



Becoming COPD Prepared: A 4-STEP Approach





The Speakers

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 - Chair – COPD Alliance
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The COPD Alliance: 300,000 Clinicians Strong



A M E R I C A N C O L L E G E O F



C H E S T

P H Y S I C I A N S[®]



Advocacy • Education • Leadership



COPD Alliance Addresses Historical COPD Challenges

COPD Alliance was created to:

- Increase awareness
- Change the face of COPD
- Promote earlier diagnosis and appropriate management of COPD among Primary Care Clinicians

Historical Challenges

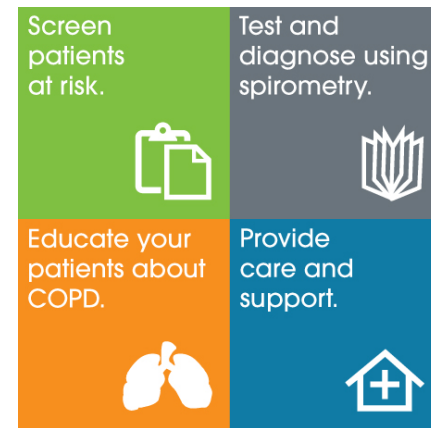
- Lack of collaboration and consensus among COPD Healthcare Associations resulting in undiagnosed and mismanaged patients
- Lack of awareness/knowledge around who COPD affects
- Limited resources to support multiple COPD programs across fragmented Healthcare Associations
- Few established touch points with Primary Care Clinicians



Alliance Solutions

- Collaborative effort to establish general COPD diagnosis consensus
- Shared programs that help increase COPD awareness
- Consolidated support to drive broader, more effective programming with multiple cohesive groups
- Opportunities to interact with FPs/DOs/NPs/PAs
- **Measureable outcomes**

Introducing COPD Prepared and Step



STEP: A Framework for COPD Care



S Screen patients at risk.



T Test and diagnose using spirometry.



E Educate your patients about COPD.



P Provide care and support.



We're **COPD** Prepared



Are you ready for **COPD** awareness month?

Visit www.COPD.org to download the COPD Alliance endorsed screener by November 1 to take the first STEP to becoming "COPD Prepared."



COPD Alliance Founding Members:
AANP AAPA ACCP ACOFP ACOI

www.copd.org

BC

Screen patients at risk

S – Screen patients at risk

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Test and
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Definition of COPD

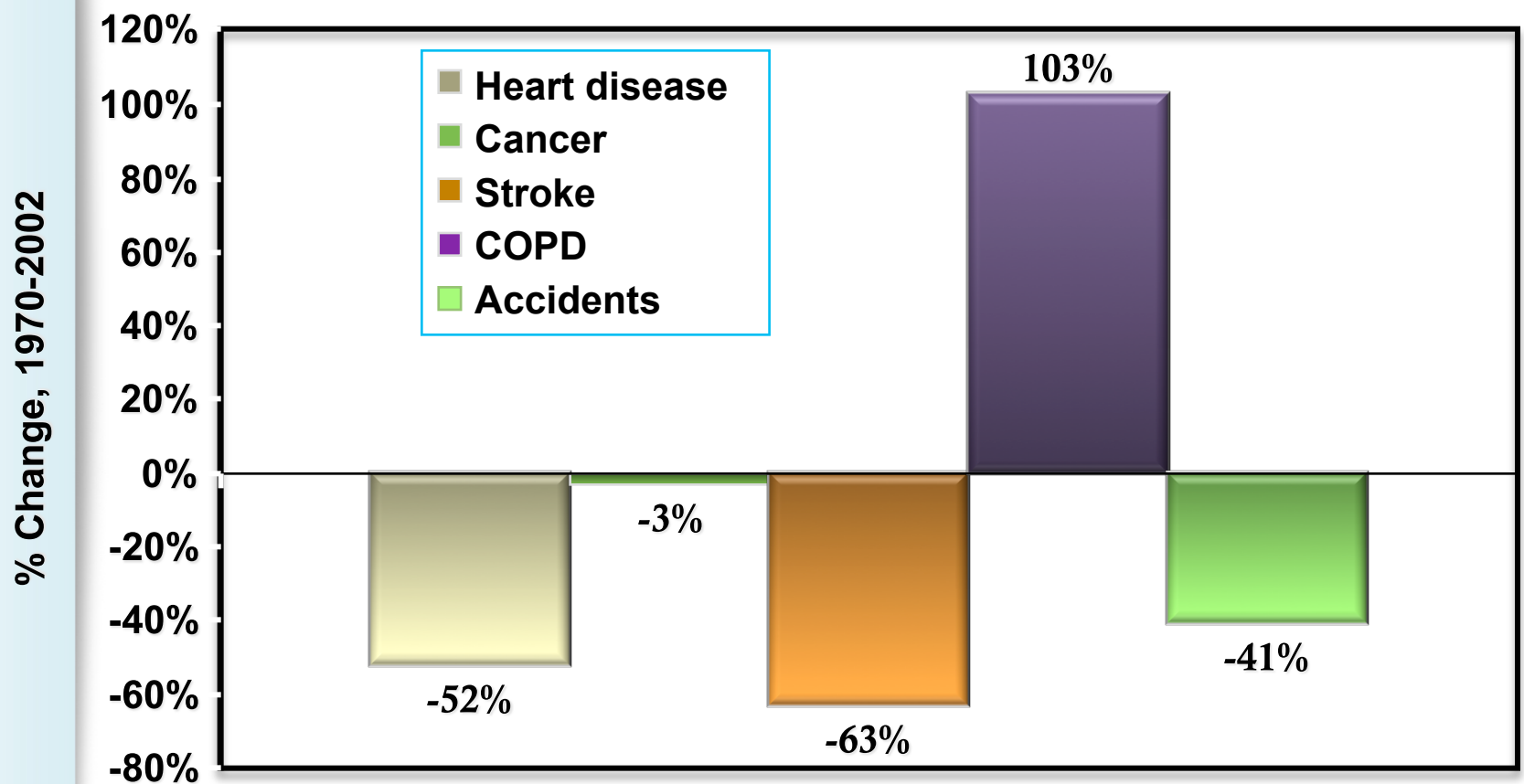
A preventable and treatable disease state:

- Characterized by airflow limitation that is partially reversible
- Confirmed by postbronchodilator spirometry
- Associated with an abnormal inflammatory response to noxious particles or gases
- Associated with significant extrapulmonary effects and important comorbid conditions

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Top 5 Causes of Death

COPD = 3rd Leading Cause of Death



Jemal A, et al. *JAMA*. 2005; 294:1255-1259.

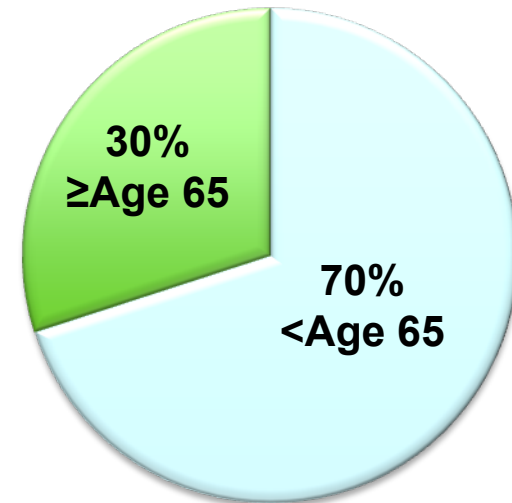
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Underdiagnosis of COPD in the United States

- Over 12.7 million people have been diagnosed with COPD
- Approximately 24 million adults have evidence of impaired lung function indicative of COPD
- Most (70%) of patients with undiagnosed COPD are <65 years of age

Percent With Undiagnosed COPD



Mannino DM, et al. *MMWR Surveill Summ*. 2002;51(1):1-13.
Mannino DM, et al. *Proc Am Thorac Soc*. 2007;4(7):502-306.
Pleis JR, et al. *Vital Health Stat*. 2006;132:1-153.

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Why is Early Diagnosis of COPD Important?

- Lung damage starts early and is progressive¹
- Breathlessness occurs early, increases with severity, and is underestimated by patients²
 - Dynamic hyperinflation and breathlessness can be found in milder patients and may predict exercise tolerance^{3,4}
- Inactivity is common⁵ but must be carefully assessed by the HCP¹
- Even patients with mild disease can have exacerbations⁶
- Earlier intervention (ie, smoking cessation) leaves patients with more lung function⁷

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1. Rabe KF et al. *Am J Respir Crit Care Med*. 2007;176(6):532-555; 2. Rennard S et al. *Eur Respir J*. 2002;20(4):799-805; 3. Babb TG et al. *J Appl Physiol*. 1991;70(1):223-230; 4. O'Donnell DE et al. *Thorax*. 2009;64(3):216-223; 5. Pitta F et al. *Am J Respir Crit Care Med*. 2005;171(9):972-977; 6. Jones PW et al. *Eur Respir J*. 2003;21(1):68-73; 7. Scanlon PD et al. *Am J Respir Crit Care Med*. 2000;161(2 Pt 1):381-390.



Screening patients for COPD

The COPD Alliance¹ recommends the utilization of a simple validated² questionnaire **COPD Population Screener™** - download at www.COPD.org

Persons at risk should be asked to complete the screener.

COPD Population Screener™ (COPD-PS)

This survey asks questions about you, your breathing, and what you are able to do. To complete the survey, mark an X in the box that best describes your answer for each question below.

1. During the past 4 weeks, how much of the time did you feel short of breath?

None of the time	A little of the time	Some of the time	Most of the time	All of the time
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2

2. Do you ever cough up any "stuff," such as mucus or phlegm?

No, never	Only with occasional colds or chest infections	Yes, a few days a month	Yes, most days a week	Yes, every day
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2

3. Please select the answer that best describes you in the past 12 months. I do less than I used to because of my breathing problems.

Strongly disagree	Disagree	Unsure	Agree	Strongly agree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2

4. Have you smoked at least 100 cigarettes in your ENTIRE LIFE?

No	Yes	Don't know
<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 0

5. How old are you?

Age 35 to 49	Age 50 to 59	Age 60 to 69	Age 70+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2

How to score the survey: In the spaces below, write the number that is next to your answer for each of the questions. Add the numbers to get the total score. The total score can range from 0 to 10.


#1 + #2 + #3 + #4 + #5 = TOTAL SCORE

If your total score is 5 or more, your breathing problems may be caused by chronic obstructive pulmonary disease (COPD). COPD is often referred to as chronic bronchitis and /or emphysema and is a serious lung disease that slowly gets worse over time. While COPD cannot be cured, it is treatable.

Please share the completed survey with your clinician. The higher your score, the more likely you are to have COPD. Your clinician can help evaluate your breathing problems by performing a simple breathing test, also known as spirometry.

If your total score is between 0 and 4, and you experience problems with your breathing, please share this survey with your clinician. Your clinician can help evaluate any type of breathing problem.

The COPD Alliance advocates clinician use of this, and other, validated screeners for the early detection of COPD in at risk populations.

 **copd ALLIANCE**

COPD Population Screener is a trademark of QualityMetric Incorporated. (10/08)
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COPD Population Screener©2007 by QualityMetric Incorporated. All rights reserved. (10/10)

SH2009NA/SAR0435

¹The COPD Alliance is composed of multidisciplinary societies, i.e., AANP, AAPA, ACCP, ACOFP, ACOI

² Martinez FJ et al. COPD.2008;5(2):85-95



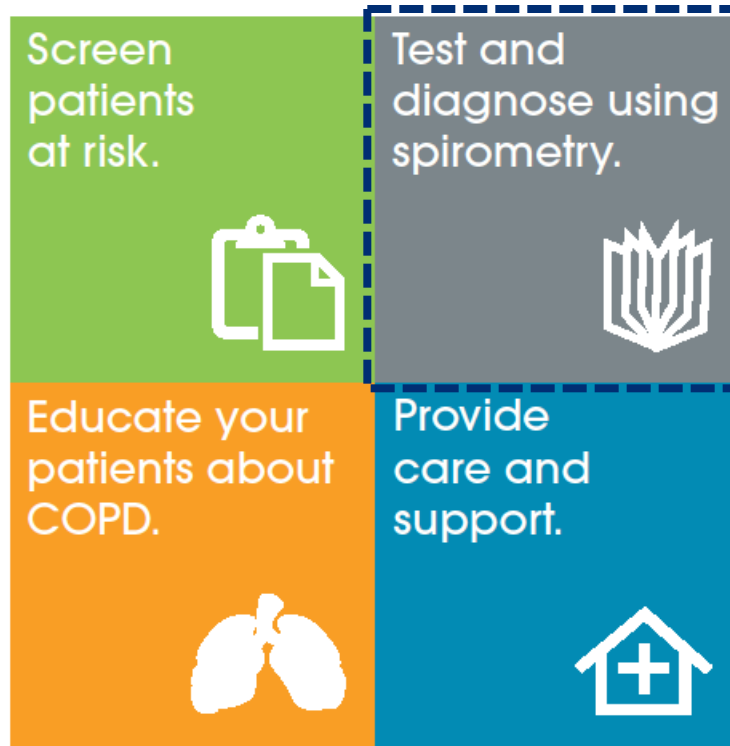
STEP Tools on COPD.org

COPD Screener

- This validated COPD screening tool uses five questions to determine a patient's risk for COPD and the potential need for spirometry testing. The screener is available in English and Spanish
- Treatment room poster

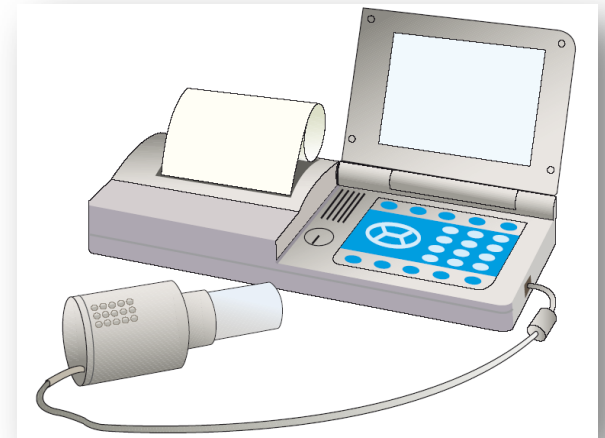
T – Test Using Spirometry

Confirming Diagnosis Through Spirometry



Diagnosis of COPD

- Diagnosis often does not occur until the disease has progressed significantly
 - Lack of serious symptoms and poor recognition of clinical symptoms in early phase
- COPD is confirmed by performing a lung function test: postbronchodilator spirometry.



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Recommendations From the National Lung Health Education Program

Primary care clinicians should perform an office spirometry test for the following patients:

- Patients ≥ 45 years old who report smoking (current smokers and those who recently quit) in order to detect COPD
- Patients with respiratory symptoms, such as chronic cough, sputum production, wheezing, or dyspnea on exertion

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Barriers to Spirometry Use

Overcoming barriers to spirometry use may lead to increased COPD diagnosis.

- Uncertainty about the impact of the test on outcome¹
- Lack of training on spirometry use^{1,2}
- Poor education on interpreting results^{1,2}
- Time and logistical constraints³
- Reimbursement concerns¹

DH



Summary

- Spirometry is the gold standard for diagnosing COPD and monitoring its progression
- All patients ≥ 45 years old with a smoking history and all patients with respiratory symptoms, such as chronic productive cough, sputum production, and dyspnea, should be considered for spirometry
- Spirometry requires accurate equipment, good test procedures, appropriate reference values, and proper interpretation

1. Global Initiative for Chronic Obstructive Disease. Global strategy for the diagnosis, management, and prevention of COPD. Updated 2009.

<http://www.goldcopd.com/Guidelineitem.asp?l1=2&l2=1&intId=989>. Accessed January 14, 2011.

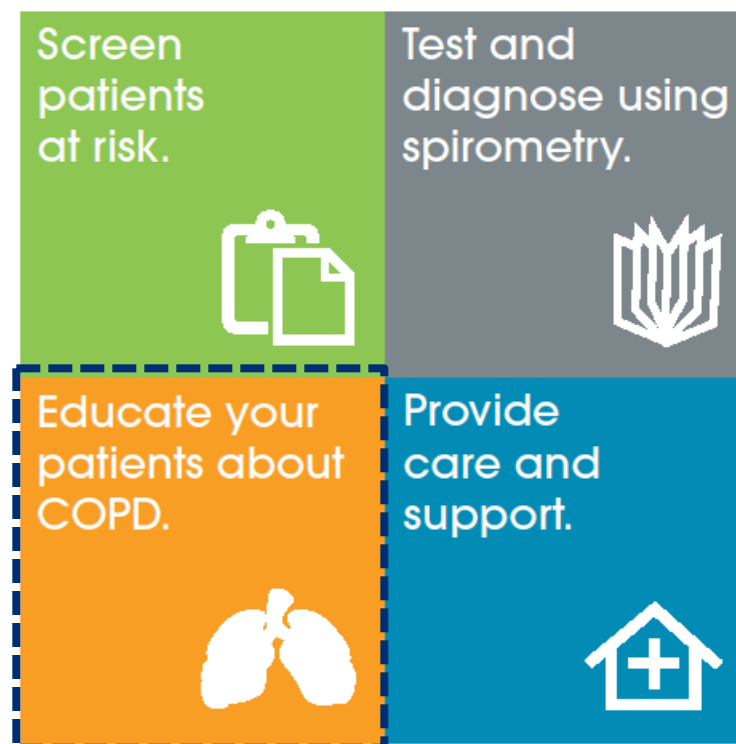
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STEP Tools on COPD.org

- ✓ Patient video on the proper technique to obtain a spirometry reading
- ✓ Flip Chart – Developed by the AANP “A Breath of Fresh Air” has a section dedicated to explaining spirometry to your patient

E – Educate Your Patient About COPD



GO

Differentiating COPD and Asthma

	Asthma	COPD
Onset	Early in life (often childhood)	Midlife
Triggers	Allergens	Cigarette smoke, occupational pollutants
Symptoms	Variable	Slowly progressive
Airflow limitation	Largely reversible	Partially reversible
Clinical features	Episodic wheeze, chest tightness, cough, dyspnea	Chronic dyspnea, cough, sputum, wheeze
Inflammatory cells	Primarily eosinophils	Primarily neutrophils

GO

Global Initiative for Chronic Obstructive Disease. Global strategy for the diagnosis, management, and prevention of COPD. Updated 2009. <http://www.goldcopd.com/Guidelineitem.asp?l1=2&l2=1&intId=989>. Accessed January 14, 2011..
Dewar M, and Curry *Am Fam Physician*. 2006;73(4):669-676.

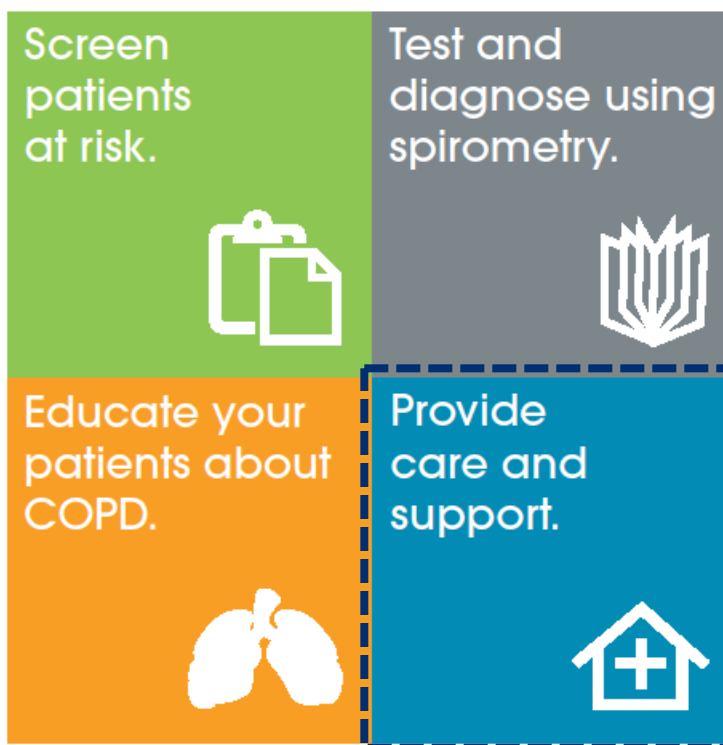


STEP Tools on COPD.org

- ✓ Flip Chart – Developed by the AANP “A Breath of Fresh Air” enables clinicians to have a thorough dialogue with their patients about everything from adherence to nutrition.
- ✓ Video to show patients the proper use of all available inhalers.

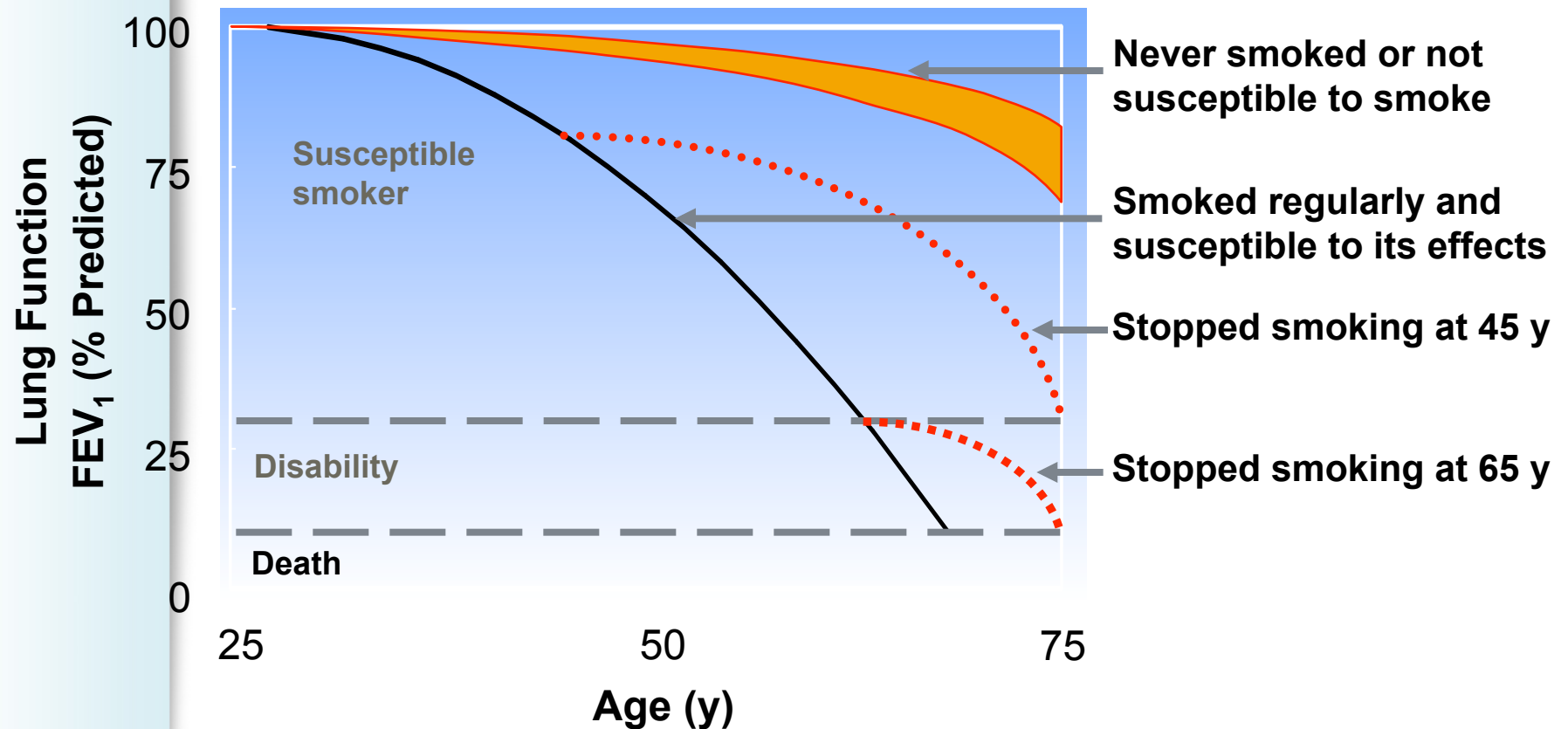
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P – Provide Care and Support



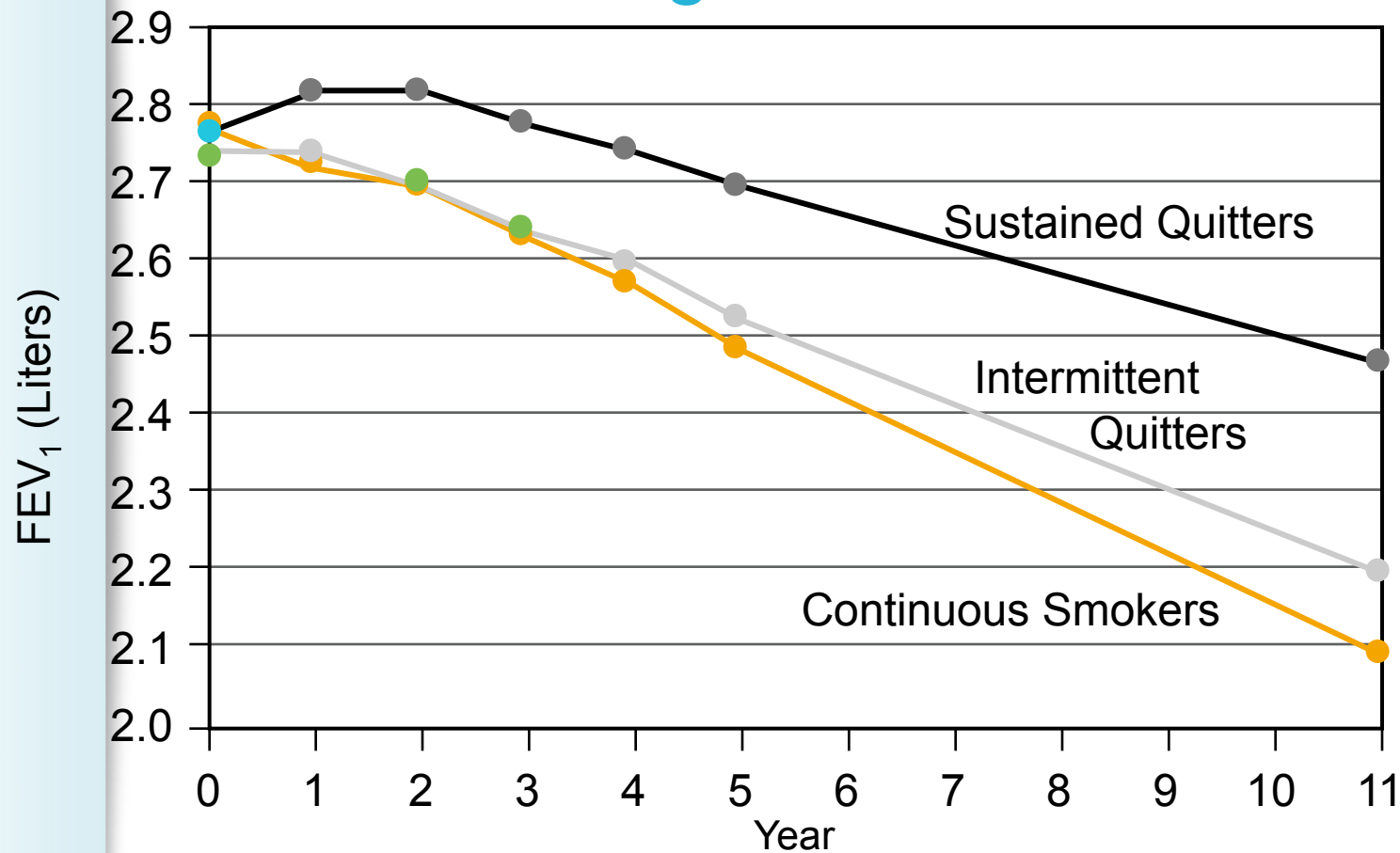
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Smoking Abstinence: Slows Progression of COPD



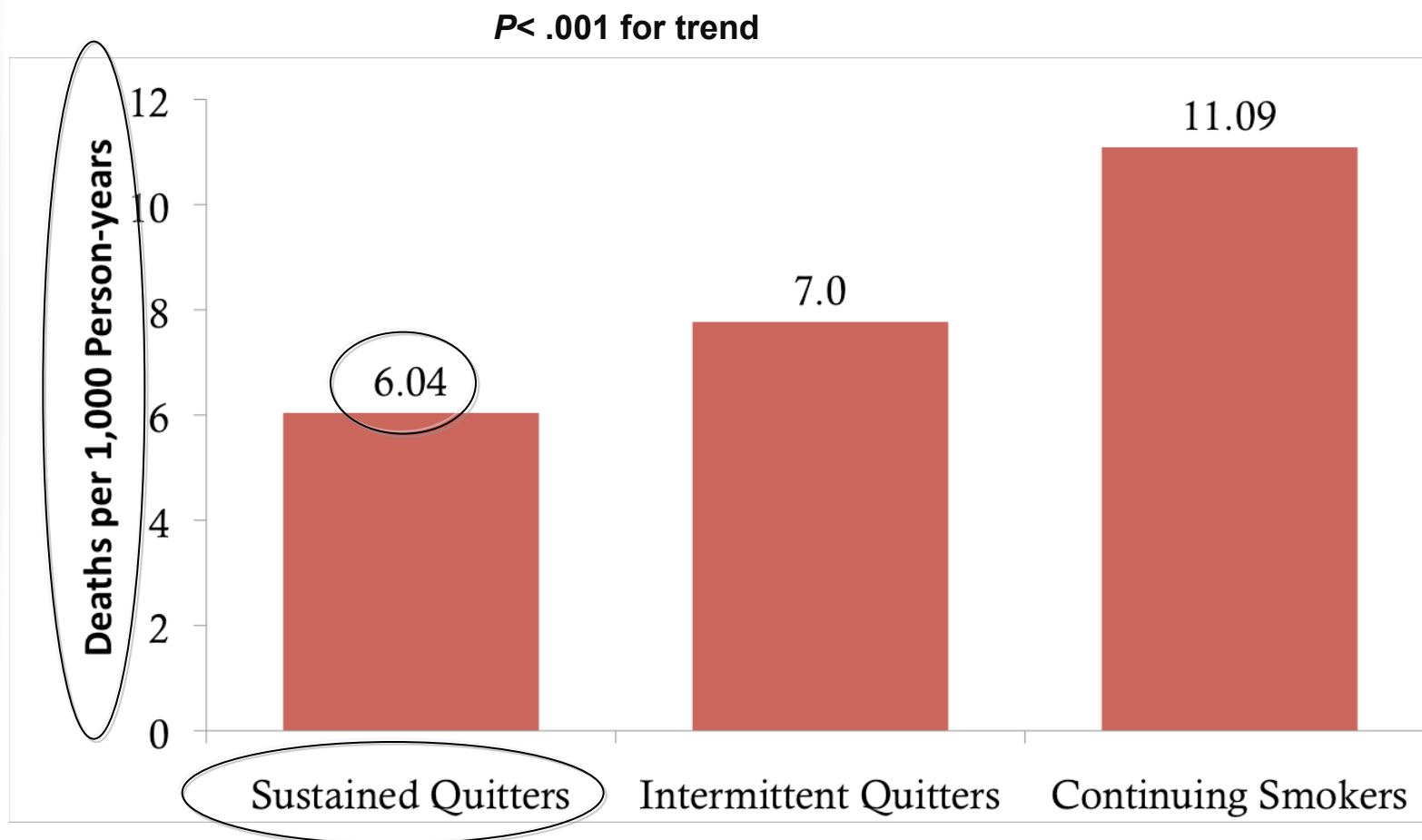
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Smoking Abstinence: Slows the Rate of Decline in Lung Function



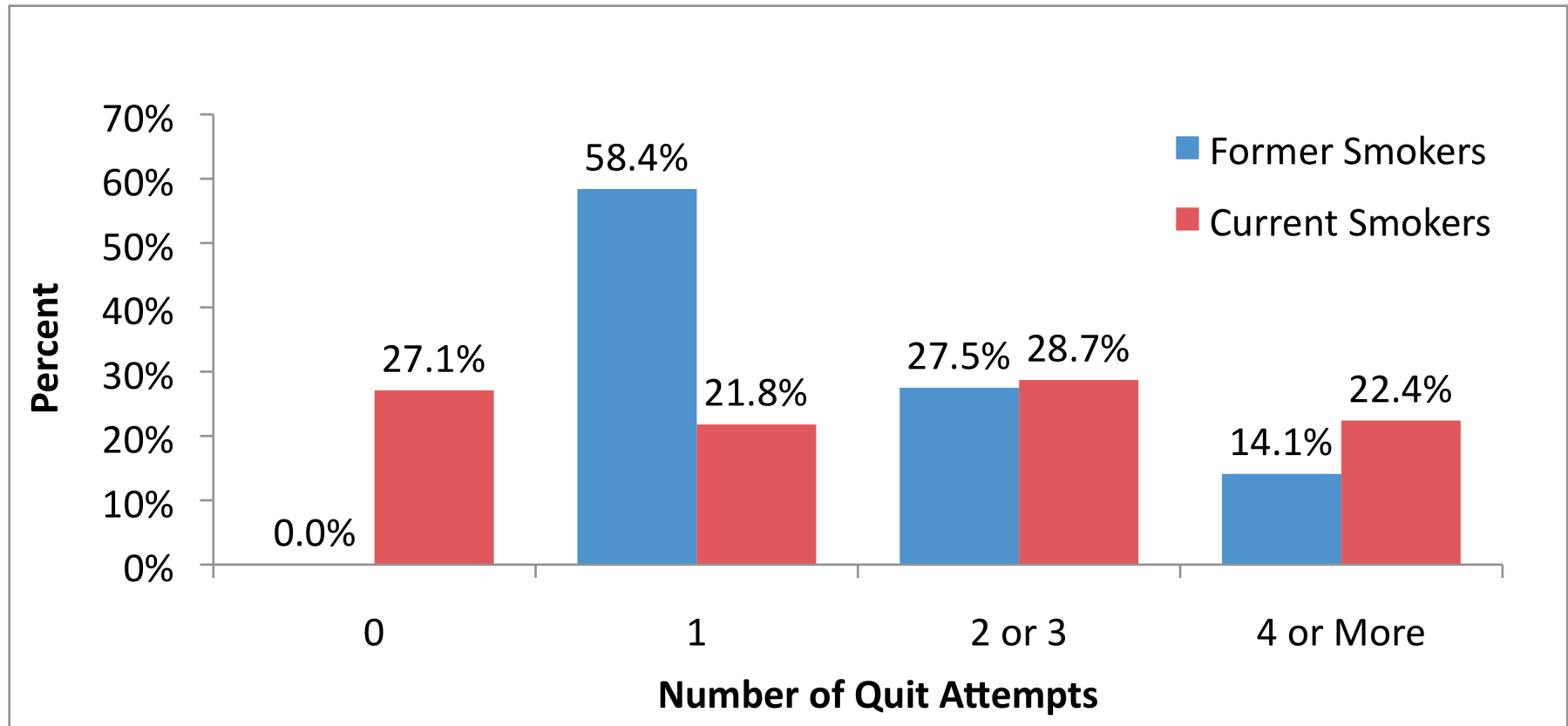
Lung Health Study: 11 years

Sustained Quitters Had Lowest Mortality





Smoking Cessation Requires Multiple Attempts (8 on Average)





ACCP's Tobacco Dependence Treatment Toolkit

A complete online resource for you and your patients

The screenshot shows the homepage of the ACCP's Tobacco Dependence Treatment Toolkit. The header features the ACCP logo and the title 'Tobacco Dependence Treatment Toolkit'. A large image of a smiling male and female healthcare provider is in the background. The main text reads: 'A COMPREHENSIVE RESOURCE FOR HEALTHCARE PROVIDERS AND TOBACCO-DEPENDENCE PROFESSIONALS'. Below this, a paragraph states: 'Now you can help your patients stop smoking and be reimbursed, using the protocols and coding information contained in this comprehensive tool kit. The user-friendly interactive online setting is a complete resource for you and your patients, containing background educational materials and clinically relevant instruments to facilitate a highly successful, proven approach to tobacco-dependence treatment.' The left sidebar contains a navigation menu with links to: Executive Summary, Clinical Background, Treatment Algorithms, Patient Assessment, Patient Management, Communication and Education, Additional Resources, Physician Advocacy, and ACCP's Role. Below the menu are two dropdown menus: 'TREATMENT TOPICS:' and 'INFORMATION FOR:'. The main content area is divided into three sections: 'Coding Principles' with a link to 'Need Reimbursement Advice?', 'Statistics' with a donut chart titled 'Is tobacco use harmful?' showing 90% 'yes' and 10% 'no', and 'Video' with a link to 'Management of the Tobacco Dependent Patient: Introductory Video'. The footer contains a disclaimer, committee, contact us, sponsorship, site map, suggested citation, home, and copyright information for 2009-2010 American College of Chest Physicians.



STEP Tools on COPD.org

Tobacco Dependence Treatment Toolkit –

A web-based comprehensive resource that clinicians can use with their patients.

GOLD Guidelines

The Gold Guidelines provide comprehensive, evidence-based guidelines for COPD diagnosis, management, and prevention.

SW



How Can You Become:



Go to **COPD.ORG** and use the resources there to follow the 4-STEPs to COPD patient care:

Screen patients at risk

Test and diagnose utilizing spirometry when indicated

Educate patients about COPD

Provide appropriate medical care and support

Thank You!

Q & A

How can your organization
become:

