Aerodigestive Multidisciplinary Program

An Idea That’s Easy To Swallow

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Opening Disclosure

Disclosures:

• I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider of commercial services discussed in the CME activity

• I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation

Purpose / Objectives

1) Identify the reasons for referral to an aerodigestive program

2) Review available diagnostic testing for aerodigestive disorders

3) Discuss potential advantages related the multidisciplinary approach to aerodigestive disorders
What is “aerodigestive”?  
- Complex respiratory and gastrointestinal disorders
  - Congenital esophageal or airway anomaly
  - Dysphagia / Feeding disorder
  - Gastroesophageal reflux / Esophagitis
  - Airway malacia
- Over 30 pediatric aerodigestive programs

Patient Conditions
- Congenital Anomalies
  - VACTERL
  - Tracheoesophageal fistula
  - Esophageal atresia
- Eosinophilic esophagitis or gastritis
- Gastroesophageal reflux (GERD)
- Dysphagia
- Feeding Disorders

Patient Conditions
- Tracheo/bronchomalacia
- Laryngeal malacia
- Apnea/Obstructive sleep apnea
- Aspiration
- Recurrent pneumonia
I would add PFTs and hear test to this list, since they are both done during clinic, for some patients. I also have been trying to think how you can put all of these tests in here, without it looking like that is all we do - I think either adding a slide before this one that says Why is an Aerodigestive Program beneficial to some patients? Then listing multidisc approach, everyone is able to discuss the h and p findings as a group and then determine a treatment/diagnostic plan of care and then you could go into, "this may include the following diagnostic tests." I would categorize the tests by those that would be done during the clinic visit and those that would be done before or after. If you are going to put in pH study and milk scan, I would also include UGI and gastric emptying study.

John Rosen, 4/16/2015
Diagnostic Testing

- pH/impedance
- Milk scan
- Salivagram
- Upper GI x-ray

Diagnostic Testing

- Fiberoptic endoscopic evaluation of swallowing (FEES)
- Oropharyngeal motility study (OPM)
- Hearing evaluation
- Pulmonary function tests

Diagnostic Testing

- “Triple scope”
  - Gastrointestinal upper endoscopy
    - EsE, other esophagitis
  - Laryngoscopy
    - Laryngeal cleft
  - Bronchoscopy
    - Airway inflammation, malacia
Diagnostic Testing

- Esophageal manometry
  - Water perfused versus solid state
  - Upper endoscopy and esophagram prior
  - Specialized equipment/center needed

Esophageal Manometry

Which patients may benefit from an aerodigestive program?

- Any patient that the primary care provider or specialist plans to refer to at least 2 of the following for evaluation
  - GI, Pulmonology, ENT

- Consider patients with congenital anomalies, chronic cough, recurrent aspiration, and/or feeding difficulties

- Call and ask!
  - 1-800-GO-MERCY, Claudia Magers (program coordinator)
Why not just refer to individual specialists?

- Improved patient outcomes
- Possible cost reduction
- Fewer clinic appointments and anesthesia cases
- Care coordination (goal of Affordable Care Act 2010)
- Internal benefits – broaden education of specialists

CMH Aerodigestive (ADT)

- Staff Physicians
  - Adriane Latz (ENT, Director)
  - Claudia Magers (coordinator)
    - Speech/Language Pathology
    - Occupational Therapy
    - Dietician
    - Social Work
    - ENT, GI, Pulmonology

CMH Aerodigestive (ADT)

- What to expect…
  - Patient intake and record summary
  - Arena assessment
  - Individual assessments
  - Plan of care created
    - Possible FEES, OR case, OT therapy, medications, dietary modification, etc.
Questions?

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