COPD/Asthma
Quarter 1 Data

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

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**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

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

Source: [http://www.healthline.com/health/copd/asthma#asthma-vs-copd1](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)
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
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
Morphologies of COPD

**EMPHYSEMA**

“PINK PUFFER”

- Alveolar (diffusion) Problem
- ↑ CO₂ 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
**Morphologies of COPD**

**Chronic Bronchitis**

- Airway Flow Problem
- Color Dusky to Cyanotic
- Recurrent Cough & ↑ Sputum Production
- Hypoxia
- Hypercapnia (↑ pCO₂)
- 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
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
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.