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Plan of Care and Treatment Plan Chronic Renal Disease

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Your Life Your Health

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If you go to the nursing section of a health profession's book store, you will find volumes on "Treatment Plans and Plans of Care." Those books will define and describe the importance of a written, personalized plan for how to proceed with the care of a patient. In hospice, home health, physical therapy, nursing homes, rehabilitation, psychiatric hospitals and other specialty-care facilities, "treatment plans" and "plans of care" are a part of the patient's record.

While it is beginning to change, this is not the case with clinic medical records, physician hospital records and other notes written by physicians. Notwithstanding, it is possible to discern many elements of a "treatment plan" and/or a "plan of care," in the records of physicians' care. The diagnoses are there; the medications prescribed and continued are there; the laboratory and procedures ordered are documented; the instructions for referrals, returned visits are there; often activity levels, dietary instructions and other daily habits are documented. However, these elements are not aggregated into a single statement but are scattered throughout the record. And, they are rarely, if ever shared with the patient in a written form.

As medicine is moving toward care driven by Patient-Centered Medical Home, which requires the patient not only to be knowledgeable about their care, but actually to be in charge of that care, it is critical that physicians prepare a "treatment plan" and a "plan of care," which they can deliver to their patient. This document becomes the means of communication between the provider and the patient. It actually becomes their "contract" of what they both agree is a positive, valid, understandable and understood, plan for the patient's care over the next several months.

Due to the growing complexity of healthcare, the importance of this written and shared document is increasing. And, because many patients are being treated for multiple, inter-related conditions, it is important that a plan of care and a treatment plan be integrated across various disease processes.

There are other circumstances which make a plan of care and a treatment plan more difficult for physicians and other healthcare professionals. One is that the ideal of modern health care is that it needs to be interdisciplinary. There are many healthcare professionals who contribute uniquely and critically to the care of a patient, and their contribution needs to be included in a plan of care and a treatment plan. There was a time, for instance, when the nursing literature declared that nurses have nine independent functions and one dependent function. The dependent function was, "To carry out the doctor's orders." When I first read that statement thirty years ago, I thought it was condescending at best and today I think it is devaluing the

important skills and abilities of nurses and other health professionals.

Another complicating factor is that no single definition of a plan of care and a treatment plan exists. Often the best we can find is a description of the elements of both. As a result, we are often partially in the dark about how best to create this extremely powerful tool of healthcare delivery which is particularly a powerful tool of the continuity of that care, which is made possible by a personalized, written plan of care and treatment plan.

Let me illustrate this. One of SETMA's partners was formerly involved in a large, multi-specialty clinic in another community. He was and is very interested in diabetes and lipid management. During a conference, he asked a visiting lecturer what he did when he needed diabetes, dietary and/or lipid education for a patient. The visitor said, "I send them down the hall to the education department." This was frustrating because our partner wanted to practice first class medicine, but his group did not have an education department.

This exposes another complexity of a plan of care and of a treatment plan. In order to produce an effective tool, there must be other services available to the provider in order to plan effectively and to execute excellently a strategic and tactical plan to improve the health of those who entrust us with their care. Without physical therapy, medical nutrition therapy, certified diabetes self management education, follow-up call nurses, preventive health and health screening standards, laboratory and diagnostic capabilities, administrative support for measuring patient satisfaction and provider performance, it is not possible to execute a robust, comprehensive plan of care and treatment plan. even if you want to do so.

And, these are only some of the complex issues. A plan of care and a treatment plan must also include the ability to audit the provider performance and the standard of care the patient is receiving and it must include the ability to communicate that auditing result to the patient, to the provider and even to the public.

With these concepts in mind, SETMA has developed written, personalized treatment plans and plans of care for each of the disease management tools which we use in our EMR. The following is an example of a treatment plan and of a plan of care on a real patient for a real encounter, in regard to the management of chronic kidney disease which affects a significant number of SETMA's patients. Review this introduction and then review the content of the plan of care and treatment plan presented below and see if SETMA meets the standard of excellence to which we aspire. You be the judge.

Renal Follow-Up Note Treatment Plan and Plan of Care (the material in italics is not a part of the treatment plan but is explanation for this article)

Following the patient's identification information on the treatment plan and plan of care, there is a statement of the patient's:

Follow-Up Care -- Your next visit should be scheduled in 3 months.

Latest Lab Results -- a complete list of all laboratory values is placed here.

Active Medications – all of the patient's medications and a description of how they are to be

taken is given here.

The active medication list is accompanied by the following instructions:

- The following are the medications which you should be taking. Please notify your provider if you are unable to obtain your medications for any reason. Do not just stop taking your medication without calling your healthcare provider immediately.
- Please review this list of your medications. If any medication you are taking is missing -- if you have medications which are not listed please bring that to your healthcare provider's attention.

Because this plan of care and treatment plan relates to Chronic Renal Disease and because many of the quality measures requires the provider and the patient to know the patient's renal condition, the Stage of Renal Disease is documented: Stage of Renal Disease -- According to your most recent laboratory evaluation, you have Stage 1 renal disease.

Hydration

The human body requires water to function properly. However, patients with chronic renal disease can have too much water in their body or too little. As a result, SETMA has devised a tool for the evaluation of the state of a patient's hydration. This tool includes the patient's risk of hydration problems, their physical signs of hydration problems and their metabolic and/or chemical evidence of hydration problems. This is listed in the Plan of Care and the Treatment Plan under "hydration." At the end the state of hydration is given, which in this patient's case was "marginal." This alerts the patient and the provider to be attentive to the patient's state of hydration.

Risk Factors for Dehydration Present Recent infection - Lungs
Diabetes Mellitus, Patient on diuretics, Age over 60 years,

Physical Signs and Symptoms of Dehydration Present Skin Turgor -
good, Buccal Mucosa – moist.

Chemical and Metabolic Indicators of Dehydration Urine Specific
Gravity – 1.008
Glucose - 357.0 mg/dL Sodium - 140.0 mg/dL Potassium - 3.7
mmol/L Chloride - 100.0 mmol/L HCO₃ - 30.0 mmol/L
Blood Urea Nitrogen - 12 mg/dL Creatinine - .8 mg/dL
BUN/Creatinine Ratio - 15.0 Serum Osmolality - 311.5 Serum
Osmolarity - 304.1
Anion Gap - 10.0
Est. Creatinine Clearance - 113.9 Hydration Status - Marginal

Following this evaluation, the related specific conditions for which this patient is being treated and which relate to the status or the progression of kidney disease are documented. These will change from patient to patient, but many patients with kidney disease will have

these same conditions. Following the documentation of the condition, a statement appears which discusses this condition in relationship to the presence of Chronic Renal Disease. At the same visit, the patient may receive a treatment plan and a plan of care for Chronic Kidney Disease hypertension, cholesterol abnormality, diabetes and other conditions.

Hypertension

You have high blood pressure. Your last blood pressure was 138 / 50 mmHg . Your blood pressure places you into a High-Normal (Pre-Hypertensive) and into a Group C - High Risk Risk group and risk category.

Hypertension (elevated blood pressure) is both a cause of kidney disease and it is caused by kidney disease. To decrease the rate of decline of your kidney function, your blood pressure must be controlled. The most effective ways of doing this is by losing weight, decreasing the salt content of your diet, increasing your exercise and by taking your medication as directed. Other methods will be discussed with you by your healthcare provider.

Diabetes

You have diabetes mellitus which is one of the most common causes of kidney disease. Controlling your blood sugar is critical to decreasing the rate of decline of your kidney function. Your Last Hemoglobin A1C was 8.1 %. The ideal result is below 6.0%. You need to take measures to maintain your Hemoglobin A1C at or below 6.0%

Cardiovascular Disease

You have been diagnosed with cardiovascular disease. Controlling your heart disease includes controlling your blood pressure, your diabetes, your weight and maintaining an active life style with regular, daily exercise. Your healthcare provider will discuss other steps to help control your heart disease.

Protein in the Urine

You have protein in your urine. This is the earliest evidence of kidney disease and needs to be treated. The best treatment is a class of medications call ACE Inhibitors or ARBs. You are currently on an ARB – DIOVAN -- and should continue that medication.

Anemia

Your most recent hemoglobin is 11.8 g/dL. This shows that you are not anemic.

Smoking

Smoking is harmful to every system of your body and particularly to your kidneys. Our records indicate that you smoke. You must stop. Remember, you can smoke or you can live; you just can't do both. Elevated Cholesterol Your last lipid analysis shows that your total cholesterol was 126 mg/dL, your good cholesterol (HDL) was 24 mg/dL and your bad cholesterol (LDL) was 135 mg/dL. These values place you at high risk of cardiovascular disease and at increased risk of worsening of your kidney disease.

Nutrition

While excessive weight is detrimental to your kidney's health, so is malnutrition. While controlling your weight, or even losing weight if you are obese, is important in improving your kidney function, malnutrition is not. With your BMI you should typically be taking in 100 gms of protein each day and 2332 calories of food. However, the National Kidney Foundation's recommendation for protein intake for a person with Stage I renal disease is 63 grams/day with a recommended caloric intake of 2943 calories/day.

The decrease in protein may improve your kidney function by decreasing the demand to clear waste products of protein metabolism from the blood while the increase in calories reflects the need to make sure that your nutrition level is maintained and that you do not become malnourished. Because of the recommend increase in calories with kidney disease, increase in the amount and consistency in the regularity of exercise are important parts of your protection of your kidneys.

A blood test called "prealbumin" assesses your current state of nutrition. Your most recent value was 24. This indicates that your calorie intake is adequate. Remember, your calorie intake needs to be properly balanced between fats, protein and carbohydrates. You should decrease your intake of simple carbohydrates such as white bread, white rice, mashed potatoes, etc. and increase your intake of complex carbohydrates which will be found in fresh vegetables and in whole fruits.

Diet -- Other conditions which can contribute to the worsening of your kidney function are a:

1. High Phosphate Diet

Phosphate is found in association with protein, especially in milk and cheese. Only a few other foods contain a lot of phosphate like wholegrain cereals, baking powder, shellfish. Other sources are convenience foods which have phosphates added by food manufacturers. The following foods are high in phosphate and should be avoided.

1. Soft drinks, soda drinks, especially cola or coke and fizzy lemonade
2. Cordials/fruit syrup beverages
3. Chocolate, sweets, candy, and anything else with a high citric acid and sugar content
4. Ice-cream
5. Skim milk powder (often added to processed foods)

6. Biscuits, cookies, cakes from the supermarket
7. Tomato ketchup
8. Mayonnaise
9. Fish fingers
10. Processed cheese, especially soft cheese spread
11. Frozen pizzas
12. Hot dogs
13. Processed meats
14. Baking powder and self-raising flour often contains phosphate aerator
15. Avoid all foods that list as an ingredient mineral salts, emulsifiers and lecithin.

2. High Protein Diet

While your BMI would suggest that you need 100 grams/day of protein, The National Kidney Foundation recommendation for protein intake for a person with Stage 1 renal disease is 63 grams/day. From the brief list below, you can see how you will need to modify your diet to reach these goals.

1. Soy protein isolate - 80 grams protein per 100 grams
2. Soybeans, dry, roasted - 89.6 grams protein per 100 grams
3. Peanuts (raw) - 55 grams protein per 100 grams
4. Hamburger patty, 4 oz - 28.5 grams protein
5. Steak, 6 oz - 42 grams
6. Most cuts of beef - 7 grams of protein per ounce
7. Chicken breast, 3.5 oz - 30 grams protein
8. Chicken thigh - 10 grams (for average size)
9. Drumstick - 11 grams
10. Wing - 6 grams
11. Chicken meat, cooked, 4 oz - 35 grams

A professionally trained nutritionist will help plan a diet and moderate your protein intake in order to slow the rate of decline of your kidney function.

Lifestyle Changes

Because so many of these risk factors are associated with your diet, we have referred you to Medical Nutrition Education for explanation of the following dietary approaches to improving your kidney function, your weight and your overall health. SETMA's registered nutritionist will discuss with you:

- Cholesterol Control
- Moderation of Salt Intake
- Moderation of Protein Intake
- Dietary Implications of Kidney Disease
- DASH Diet (Dietary Approach to Stop Hypertension)
- Weight Maintenance

Immunizations

Because Hepatitis B and other viral infections also contribute to kidney disease, it is imperative for you to get your immunizations. Our records show that the following immunizations are out of date:

Hepatitis

Please ask your health care provider to order these immunizations for you at your next visit or call the clinic and ask to have them done.

SETMA's Chronic Kidney Disease Treatment Audit

- Has the patient's urinary protein been assessed within the last year? Yes
- Has the stage of the patient's renal disease been assessed within the last year? Yes
- Has the patient been referred to Medical Nutrition Therapy at least once? Yes
- Has the patient had lipid panel within the last year? Yes
- Has the patient had a prealbumin test within the last year? Yes
- Has the patient received a personalized exercise prescription within the last year? Yes
- Has the patient received a weight management assessment including BMI, BMR and how to change both within the last year? Yes
- If the patient smokes, have they received counseling as to stopping and been given methods of doing so? Yes
- Has the patient received an immunization for influenza? Yes
- Has the patient received an immunization for pneumonia? Yes
- Has the patient received an immunization for Hepatitis B? No
- Has the renal treatment and plan of care document been generated within the last year? Yes

PCPI Chronic Kidney Disease Measures Group

Applies to only Stage 4 and 5

- Laboratory Testing Patient not eligible for submittal of CKD measures.
- Blood Pressure Patient not eligible for submittal of CKD measures.
- Blood Pressure Plan Patient not eligible for submittal of CKD measures.
- Influenza Immunization Patient not eligible for submittal of CKD measures.
- Referral for AV Fistula Patient not eligible for submittal of CKD measures.
- Elevated Hemoglobin for Patients Receiving ESA Therapy Patient not eligible for submittal of CKD measures.
 - Not applicable. Patient not on ESA therapy.
 - Not applicable. Patient not on ESA therapy.

Lab Ordered Today

BMP, CBC, Glycohemoglobin, Micral Strip, Occult Blood, Prealbumin, Urinalysis, Urine Albumin/Creatinine Ratio

Conclusion

The three most important things for you to do in order to support the health of your kidneys are:

1. Strict control of your blood sugar
2. Strict control of your blood pressure
3. ACE Inhibitors or ARBs medications

You can live successfully with kidney disease. It is a progressive condition but the earlier you begin aggressive treatment, the longer you will remain healthy. Bring this document with you to your next visit and ask your healthcare provider to explain anything that you do not understand.