

International Conference on

Chest

November 17-18, 2016 Dubai, UAE

COPD Readmissions: Prevention and Management

Khalil Diab

Indiana University, USA

Statement of the Problem: COPD is expected to be the third leading cause of death worldwide in 2020. The direct and indirect costs of COPD were 49.9 billion dollars in the United States in 2010. During the past decade in the United States, 1 in 5 hospital admissions over the age of 40 had a diagnosis of COPD with a 30-day readmission rate of 21%. As of October 2014, hospitals in the U.S. could receive a 1% payment reduction for high risk-adjusted readmissions. We will discuss the risk factors for COPD readmissions and ways to decrease them. Methodology & Theoretical Orientation: We herein will review and summarize the current literature pertaining to reduction of COPD readmissions, including COPD self-management, pulmonary rehabilitation, and integrated management. Findings: COPD self-management decreases respiratory-related and all-cause hospital readmissions significantly (OR 0.57 and 0.60 respectively), and is associated with a significant improvement in quality of life measures. Pulmonary rehabilitation after a COPD-related hospital admission leads to decreased all-cause hospital readmissions (OR 0.08-0.71). It is also associated with improvements in mortality and six-minute walk distance. Integrated management leads to a significant decrease in respiratory-related hospital readmissions at 3-12 months with an OR of 0.68, and decreases hospital days by 3.78 days over 3-12 months. Conclusion & Significance: COPD is one of the leading causes of death worldwide with a very high burden on society, and a high rate of hospital admissions. Decreasing readmissions is important for both patients and society. Predicting the types of patients to be readmitted remains difficult. COPD self-management, post exacerbation pulmonary rehabilitation, and integrated disease management are promising interventions which could lead to decreased readmissions and improvement in quality of life.

Biography

Khalil Diab has his expertise in the diagnosis and management of COPD, Alpha 1 antitrypsin deficiency and lung cancer with a special focus on interventional pulmonology. He is the director of the only alpha 1 clinical resource center in Indiana and is conducting several clinical trials on COPD and Alpha 1 antitrypsin deficiency.

kdiab@iu.edu

Notes: