



Three Ways to More Cost Effectively Manage COPD

August 13, 2018

[Michele Meyer](#)



COPD specialists have found that in-hospital and prompt post-discharge efforts can lessen costs-and the likelihood of hospital readmission. Here are three successful strategies.

The third most common killer in the United States is also among the costliest to treat: chronic obstructive pulmonary disease (COPD).

Driving up the bill to \$50 billion yearly are aggravated symptoms, which send up to 77% of COPD patients to emergency rooms or hospitals, according to figures cited in *Pharmacoeconomics Outcomes Research* and *ClinicoEconomics and Outcomes Research* journals in 2011 and 2013 respectively.

The mean price tag of these COPD patients at discharge: \$7,100.

Yet surprisingly small and simple measures can bring major savings for healthcare providers and consumers. COPD specialists have found that in-hospital and prompt post-discharge efforts can lessen costs-and the likelihood of hospital readmission.

Here are three tactics to consider:

- **Switch from IV to oral steroids and antibiotic drugs**

Doctors at Florida Hospital in Orlando evaluated data from treatment of 354 patients admitted to the hospital from January 2009 through December 2011 with an acute exacerbation (AECOPD) of their disease.

In one group, hospitalization averaged 2.8 days, versus 5.04 days in the other, says Sunil H. Adwanti, MD, lead author and then a resident at the hospital.

“We found three variables made a significant difference, two related to drugs,” says Adwani, now an internal medicine and urgent care doctor at Providence Medical Associates in Manhattan Beach, California. In the shorter-stay group, 85% of patients received oral steroids versus IV, and in the longer-term group, only 8.9% did.

“The GOLD standard of care for AECOPD primarily recommends oral steroids, which may explain the disparity,” Adwani says.

Guidelines for antibiotics are less clear, as reflected in physicians’ practice, with 72% of shorter-term patients getting oral antibiotics, versus 33% among longer patients, he says.

Another benefit to oral medications is they are easier to transfer to home care, while shorter hospital stays lower chance of catching an infection making the rounds, notes Adwani.

Findings appeared in the [June 2018 issue of the *Journal of Evaluation in Clinical Practice*](#).

Courses of steroids and antibiotics often are lengthier (and thus more expensive) than needed, says Surya P. Bhatt MD, MSPH, associate professor of medicine at the University of Alabama at Birmingham Division of Pulmonary, Allergy and Critical Care Medicine. “Five days of steroids has been found to be equally good as the former standard of 14 days. The same holds true for antibiotics.”

2. **Skip unneeded consultations with specialists**

“Whenever a doctor consults with a specialist, hospital stays lengthen,” Adwani says. Specialists-often in pulmonology or infectious disease-may not be at the hospital when the consult is requested. Any tests they order also affect length of admission.

Doctors at Florida Hospital in Orlando found that with no consults, patients were released in 2.58 days, versus 4.6 days for single consults, 5.4 days for two, and 10 days for three or more.

"If patients are sicker and this improves the outcome, that's good," Adwani says. Otherwise, consultants pad time and expense of treatment. "Before ordering a consult, physicians should question whether it's worthwhile."

3. Promptly follow up with patients post-discharge

The benefits of in-clinic doctor appointments post-discharge are many, including reviewing medications and updating vaccinations.

"Often hospitals prescribe oxygen therapy more than needed," Bhatt says. Sometimes patients are left on inhaled steroids far longer than necessary."

Smoking also should be addressed in clinical visits, Bhatt says. Among 39,038 COPD patients in one study, 36.4% were former smokers, 38.7% were current smokers, and 43.7% had a history of asthma, according to the CDC's *Morbidity and Mortality Weekly Report* from 2012.

"Quitting smoking improves symptoms, leads to fewer acute exacerbations, slows lung function decline and the disease's progression, and makes it more likely patients will respond to medications," Bhatt says.

Also, doctors should make sure COPD sufferers are up to date with their flu and pneumonia vaccines, he says. People vaccinated against pneumonia are less likely to experience a COPD exacerbation.

These approaches identify opportunities for more efficient and cost-effective care of AECOPD patients, Adwani says. "And that translates into greater patient wellbeing."

Work, Life Balance Tips for Parents From Maven VP of People Karsten Vagner

April 29, 2021

[Briana Contreras](#) , [Peter Wehrwein](#)



Vagner shares best work/life balance practices for parents during a new phase of COVID-19 as their children are back in school. The vice president of People at Maven, a virtual clinic for women's and family health, also shares some well-being tips that work for him as a parent.

Well-being Tips for Parents per Maven VP of People Karsten Vagner



Below is a brief Q&A of the interview with Vagner which has been edited and clarified for length.

Q: Can you share what Maven has experienced from COVID-19 and how it's affected practices with patients?