**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.

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