

Reducing COPD Re- admits Through Oxygen Therapy Use



Janglewood

MEDICAL SUPPLIES & PHARMACY, INC.



What do I have?

- Educate patient on their particular diagnosis and the symptoms associated.
- Inform patient of what can initiate/prevent an attack
- Inform patient on options available to regulate and monitor condition, and where to get these options



Top 10 Re-Admitting MS-DRGs

- Pneumonia
- Heart Failure (CHF)
- COPD (22.6% within 30 days)
- Septicemia
- Esophagitis (digestive disorders)
- Urinary track Infections
- Metabolic Disorders
- Syncope
- Cardiovascular Procedures (stent placement)



Why Focus on Re-Admissions?

- 19.6% within 30days
 - 34% within 90 days
 - 56.1% within 365 days
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- In 2009, \$15 billion was on Re-Admissions



Why COPD?

- In 2010 COPD cost the US est. \$29.5 Billion in direct cost and \$20.4 Billion in indirect
- 14.8 million Americans diagnosed with COPD annually
- 150 million days of lost work annually
- A person with COPD dies every 4 minutes in the US
- 3rd leading of cause of death
- 2nd leading cause of disability



Who has COPD?

- 80-90% of COPD results from cigarette smoking
- Prevalence of those who smoke
 - Education
 - < High school education 32%
 - High school education 29.3%
 - College graduates 13.3%
 - Income
 - Below poverty level 36.5%
 - At or near poverty level 32.8%
 - Above poverty level 22.5%

Average age when started on LTOT 74.8 years



More US COPD Data

- COPD ranks #3 in acute hospital admissions
- 672,000 COPD discharges in 2006
- Avg. annual hospitalized days 8.18
- Avg. LOS 5.1 days
- Avg. per day cost \$2,959
- Avg. total cost/admission \$15,093
- Avg. payment/admission \$19,635
- There are an est. 1.5 million home oxygen users



COPD Readmission Data

- 22.6% of COPD patients are readmitted within 30 days

Key readmission predictors:

- Use of long-term oxygen therapy
- Low health status
- Lack of routine physical activity

Key components to reducing readmissions

- comprehensive pre-discharge planning
- patient centered education
- Education reinforcement
- Transportation, medication and nutritional support



Oxygen users in 2012

- Average age of Oxygen users, and patients diagnosed with COPD are between the ages of 64-82



30 Day Readmission Hospital Directed Reform

- Provision of PPACA (Section 3025)
- Penalty for excessive 30-day Potentially Preventable Readmits
- Bottom 25%- penalized on all Medicare receipts
- Diagnosis specific
 - Effective Oct 1, 2012
 - CHF, AMI, Pneumonia
 - Effective Oct 1, 2015
 - COPD, Angioplasty, CABG & Vascular diseases



COPD Patients

Reduce risk factors by:

- Smoking cessation/prevention
- Occupational exposures
- Indoor and outdoor air pollution
- Obtain detailed medical history
- Assess severity, run multiple tests
- Comorbidities are common in COPD and should be actively identified



What if I don't want to change?

Barriers:

- Vision changes
- Hearing changes
- 17% of Alzheimer's patients have COPD
- Prevalence of depression in COPD is 26%



Managing COPD

Pharmaceutical treatments:

- Inhaled
- Vaccines
- Roflumilast
- Chronic antibiotics

Non-Pharmaceutical treatment:

- Oxygen therapy
- Pulmonary Rehab



Catching Early Signs

- Pulse Oximeters monitor symptoms and oxygen saturation, also detect signs of infection, exacerbation
- Requires prescription
- Tanglewood offers overnight pulse oximeter tests



Service all COPD needs

- Nebulizers
- Oxygen (POC)
- Beds
- Wheelchairs
- Patient Aids
- IV infusion therapy
- Bipap/Cpap
- Nutrition



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Will that stuff really work?

- Of course!
 - 2002 study by Eur Respir J. brought this conclusion:
“This study shows that in hypoxemic chronic obstructive pulmonary disease patients, long-term oxygen therapy is associated with a reduction in hospitalization.”



Thank you!

- Bob Messenger BS, RRT Invacare Co.
- Mary Schreck Sr. US Marketing Manager

