

# Provider Documentation: COPD & Asthma

## Documentation Tips & Best Practices

### Did you know that complete documentation of COPD and asthma can help identify patients for disease management programs?

Documentation components necessary to capture the severity of illness of your patients with COPD, asthma, and other respiratory conditions:

- Any relationship between COPD, bronchitis, and asthma
- Type of bronchitis (acute, chronic, asthmatic, etc.)
- Severity of asthma (mild, moderate, severe)
- Frequency of asthma (intermittent, persistent)
- Be sure to note (if applicable):
  - Respiratory infection
  - Hypoxia, hypercapnia, hypoxemia, or respiratory failure
  - Status asthmaticus
  - Tobacco use or dependence
  - History of tobacco use or secondhand exposure
  - Use of oxygen

### Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

| Monitor   | Evaluate  | Assess   | Treat   |
|---|---|--|---|
| Signs<br>Symptoms<br>Disease progression<br>Disease regression                                  | Test results<br>Medication effectiveness<br>Response to treatment<br>Physical exam findings | Test ordered<br>Counseling<br>Record review<br>Discussion                                    | Medication<br>Therapies<br>Referral<br>Other modalities   |
| <b>MEAT Examples: COPD &amp; Asthma</b>   |   |  |   |
| Exacerbation of moderate persistent asthma – Patient is improving; we will continue monitoring. | Asthma with COPD – Patient relief from rapid-acting bronchodilator treatment.               | COPD with chronic bronchitis – Discussed smoking cessation and reviewed breathing exercises. | Severe persistent asthma, uncomplicated – Continue current inhaler therapy and follow up with Dr. X for further management. |