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Clinical Conundrums: Three Common Challenges You May Be Facing

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HCCIntelligence[™] Webinar and Virtual Office Hours

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Introductions



Thomas Cornwell, MD

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Paul Chiang, MD

Senior Medical and Practice Advisor, Home Centered Care Institute

Medical Director, Northwestern Medicine HomeCare Physicians

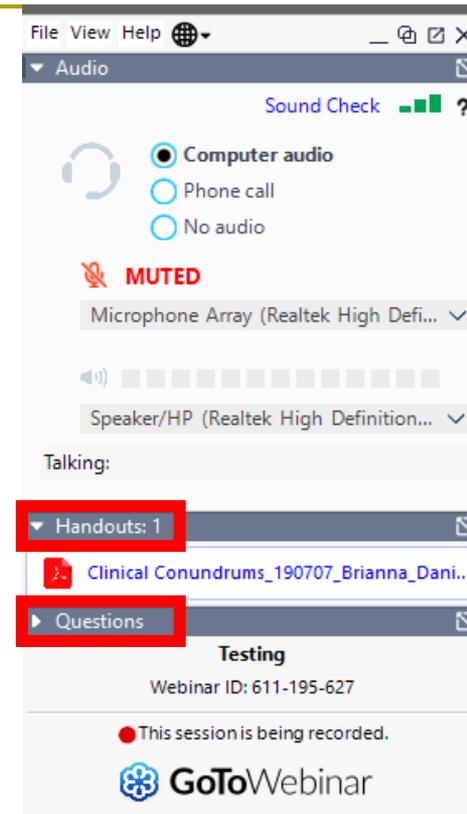


Brianna Plencner, CPC, CPMA

Practice Improvement Specialist, Home Centered Care Institute

Housekeeping

- The first 30 minutes of today's Webinar will consist of a slide presentation and all participants will be muted during this time.
- The following 30 minutes will be Virtual Office Hours, and all participants will be able to submit questions via the question box.
- To submit a question, click on the arrow next to Questions, type in your question, press send.
- Handouts can be accessed in the handout box.
 - **Click on the name of the file and save to your computer**
- All participants will receive a copy of the slide deck, question and responses, and a recording of the presentation.



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Advancing home-based primary care
to ensure that chronically ill,
medically complex, homebound patients
have access to high-quality care in their home

TRAINING | CONSULTING | RESEARCH | ADVOCACY

Objectives

Objectives

1

Manage congestive heart failure (CHF) in patients with functional disability and multiple, complex comorbidities that contribute to functional, nutritional and cognitive limitations.

2

Apply effective management strategies for homebound patients with chronic obstructive pulmonary disease (COPD).

3

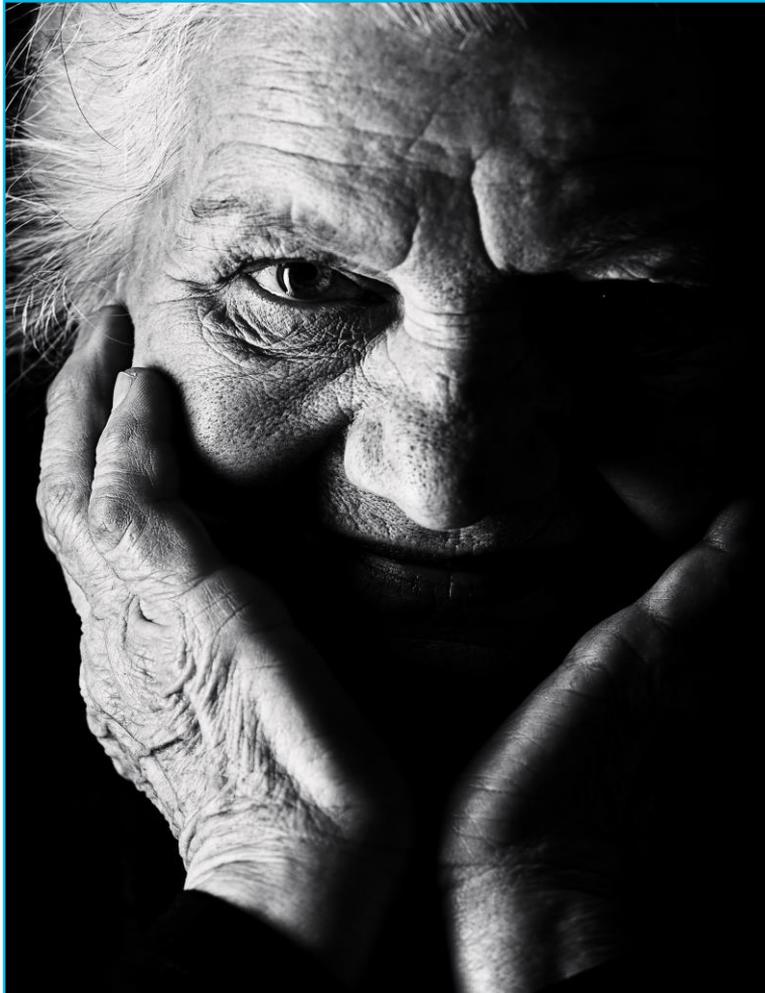
Describe the general considerations and recommendations in the treatment of type 2 diabetes mellitus (DM) in complex, frail, elderly patients in the home setting.

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Case Study – Gertrude 76 y/o

Overview



76-year-old female

History of severe COPD (FEV1 0.57 (2011))

Chronic hypoxic and hypercarbic respiratory failure

On 3L NC O2, CAD s/p MI 2004

HFrEF EF 30%

HTN

Anxiety

Atrial fibrillation

Stage 3 CKD

Insulin dependent type 2 DM

Mild dementia (mixed vascular and Alzheimer type)

Seeing at home for increased SOB, cough, wheezing, lethargy, and leg swelling

Past Medical History

- Severe COPD
- Respiratory Failure
- CAD MI 2004
- Atrial Fib
- HFrEF 30% EF
- Non-sustained VT
- HTN
- Depression
- Anxiety
- DM
- Colon polyps
- CKD stage 3
- Dementia mixed type
- Hypothyroid
- Vitamin D deficiency
- Hyperlipidemia
- HOH

Medications

- Albuterol inhaler 2 puffs QID prn
- Alprazolam 0.25 mg TID
- Atorvastatin 40 mg QD
- Budesonide 0.5 mg/2ml nebulizer BID
- Bumetanide 0.5 mg BID
- Carvedilol 6.25 mg BID
- Cholecalciferol 1000 IU QD
- Guaifenesin 100 mg/5 ml 5 ml QID prn
- Home oxygen 3 liters nasal cannula
- Levothyroxine 25 mcg QD
- Insulin lispro protamine-insulin lispro 100 unit/mL (75-25) suspension 22 units BID
- Lisinopril 10 mg QD
- Mirtazapine 15 mg HS
- Omeprazole 40 mg QD
- Polyethylene glycol 17 g QD
- Potassium chloride 10 mEq 10 mg BID
- Prednisone 5 mg QD
- Senna 8.6 mg BID
- Tiotropium handihaler 18 mcg inhalation QD
- Warfarin 5 mg QD

Social History

- Ex-smoker - 50 pack year history
- No alcohol use
- No drug use
- Lives with husband (with chronic illness): picks up meds; shops
- Diet: Packaged pre-made from store or restaurants
- ADLs
 - Able to dress self
 - Can use BR on own
 - Able to feed self
- DME: Hearing amplification device; commode; walker; O2

Physical Exam

- **Vitals:** BP 122/64, P 88, RR 26, T 97.8
- **General:** Oriented x 3
- **Neck:** + JVD
- **Card:** IRR, +S3 gallop
- **Resp:** Rales at bases and expiratory wheezes
- **Extremities:** Pitting edema bilaterally, chronic venous stasis changes with drainage from both legs
- **Neuro:** Recall 2/3 items, no focal deficits
- **Psych:** Increased anxiety with worse SOB

Laboratory Results

Laboratory results (from last week's hospital stay):

- H+H 9.8/30
- Na 130
- K 4.9
- CO2 38
- BUN 34
- Creatinine 1.9
- Glucose 288
- Mg 1.6
- A1C 8.6
- proBNP 19,876
- Total cholesterol 108
- Albumin 2.8
- TSH 2.41
- EKG: Atrial fibrillation with premature ventricular or aberrantly conducted complexes
- CXR: COPD changes; + Pulmonary vascular congestion
- Echocardiogram EF 30%; Mild pulmonary HTN

Conundrums

Guiding Principles



**PATIENT
PREFERENCES**



**INTERPRETING
THE EVIDENCE**



PROGNOSIS

**TREATMENT
COMPLEXITY AND
FEASIBILITY**



**OPTIMIZING
THERAPIES AND
CARE PLANS**



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Consider the Following

- **What are the potential diagnoses for this patient?**
- **What testing is possible?**
 - Who will perform them?
 - What is the turnaround time?
 - What limits are there to testing in the home?
- **What are the patient's goals of care?**
- **What is the feasibility of care suggested?**

Management of Type 2 DM: Medication Conundrums

- **Cost of medications**
- **Complexity of medications**
- **Comorbidities which may impact the proper use of medications**
 - Vision
 - Dexterity
 - Cognitive impairment
 - Falls
 - Depression
 - Lack of social support

Management of Type 2 DM: Other Conundrums

- **The burden of BS monitoring in the context of overall goals of care**
- **Lifestyle and diet modification if consistent with overall goals of care and physical function/capability**

Management of HFrEF in Pts with CKD: Medication Conundrums

- Use ACEI and BB in maximum tolerated dosing
- Add MRA (spironolactone or eplerenone)
- Substitute angiotensin receptor neprilysin inhibitor (ARNI) for ACEI for patients with ongoing sx
- Titrate loop diuretic to patient's symptoms and labs
- AICD for those with low EFs and sx if consistent with goals of care
- Metoprolol, bisoprolol and carvedilol can be continued
- If ACEI or ARB is not tolerated, isosorbide dinitrate and hydralazine should be considered

Management of HFrEF in Pts with CKD: Medication Conundrums

- **Drugs to avoid:**
 - NSAIDs
 - Trimethoprim-sulfamethoxazole
 - Metformin
 - Thiazolidinedione
 - CCB other than amlodipine

Management of HFrEF in Pts with CKD: Conundrums

- **Assess burden of care/intervention vs. benefit**
- **Assess lifestyle modification within context of conditions and goals**
- **Don't forget to assess and treat anxiety, depression**
- **Home monitoring of patient's condition including weights if able**

Management of COPD: Medication Conundrums

- **Medication compliance is important in improving symptoms. Have patient identify inhalers, and address barrier to use**
- **“Alphabet soup” of inhalers in medication types and delivery system method**

Management of COPD

Symptom management strategies for SOB:

- Reposition (sit up)
- Ensure oxygen supply is working
- Increase air flow in room through use of fan
- Antitussives to help with cough
- Anxiolytics to reduce anxiety
- Diuretics for volume overload

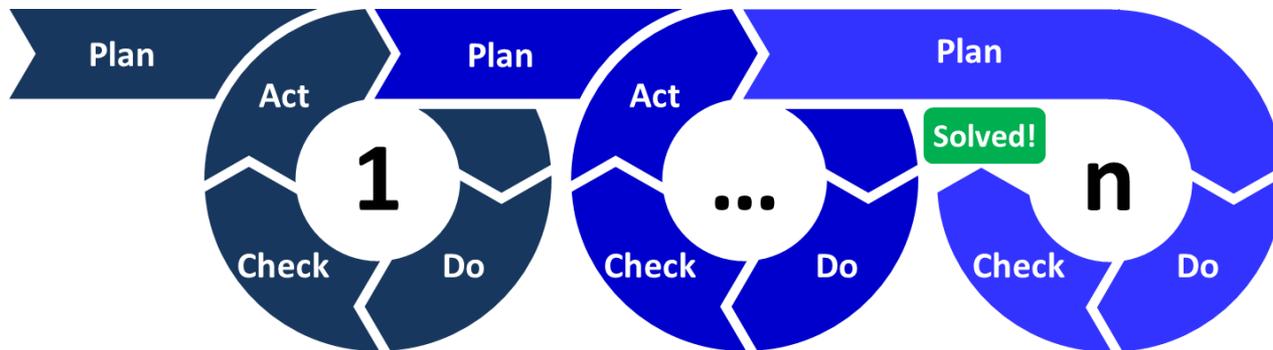
Management of COPD

Reduce hospital readmission through:

- Determining goals of care
- Hospice referral if appropriate
- Smoking cessation
- Instruction for inhaler use
- Action plans in case of emergencies
- Assessing the need of and availability of oxygen/ equipment (including back up O2 and/or power)
- Addressing acute symptoms with appropriate medications
- Follow-up post discharge 48-72 hours via phone
- Provider visit within 7 days

Managing Multi-complexity

Quality longitudinal chronic care involves continuous PDCA cycles; this requires providers/practices to be available 24/7 (evening and weekend coverage by phone)



Virtual Office Hours: Ask the Experts

An open forum for questions and answers

HCCI Education and Resources

GAPNA Pre-Conference presented by Home Centered Care Institute (HCCI)
House Calls: APNs Navigating Challenges & Implementing Solutions

October 2, 2019

Las Vegas, NV

AAHCM Pre-Conference presented by Home Centered Care Institute (HCCI)
House Calls: Achieving Clinical Excellence and Sustainability

October 17, 2019

Rosemont, IL

HCCI Advanced Applications of Home-Based Primary Care™ Workshop

December 5-6, 2019

Schaumburg, IL

E-Learning Modules: HCCI University™ - Featuring 12 on-demand web-based courses in both clinical and practice management topics. **Available 24/7 at www.HCCIInstitute.org.**

HCCI Education and Resources

HCCI Consulting Services

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Our consultants include **providers, practice managers** and **other professionals** with expertise in HBPC, coding, auditing, strategic planning, marketing, education and training, and quality improvement.

Visit us at www.HCCIInstitute.org to learn about the consulting services we offer.

HCCIIntelligence™ Resource Center

- **NEXT WEBINAR:** August 21, 2019 - *Improving Workflows: Front Office, Back Office, and What it Means for Staffing*
- **Virtual Office Hours:** Follows the HCCIIntelligence™ Webinar and provides 30 minutes of open questions with Clinical and Practice Management experts
- **Resource Center:** Contains archived webinars, materials, and tools.
- **Hotline:** (630) 283-9222
- **Email:** Help@HCCIInstitute.org

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