



Breathe *WELL* at HOME
A NEW PROGRAM FOR COPD PATIENTS

Dear Pharmacist:

I am writing to give you information and request your support for Fraser Health's new in-home program for COPD patients in New Westminster and Burnaby, which aims to prevent COPD exacerbations that often lead to long and repeated hospital stays.

As you know, COPD can be a difficult condition to manage, with a high mortality rate. Of all chronic diseases, it accounts for the highest rate of hospital admissions, with a 38% re-admission rate.

The Breathe *WELL* at Home program includes specialized clinical support, intensive patient self-management education, and in-home telehealth monitoring technology.

We have recently enrolled our first group of patients with two or more visits to Emergency and at least one hospital admission in the past year. Our next intake will include patients being discharged from hospital.

Fraser Health home care nurses request new clients to contact their family physicians for a care plan and a BCMA-recommended 'Flare up Action Plan'. If an exacerbation occurs, we have requested that the family physician see the patient on an urgent basis to confirm the treatment protocol, to prescribe medications, and to arrange for diagnostics as required.

As part of the 'Flare up Action Plan' some physicians may want to provide a prescription for patients to have on hand in case of symptoms or an exacerbation. Some patients may want to fill that sooner rather than later. Other physicians may want to wait until an exacerbation occurs before prescribing medication.

I am asking you to help support this initiative by:

- **Assisting patients with any medication-related problems**
- **Teaching patients about COPD**
- **Ensuring timely access to prescribed medications**
- **Communicating with other health care providers to ensure optimal medication use**

With all providers informed, involved and supporting a COPD patient's health journey, there is great potential for all of us to improve their health and quality of life.

If you have any comments or questions, please call or email me at the contacts below.

Sincerely,

Dr. Shallen Letwin BSc.Pharm., Pharm.D. FCSHP
Executive Director, Medicine, Fraser Health
Shallen.letwin@fraserhealth.ca or 604-587-4631

Breathe *WELL* at Home Program (for COPD) *For patient management and care of COPD*

A new in-home program for people living with COPD is being prototyped in Burnaby and New Westminster to build a care and support service designed to:

- prevent COPD flare-ups (lung attacks) that often lead to long and repeated hospital stays
- help people stay at home safely with more control over their condition and symptoms
- help people feel better and stay more active, so they can participate in daily activities

Participating patients

- Residents of Burnaby or New Westminster
- A diagnosis of COPD
- 2 or more ER visits for COPD symptoms plus at least one hospital admission in the past year
- Includes (but not limited to) current clients of Fraser Health community respiratory programs, patients of community family physicians; and patients admitted to acute care for COPD lung attacks who fit above criteria (admitted patients will be referred later this fall)

Service Components:

- Specialized clinical support: home visits by a nurse and respiratory therapist who work with the patient and family doctor to plan care and follow-up.
- Referral to additional services as needed (those currently being received plus new ones to improve chances of success), such as lung rehab, mental health and substance use (i.e. depression and anxiety,), home support, rehabilitation therapy, community exercise specialists, smoking cessation.
- Ongoing, intensive patient self-management education – coaching the individual in self-care (medications) and self-management (how to stay in control, manage and prevent flare-ups and action plans in case they occur)
- In-home telehealth monitoring technology depending on the patient's situation – helps patients manage and understand their condition by tracking vital measurements (blood pressure, weight and oxygen levels) and providing health education.
- Specialists / therapists available if symptoms increase.
- Patients are to go to ER if they require emergency care. However, this program is aimed at helping individuals stay more in control of their condition, to avoid hospitalization to the extent possible.

Information: Dr. Grace Park, MD CCFP Medical Director, Home Health
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www.fraserhealth.ca (Search word: COPD)



COPD ACTION PLAN



Patient Name: _____ Date: _____
 PHN: _____ Date of Birth: _____
 Family Contact: _____ Phone #: _____
 Physician: _____ Phone #: _____
 After Hours Phone #: _____

You have been diagnosed with **Chronic Obstructive Pulmonary Disease (COPD)**. As someone with COPD, you are either in your stable, everyday state or having a flare up. This Flare up Plan is a written contract between you and your doctor about how you will manage your COPD flare ups. This Plan will help you and your doctor to quickly recognize and treat flare ups to improve your health.

COPD (chronic obstructive pulmonary disease) has 2 states:

When you are am stable:

1. Breathing without shortness of breath
2. Able to do daily activities
3. Mucous is easy to cough up
4. Sleep well
5. Able to exercise as directed by physician

How to tell if you are having a flare up

A flare up may occur after you get a cold, get run down or are exposed to air pollution or very hot or cold weather. There are 3 things that define a flare up:

1. Increased shortness of breath from your usual level
2. Increased amount of sputum from your normal level
3. Sputum changes from its normal colour to yellow, green or rust colour

Some people may feel a change in mood, fatigue or low energy prior to a flare-up.

**If any 2 or all of these symptoms persist for 48 or more hours do the following:
 (Your physician will check the desired action plan for you)**

- Take your rescue inhaler 2-4 puffs as needed (up to 4-6 times per day) for shortness of breath.
- Contact your family doctor immediately for a check up and medication review.
- Take your prescribed antibiotic for a COPD flare up (see over).
- Take your prescribed prednisone for a COPD flare up (see over).
- Contact your doctor if you feel worse **or** do not feel better after 48 hours of treatment.
- Other _____

If you are extremely breathless, anxious, fearful, drowsy or having chest pain, call 911 for an ambulance to take you to the emergency room.

Physician Signature _____

Patient/Caregiver Signature _____

Please turn over

COPD MAINTENANCE MEDICATION RECORD

Patient Name: _____ Date: _____
 PHN: _____ Date of Birth: _____
 Family Contact: _____ Phone #: _____
 Physician: _____ Phone #: _____
 After Hours Phone #: _____

Patients: Take the following maintenance medications **every day** to help maintain control of your COPD symptoms.

Physicians: Please fill in prescribed maintenance medications.

Medication Prescribed	How Much to Take	When To Take

COPD FLARE-UP MEDICATION RECORD

Patients: Please fill in date when you start and finish your flare-up medications.

Physicians: Please fill in prescribed flare-up (antibiotics & prednisone) medications.

Medication Prescribed	Start Date / Finish Date	Start Date / Finish Date	Start Date / Finish Date

Make sure to take prescribed medication until all finished.



COPD

QUICK REFERENCE

1. Spirometry test to diagnose
2. Action plan to treat flare-ups (Required for CDM billing)
3. Appropriate medications

MILD	MODERATE	SEVERE	VERY SEVERE
<ul style="list-style-type: none"> · FEV₁/FVC<0.70 · FEV₁≥80% · With or without symptoms 	<ul style="list-style-type: none"> · FEV₁/FVC<0.70 · FEV₁ 50-79% · With or without symptoms 	<ul style="list-style-type: none"> · FEV₁/FVC<0.70 · FEV₁ 30-49% · With or without symptoms 	<ul style="list-style-type: none"> · FEV₁/FVC<0.70 · FEV₁<30% · Presence of chronic respiratory failure or right heart failure
Avoidance of risk factor(s): influenza vaccine yearly; pneumovax every 5-10 years			
Add short-acting bronchodilator when needed			
Add regular treatment with one of more long-acting bronchodilators Add rehabilitation			
Add inhaled glucocorticosteroids if repeated exacerbations			
Assess need for long-term oxygen therapy			
4. Review annually (CDM Billing G.14053=\$125) as well as Telephone/Email Management Fee maximum 4/year (CDM Billing G.14073=\$15)			

Group	Clinical status	Symptoms & risk factors	Probable pathogens	Empirical antibiotic choice‡
COPD exacerbation WITHOUT CAP				(Ref: Can Respir J 2008; 15 (Suppl A:1A-8A))
Simple	without risk factors	Increased sputum purulence and dyspnea	<i>Haemophilus influenzae</i> , <i>Haemophilus</i> sps, <i>Moraxella catarrhalis</i> , <i>Streptococcus pneumoniae</i> <i>Chlamydia pneumoniae</i> Viruses	Amoxicillin, 2 nd or 3 rd gen. cephalosporins, doxycycline, extended-spectrum macrolides (azithromycin or clarithromycin), trimethoprim-sulfamethoxazole (cotrimoxazole) (In alphabetical order)
Complicated	with risk factors	As in simple plus at least ONE of: <ul style="list-style-type: none"> ▪ FEV1 < 50% predicted ▪ ≥4 exacerbations/ yr ▪ Ischemic heart disease ▪ Use of home oxygen ▪ Chronic oral steroid use 	As in simple plus: Increased probability of beta-lactam resistance (beta-lactamase producing penicillin-resistant <i>S.pneumoniae</i>) <i>Klebsiella</i> sps and other Gram-negatives (<i>E.coli</i> , <i>Proteus</i> , <i>Enterobacter</i>), <i>Pseudomonas</i> species	Respiratory fluoroquinolone, OR Beta-lactam/beta-lactamase inhibitor (in order of preference) If <i>Pseudomonas</i> is a consideration† One of antipseudomococcal, antipseudomonal beta-lactam e.g. Cefepime or Piperacillin/tazobactam or Imipenem or Meropenem plus Ciprofloxacin or levofloxacin (750mg)
<p>‡ Please refer to hospital formulary for specific antibiotic choices; † Repeat prescriptions of the <i>same</i> antibiotic should be <u>avoided</u> within a three-month interval (review PharmaNet and inquire about sample usage)</p> <p>†Risk factors for <i>Pseudomonas aeruginosa</i> infection are recent hospitalization, frequent administration of antibiotics (4 courses in the last year), severe COPD exacerbations and isolation of <i>P.aeruginosa</i> during previous exacerbation or colonization during a stable period.</p>				