

# Improving Inpatient and Outpatient Treatment of COPD: What Local Coalitions Can Do?

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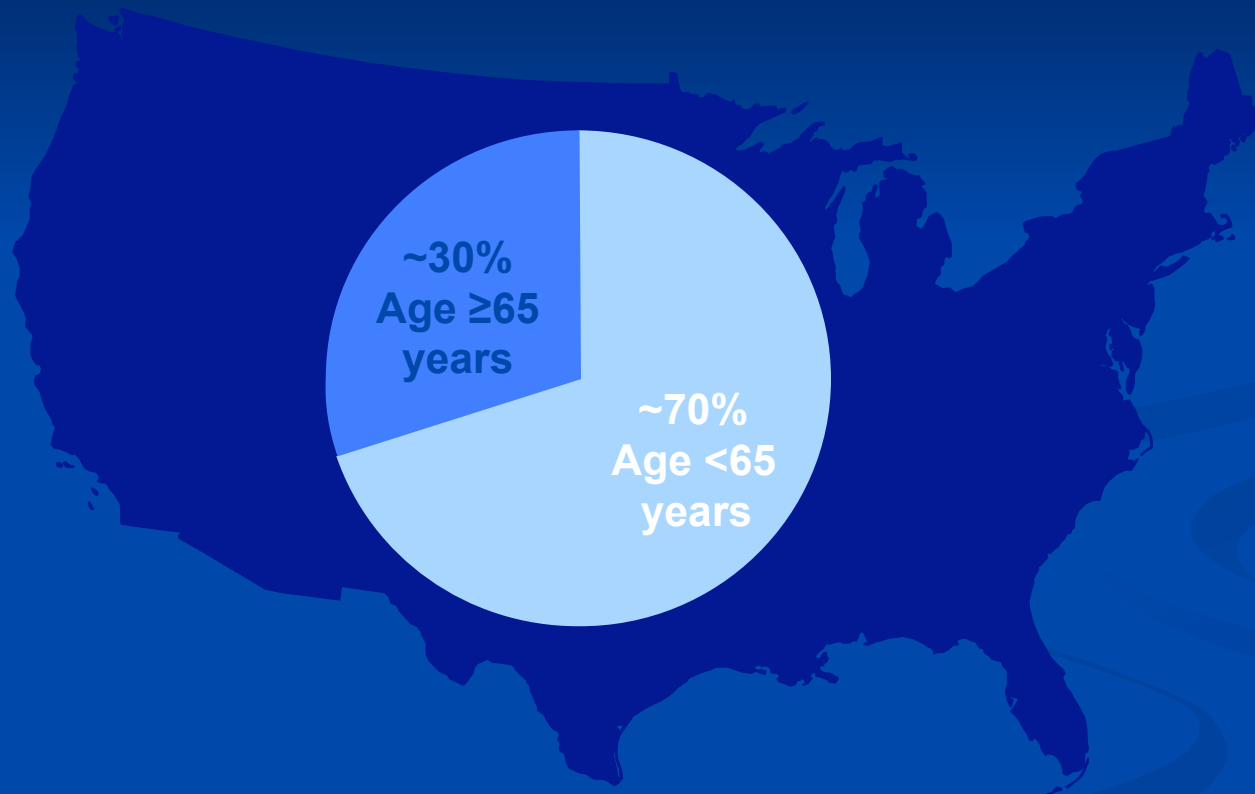
# Questions to be Addressed

- Does COPD Care Need Improvement?
- If so, what are the causes of inadequate treatment for COPD patients?
- What is the evidence that treatments are effective?
- What can local COPD coalitions do to help?

Many patients with COPD do not  
have a proper diagnosis

# COPD Is Underdiagnosed in the United States

Only 12.7 Million Diagnosed<sup>1</sup>



Approximately 24 million adults with impaired lung function<sup>2</sup>

1. Pleis JR, Lethbridge-Çejku M. *Vital Health Stat* 10. 2006;(232):1-153.

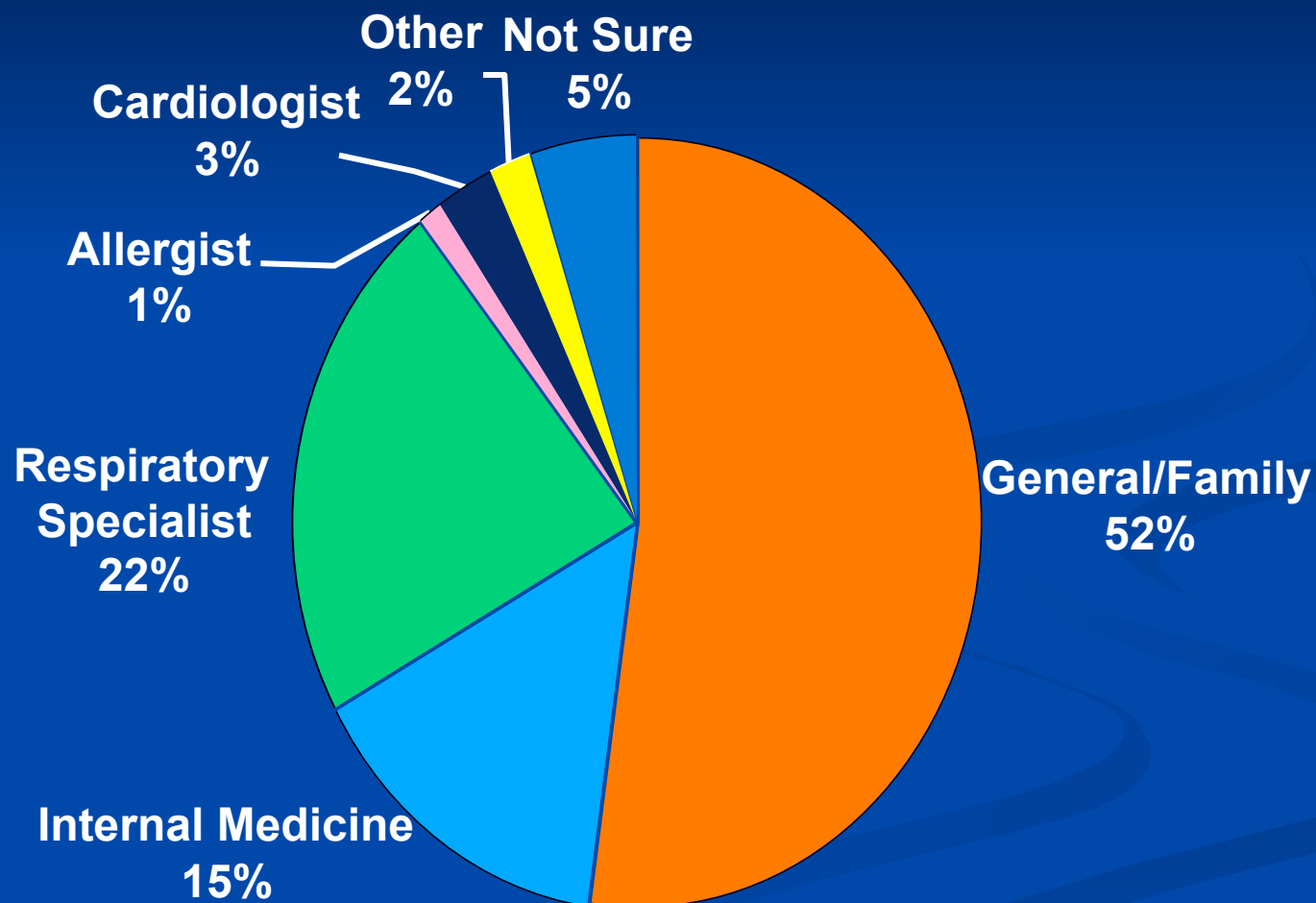
2. Mannino DM et al. *MMWR Surveill Summ*. 2002;51(6):1-16.



Most patients with COPD are  
cared for by primary care  
physicians that have a limited  
experience with the disease

# Physician Specialty Seen Most Often by COPD Patient

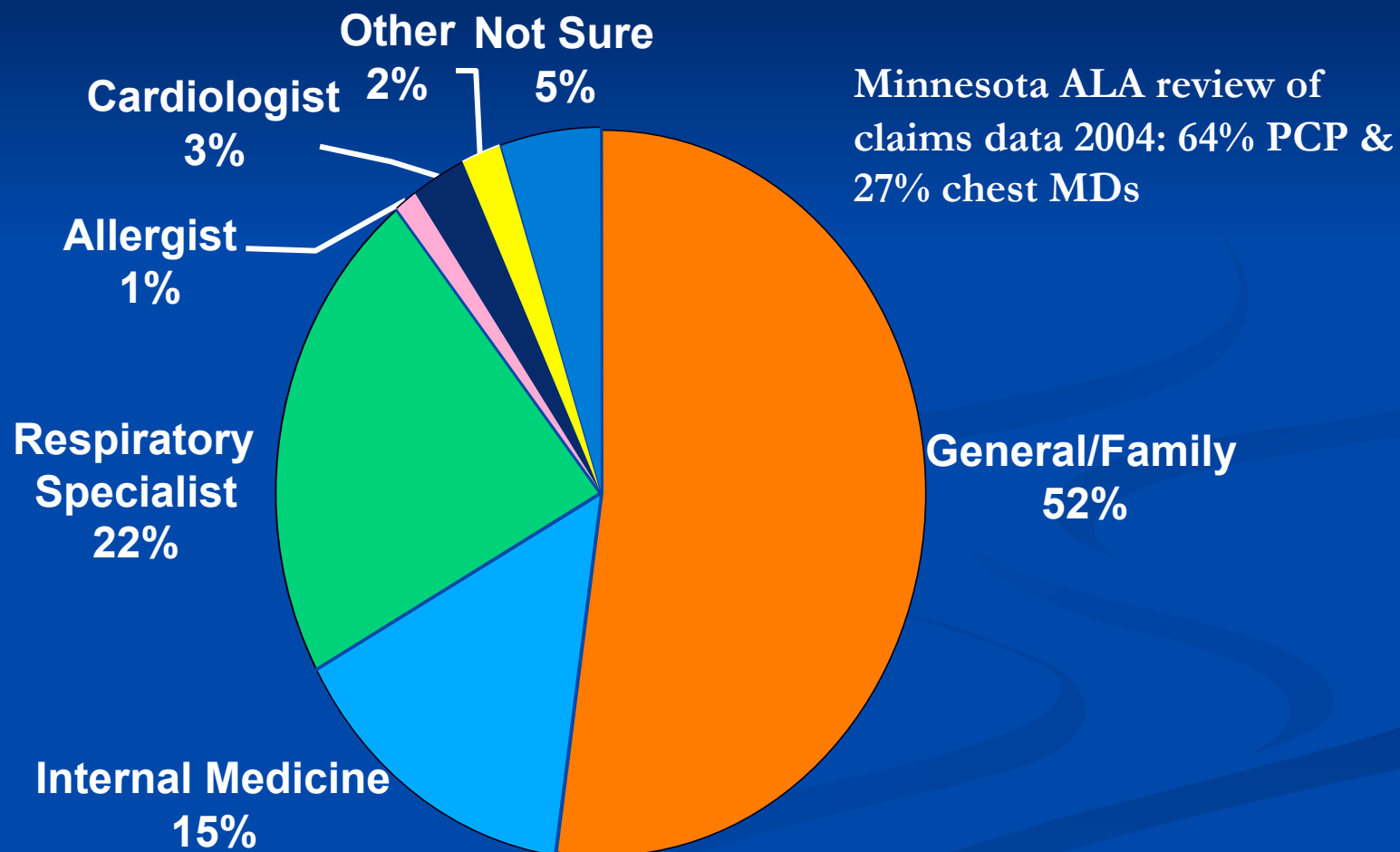
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“COPD in America” survey conducted by Schulman, Ronca, and Bucuvalas, Inc. Feb 2001.

# Physician Specialty Seen Most Often by COPD Patient

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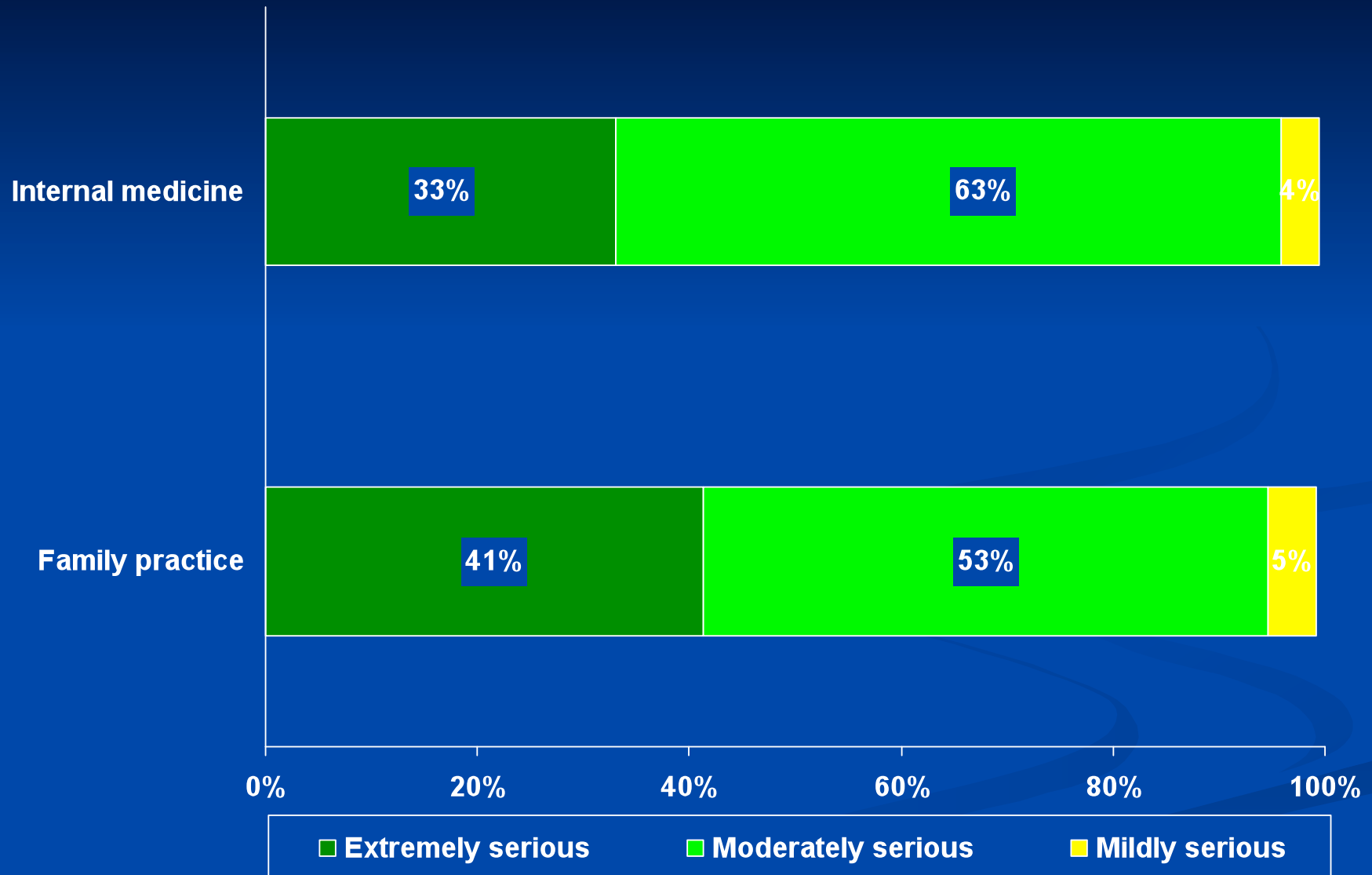
“COPD in America” survey conducted by Schulman, Ronca, and Bucuvalas, Inc. Feb 2001.

# National Survey of Primary Care Physicians Concerning the Management of Respiratory Diseases

Conducted by  
Schulman, Ronca and Bucuvalas, Inc.

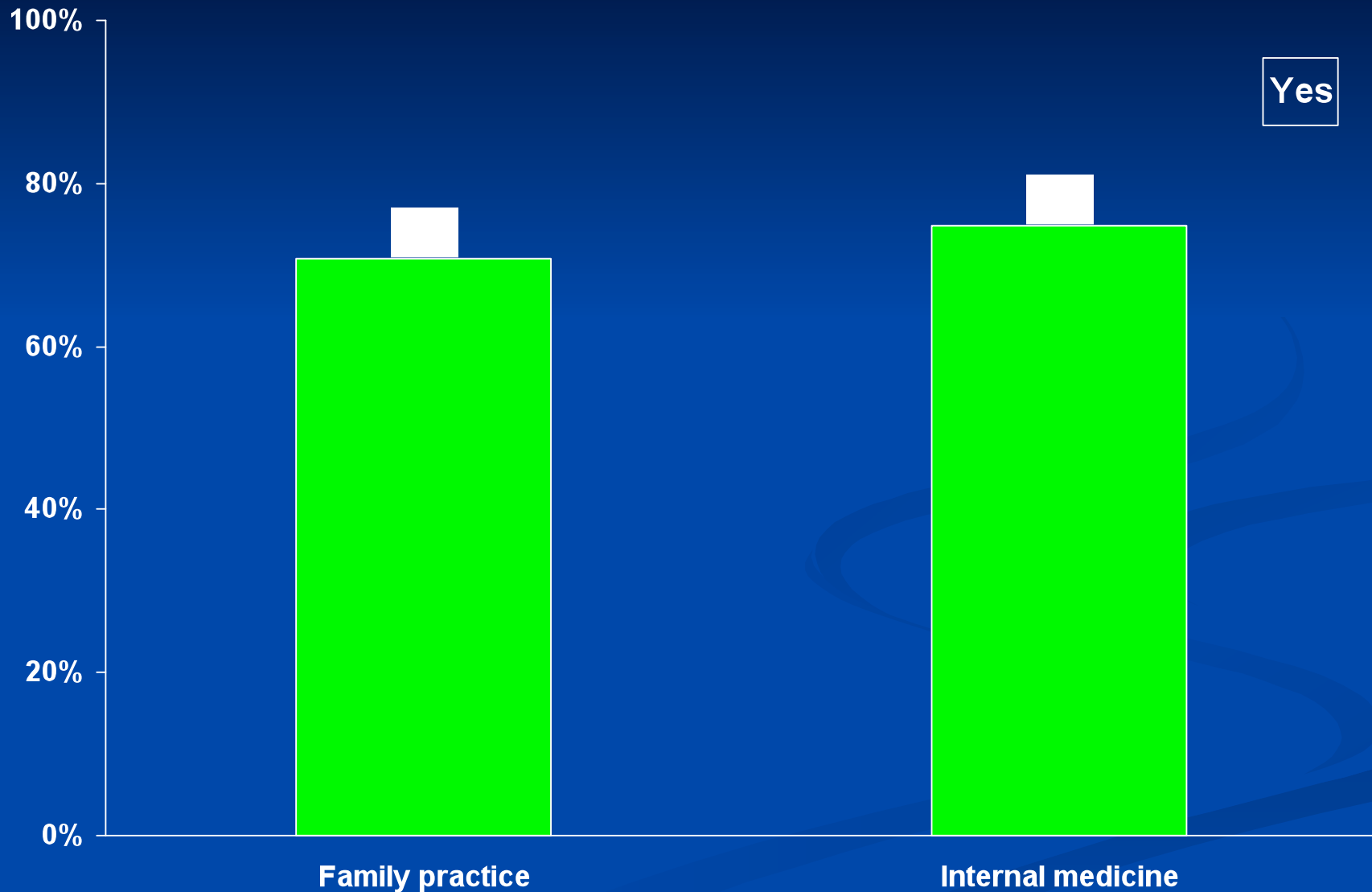
June 5, 2006

# Seriousness of COPD



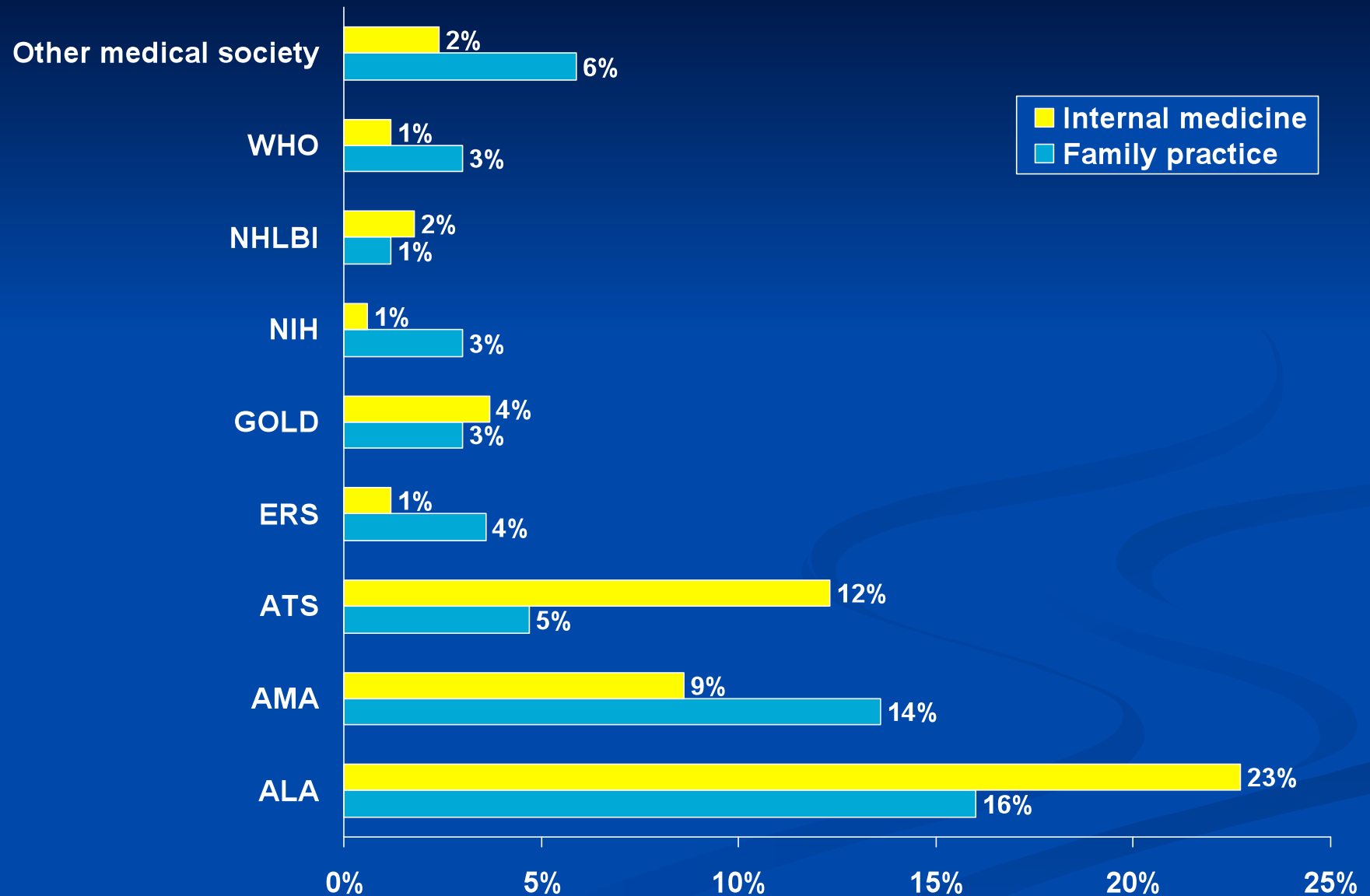
Q28. How serious a medical condition do you consider COPD? In most cases, would you describe it as extremely serious, moderately serious, mildly serious or not too serious? N=458

# Awareness of Professional Guidelines?



Q50a. Are you aware of any professional guidelines for the diagnosis and management of COPD? N=457

# Publisher of Guidelines



# Communication for COPD Patients

Only:

- 50% discuss smoking cessation
- 31% discuss spirometry results
- 78 discuss inhaler technique when initiated
- 18% discuss matters of quality of life

Nelson M, et al Amer J Medicine 2007



# Undertreatment of COPD

- ❖ Management of patients with COPD deviates from guideline recommendations for both routine and acute care
- ❖ Often this is due to clinical inertia, which is broadly defined as “recognition of the problem, but failure to act”

Often patients with COPD  
underestimate symptoms and  
avoid taking helpful medications

# Misperception and Denial of Both Symptoms and Activity Limitations Are Significant Barriers to Diagnosis and Management

- Patients may misunderstand or minimize symptoms such as fatigue, dyspnea, and cough
  - They may neglect to mention these symptoms to their healthcare provider
- Symptoms may be misattributed to “asthma” or “getting older”
  - “I’ve been coughing when I wake up each morning, but it’s just smoker’s cough. This is normal and not harmful to my health”
  - “Carrying these groceries is harder than it used to be. I must be old and out of shape”

Patients who adhere to their  
prescribed medications are  
significantly less likely to die or  
be admitted to the hospital

Han MK. Thorax. 2009;64:922-3.

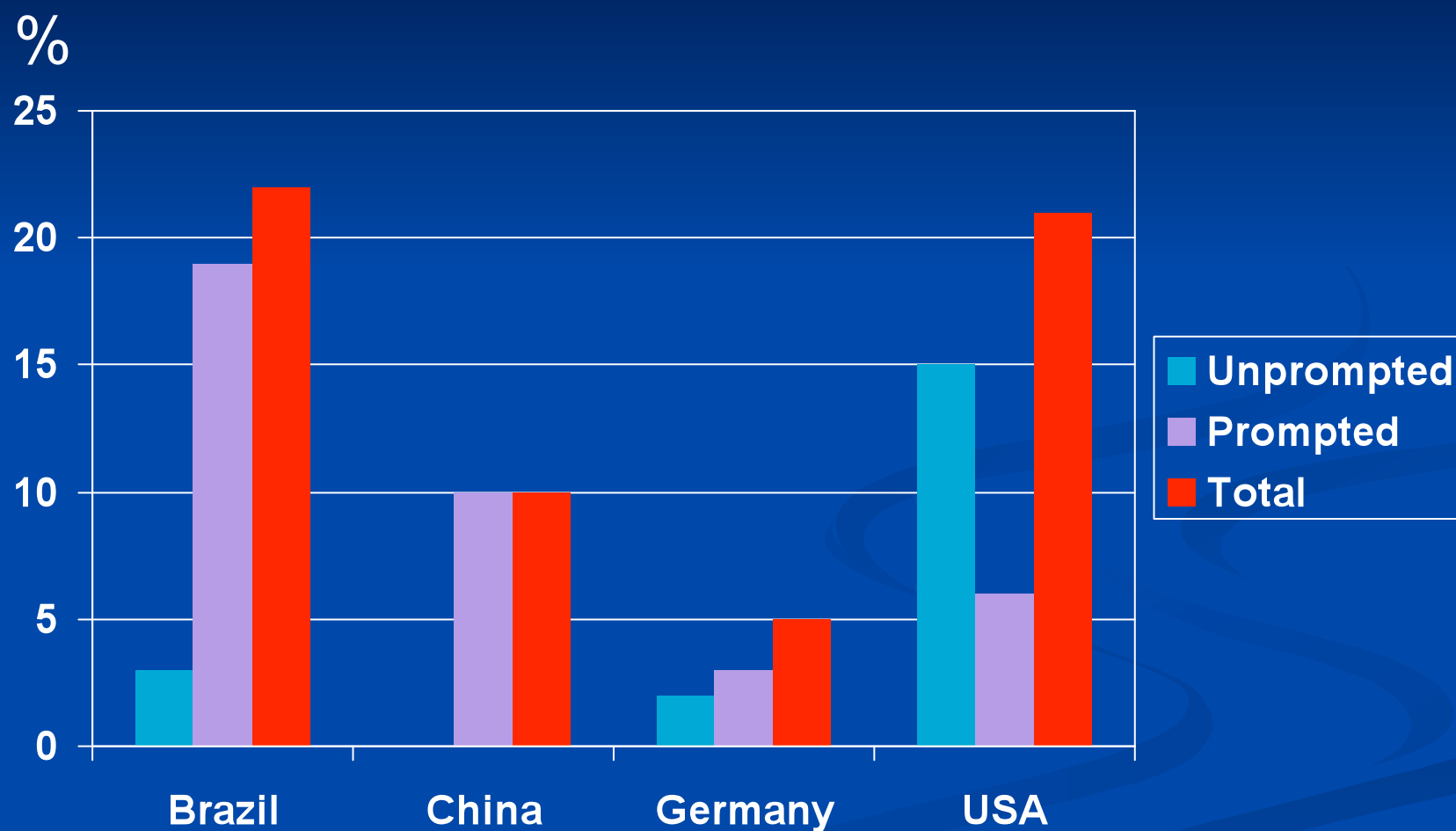
**“I don’t need meds for my breathing because it’s not a serious problem”**

- 52% of patients with COPD received medication treatment for COPD in their last year of life, many use medication sporadically
- 40% of patients discontinued medication within 30 days of death
- 70% discontinued medications within 90 days of death

**Jung E, et al Respir Med. 2009;103:525-34.**

There is widespread lack of  
public knowledge about COPD

# COPD Awareness and Understanding “COPD is a Disease of the Lungs”

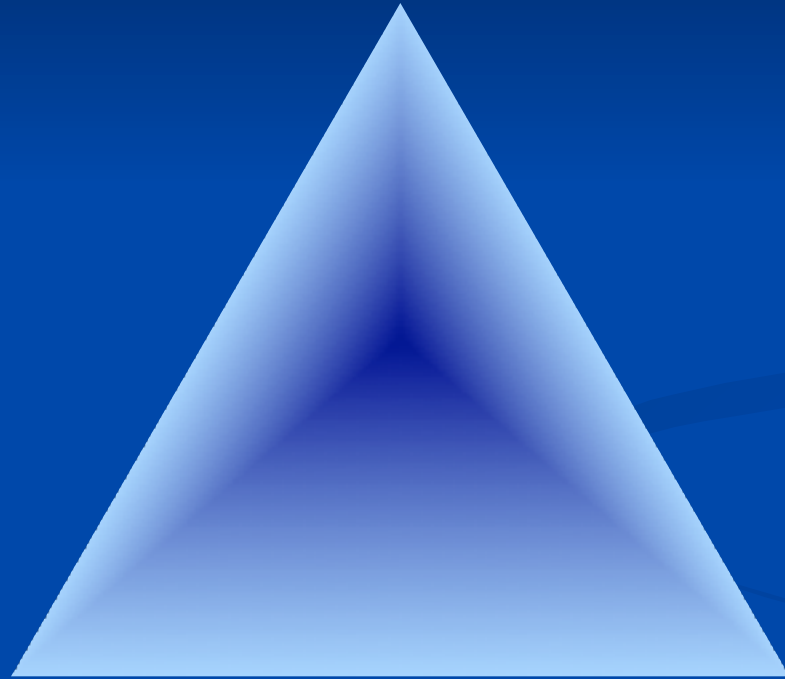


How effective is COPD therapy?



# Multimodal Approach to the Treatment of COPD

Patient Education



Pharmacotherapy

Exercise

# Comprehensive Approach for COPD Management

## Treatment Goals

- Relieve symptoms
- Prevent disease progression
- Improve exercise tolerance
- Improve health status
- Prevent and treat complications
- Prevent and treat exacerbations
- Reduce mortality

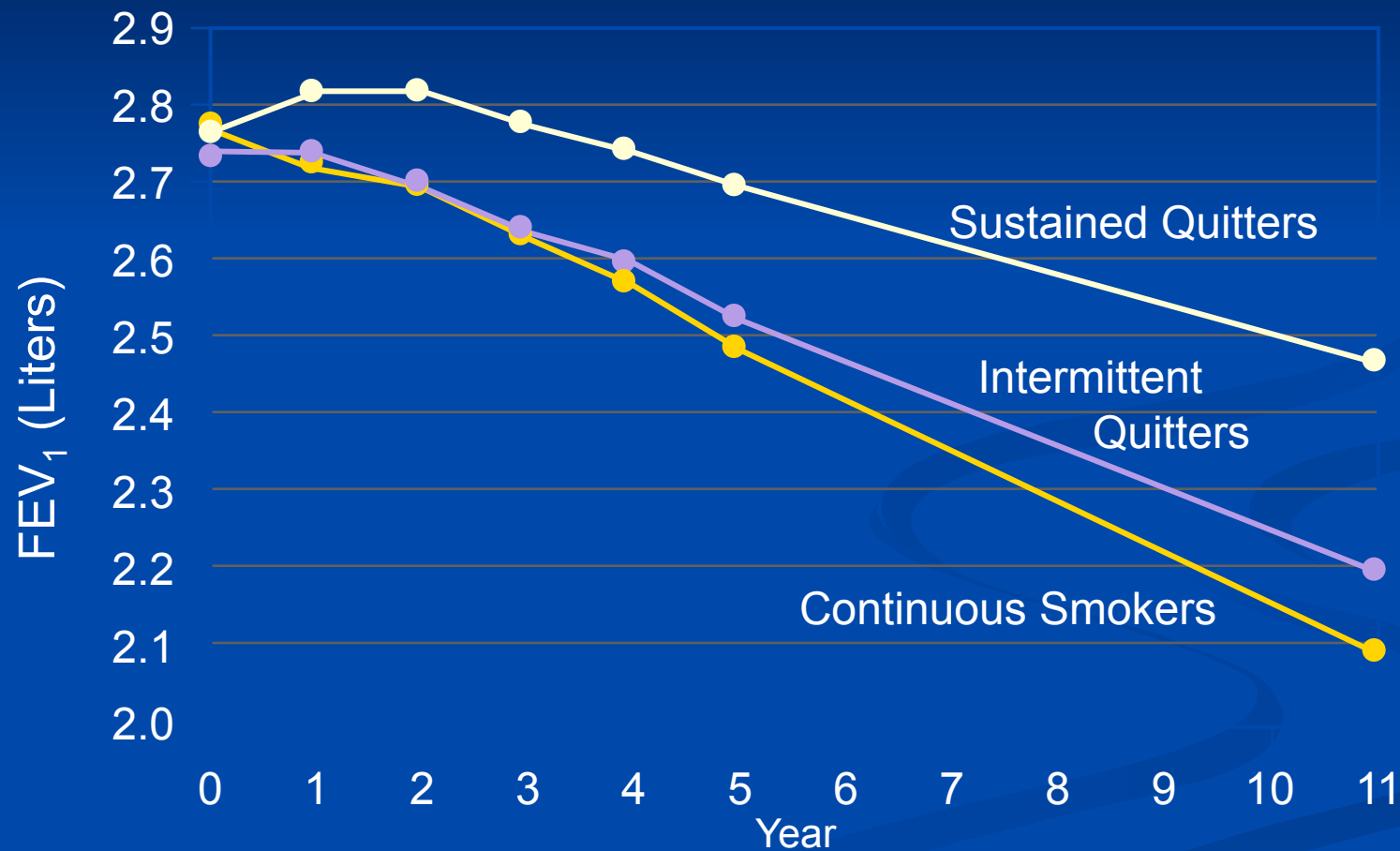


## Management Approach

**Smoking cessation**

**Pharmacotherapy  
and other  
nonpharmacologic  
interventions**

# Benefit of Smoking Cessation: Lung Health Study 11-year Results



**Evidence shows that patients who are  
assigned to a self-management  
program compared to usual care have  
better outcomes.**

### **Elements of Self Management Program**

**Practice and feedback regarding new skills**

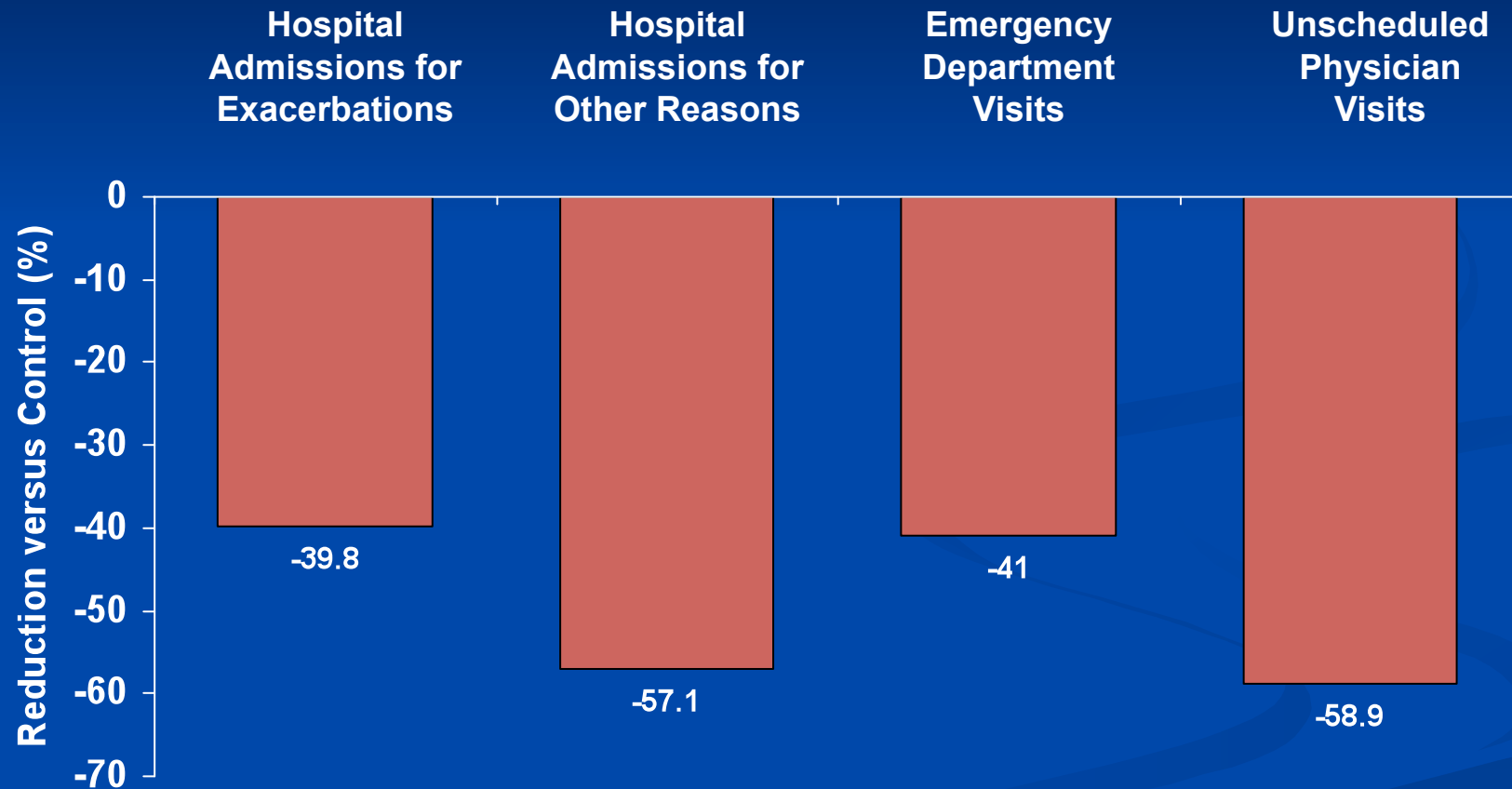
**Improve decision making ability**

**Problem solving education programs**

**Group sessions to share knowledge and  
experiences**

**Develop a personal action plan**

# Benefits of Patient Education in COPD: Self-management after 1 year\*



\*Weekly visits for 2 months  
Monthly telephone calls

Bourbeau et al. *Arch Intern Med.* 2003;163:585-591.

# The Society - Individual Challenge

How do we create reliable, reproducible  
standardized, efficient population  
interventions....

*that respond to unique  
individual needs?*

**Standardized  
Reproducible**

**Unique and  
Individualized**



# Listening to the Patient's Perspective: Goals of Therapy

Improve my quality of life

Reduce my  
shortness of breath

Consider how you can  
help reduce my health  
care costs



Help me and my  
family cope with  
chronic illness

Provide an honest  
and frank assesment  
of my prognosis

Discuss end of life  
issues with me and  
my family when my  
disease is advanced

Provide prompt  
responses to my  
telephone calls

# What Local Coalitions Can Do

Advocacy

Public education

Patient education

Philanthropy

**Take advantage of a looming threat!**

**Physician Education**



## US Economic Burden of COPD-Related Emergency Department (ED) Visits or Hospitalizations Is High

Variable	Unadjusted Mean Cost (\$US, 2001)	Unadjusted Mean Length of Stay
ED visit	\$571 ( $\pm$ 507)	—
Standard Admission	\$5,997 ( $\pm$ 5752)	5.08 ( $\pm$ 4.45)
ICU + intubation	\$36,743 ( $\pm$ 62,886)	14.82 ( $\pm$ 16.65)

Stanford RH, et al. *Treat Respir Med.* 2006;5:343-349.

3rd National Medicare Readmissions Summit  
June 13, 2011  
Washington, DC

- In 2006, hospital costs for potentially preventable conditions totaled nearly \$30.8 billion—one of every 10 dollars of total hospital expenditures.
- 4.4 million hospital stays could possibly have been prevented with better ambulatory care, improved access to effective treatment, or patient adoption of healthy behaviors.

# CMS Populations of Focus

- Initial: AMI, CHF, Pneumonia
- Expansion: COPD, CABG, PTCA and other vascular procedures

# What will CMS's solution be?

- Don't pay for readmissions
- Pay bonuses or penalties based on rate of readmission
- Provider will not charge for readmissions meeting certain criteria
- Global payments for all inpatient and outpatient patient care

Source: Harold Miller Center for Healthcare Quality and Payment reform, Network for Regional Healthcare Improvement

# Discussion: