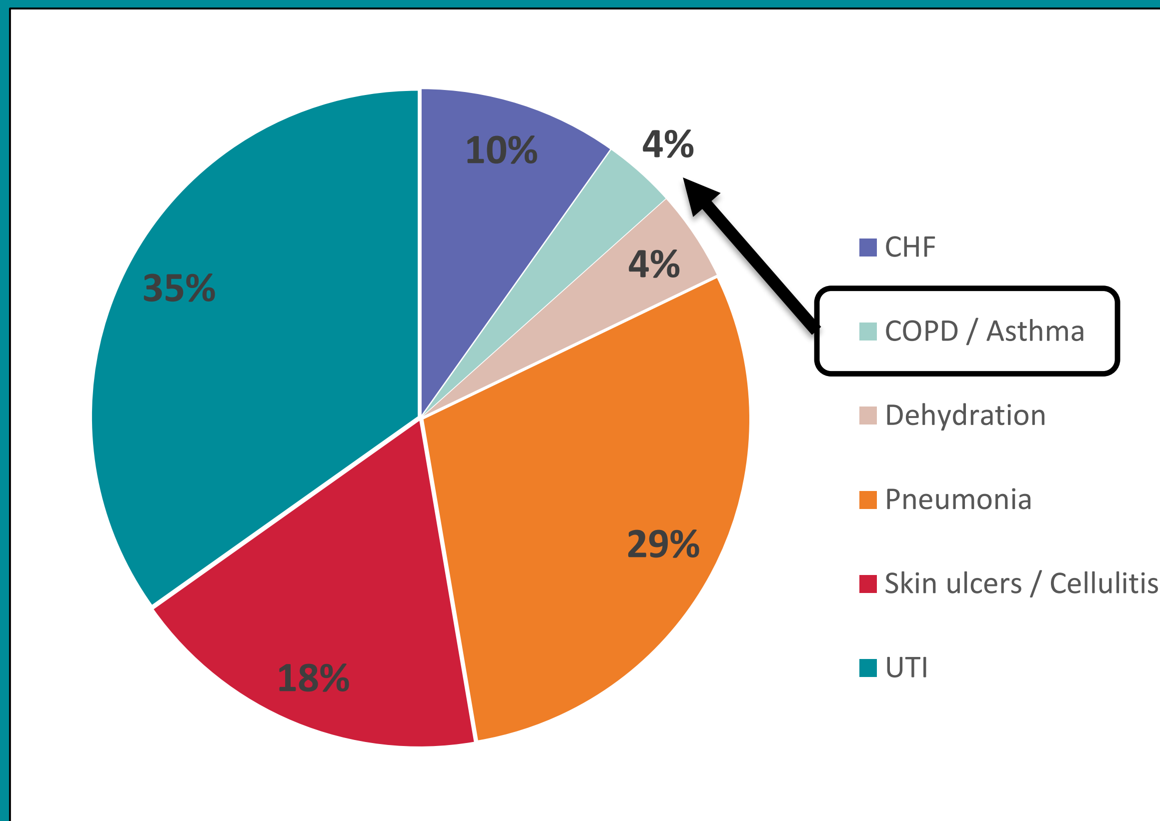
COPD/Asthma

Quarter 1 Data

These percentages are estimated from your data, as reported to CMS on the first quarterly report



v. 9-27-2016

Qualifying Diagnosis

COPD/Asthma

(maximum benefit duration 7 days)

THIS	TWO or more of THESE
Known diagnosis of COPD/Asthma or CXR showing COPD with hyperinflated lungs and no infiltrates	* Symptoms of wheezing, shortness of breath, or increased sputum production * Blood Oxygen saturation level below 92% on room air or on usual O2 settings in patients with chronic oxygen requirements * Acute reduction in Peak Flow or FEV1 on spirometry * Respiratory rate > 24 breaths/minute

Facility Code: G9681 Practitioner Acute Nursing Facility Care Code: G9685

Facility Payment for Six Qualifying Conditions: **COPD/Asthma**

Billing Code

- G9681

Facility Services Required to be Available

- Increased Bronchodilator therapy
- Usually with a nebulizer, IV or oral steroids, or oxygen
- Sometimes with antibiotics

Maximum Benefit Period

- 7 days

COPD/Asthma

	COPD	Asthma
Symptoms	shortness of breath, airway hyper-responsiveness	shortness of breath, airway hyper-responsiveness
Triggers	respiratory tract infections: pneumonia, flu, exposure to environmental pollutants	allergens, cold air, exercise
Causes	smoking, exposure to fumes	combination of environmental and genetic factors
Treatment	control symptoms	take precautions to avoid triggers

Source: http://www.healthline.com/health/copd/asthma#asthma-vs-copd1

Chronic Obstructive Pulmonary Disease

- Common, preventable, and treatable disease that is characterized by persistent respiratory symptoms and airflow limitation that is due to airway and/or alveolar abnormalities usually caused by significant exposure to noxious particles or gases

(GOLD, 2017)

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AMDA/PALTC Recommendations

- Recognition/screening at admission to LTC
- Assessment:
  - Differential diagnosis
  - Assess severity/stability of symptoms
  - Input from interprofessional team
  - Functional status
  - Summarize condition

AMDA/PALTC Recommendations

- Treatment:
  - Set treatment goals
  - Develop individualized plan of care
  - Facility programs/policies for smoking cessation
  - Nonpharmacologic interventions, education
  - O2 if indicated
  - Vaccinate for respiratory infections

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Diagnostic Challenges in LTC

- COPD may not be primary diagnosis, may be secondary, or undiagnosed
- Usually do not have PFT/spirometry (required for definitive diagnosis/staging)
- Usually do not have ABGs
- Usually only imaging is CXR

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Morphologies of COPD

EMPHYSEMA

"PINK PUFFER"

* Alveolar (diffusion) Problem
* ↑ CO_2 Retention (Pink)
* Minimal Cyanosis
* Pursed-Lip Breathing
* Dyspnea/↑Resp Rate
* Hyperresonance on Chest Percussion
* Orthopneic
* Barrel Chest
* Exertional Dyspnea
* Prolonged Expiratory Time
* Speaks in Short Jerky Sentences
* Anxious
* Use of Accessory Muscles to Breathe
* Thin Appearance

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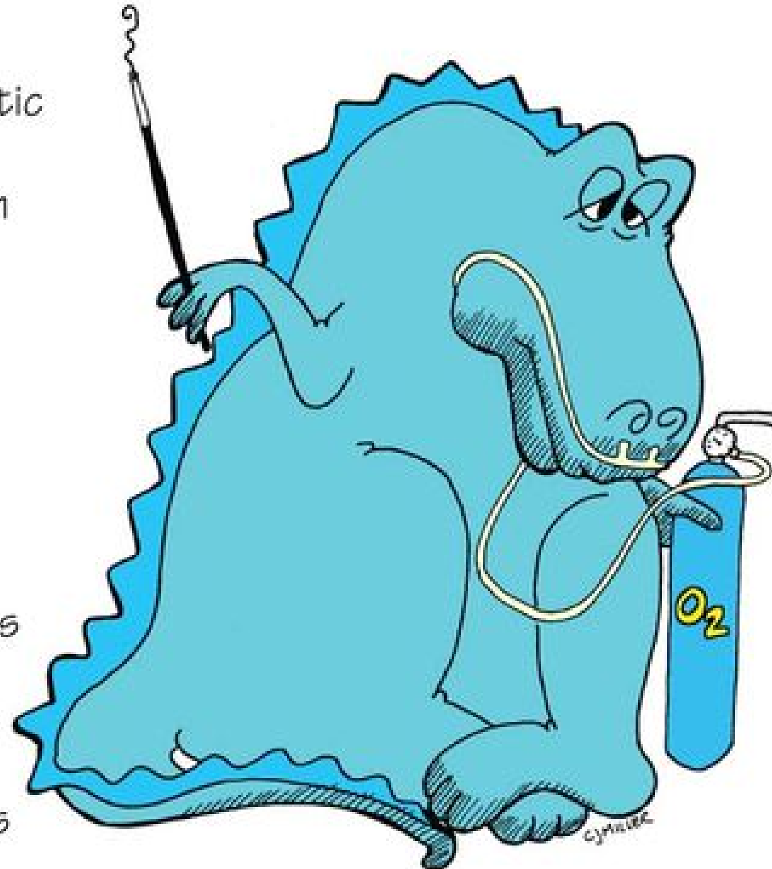
Morphologies of COPD

CHRONIC BRONCHITIS

"BLUE BLOATER"

* Airway Flow Problem
* Color Dusky to Cyanotic
* Recurrent Cough & ↑ Sputum Production
* Hypoxia
* Hypercapnia (↑ pCO_2)
* Respiratory Acidosis
* ↑ Hgb
* ↑ Resp Rate
* Exertional Dyspnea
* ↑ Incidence in Smokers
* Digital Clubbing



* Cardiac Enlargement
* Use of Accessory Muscles to Breathe
* Leads to Right-Sided Heart Failure: Bilateral Pedal Edema, ↑ JVD

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Pulse Oximetry

- Interpret O2 sat as part of assessment
- May not be always be accurate due to:

  Nail polish

  Cold fingers

  Low perfusion states:

    CHF, cardiac arrhythmias, hypotension, hypothermia, smoking, PVD

Goals of Treatment for COPD

- Improve symptoms, comfort, function, QOL
- Manage co-morbid conditions (depression, anxiety, malnutrition, other medical conditions)
- Decreased frequency of infections, exacerbations, hospitalizations
- Correct use of inhalers

Interprofessional Resources in LTC

- Pharmacist: interchanges, recommendations, staff education
- Respiratory Therapist: assessments, recommendations
- PT/OT: pulmonary rehab interventions: endurance/energy conservation, improving function, pursed lip breathing
- ST: swallowing/feeding

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Potential Indications for Hospitalization

- Severe symptoms: shortness of breath including “air hunger”, high respiratory rate (>28), decreased O2 sat, confusion, drowsiness:
- Acute respiratory failure
- Serious complicating co-morbidities: CHF, new arrhythmias

Before Hospitalization Consider:

- Advanced Directives/POST/Goals of Care
- Facility resources/staff expertise
- Is there something more that can be done at the hospital that the patient/family desires and that cannot be accomplished in the nursing home?

References

- COPD Management in Post Acute and Long Term Care Setting. AMDA/PALTC.
- Global Initiative for Chronic Obstructive Lung Disease (GOLD). 2017. www.goldcopd.org

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