Continuity of Care & Chronic Disease Management (CDM)

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Objectives

- Discuss continuity of care/chronic care/re-establishment of care

- Review USPSTF screening guidelines

- Review CDC immunizations guidelines

Relevance

Current:

- COMLEX LEVEL 1
- Practical

Future:

- Improve patient morbidity and mortality

	Dimension 2: Clinical Presentations	Minimum % Level 1
1	Community Health and Patient Presentations Related to Wellness	12%
2	Human Development, Reproduction, and Sexuality	5%
3	Endocrine System and Metabolism	5%
4	Nervous System and Mental Health	10%
5	Musculoskeletal System	13%
6	Genitourinary/Renal System and Breasts	5%
7	Gastrointestinal System and Nutritional Health	10%
8	Circulatory and Hematologic Systems	10%
9	Respiratory System	10%
10	Integumentary System	5%

Framing the interaction

- So far you have focused on a new patient coming in for a **problem focused visit**

- What are the two other types of outpatient visits?
  1. **Establish Care**
  2. **Chronic disease Management (CDM)**

CC: 6 month follow up on hypertension

Starting a Continuity of Care/CDM visit

- HPI

  - Acute concerns ➔ "Before we discuss your chronic conditions, do you have any acute/new things you wanted to talk about today?"
  - Medical interactions since last visit ➔ office visits? ER? Hospitalizations?
  - General well being and life events since last visit

Chronic Disease Management

Chronic Disease Management (CDM)

- *A lesson in clinical reasoning and building an assessment*

- GOALS:

1. Identify Status of the Chronic Disease
   (e.g., improving, stable/controlled, worsening/progressing/uncontrolled)
2. Prevention and Early Identification of Associated Complications
   (e.g., if hypertensive: goal is to prevent coronary artery disease)

Goals of CDM - identify status of the chronic disease

23 year old Female with a past medical history of asthma is presenting for her 6 month follow up. She is currently being prescribed albuterol inhalers.

What subjective and/or objective information do we need to know to assess her disease state?

Goals of CDM - identify status of the chronic disease

- Asthma: intermittent (less than 2) ➔ mild ➔ moderate (once daily) ➔ severe (multiple times daily)
  - Symptom frequency: # of days per week
  - Nighttime awakening: # times per month
  - Use of rescue inhaler: # of days per week
  - Impact on activity
  - Lung function: peak flow versus FEV1/FVC
  - Hospitalizations

Why does knowing the classification matter?

Goals of CDM - identify status of the chronic disease

- Knowing what needs to be asked is a function of knowing the **illness script**

Resources:

- **UpToDate**
- ***Disease specific guidelines***
- **Access Medicine:** *Quick Medical Diagnosis & Treatment 2025*; *CURRENT medical diagnosis & Treatment 2025*
- **Clinical Key:** *Textbook of Family Medicine*

Goals of CDM - Prevention and Early Identification of Associated Complications

screen for signs and symptoms of conditions that co-occur with, or are complications of, the chronic conditions

Goals of CDM - Prevention and Early Identification of Associated Complications

EXAMPLE: Chronic Kidney Disease

1.) what are co-occurring disease and/or complications of CKD?

2.) what are signs and/or symptoms of those diseases?

Health Promotion and Disease Prevention (HPDP) – What is a screening test?

Disease needs to be:

1.) Common

2.) Cause significant morbidity and/or mortality

3.) Have available treatment

Recommendation to perform screening tests are based on:

1.) population level data, not individual level

2.) considers the risk/benefit ratio (e.g. number needed to screen)

HPDP– What is a screening test?

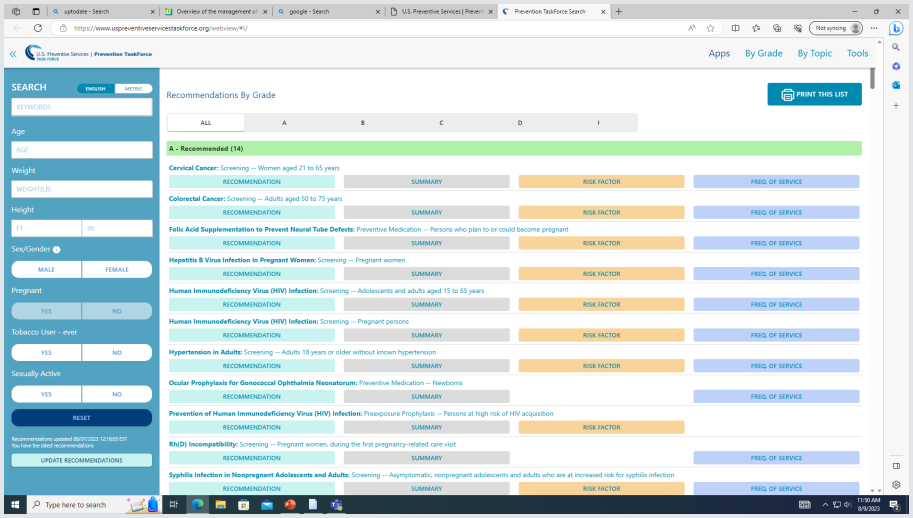
If a patient has a disease, should we still screen for that disease?

if already diagnosed do not need to screen ag

HPDP– Who determines screening recommendations?

United States Preventative Screening Task Force

United States Preventive Screening Task Force (USPSTF)



INSTRUCTIONS:

1. Google “US Preventative Task Force app”
2. Click the first one
3. Three options toward bottom of page to choose

HPDP– USPSTF

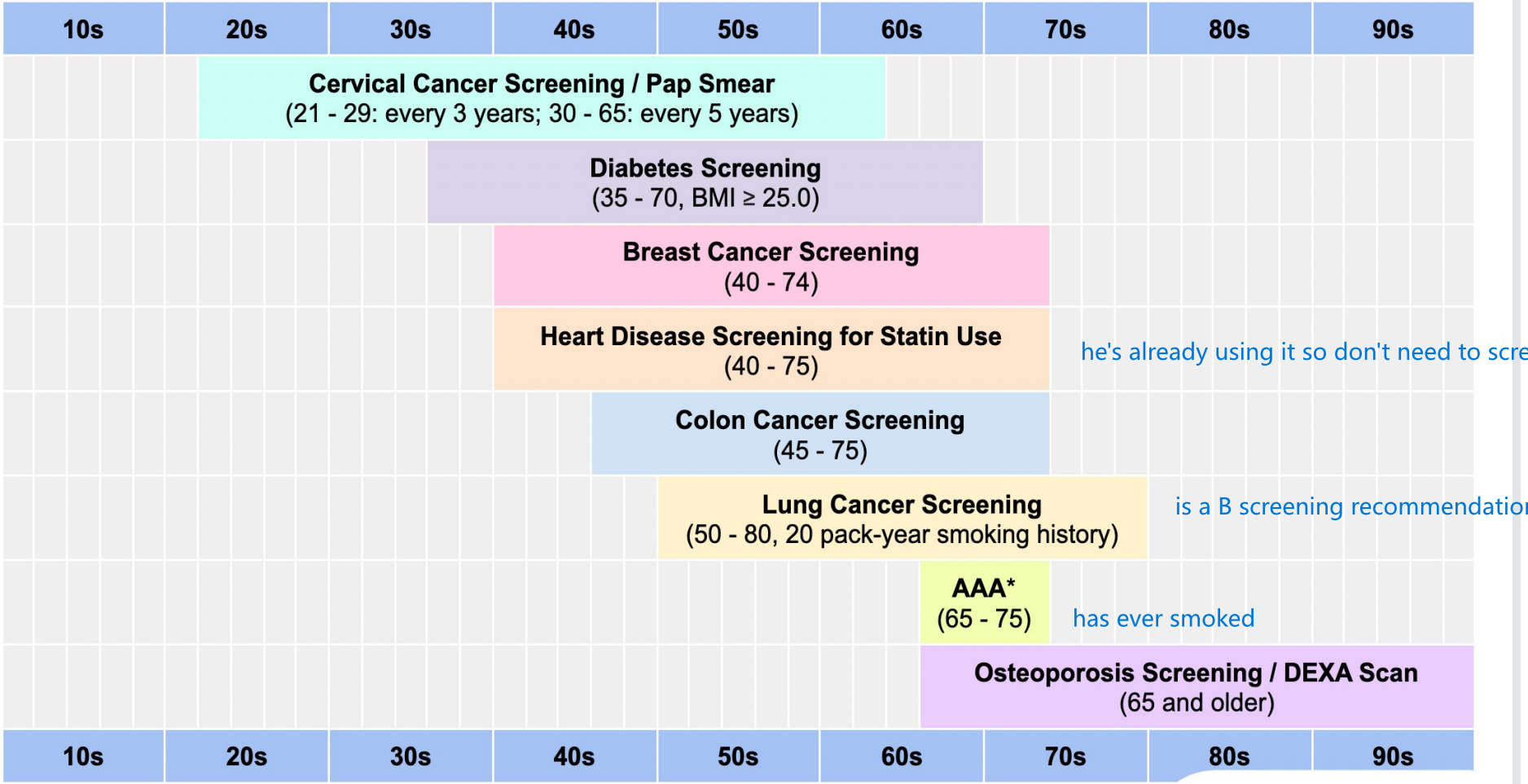
65-year-old individual, assigned **male** at birth, with a 10 pack-year **smoking** history, type 2 diabetes and dyslipidemia presenting for annual physical exam. He takes metformin and atorvastatin. Patient was last seen two years ago and received the appropriate screenings at that time. Vital signs are within normal limits**; weight 150lbs** and **height 5'10**".

What USPSTF recommended screenings is he due for at this time?

A: colorectal cancer - 50 - 75
HIV infection - 16-65
HTN - >18

10 screenings and 7 vaccines!!!

ones will be held accountable for in addition to HIV and HCB screening



USPSTF Need to Knows!

For the 10 screening guidelines on the handout:

1. Indication (age range, qualifying conditions)
2. Test of choice
3. Frequency

Specific to those Assigned Male at Birth:

Abdominal Aortic Aneurysm (AAA) Screening: Those assigned male at birth who are age 65 to 75 who have ever smoked

Recommendation (Grade B):

1-time screening with abdominal aorta ultrasound

Specific to those Assigned Female at Birth:

Osteoporosis Screening to Prevent Fractures: Those assigned female at birth who are age 65 or older OR are younger than 65 and have an elevated risk of fracture (use FRAX tool for risk assessment)

Recommendation (Grade B):

DEXA scan to assess bone mineral density (BMD) performed every 4 to 8 years

Breast Cancer Screening: Those assigned female at birth who are age 40 to 74

Recommendation (Grade B):

Biennial (once every 2 years) mammography

Cervical Cancer Screening: Those assigned female at birth who are age 21 to 65

Recommendation (Grade A):

21 - 29 years old ⇒ cervical cytology ("pap smear") every 3 years

30 - 65 years old ⇒ high-risk human papillomavirus + cervical cytology (aka "co-testing") every 5 years

Cancer Screenings:

Colorectal Cancer Screening: individuals age 45 to 75

Recommendation (Grade A for ages 50 -75; Grade B for ages 45-50):

Fecal immunochemical test (FIT) or High-sensitivity guaiac fecal occult blood test (HSgFOBT) every year

OR

Colonoscopy every 10 years

Lung Cancer Screening: Individuals age 50 to 80 who have a 20 pack year smoking history AND currently smoke or have quit within the past 15 years

Recommendation (Grade B):

Annual low-dose computed tomography (CT) of the lungs

Infectious Screenings (not included in above table):

Human Immunodeficiency Virus (HIV) Infection Screening: individuals age 15 to 65, or pregnant

Recommendation (Grade A):

antigen/antibody immunoassay

OR

Rapid HIV test with positive results getting confirmatory antigen/antibody immunoassay

Hepatitis C Virus Screening: individuals aged 18 to 79

Recommendation (Grade B):

1-time screening Anti-HCV antibody testing (if positive then HCV-RNA PCR)

Metabolic Screenings:

Prediabetes and Type 2 Diabetes Screening: Individuals age 35 to 70 who have BMI's classified as overweight or obese (BMI >25)

Recommendation (Grade B):

Fasting plasma glucose, HbA1c, or oral glucose tolerance test (OGTT) testing every 3 years

Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Individuals aged 40 to 75 who have [illegible] factor (i.e. dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular e[illegible]

Recommendation (Grade B):

1. *Knowledge of patients age, race, sex assigned at birth, smoking status*
2. Screen for diabetes (need to order fasting plasma glucose, HbA1c, or OGTT)
3. Screen for dyslipidemia (need to order total cholesterol, HDL cholesterol, LDL cholester[illegible]
4. Screen for hypertension (blood pressure measurement)
5. Calculate ASCVD risk with ASCVD risk calculator

Immunization Need To Knows!

For the 7 immunizations on the handout:

1. Know the disease which you are immunizing against
2. Know the indications (recommended age and frequency)
3. Know the vaccine that is used

Vaccine	11 - 12 years	13 - 18 years	19 - 49 years	50 - 64 years	65 years or older
COVID-19	1 dose of any updated ~~(2023-2024)~~ 2024-2025 vaccine				
Influenza	1 dose annually				
Tetanus, Diphtheria, Pertussis	1 dose of Tdap every 10 years				
zoster recombinant				2 dose series with doses given 2-6 months apart	
pneumococcal					1 time dose of PCV20
Meningococcal	2 dose MenACWY series - first at age 11 or 12, second at age 16		If no previous vaccination, need1 dose of Men ACWY if living in crowded conditions (e.g. college students in dorms, military recruits)		
Human Papillomavirus	2 doses, at least 5 months apart				

CDM Goals

What are the two goals of Chronic Disease Management (CDM) visits?

Health Prevention and Disease Prevention - Plan

Alteration to the traditionally taught 6-point plan

#HPDP

Vaccines:

Screening labs:

Screening diagnostics:

Counseling/anticipatory guidance:

OMT:

Follow-up/Referrals:

primary = cc
secondary = known disease
hpdp = one after

Recommended Apps

United States Preventative Services Task Force (USPSTF)

CDC Vaccine Schedule

References

1. Slide 3- https://www.nbome.org/assessments/comlex-usa/comlex-usa-level-1/blueprint/
2. https://www.uspreventiveservicestaskforce.org/uspstf/
3. https://www.cdc.gov/vaccines/schedules/index.html