

## Management and Prevention of COPD Exacerbations

COPD is a major cause of morbidity and is currently the 4th leading cause of death in the United States. [1] The Global Initiative for Chronic Obstructive Lung Disease (GOLD) Report defines an exacerbation of chronic obstructive pulmonary disease (COPD) as "an acute event characterized by a worsening of the patient's respiratory symptoms that is beyond normal day-to-day variations and leads to a change in medication". [1]

It is important to be aware of risk factors and what preventive measures can be taken to avoid an exacerbation, as exacerbations of COPD are associated with a decline in lung function, hospitalizations, adverse events, and increased health care costs related to COPD care. [2] The average length of an exacerbation is 7-10 days and 20% of patients do not fully recover after 8 weeks. [3] Exacerbations may occur over a few hours or develop over several days. Additionally, they may contribute to disease progression especially if the onset is slow. [3, 7]. Over 80% of exacerbations are managed in an outpatient setting. [4-6] Some common risk factors include advanced age, previous use of antibiotic therapy, previous hospitalization for COPD, co-morbidities, and chronic mucous hypersecretion. [4, 8, 9]

Common symptoms include dyspnea, cough and sputum. Wheezing, use of accessory muscles, difficulty speaking and mental status changes may also be observed. The goal of the provider when evaluating a patient for a suspected exacerbation of COPD should be to confirm the diagnosis and identify a cause if possible. Careful attention should be taken in making the correct diagnosis as there are often other physical findings that could suggest an alternate diagnosis or comorbidity. Hypotension, peripheral edema, chest pain, fever, chills, night sweats, nasal congestion, pain in sinus cavity, and bibasilar fine crackles may be indicative of other causes.

Management of an exacerbation may range from a variety of treatment options depending on the severity of the exacerbation. Bronchodilators, anticholinergic agents, oxygen therapy, antibiotics, oral glucocorticoids, and noninvasive mechanical ventilation all have a role in managing the exacerbation. [1, 10, 11] For COPD patients who are in acute respiratory failure the use of non-invasive mechanical ventilation should be initiated as this reduces the work of breathing, improves gas exchange, decreases hospital length of stay and improves survival. [12]

Prevention of future exacerbations is important as the 5-year mortality following hospitalization is about 50%. [9, 13] Increasing physical activity, smoking cessation, pulmonary rehabilitation, vaccinations, and proper use of medications have demonstrated effectiveness in reducing COPD exacerbations. [10, 11]

Newer studies are looking at novel risk factors in high-risk COPD patients that may increase the risk of hospital readmission. [14] As we learn more about these and other risk factors we must strive to educate patients in exacerbation prevention measures. This is crucial to improving the quality of life in our chronic disease patients. Care managers need to focus on self-management with each patient. Areas to address include medication adherence, working with the specialist, notifying the PCP office prior to utilizing the ED, developing a COPD action plan to help identify triggers, as well as steps to take to help manage the exacerbation. The focus needs to change from rescue to maintenance. [15]

For more information on care management interventions and COPD [click here](http://www.micmrc.org) to visit MiCMRC's COPD chronic condition page. (<http://www.micmrc.org>)

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## UPCOMING EVENTS



Click on the dates below to register for MiCMRC Complex Care Management Courses:

[August 6-9, 2018, Dimondale](#)

[September 10-13, 2018, Lansing](#)

### MiCMRC WEBINARS

**Title:** 2018 Update in Standards of Care for Management of Diabetes

**Date and Time:** Friday, July 27<sup>th</sup> 12:30-1:30 pm

**Register** [HERE](#)

**Title:** Advance Care Planning Conversation Basics

**Date and Time:** Wednesday, August 8<sup>th</sup> 2-3 pm

**Presenter:** Carol Robinson DNP, MS, BSN, RN, CHPN®

Community Coordinator, Making Choices Michigan

**Register** [HERE](#)

**Title:** Management of Acute Exacerbation of COPD

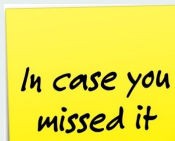
**Date and Time:** Wednesday, August 22<sup>nd</sup> 2-3 pm

**Presenter:** Catherine Meldrum PhD MS RN CCRC

Clinical Nurse IV, Lung Volume Reduction Surgery Program Coordinator, Department of Internal Medicine, Division of Pulmonary & Critical Care, Michigan Medicine

**Register** [HERE](#)

The Michigan Care Management Resource Center supports ambulatory practices statewide to implement and build upon Patient-Centered Medical Home (PCMH) and PCMH Neighborhood (PCMH-N) capabilities related to care management, population management, self-management support, and care coordination. MiCMRC provides foundational and longitudinal curriculum, tools and resources to assist practices with developing a sustainable, evidence-based clinical model for care management activities. Support for the Michigan Care Management Resource Center is provided by Blue Cross® Blue Shield® of Michigan as part of the BlueCross Value Partnerships program. Michigan Care Management Resource Center is not affiliated with or related to Blue Cross Blue Shield of Michigan nor Blue Cross Blue Shield Association.



In case you missed it

Nursing, Social Work, and CCMC continuing education opportunities. For more information visit [www.micmrc.org/continuing-ed](http://www.micmrc.org/continuing-ed)

#### MiCMRC Questions?

For questions please [Contact Us](#)

### Share Your Success Stories

Submitting your success story is as easy as clicking on the following link:

[Share Your Success Story](#)

For help submitting your success story contact us at <http://micmrc.org/contact-us>

## MiCMRC 2018 CARE MANAGEMENT EDUCATIONAL WEBINARS

**Title:** 2018 Update in Standards of Care for Management of Diabetes

**Date and Time:** Friday, July 27<sup>th</sup>, 12:30-1:30 pm

**Presenter:** Jill Vollbrecht, MD  
Endocrinology, Munson Medical Center

AMA: Munson Medical Center is accredited by the Michigan State Medical Society to provide continuing Medical Education for Physicians.

Munson Medical Center designates this live activity for a maximum of 1 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Register [here](#)

**Title:** Advance Care Planning Conversation Basics

**Date and Time:** Wednesday, August 8<sup>th</sup> 2-3 pm

**Presenter:** Carol Robinson DNP, MS, BSN, RN, CHPN®  
Community Coordinator, Making Choices Michigan

This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

"Michigan Care Management Resource Center is an approved provider with the Michigan Social Work Continuing Education Collaborative". Approved Provider Number: MICEC 110216

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.0 CE contact hour(s). Live Webinar Activity code: I00032397 Approval Number: 180002075

To claim these CEs, log into your CCMC Dashboard at [www.ccmcertification.org](http://www.ccmcertification.org)

Register [HERE](#)

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This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.0 CE contact hour(s). Live Webinar Activity code: I00032652 Approval Number: 180002334

To claim these CEs, log into your CCMC Dashboard at [www.ccmcertification.org](http://www.ccmcertification.org).

Register [HERE](#)

For questions, please submit to [micmrc-requests@med.umich.edu](mailto:micmrc-requests@med.umich.edu)

## A Case for Rising Risk Management

The Advisory Board describes the work efforts of leading organizations and their strategies to address rising risk patients. Rising-risk patient management is challenging since it is difficult to develop strategies around a large population of individuals who may be unknown to the practice. It is estimated that 15%-35% of patients fall in the category of rising risk. Key characteristics of a rising-risk patient include: a) patient has one to two well-managed chronic conditions, b) symptoms are not severe and are ignored, c) patient has co-occurring psychosocial risk factors.

Rising risk patients are hard to identify because of minimal symptoms and because they don't always seek health care from a primary care physician. Even when patients are seen by primary care, they tend to have isolated contact with a variety of providers including the ED, urgent care, or specialists.

Rising-risk patient management is a cost avoidance strategy. Every year approximately 18% of rising risk patients will move into the high-risk category when not managed. Organizations are investing in rising-risk patient management to slow the revolving door of rising-risk patients moving into the high-risk category. Interrupting the escalation of rising risk to high risk results in avoidance of future costs and avoidance of potential complications related to the individuals' chronic conditions. There are two main triggers for patients moving from a rising-risk cohort to a high risk cohort: unpredicted exacerbation and uncontrolled disease progression. The Advisory Board states "the most common risk factors that drive escalation include undiagnosed clinical conditions, lack of patient motivation, and inadequate access to providers or other supportive services".

To develop a strategy for rising risk population management, the initial two steps include: 1. Identify your at risk populations by focusing on key risk factors and triggers. 2. Engage partners: patients, care takers and the community to meet the holistic needs of the individual.

To read details about the steps to develop a sustainable rising risk strategy please access the full article [here](#).

Reference: The Advisory Board, Addressing the Needs of Your Rising-Risk Patients 2017, <https://www.advisory.com/research/population-health-advisor/research-briefings/2018/addressing-the-needs-of-your-rising-risk-patients>

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## MiCMRC Approved Self-Management Support Courses and Resources Update

To access the list of the MiCMRC approved Self-Management Support courses, [click here](#). The list of MiCMRC approved Self-Management Support Courses provides a detailed summary of each course, with associated objectives, location, cost and more.

Additionally, MiCMRC has collected resources for Self-Management Support including: websites of interest, publications, tools, videos, and even patient materials. MiCMRC's "Self-Management Support Tools and Resources" document offers an at a glance list and summary of these resources, along with descriptions and website links for quick access. For "Self-Management Support Tools and Resources" [click here](#).

Both of these documents can also be accessed on the MiCMRC website home page <http://micmrc.org/>

# Pediatric Office Hours: Save the Date for September 13<sup>th</sup>

The third in our series of Pediatric Office Hours sessions is scheduled in September! This session is specifically designed for Pediatric practices, but all are welcome. Please bring your questions.

**Date/Time:** Wednesday, September 13th 12pm-1pm

**Topic:** Addressing Adolescent Obesity

**Presenters:** Jane Turner, MD, FAAP

Professor Health Programs, Pediatrics and Human Development, Michigan State University

Register [HERE](#)

The Pediatric Office Hours is open to all.

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## “Preventing Obesity and Eating Disorders in Adolescents”

The September Pediatric Office Hours will feature a presentation by Jane Turner, MD, on the topic of Addressing Adolescent Obesity. Prior to this webinar, Dr. Turner thought a review of a recent American Academy of Pediatrics (AAP) Clinical Report would be helpful to participants.<sup>1</sup>

The prevalence of childhood obesity has increased dramatically over the past few decades in the United States, and obesity during adolescence is associated with significant medical morbidity during adulthood.<sup>2</sup> Additionally, psychosocial morbidities associated with childhood obesity, such as depression, poor self-esteem, and poor quality of life, are of significant concern.<sup>3</sup>

The aim of this clinical report is to address the interaction between obesity prevention and eating disorders (EDs) in teenagers and to stress that obesity prevention does not promote the development of EDs in adolescents.<sup>1</sup> While most adolescents who develop an ED were not previously overweight, it is not unusual for an ED to begin with a teenager misinterpreting messages to “eat healthy”.<sup>4</sup> The authors suggest an integrated approach to the prevention of obesity and EDs focusing less on weight and more on healthy family-based lifestyle modification that can be sustained. For example, adolescents who were more satisfied with their bodies were more likely to report parental and peer attitudes that encouraged healthful eating and exercising to be fit, rather than dieting.<sup>5</sup>

An integrated approach to addressing weight-related issues may also include Motivational Interviewing (MI). Although there have been fewer studies on the use of MI in children and adolescents than there have been in adults with obesity, studies to date on the use of MI for patients with EDs and for children and adolescents with obesity have been promising.<sup>6</sup> Avoiding certain weight-based language and using MI techniques may improve communication and promote successful outcomes when addressing weight-management.<sup>7</sup>

To conclude, when the focus is on a healthy lifestyle rather than weight, the evidence suggests that obesity prevention and treatment, if conducted correctly, do not predispose to EDs.<sup>1</sup>

The full article may be accessed on the micmrc.org website by clicking [here](#)

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# MiCMRC Complex Care Management Course Registration

The MiCMRC Complex Care Management (CCM) course is designed to prepare the healthcare professional for the role of Complex Care Manager. Course content is applicable to all Care Managers in the ambulatory care setting, working with complex patients. For CCM Course details [click here](#)

## Upcoming CCM course dates and course registration:

August 6-9 | Dimondale | [REGISTER HERE](#) | Registration deadline: August 2, 2018

September 10-13 | Lansing | [REGISTER HERE](#) | Registration deadline: September 6, 2018

**NOTES:** If you have 15 or more Care Managers in your area and would like the MiCMRC team to provide a regional training at your location please submit your request to: [micmrc-ccm-course@med.umich.edu](mailto:micmrc-ccm-course@med.umich.edu)

For questions please contact : [micmrc-ccm-course@med.umich.edu](mailto:micmrc-ccm-course@med.umich.edu)

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1. Vestbo, J., *Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease GOLD Executive Summary*. American journal of respiratory and critical care medicine, 2018. **187**(4): p. 347-365.
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**Provider Delivered Care Management (PDCM)**  
**Blue Distinction Total Care (BDTC)**  
**High Intensity Care Model (HICM)**

**Monthly Billing Q & A Sessions**

On a monthly basis, Blue Cross Blue Shield of Michigan will conduct a question and answer session via WebEx relating to questions you may have after you've completed the online Billing/Coding course regarding these programs. They are scheduled for the first Thursday of each month from 12:00 – 1:00 for 2018. Below is the 2018 scheduled question and answer sessions.

Please do not ask specific questions about claims. If you have an issue, you should contact your provider consultant for assistance or you can submit an inquiry to [valuepartnerships@bcbsm.com](mailto:valuepartnerships@bcbsm.com). For additional billing resources visit <http://micmrc.org/training/care-management-billing-resources>

**Below are the dates and WebEx information to join the conference call.**

Barbara Brady invites you to an online meeting using WebEx.

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To join this meeting (Now from mobile devices!)  
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1. Go to <https://bcbsm.webex.com/bcbsm/j.php?MTID=m4b96f6a21bf31261e0162488e206e731>
2. If requested, enter your name and email address.
3. If a password is required, enter the meeting password: pgip
4. Click "Join".
5. Follow the instructions that appear on your screen.

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Teleconference information  
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1. Please call one of the following numbers:  
Toll-Free: 1-800-4625837  
Local: 1-313-2254000
2. Follow the instructions that you hear on the phone.  
Your Cisco Unified MeetingPlace meeting ID: 735 921 157

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To join this meeting from bcbsm.webex.com  
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Meeting Number: 735 921 157  
Meeting Password: pgip  
<https://www.webex.com>

August 2<sup>nd</sup>  
September 6<sup>th</sup>  
October 4<sup>th</sup>  
November 1<sup>st</sup>  
December 6<sup>th</sup>