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### Sustainability and Impact of Lung Health Outpatient Resource Center

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# Sustainability and Impact of Lung Health Outpatient Resource Center

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## Background / Problem

According to the Worldwide Health Organization, worldwide, it is estimated “hundreds of millions” of people are affected by chronic respiratory diseases. COPD is a leading cause of death in the United States, and imposes an enormous financial burden on our nation’s health care system (National Institute of Health, 2018, p. 1). COPD patients with severe exacerbations requiring emergency visits or hospitalizations per year are at higher risk for all- cause mortality (Soler-Cataluna JJ, et al. Thorax.2005,60:925-931).

A multidisciplinary Lung Health Outpatient Resource Center was established as a continuum of care to support our COPD population post discharge. Patients seen in the center showed successful outcomes, which have led to decreasing readmissions and improved cost savings. Therefore, the center expanded its services to include other chronic pulmonary diseases including pneumonia and pleurisy, asthma, bronchitis, and other respiratory infections.

## Methods

- The multidisciplinary team was headed by the Respiratory Department in conjunction with the Outpatient clinic and included; nurse practitioners (APRN), respiratory therapists (RT), registered nurses (RN), social workers (SW), pulmonologists and pharmacy.
- The center incorporates weekly follow up visits during the acute phase post discharge where symptom management, individualized action plans, interpersonal psychosocial and emotional support is provided and created with the patient and family.
- Pharmacological and non-pharmacological interventions are utilized to optimize the individual’s treatment goal.



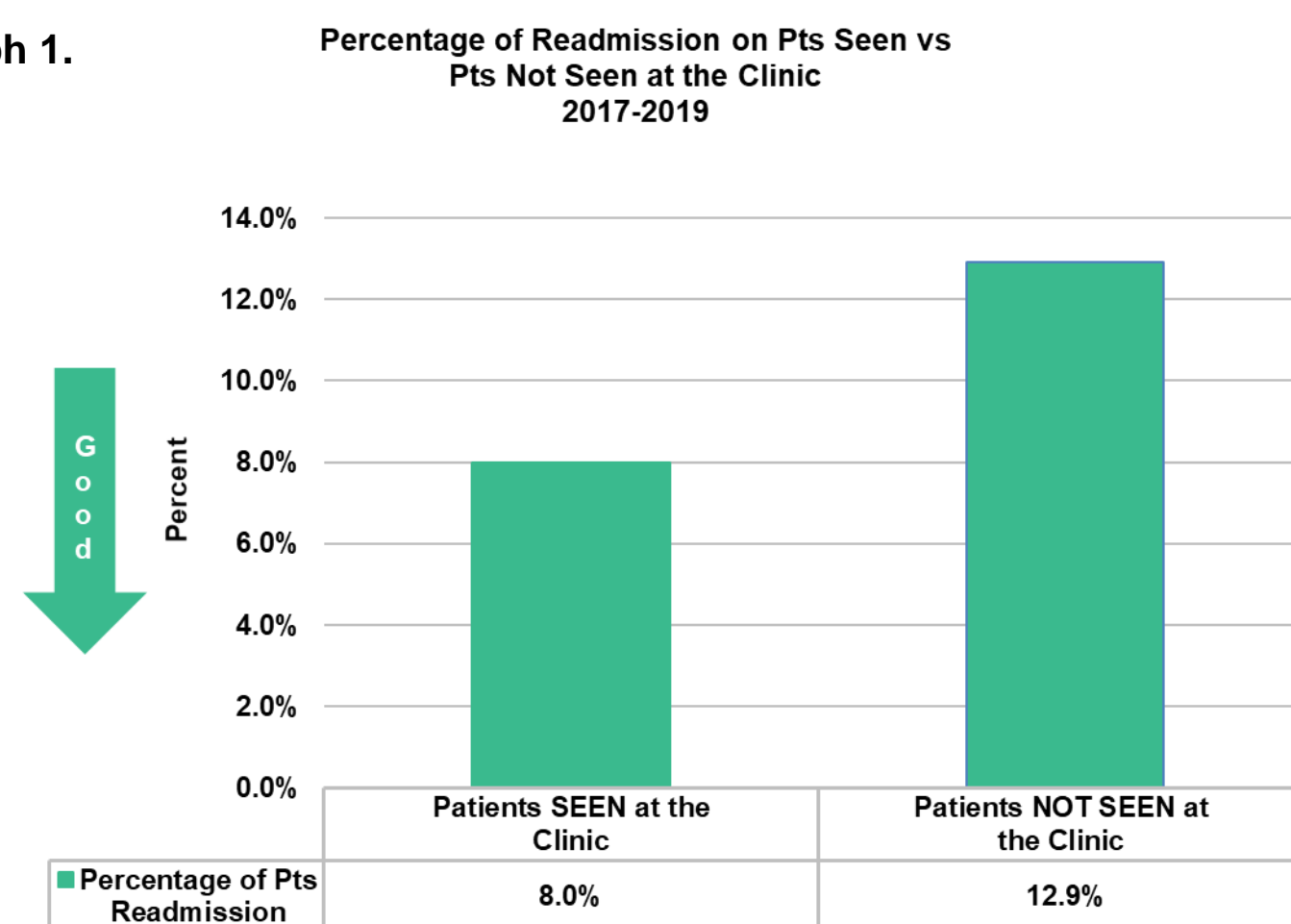
## Results

The Lung Health Outpatient Resource Center was established in June 2017. Data was collected from June 2017 to March 2019. Total population referred was 304 patients. Patients seen in the center (150) had an 8% readmission rate, and those not seen (154) had a 12.9% readmission rate (Graph 1.).

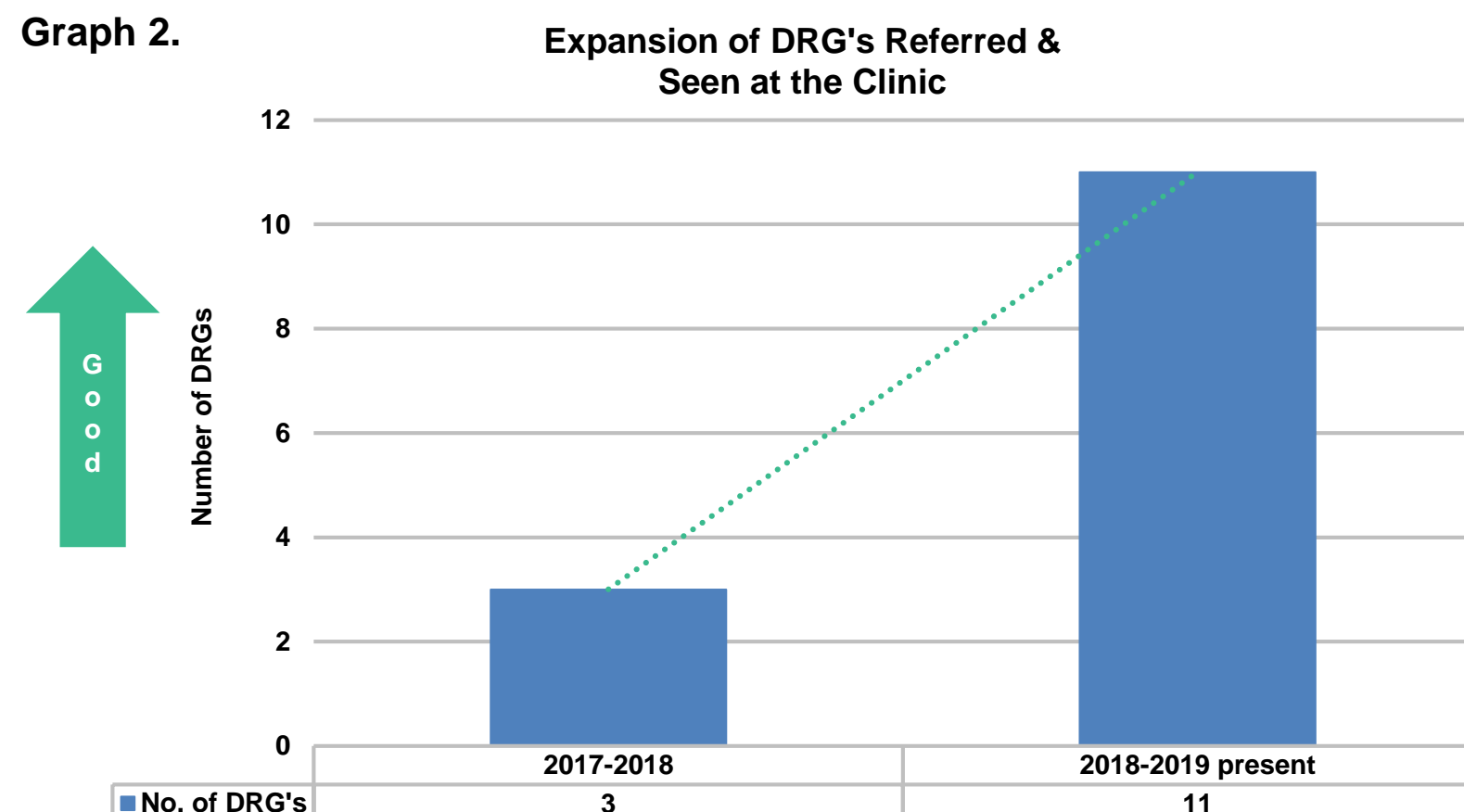
The Lung Health Outpatient Resource Center expanded the number of diagnosis-related groups (DRGs) from three in 2017-2018 to eleven DRGs in 2018-2019 (Graph 2.).

The estimated average variable cost savings for patients seen was of **\$1,217,206.90**.

Graph 1.



Graph 2.



## Conclusions

Through utilizing an outpatient resource center and adherence to plan of care, hospital readmission rates were decreased and variable cost savings improved.

Sustainability by expanding our services to other chronic pulmonary diseases has been shown.

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- National Institute of Health. (2018, Feb). Why a National Action Plan - And Why Now. COPD.NIH.GOV, 1. Retrieved from COPD National Action Plan: [https://www.nhlbi.nih.gov/sites/default/files/media/docs/COPD%20National%20Action%20Plan%20508\\_0.pdf](https://www.nhlbi.nih.gov/sites/default/files/media/docs/COPD%20National%20Action%20Plan%20508_0.pdf)
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## Disclosures

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