



CHEST 2010 COPD Networking Session

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Disclosures:

- No conflicts of interest
- Investigation of new medications and research not discussed

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COPD Specialist Pre-Test

- Please take a moment and answer:
 - Five question pre-test
 - Fifteen item confidence survey

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Objectives

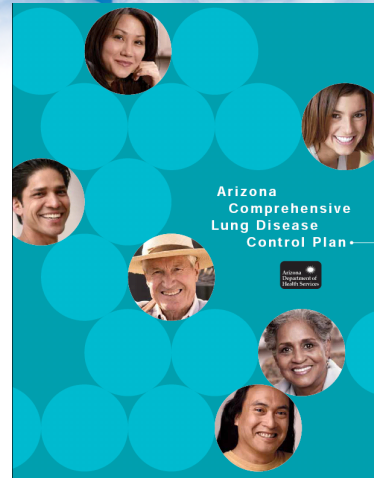
1. Learn to develop a COPD Program based on critical needs from your strategic plan
2. Identify tools and resources to develop a COPD program
3. Highlight the Arizona COPD Specialist Course
4. Identify obstacles, to improve public recognition for the term COPD

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Steps for Creating a State COPD Program

1. Identify achievable critical needs from state plan
2. Create a Logic Model
 - Apply for funding
3. Hire team
 - Develop staff performance objectives
4. Share results via reports



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Step 1: Identify Critical Needs

- Identified 4 critical needs from AzCLDCP

Needs/Resources	Goals & Objectives	Strategies/Approaches	Implementation Plan	Evaluation
<p>Critical Need 1: GL-2 There is a lack of information and education about COPD readily available and accessible to the public, patients, and providers</p> <p>Critical Need 2: GL-3 Need for coordination and prioritization of the objectives outlined in the <i>Arizona's Comprehensive Lung Disease Control Plan</i></p> <p>Critical Need 3: GL-5 The existing data on COPD is incomplete.</p> <p>Critical Need 4: GL-6 In order for COPD screening services to be effectively implemented, they must be better promoted as well as integrated into a larger system of managed care.</p> <p>Are strategies/approaches meeting the needs?</p>	<p>Goal 1: Provide basic and advanced training to healthcare professionals regarding COPD risk reduction through smoking cessation, and early screening, diagnosis and treatment for COPD.</p> <p>Goal 2: Educate the public, people living with COPD, and the healthcare community about risks for COPD and resources available through a media campaign and Web site</p> <p>Goal 3: Provide a statewide forum for individuals living with COPD medical professionals, members of the healthcare industry and community agencies invested in the COPD issue to convene</p> <p>Goal 4: Provide spirometry screening to encourage early detection of COPD</p> <p>Goal 5: Collect surveillance data to determine the prevalence of COPD in , with county-specific data</p> <p>Goal 6: Build relationships with key decision makers at hospitals and health clinics to lay the foundation for integrated COPD screening and follow-up protocols to be implemented on a system-wide basis.</p> <p>Are short and long term outcomes tied to the evaluation?</p>	<p><i>Long for Life COPD Educator Course</i> <i>COPD 101</i></p> <p>Media Campaign COPD Web Site</p> <p>COPD Strategic Planning Meeting COPD Coalition</p> <p>Rural Screenings</p> <p>COPD Surveillance Report</p> <p>Relationship Building with Key Decision Makers in Hospital Systems</p> <p>Are the strategies/approaches addressing the outcome objectives?</p>	<p>Continue to advertise <i>Long for Life</i> trainings and <i>COPD Educator Course</i> to hospitals, clinics, provider groups through listings on the ALAA and COPD web site, ALAA's newsletter, other provider groups' newsletters, and through direct mail</p> <p>Provide <i>Long for Life</i> trainings Collect and synthesize evaluations from <i>Long for Life</i> trainings</p> <p>Provide <i>COPD Educator Course</i> Collect and synthesize evaluations from <i>COPD Educator Course</i></p> <p>Track ASHLine fax referral forms from sites receiving training prior to training and following training</p> <p>Conduct 3-month follow-up survey with healthcare providers using ASHLine fax referral forms to gauge any increase in their cessation referral practice, promotion of ASHLine, etc.</p> <p>Are the strategies/ approaches being implemented as written?</p>	<p>Registrations</p> <p>Participant Satisfaction</p> <p>ASHLine Fax Referral Forms</p> <p>3-month Follow-up Surveys for <i>COPD Educator Course</i></p> <p>3-month Follow-Up Surveys for healthcare providers utilizing ASHLine fax referral forms</p> <p>Is there ongoing assessment and quality improvement?</p>

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Step 2: Apply for Funding

- Arizona Breathe Free: A COPD Collaborative is funded by
 - Arizona Department of Health Services
 - Bureau of Chronic Disease and Tobacco
- Grant is about \$500k/year

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Step 3: Hire Team



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Az COPD Coalition Update

- 350+ active members
- Monthly teleconference meetings
- Quarterly Face-to-Face meetings
- Respiratory Rallies
- COPD 101 Instructors
- Platform for dispensing reports



Step 3: Performance Objectives

- Each team member is responsible for a section of the Logic Model
 - Individual goals are created
- Some team members are contracted



Step 3: Performance Objectives

Scoring scale for each target: 4 – Exceeded the Target; 3 - Met the Target; 2 - Partially met the Target; 1 - Did Not Meet the Target.

Annual Projected Targets	Baseline	Proposed Strategies	Key Milestones
Goal 1, Objective 1a Train 100 HCPs in Lungs for Life Program or TDT #1	<ul style="list-style-type: none"> 07-08 Goal = 50. Trained 107. 08-09 Goal = 100. Trained 109 BTIS / 47 TDT. 	<ul style="list-style-type: none"> Continue relationship with TMC to offer ASHLine referrals as a part of their Tobacco-Free Campus policy. Reach out to new facilities. Advertise for COPD Educator Course to hospitals, clinics, and provider groups. Collect and synthesize participant surveys from Lungs for Life course. Post quarterly and annual results of data on website. 	<ul style="list-style-type: none"> 1st Quarter = 33 2nd Quarter = 33 3rd Quarter = 34
Goal 1, Objective 1b By May 31, 2010, 100% of hospitals/clinics with staff who have completed the Lungs for Life training will make referrals to the Arizona Smokers Helpline through the proactive fax referral form. #2	<ul style="list-style-type: none"> 08-09 = 57% compliance 	<ul style="list-style-type: none"> Report results from ASHLine to track data. Begin tracking agents and locations on ASHLine report. Implement more models for healthcare systems to use ASHLine referrals according to Policy COPD -1 	<ul style="list-style-type: none"> 5-10 Show an increase compliance for facilities generating ASHLine referrals
Goal 1, Objective 1c Train 45 HCPs in COPD Specialist course Result = #3	<ul style="list-style-type: none"> Developed course in 07-08 07-08 Goal = 20. Trained 42 08-09 Goal = 40. Trained 101 	<ul style="list-style-type: none"> Continue revision of course for improvements Advertise for COPD Educator Course to hospitals, clinics, and provider groups. Encourage facilities to use skills and knowledge in a practical setting, and develop a model. Advertise at AzSRC conference, hospital/partner newsletters, AzSRC website, ALAA Desert Breathways, media campaign and commercials Post quarterly and annual reports of data on website. Collect and synthesize participant surveys from COPD Specialist course. Create provider education page on website. Post calendar of training events. Produce course description tri-fold. 	<ul style="list-style-type: none"> 1st Quarter = 15 2nd Quarter = 15 3rd Quarter = 15

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Step 4: Share Results

- Staff provide weekly and monthly reports to Program Director
- Program Director provides quarterly and Annual reports to funder
- Program publishes annually
 - *Arizona COPD Specialist Course Report*
 - *Arizona Community Screening for COPD*
 - *Arizona COPD Surveillance Report*

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Arizona COPD Programs

- **COPD Specialist Course, 8 CEU / 8.5 CME**
- **Brief Tobacco Intervention Skills, 2 CEU**
- **Tobacco Dependence Treatment, 1 CEU**
- **COPD 101 Train-the-Trainer, 2 CEU**
- **COPD 101, 1hr**
- **Spirometry for Technicians, 2hrs**
- **Spirometry Interpretation for Practitioners, 1hr**

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COPD Specialist Course

- Identify target audience
 - Advanced HCP
- Course style
 - Conference vs. small group
- Decide on course length
 - 1 ½ days is typical
- Assemble Resources
 - Design agenda, objectives, then content

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Primary Resources

- ATS/ERS COPD Guidelines
 - ATS/ERS 2005 Spirometry Guidelines v1-5
- GOLD Guidelines
- AzCLDCP
- NHLBI – COPD Foundation
- ASHLine
- NLHEP
- Simple Office Spirometry for Primary Care Practitioners guidebook

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Course Objectives and Agenda



COPD Specialist Course 2010-2011

Course Description

The American Lung Association of Arizona will conduct a statewide COPD Specialist Course to provide healthcare professionals with a thorough overview of COPD information. The course will include practical information healthcare providers can use in their work with COPD patients. Specific attention will be given to COPD pathology, smoking cessation, spirometry, COPD management, respiratory pharmacology, psychosocial issues and oxygen therapy.

This course is designed for all medical and allied healthcare workers, including providers. Our goal is to reach areas of Arizona where COPD and tobacco use is most prevalent.

Course Objectives

1. Recognize the increasing prevalence of COPD in rural Arizona
2. Understand the importance of smoking cessation
3. Distinguish the role of spirometry testing for the identification & management of COPD
4. Describe current medical management guidelines for COPD
5. Understand the mechanism of action in respiratory pharmacology
6. Associate how stress, depression and anxiety impact the COPD patient
7. Apply practical skills in the management of COPD in its various stages

Course Accreditation

The activity meets the requirements of the Arizona Board of Respiratory Care Examiners for continuing education. 8.00 contact hours are awarded for completion of the COPD Specialist Course and 2.00 hours are awarded for completion of Basic Tobacco Intervention Skills Workshop.

This activity has been reviewed and is acceptable for up to
8.50 Elective credits by the
American Academy of Family Physicians

Acknowledgements

We would like to thank the following individuals for their efforts toward developing the COPD Specialist Course curriculum: David Sanderson, MD; Scott Cerreta, BS, RRT. We would also like to thank Cheryl Sasse and the American Lung Association of Minnesota for their role in designing the course curriculum.

This course is provided free of charge and intended to educate healthcare providers by raising awareness about the dangers of smoking and Chronic Obstructive Pulmonary Disease. The Breathe Free COPD Collaborative is funded by the Arizona Department of Health Services Office Bureau of Tobacco and Chronic Disease. We are partnered with Arizona Smokers' Helpline (ASHLine), National Heart Lung and Blood Institute (NHLBI), COPD Foundation, Alpha-1 Foundation, and Global Initiative for Chronic Obstructive Lung Disease (GOLD).

COPD SPECIALIST COURSE AGENDA DAY ONE

0800 – 0830	ALAA Intro to COPD Educator Course & Pre Test
0830 – 0900	COPD Overview
0900 – 1000	COPD Pathology
1000 – 1015	Break
1015 – 1115	Simple Spirometry for Diagnosis of COPD
1115 – 1215	Risk Factors and Establishing Diagnosis for COPD
1215 – 1245	Lunch
1245 – 1345	Respiratory Pharmacology
1345 – 1445	Non-Pharmacological Management & Oxygen
1445 – 1500	Break
1500 – 1600	Psychosocial Issues & Quality of Life
1600 – 1700	COPD Exacerbations & Interventional Modalities
1700 – 1730	Post Test

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Definition of COPD Goes Unrecognized

- COPD Foundation announced:
 - Name recognition of COPD improved from 2007 to 2010
 - However, GP unaware that COPD is lung disease
- Problem is deeply rooted
 - COPD is not a new disease
 - Definitions even today vary within colleges
 - RN/RT/Medical programs / literature
 - HCPs are key educators
 - They pass on wrong information

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COPD Specialist Pre-Test

- Let's Review your answers
 1. C – Chronic Bronchitis and Emphysema
 2. B – Largely irreversible expiratory airflow limitation
 3. C – Post-BD FEV1 >12% change & >200ml
 4. C – Asthma
 5. A - Anticholinergics

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COPD: Change in Definition

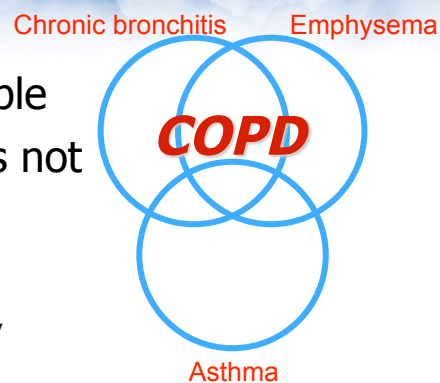
- COPD used to include 5 disease processes¹
 - 1 Chronic Bronchitis
 - 2 Emphysema
 - 3 Asthma
 - 4 Bronchiectasis
 - 5 Cystic fibrosis & fibrosis from Tb
- Differential diagnosis separates 3 to 5

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COPD: Definitions of 21st Century¹

- Preventable and treatable
- Airflow limitation that is not fully reversible
- Progressive disease
- Abnormal inflammatory response of the lungs



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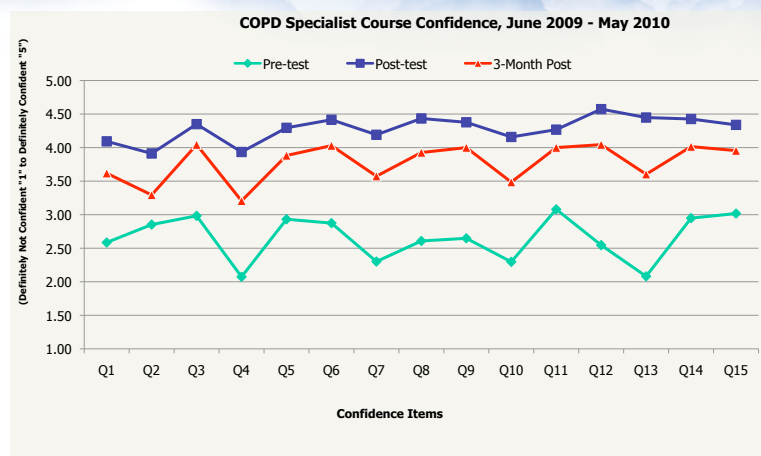
COPD Specialist Course Evaluation Report

- Confidence scores alone are not an indicator of knowledge
 - Amongst RTs, we see high confidence, but low knowledge
 - This group is highly regarded to educate our patients about COPD
 - However, they pass along wrong information
 - This is a major Red Flag !

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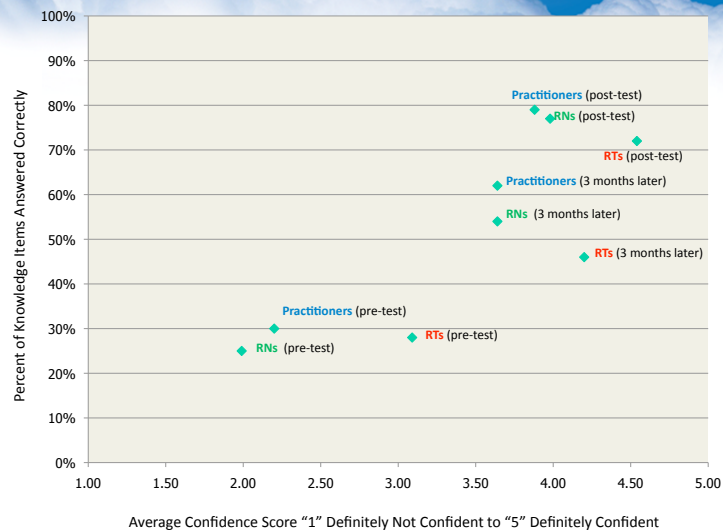
COPD Course Confidence



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COPD Course Knowledge and Confidence by Job Title



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Disparity in Confidence vs. Knowledge

- We can not tolerate HCPs **confidently giving wrong information** to patients about COPD. The general public can't tell you what COPD is (Chronic Bronchitis and Emphysema), in part because our HCPs do not know the correct definition based on the latest guidelines.
- If RTs themselves don't fully understand the disease, their patients are at a high risk for being misguided about critical aspects of COPD detection, management, and treatments.
- This is true amongst all HCPs

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Conclusion

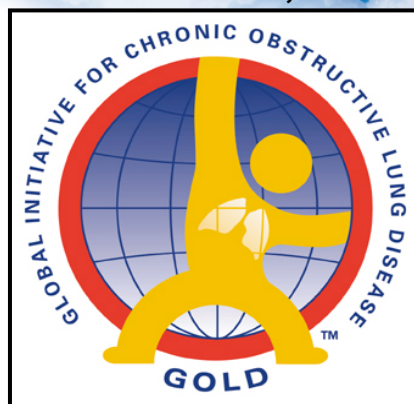
- All states should develop COPD education programs based on critical needs
- COPD Programs should publish reports to share with national partners
- A disparity between knowledge and confidence exists for this old disease
- Arizona COPD Program recommends that we encourage change within professional HCP curriculum through large partners: AARC, AAFP, GOLD, RN/NP/PA etc.
- Must teach correct definition of COPD in colleges for all new grads

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WORLD COPD DAY

November 17, 2010



Raising COPD Awareness Worldwide

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Medical Reviewer: Dr. David R. Sanderson, M.D., Professor of Medicine: Emeritus Mayo Clinic College of Medicine

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