Becoming COPD Prepared: A 4-STEP Approach
The Speakers

- JoEllen Wynne, RN, FNP, BC-FAANP
  - Chair – COPD Alliance

- Brian Carlin, MD, FCCP
  - Previous Chair – COPD Alliance
The COPD Alliance: 300,000 Clinicians Strong
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
Screen patients at risk
S – Screen patients at risk

- Screen patients at risk.
- Test and diagnose using spirometry.
- Educate your patients about COPD.
- Provide care and support.
**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

Top 5 Causes of Death
COPD = 3rd Leading Cause of Death

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

Why is Early Diagnosis of COPD Important?

- Lung damage starts early and is progressive\(^1\)
- Breathlessness occurs early, increases with severity, and is underestimated by patients\(^2\)
  - Dynamic hyperinflation and breathlessness can be found in milder patients and may predict exercise tolerance\(^3,4\)
- Inactivity is common\(^5\) but must be carefully assessed by the HCP\(^1\)
- Even patients with mild disease can have exacerbations\(^6\)
- Earlier intervention (ie, smoking cessation) leaves patients with more lung function\(^7\)

Screening patients for COPD

The COPD Alliance\(^1\) recommends the utilization of a simple validated\(^2\) questionnaire COPD Population Screener\(^{TM}\) - download at www.COPD.org

Persons at risk should be asked to complete the screener.

\(^1\)The 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

- Screen patients at risk.
- Educate your patients about COPD.
- Test and diagnose using spirometry.
- Provide care and support.
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.

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

Barriers to Spirometry Use

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

- Uncertainty about the impact of the test on outcome\(^1\)
- Lack of training on spirometry use\(^1,2\)
- Poor education on interpreting results\(^1,2\)
- Time and logistical constraints\(^3\)
- Reimbursement concerns\(^1\)

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

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

- Screen patients at risk.
- Educate your patients about COPD.
- Test and diagnose using spirometry.
- Provide care and support.
Differentiating COPD and Asthma

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


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.
P – Provide Care and Support

- Screen patients at risk.
- Educate your patients about COPD.
- Test and diagnose using spirometry.
- Provide care and support.
Smoking Abstinence: Slows Progression of COPD

Smoking Abstinence: Slows the Rate of Decline in Lung Function

Lung Health Study: 11 years

Sustained Quitters Had Lowest Mortality

\( P < .001 \) for trend

Smoking Cessation Requires Multiple Attempts (8 on Average)

ACCP’s Tobacco Dependence Treatment Toolkit
A complete online resource for you and your patients

Visit COPD.ORG
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.
How Can You Become:

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

S - Screen patients at risk
T - Test and diagnose utilizing spirometry when indicated
E - Educate patients about COPD
P - Provide appropriate medical care and support
Thank You!

Q & A

How can your organization become:

COPD Prepared