

Coordinated Care for Better Management of Chronic Obstructive Pulmonary Disorder (COPD) and Asthma



With our accountable, coordinated care model, KelseyCare helps patients with chronic obstructive pulmonary disorder (COPD) or asthma better manage their condition. COPD and asthma management includes personalized outreach to help patients stay on track with medication management and healthy lifestyle choices. Our case managers are registered nurses who share the same electronic medical record as our doctors.

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 account, patients can email their doctor's office, 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 doctor 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.
- Physicians, case managers and nurses sharing a common EMR system.

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 that 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 an annual visit with their primary care physician (PCP) or pulmonologist. The nurse case manager reviews their electronic medical record (EMR) to assure they are compliant with the recommended guidelines and personally reaches out to the patient to schedule any needed testing 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 case 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 physician or pulmonologist each year and that they follow the physician's prescribed treatment plan. The goal is 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.