



CASE STUDY:

Fast Connection to an Urgent Cardiology Appointment Avoids Hospital Admission

A 76 year-old patient



Dx

Severe chronic thromboembolic pulmonary hypertension and congestive heart failure. Patient was severely deconditioned, used walker for ambulation; on continuous oxygen, three diuretics: Spironolactone, Bumex and Metolazone. Patient received in-home physical therapy. Spouse assists with monitoring pulse ox, med administration daily.



Intervention

Care coordinator spoke with spouse who reported that patient had not been feeling well, not sleeping, complaining of shortness of breath and had recent weight gain of 3 lbs. Care coordinator spoke with PCP who called spouse. Patient's initial cardiology appointment was not until following week; PCP advised he be seen ASAP with cardiologist; care coordinator and office manager facilitated next morning appointment with cardiologist.



Results

Cardiologist increased patient's Metolazone to 4x a week from 2x a week and advised to continue with Bumex and Spironolactone. Care coordinator assisted spouse with the new Metolazone schedule and in obtaining follow-up lab work. Patient's condition improved and weight returned to baseline, avoiding hospital admission. Care coordinator maintains contact, ensures regular follow-up with providers, and reviews exacerbation plan.