Kindred at Home

Physician to Physician:

Managing Advanced Chronic Obstructive Pulmonary Disease

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Affecting more than five percent of the US population, chronic obstructive pulmonary disease (COPD) is one of the most common respiratory conditions and is the fourth-ranked cause of death in the US, with over 120,000 deaths per year. Presenting in a variety of subtypes (emphysema, chronic bronchitis, and chronic obstructive asthma), it is strongly associated with a history of smoking.

COPD is a prime example of a medical condition that is mostly managed by palliation. Since there is no cure, all treatments for COPD can be considered palliative. Community-based Palliative Care is increasingly being provided across the country. Palliative Care specialists seeing patients in their home environment is helpful when they are unable to easily leave their homes, especially during the COVID-19 pandemic.

When COPD progresses to its more advanced stages, findings typically include significant functional impairment, significant pulmonary functional test abnormalities, hypoxemia, and/or hypercapnia. End-stage disease can be identified when the Modified Medical Research Council (mMRC) dyspnea scale is Grade 3 ("I stop for breath after walking about 100 yards or after a few minutes on level ground") or Grade 4 ("I am too breathless to leave the house or I am breathless when dressing"). This corresponds to a Global Initiative for Chronic Obstructive Lung Disease (GOLD) stage D when associated with ≥2 exacerbations or ≥1 hospitalizations. GOLD stage 4 is when FEV1 is <30.

Patients with such end-stage disease clearly have worsened prognoses. Hospice is a specialized form of palliative care for patients whose prognosis is for a likely life expectancy of six months or less. Knowing the right time to refer to hospice can be challenging. Patients with advanced disease can be referred for hospice evaluation when advanced disease is noted, and hospice can then determine if eligibility guidelines have been met.

Hospice benefits COPD patients in numerous ways. Symptom management will be maximized including utilization of additional medications, such as opioids, for refractory dyspnea while monitoring for undesirable effects. Unwanted or unnecessary emergency department visits, hospitalizations, and ICU stays can be avoided by the 24/7 availability of hospice to respond to patient needs in their home. In additional to standard physician-directed nursing care, the interdisciplinary support provided by hospice social workers, spiritual care counselors, hospice aides, and volunteers helps the patient and family cope with the stresses of such advanced disease. Hospice has been definitively shown to enhance quality of life with improved patient satisfaction scores. Furthermore, bereavement services will be provided to family members for 13-months after death. Knowing this helps relieve some of the distress experienced by hospice patients as they contemplate leaving their loved ones.

Having a hospice conversation is difficult for many physicians. I approach this by describing what services are being offered before actually using the word "hospice." Ask patients if having an interdisciplinary team come to their home to evaluate and help manage their symptoms sounds like something of interest to them. For Medicare or Medicaid patients, this is a benefit that is typically covered at 100% for all services, equipment, and medications that are provided for their illness. If they express an interest, I then tell them that this is hospice. If they are worried that hospice may not be right for them, I ask them to consider the care with the understanding they can change their mind, stop hospice at any time, and have immediate restoration of their prior Medicare coverage.

The most common regret we hear is, "I wish we'd gotten hospice care sooner." Since COPD is a condition associated with many uncomfortable symptoms, optimizing palliative care through the use of hospice for eligible patients seems to be an obvious decision. A Palliative Care referral can be an alternative until hospice care is elected.

Let us know how we can assist in managing advanced chronic obstructive pulmonary disease.