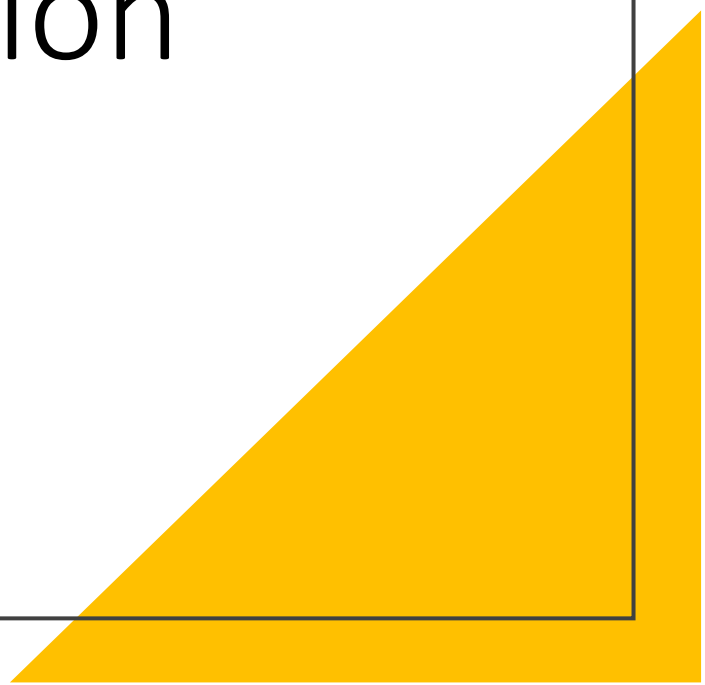


# Establishing a Joint Commission Disease Specific Certification Program

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# Objective

- Understand Joint Commission Disease-Specific Certification
- Explore Clinical Practice Guideline-GOLD Guidelines
- Recognize the Public Health Burden
- Identify the Benefits of a Disease Specific Program
- Discuss Best Practices for Establishing a Hospital Based Disease Management Program

# What is Disease-Specific Care Certification?

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- Voluntary review of a clinical program that delivers care to a defined patient population. Certification is designed to evaluate disease management and chronic care programs provided by hospitals and other disease management service companies.
- The certification program is based on the Chronic Care Model (Planned Care Model) Includes evaluation of:
  - Program management
  - Clinical information management
  - Process of delivering or facilitating care
  - Process for supporting self management
  - Process of measuring and improving performance
- Certification is awarded for a two-year period
  - Must serve a minimum of 30 patients at the time of initial certification review
  - 10 patients per year after initial review

# Understanding the Public Health Burden of COPD

- Third leading cause of death globally
- Total economic cost is over \$50 billion each year in the US- projected to increase in the next 20 years
- \$29.5 billion in direct health care expenditures
- Estimated 700,000 hospitalizations occur nationally each year
- One in five are readmitted within 30 days of discharge
- National cost for readmission are approximately \$9,000 and \$12,000 each visit and upward of \$20,000

# Social Determinates of Health

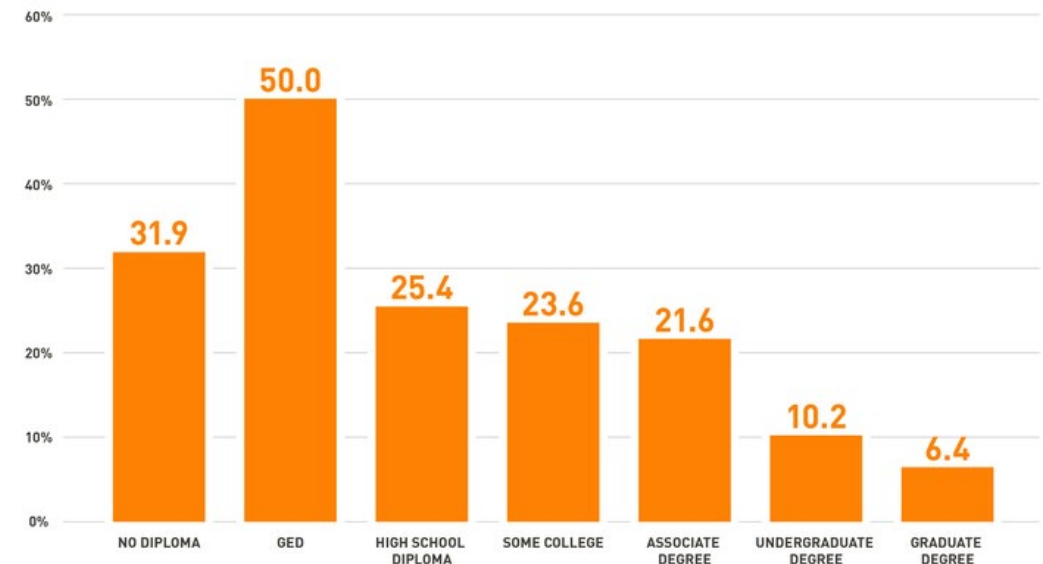
Advertising to low-income consumers has been a marketing strategy for decades. Marketing target specific demographic groups by race, ethnicity, socioeconomic disadvantaged, and urbanicity. 3 out of 4 (72%) smokers are from lower-income communities

SDOH Domains include:

- Economic stability –Higher rate of COPD with lower income
- Neighborhood
- Physical environment
- Education
- Food
- Community and social context
- Access to health care



## highest level of education and tobacco use



# Benefit of Disease Specific program

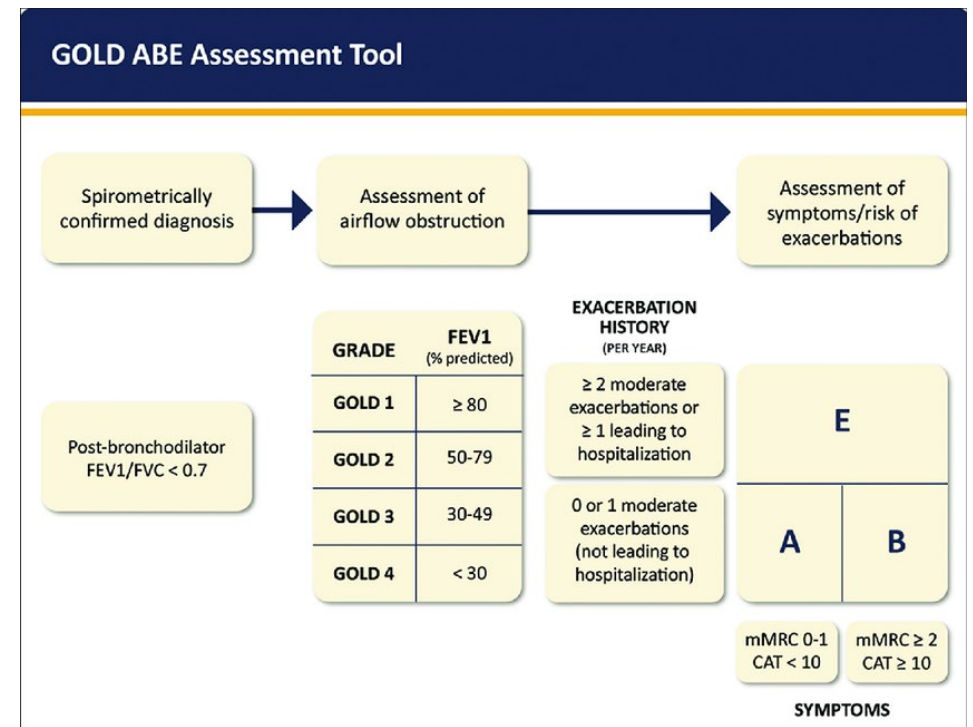
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- Reduction of unwanted variations in care
  - Reduce treatment cost
  - Improve patient experience
  - Improve efficiency (Decreases length of stay)
  - Improve effectiveness (Reductions in readmissions)
  - Decrease mortality (Unexpected deaths and deaths with out hospice)
- \*\*Aligns communication and collaboration among all disciplines

# Clinical Practice Guidelines

GOLD Guidelines -objectives are directed towards **relieving and reducing** the impact of symptoms and reducing the risk of exacerbations in the future. Their model emphasizes the need for clinicians to focus on both the short-term and long-term impact of COPD on their patients

- Diagnosis – Through history and forced spirometry post-bronchodilator  $FEV_1/FVC < 70\%$  is mandatory to establish the diagnosis



Stage	Spirometric Findings
Mild	$FEV_1/FVC < .70$ $FEV_1 \geq 80\%$ predicted
Moderate	$FEV_1/FVC < .70$ $FEV_1$ between 50% and 80% predicted
Severe	$FEV_1/FVC < .70$ $FEV_1$ between 30% and 50% predicted
Very Severe	$FEV_1/FVC < .70$ $FEV_1 < 30\%$ predicted or $FEV_1 < 50\%$ predicted + chronic respiratory failure

### MODIFIED MRC DYSPNEA SCALE

PLEASE TICK IN THE BOX THAT APPLIES TO YOU | ONE BOX ONLY | Grades 0 - 4

mMRC Grade 0.	I only get breathless with strenuous exercise.	<input type="checkbox"/>
mMRC Grade 1.	I get short of breath when hurrying on the level or walking up a slight hill.	<input type="checkbox"/>
mMRC Grade 2.	I walk slower than people of the same age on the level because of breathlessness, or I have to stop for breath when walking on my own pace on the level.	<input type="checkbox"/>
mMRC Grade 3.	I stop for breath after walking about 100 meters or after a few minutes on the level.	<input type="checkbox"/>
mMRC Grade 4.	I am too breathless to leave the house or I am breathless	<input type="checkbox"/>

## Evaluating symptoms

- MRC Dyspnea Scale Assess symptoms – there is a weak correlation between the severity of airflow obstruction and the symptoms experienced by the patient
- CAT score – Devolved to address COPD burden in daily life. Ranges 0-40 the higher the score the more severely COPD impacts a patient's life. The difference between stable and exacerbation is 5 units.

Your name:

Today's date:



### How is your COPD? Take the COPD Assessment Test™ (CAT)

This questionnaire will help you and your healthcare professional measure the impact COPD (Chronic Obstructive Pulmonary Disease) is having on your wellbeing and daily life. Your answers, and test score, can be used by you and your healthcare professional to help improve the management of your COPD and get the greatest benefit from treatment.

For each item below, place a mark (X) in the box that best describes you currently. Be sure to only select one response for each question.

**Example:** I am very happy (0) (X) (2) (3) (4) (5) I am very sad

		SCORE
I never cough	(0) (1) (2) (3) (4) (5) I cough all the time	
I have no phlegm (mucus) in my chest at all	(0) (1) (2) (3) (4) (5) My chest is completely full of phlegm (mucus)	
My chest does not feel tight at all	(0) (1) (2) (3) (4) (5) My chest feels very tight	
When I walk up a hill or one flight of stairs I am not breathless	(0) (1) (2) (3) (4) (5) When I walk up a hill or one flight of stairs I am very breathless	
I am not limited doing any activities at home	(0) (1) (2) (3) (4) (5) I am very limited doing activities at home	
I am confident leaving my home despite my lung condition	(0) (1) (2) (3) (4) (5) I am not at all confident leaving my home because of my lung condition	
I sleep soundly	(0) (1) (2) (3) (4) (5) I don't sleep soundly because of my lung condition	

# First Step to COPD Management

- **Smoking Cessation:** Quitting is crucial for COPD patients; about 40% still smoke and often need multiple attempts to succeed.
- **Addressing Addiction:** Smoking is mainly psychological (80%) but has a physical component (20%). Use Nicotine Replacement Therapy (NRT) to manage physical dependence.
- **Withdrawal Symptoms:** Patients may face low motivation and emotional instability in the first 2-3 weeks after quitting. NRT helps stabilize nicotine levels and reduce cravings.
- **Counseling:** Behavioral therapy can help patients identify triggers and develop coping mechanisms.
- **Healthier Alternatives:** Encourage patients to find new, healthier ways to manage emotions.
- **Support Networks:** Connect patients to support groups for shared experiences and encouragement in their quitting journey.

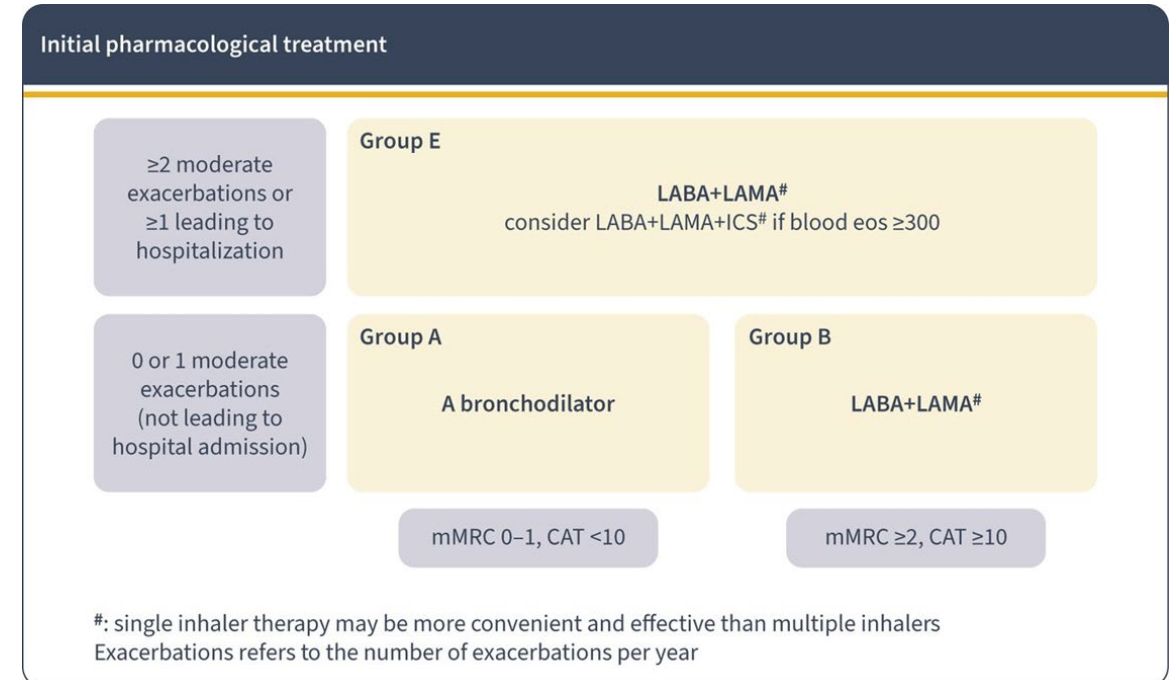
## Brief Strategies to Help the Patient Willing to Quit

Figure 3.4

<b>ASK</b>	Systematically identify all tobacco users at every visit <i>Implement an office-wide system that ensures that, for EVERY patient at EVERY clinic visit, tobacco-use status is queried and documented</i>
<b>ADVISE</b>	Strongly urge all tobacco users to quit <i>In a clear, strong, and personalized manner, urge every tobacco user to quit</i>
<b>ASSESS</b>	Determine willingness and rationale of patient's desire to make a quit attempt. <i>Ask every tobacco user if he or she is willing to make a quit attempt at this time (e.g., within the next 30 days)</i>
<b>ASSIST</b>	Aid the patient in quitting <i>Help the patient with a quit plan; provide practical counseling; provide intra-treatment social support; help the patient obtain extra-treatment social support; recommend use of approved pharmacotherapy except in special circumstances; provide supplementary materials</i>
<b>ARRANGE</b>	Schedule follow-up contact <i>Schedule follow-up contact, either in person or via telephone</i>

# Supporting Prevention and Maintenance Therapy

- Medication and adherence– Those who used long-acting bronchodilators compare to placebo showed slowed decline of FEV1 by about 5.0ml/year and the used of a corticosteroid slowed decline of FEV1 by 7.3ml/year
- Providing patient with a Bedside Spirometry day of discharge, assessment of CAT score and hospitalization in 12 months



# Pulmonary Rehab

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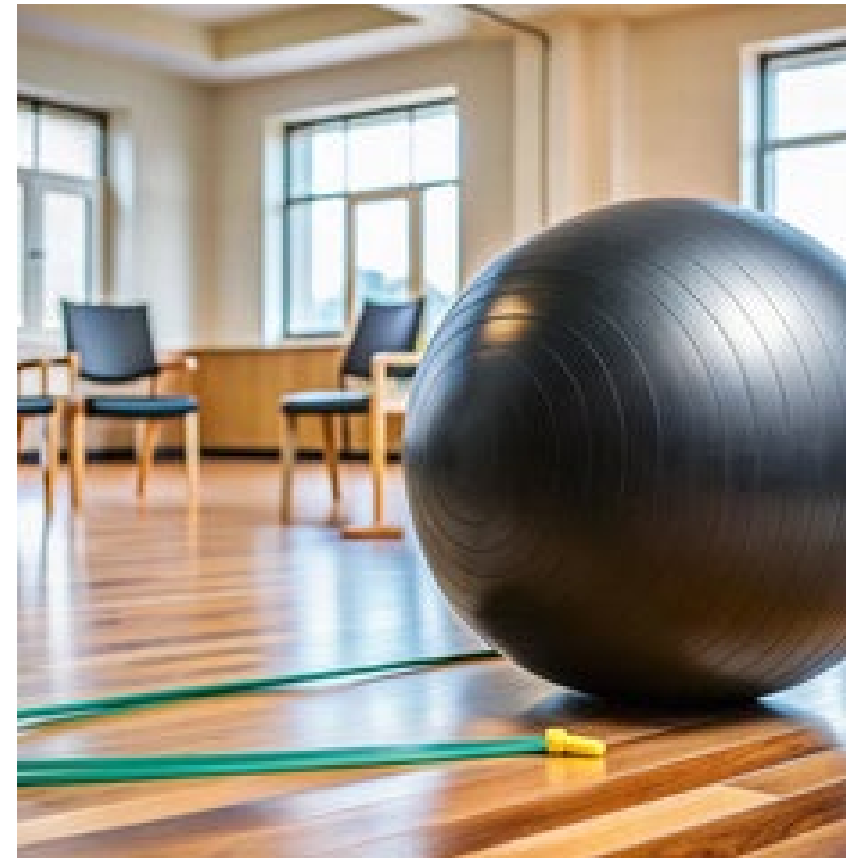
- **Pulmonary rehabilitation** is a holistic program designed to improve a patient's overall well-being through tailored interventions. It focuses on:
- **Individualized Assessment:** Each program is customized based on thorough evaluations of the patient's abilities.
- **Behavioral Changes:** Encourages lifestyle modifications alongside physical and psychological conditioning.

## Key Components:

- **Exercise Training:** Helps improve endurance and breathing.
- **Duration:** Optimal benefits are seen with twice-weekly sessions for **6-8 weeks**.

## Benefits:

- Reduces shortness of breath and improves health status.
- Increases exercise tolerance.
- Lowers hospital readmissions and future hospitalizations.
- Helps alleviate symptoms of anxiety and depression.



# Patient Education

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- To effectively support your patients, consider implementing personalized education and training that addresses their specific needs. This could include:
- **Smoking Cessation:** Offer resources and support to help patients quit smoking, which is crucial for managing COPD.
- **Correct Use of Inhaler Devices:** Teach patients the proper technique for using inhalers, including the use of a spacer to enhance medication delivery.
- **Early Recognition of Exacerbations:** Educate patients on the signs and symptoms of exacerbations so they can identify worsening conditions early.
- **Decision-Making and Taking Action:** Empower patients to make informed decisions regarding their health, including understanding when to seek help.
- **Understanding When to Seek Help:** Provide clear guidelines on when and how to access medical assistance for their condition.
- **Medication Adherence:** Stress the importance of taking medications as prescribed and provide strategies to improve adherence.
- **Use of Incentive Spirometers:** Supply patients with incentive spirometers and instruct them on usage to encourage deep breathing and lung expansion.

# Education Self-management

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- A study found that among 426 discharged patients, only half understood their health condition, and just 7% could recall their medication and discharge instructions.
- In 2003, the U.S. Department of Education reported that 36% of individuals had serious limitations in health literacy.





# Pulmonary Navigator

## What is a Pulmonary Disease navigator?

- A navigator accompanies a patient throughout their care journey and continually provides education.

## What do they do?

- Advocate for the patient and bridge care gaps from social determinates of health
- Connect patient with services and help ensuring a holistic care approach
- Assist with medication understanding, appointments, transportation, communication with primary care, and self-care

## Results

- Decreases readmissions
- Increases patient compliance
- Increased outpatient visits
- Decreases ER visits

# Best Practices When Establishing a hospital-based Disease Management Program

- **Education-** Provide disease management education and medication technique review, COPD action plan, ensure patient understand COPD staging
- **Medication reconciliation-** Pharmacist and pharmacy technicians collect comprehensive medication history, confirm medication directions and utilization.
- **Advanced care planning-** Palliative care involvement for goals of care discussions, Health Care Directive
- **Discharge instructions-** Condition specific discharge instructions/reinforcing disease management and signs and symptoms to watch for. Use of a COPD action plan
  - Many DME companies offer COPD programs
- **Timely follow-up-** Providing patient with a follow up appointment within 10 days of discharge
- **Specialist consult-** Pulmonary clinic referral, outpatient spirometry, outpatient smoking cessation treatment centers, pulmonary rehab referrals



## My COPD Action Plan

It is recommended that patients and physicians/healthcare providers complete this action plan together. This plan should be discussed at each physician visit and updated as needed.

The green, yellow and red zones show symptoms of COPD. The list of symptoms is not comprehensive, and you may experience other symptoms. In the "Actions" column, your healthcare provider will recommend actions for you to take based on your symptoms by checking the appropriate boxes. Your healthcare provider may write down other actions in addition to those listed here.

### Green Zone: I am doing well today

#### Actions

- Usual activity and exercise level
- Usual amounts of cough and phlegm/mucus
- Sleep well at night
- Appetite is good

- Take daily medicines
- Use oxygen as prescribed
- Continue regular exercise/diet plan
- At all times avoid cigarette smoke, inhaled irritants\*
- \_\_\_\_\_

### Yellow Zone: I am having a bad day or a COPD flare

#### Actions

- More breathless than usual
- I have less energy for my daily activities
- Increased or thicker phlegm/mucus
- Using quick relief inhaler/nebulizer more often
- Swelling of ankles more than usual
- More coughing than usual
- I feel like I have a "chest cold"
- Poor sleep and my symptoms woke me up
- My appetite is not good
- My medicine is not helping

- Continue daily medication
- Use quick relief inhaler every \_\_\_\_\_ hours
- Start an oral corticosteroid (specify name, dose, and duration)  
\_\_\_\_\_
- Start an antibiotic (specify name, dose, and duration)  
\_\_\_\_\_
- Use oxygen as prescribed
- Get plenty of rest
- Use pursed lip breathing
- At all times avoid cigarette smoke, inhaled irritants\*
- Call provider immediately if symptoms don't improve\*
- \_\_\_\_\_

### Red Zone: I need urgent medical care

#### Actions

- Severe shortness of breath even at rest
- Not able to do any activity because of breathing
- Not able to sleep because of breathing
- Fever or shaking chills
- Feeling confused or very drowsy
- Chest pains
- Coughing up blood

- Call 911 or seek medical care immediately\*
- While getting help, immediately do the following:  
\_\_\_\_\_
- \_\_\_\_\_

\*The American Lung Association recommends that the providers select this action for all patients.

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# How to Design a Successful Disease Management Program

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- Establish a Clear Purpose and Goals**
- Conduct a Needs Assessment**
- Engage Stakeholders**
- Develop Clinical Pathways and Protocols**
- Focus on Interdisciplinary Collaboration**
- Implement Training and Education Programs**
- Incorporate Patient-Centered Care**
- Utilize Data and Technology**
- Establish Metrics**
- Evaluate and Adjust**
- Sustain and Grow the Program**



Question

# Resources

- <https://www.mckinsey.com/industries/healthcare/our-insights/how-to-design-a-successful-disease-management-program>
- <https://www.usa.philips.com/healthcare/education-resources/publications/copd-insider/articles/copd-navigator-the-keystone-of-integration-success>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8501005/>
- <https://www.jointcommission.org/what-we-offer/certification/>