Clinical resources for patients with COPD or asthma include:

• **The Kelsey-Seybold electronic medical record (EMR):** The EMR allows Kelsey-Seybold physicians to coordinate care with a full picture of a patient’s recent test results, best practice alerts, and compliance monitoring.

• **Online resources:** With their secure MyKelseyOnline accounts, patients can email their doctors’ offices, check most test results, and schedule appointments.

• **After-Hours Nurse Hotline:** Patients can call 713-442-0000 after regular business hours, on weekends, and on holidays to speak to a Kelsey-Seybold registered nurse. The after-hours nurse can answer questions, page the doctors on call, and schedule appointments.

• **Coordination of pulmonary rehabilitation:** If COPD progresses, patients may be referred to a KelseyCare affiliate specialist for pulmonary rehabilitation. The rehabilitation program helps teach patients how to build exercise tolerance and better manage their medications.

The COPD and Asthma Care Management team includes:

• The patient’s primary care physician (PCP).

• COPD and asthma nurse case manager.

• Kelsey-Seybold Pulmonary Medicine specialists.

The physicians, case managers, and nurses on the care team share a common EMR system to ensure coordinated care.

By the numbers: According to the American Lung Association, COPD is a leading chronic adult disease and is currently the third leading cause of death and second leading cause of disability. Some patients can have both asthma and COPD, and studies show a direct correlation between severity of asthma as a child and the incidence of COPD.
How COPD and Asthma Care Management Works

Step 1
We help make sure patients are compliant with their recommended testing and office visits.

COPD patients are required to have a spirometry test once every five years to check lung function. They are also required to have annual visits with their primary care physicians or pulmonologists. Our Epic EMR system generates an automated reminder if the patient is due for a spirometry test or office visit.

Step 2
We help patients manage current symptoms.

The two biggest barriers to managing COPD or asthma are patients who do not take their prescribed medications and those who do not make the recommended lifestyle changes, like quitting smoking. Our COPD and asthma nurse care managers work with patients to help them stay on track.

Step 3
The goal is to help keep symptoms from worsening.

Part of what builds a strong relationship between the patient and the care management team is communication, trust, and genuine concern. We make sure our patients see their primary care physicians or pulmonologists each year and that they follow their physicians’ prescribed treatment plans. The goals are to retain as much lung function as possible and to help keep symptoms from worsening.

Levels of COPD Severity*

Level 1, At-Risk: People at risk for developing COPD have a normal breathing test and mild symptoms such as chronic cough and sputum production.

Level 2, Mild: People with mild COPD have mild breathing limitation. Symptoms may include a chronic cough and sputum production. At this stage, they may not be aware that airflow in their lungs is reduced.

Level 3, Moderate: Patients with moderate COPD have a breathing test that shows worsening airflow blockages. Symptoms may be worse than with mild COPD, and they may experience shortness of breath while working hard, walking fast, or doing brisk activity. At this stage, medical attention is necessary.

Level 4, Severe: Patients with severe COPD have a breathing test that shows severe limitation of the airflow. People with severe COPD will be short of breath after a little activity. In very severe COPD, complications like respiratory failure or signs of heart failure may develop. At this stage, quality of life is impaired, and worsening symptoms may be life threatening.

*Source: National Lung Association