Clinical Conundrums: Three Common Challenges You May Be Facing

Thomas Cornwell, MD; Paul Chiang, MD;
Brianna Plencner CPC, CPMA

HCCIntelligence™ Webinar and Virtual Office Hours

July 17, 2019

7/19/2019

Introductions

Thomas Cornwell, MD
CEO, Home Centered Care Institute
Founder, Northwestern Medicine HomeCare Physicians

Paul Chiang, MD
Senior Medical and Practice Advisor, Home Centered Care Institute
Medical Director, Northwestern Medicine HomeCare Physicians

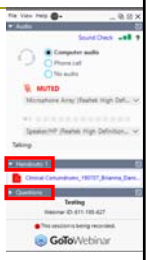
Brianna Plencner, CPC, CPMA
Practice Improvement Specialist, Home Centered Care Institute

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

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.



HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

HCCI
HOME CENTERED CARE
INSTITUTE

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

7/19/2019

Objectives

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

Objectives

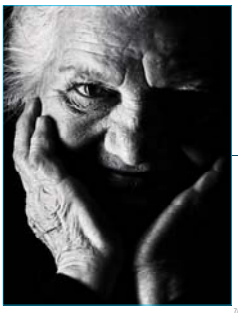
1. Manage congestive heart failure (CHF) in patients with functional disability and multiple, complex comorbidities that contribute to functional, nutritional and cognitive limitations.
2. Apply effective management strategies for homebound patients with chronic obstructive pulmonary disease (COPD).
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.

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

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
- 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
- Insulin lispro protamine-insulin lispro 100 unit/mL (75-25) suspension 22 units BID

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

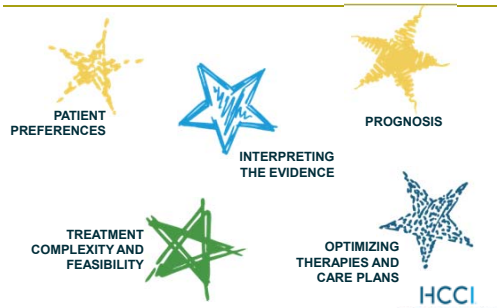
HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

Conundrums

HCCI HOME CENTERED CARE INSTITUTE

Guiding Principles



HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

Source: American Geriatric Society's (AGS) Guiding Principles

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?**

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

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

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

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**

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

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

7/19/2019

HCCI HOME CENTERED CARE INSTITUTE

Management of HFrEF in Pts with CKD: Medication Conundrums

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

7/19/2019

HCCI HOME CENTERED CARE INSTITUTE

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

7/19/2019

HCCI HOME CENTERED CARE INSTITUTE

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

7/19/2019

HCCI HOME CENTERED CARE INSTITUTE

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

7/19/2019

HCCI HOME CENTERED CARE INSTITUTE

Management of COPD

Reduce hospital readmission through:

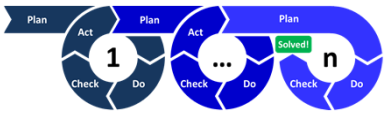
- Determining goals of care
- Hospice referral if appropriate
- Smoking cessation
- Instruction for inhaler use
- Action plans in case of emergencies
- Assessing the need of and availability of oxygen/ equipment (including back up O2 and/or power)
- Addressing acute symptoms with appropriate medications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

7/19/2019

HCCI HOME CENTERED CARE INSTITUTE

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)



HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

Virtual Office Hours: Ask the Experts

An open forum for questions and answers

HCCI HOME CENTERED CARE INSTITUTE

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.HCCInstitute.org**.

HCCI HOME CENTERED CARE INSTITUTE

7/19/2019

HCCI Education and Resources

HCCI Consulting Services

HCCI is pleased to offer affordable consulting services tailored to meet your practice's specific needs.

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.HCCInstitute.org** to learn about the consulting services we offer.

HCCIntelligence™ Resource Center

- **NEXT WEBINAR:** August 21, 2019 - *Improving Workflows: Front Office, Back Office, and What it Means for Staffing*
- **Virtual Office Hours:** Follows the HCCIntelligence™ 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@HCCInstitute.org

HCCI HOME CENTERED CARE INSTITUTE

"HCCIntelligence™ is for educational and informational purposes only and should not be relied upon as medical advice."