COPD National Action Plan

COPD NATIONAL ACTION PLAN

COPD.NIH.GOV
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• Vice President of KSRC

• DCE for Jefferson Community and Technical College

• RCP 14-ish Years

• AZ native. I am not from Kentucky, but I got here as soon as I could.

• AOS in 2004 from small tech school in Phoenix. EdD student now.

• GO CARDS!
Who Has COPD?

• 1 in 5 Americans has COPD

• 16 million people are diagnosed, but millions more may have it and not know it
What is COPD?

- Chronic obstructive pulmonary disease (COPD) is a progressive lung disease that over time makes it hard to breathe.
- Less air flows in and out of the airways because of one or more of the following:
  - The airways and air sacs lose their elastic quality.
  - The walls between many of the air sacs are destroyed.
  - The airway walls become thick, and airways are narrowed by inflammation.
  - The airways make more mucus than usual, which can also clog them.
- Left untreated, people with COPD gradually lose their stamina and ability to perform daily activities.
Common Symptoms of COPD

- CONSTANT COUGHING, sometimes called a “smoker’s cough”
- SHORTNESS OF BREATH while doing everyday activities
- INABILITY TO BREATHE EASILY or take a deep breath
- EXCESS MUCUS PRODUCTION coughed up as sputum
- WHEEZING
We’re #1 !!!!
But for COPD. . . .
The 2017 Kentucky State Health Assessment Update

• Kentuckians continue to have increased smoking habits and sedentary lifestyles.
• The prevalence of Kentucky residents without healthcare coverage is higher among those with less education, and younger adults.
• The prevalence of Kentuckians without healthcare coverage is far below the national median.
• Cancer mortality rates for all sites remained steady from 2010-2014.
The 2017 Kentucky State Health Assessment Update

• About 26.0% of Kentucky adults reported that they were current smokers in 2015. This estimate was higher than the U.S. median (17.5%).

• The prevalence of cigarette smoking did not differ significantly by gender.

• The prevalence of cigarette smoking did not differ significantly by race.

• In 2014, the ADDs with the highest lung and bronchus cancer mortality rates include Cumberland Valley, Kentucky River, and Buffalo Trace, respectively.
  • These areas also have highest smoking prevalence in state
COPD: Challenges

Public Health Burden is Large

- 3rd leading cause of death in the U.S.
- Causes serious, long-term disability.
- Kills >135,000 Americans each year.

Available Treatments are Inadequate

- Self-Management Education and Smoking Cessation
- Bronchodilators
- Inhaled Corticosteroids
- Pulmonary Rehabilitation
- Oxygen
- Surgery
What is the COPD National Action Plan?

• The first-ever blueprint for a multi-faceted, unified fight against the disease.

• Developed at the request of Congress with input from the broad COPD community.

• Provides a comprehensive framework for action by those affected by the disease and those who care about reducing its burden.
COPD Town Hall Meeting

Set the foundation for the COPD National Action Plan

More than 200 attendees – including patients, caregivers, health care providers, industry leaders, academic leaders and 14 federal partners – participated

Attendees separated into six breakout groups based on the original Action Plan goals and developed 18 recommendations

February 29 and March 1, 2016
COPD National Action Plan Development

- Developed first draft of Action Plan based on suggestions from COPD Town Hall Meeting (May 2016)
- Solicited feedback on first draft Action Plan from COPD Town Hall attendees (June 2016)
- Revised the Action Plan and submitted for public comment (Sept. 2016)
- Reviewed more than 200 public comments and updated Action Plan (Dec. 2016)
- Action Plan underwent final review and design (April 2017)

Released: May 2017
COPD National Action Plan Goals

1. Empower people with COPD, their families, and caregivers to recognize and reduce the burden of COPD.

2. Improve the prevention, diagnosis, treatment, and management of COPD by improving the quality of care delivered across the health care continuum.

3. Collect, analyze, report, and disseminate COPD-related public health data that drive change and track progress.

4. Increase and sustain research to better understand the prevention, pathogenesis, diagnosis, treatment, and management of COPD.

5. Translate national policy, educational, and program recommendations into research and public health care actions.
GOAL 1
Empower people with COPD, their families, and caregivers to recognize and reduce the burden of COPD.
GOAL 1: OPPORTUNITIES FOR ENGAGEMENT AND PARTICIPATION

Share culturally and linguistically appropriate COPD risk assessment tools and educational materials with people with COPD and their families, friends, colleagues, and community members.

Organize and support local events and activities at hospitals, during community events and activities, and as part of workplace wellness programs; seek local earned media coverage; and utilize existing health observances, including World COPD Day and National COPD Awareness Month.

Develop and execute train-the-trainer programs and distribute educational materials at state and federal levels that have unified messages and calls to action.

Identify and engage new partners who can address COPD, particularly those with the ability to reach populations most affected by the disease, as well as those working on policies aimed at tobacco-use prevention.

Work locally with stakeholders, partners, and communities disproportionately affected by COPD to support disease awareness.
GOAL 2

Improve the prevention, diagnosis, treatment, and management of COPD by improving the quality of care delivered across the health care continuum.
GOAL 2: OPPORTUNITIES FOR ENGAGEMENT AND PARTICIPATION

**Promote** COPD assessment and treatment guidelines to health care professionals.

**Incorporate** COPD detection, care, and treatment recommendations into clinical settings.

**Identify** opportunities to increase health care professionals’ awareness and use of existing COPD training, tools, and model programs.

**Develop** and offer culturally and linguistically appropriate patient resources, including referrals and support services, to further COPD education.

**Develop, support, and encourage participation in** COPD training programs for health care professionals, particularly primary care practitioners.

**Use** medical reminders for COPD risk detection during patients’ health care visits.

**Educate** health care professionals about national COPD detection, treatment, and care guidelines.

**Ask** health care professionals to assess patients for COPD, including the use of spirometry, as appropriate, and then develop a personalized, written (or digital, if preferred) management plan.
GOAL 3

Collect, analyze, report, and disseminate COPD-related public health data that drive change and track progress.
GOAL 3: OPPORTUNITIES FOR ENGAGEMENT AND PARTICIPATION

- **Report** the prevalence of COPD in accordance with the requirements of public health and health care organizations.

- **Work** with public health authorities to improve the thoroughness and quality of COPD surveillance data.

- **Use** EHR/PHR technology to assess and evaluate the capacity to monitor and control COPD and related services.

- **Collect** detailed information about population-specific health disparities in COPD prevention, diagnosis, care, and treatment.

- **Promote** research that tracks the prevalence and incidence of COPD, including its phenotypes.

- **Support** surveillance projects and epidemiological investigations to help understand the characteristics and needs of people at risk for and living with COPD.

- **Create** a common portal database and make its use publicly accessible in order to evaluate and enable predictive modeling.

- **Create** or continue to build existing COPD patient registries that help evaluate and improve patient management, clinical care, and treatment.
GOAL 4

Increase and sustain research to better understand the prevention, pathogenesis, diagnosis, treatment, and management of COPD.
GOAL 4: OPPORTUNITIES FOR ENGAGEMENT AND PARTICIPATION

- **Invest** in, facilitate, and promote basic, clinical, and applied research to improve the diagnosis and treatment of people with COPD; assess the impact of the home environment on patient management and treatment.

- **Create** COPD patient registries that help evaluate and improve patient management, clinical care, and treatment.

- **Invest** in, facilitate, and promote the development, regulatory review and approval, and use of new technologies to improve the COPD care continuum.

- **Investigate** the biological effects of nicotine and its delivery devices and products to better understand emerging threats to lung health that may modify the onset or progression of COPD.

- **Promote** the inclusion of information relevant to COPD in programs for training medical professionals and the next generation of biomedical scientists.

- **Identify** risk factors and targets for preventive interventions for chronic lung disease using ongoing NHLBI-supported cohort studies. Test the feasibility of strategies for the prevention of COPD and demonstrate proof of principle in early phase clinical studies.

- **Leverage** NHLBI-funded programs, such as LungMAP, to develop novel approaches for cell-based therapies and lung regeneration that could be applied in late-stage emphysema.

- **Leverage** observational cohorts, such as the NHLBI-supported COPDGene and SPIROMICS studies, to identify subgroups of patients with COPD in which particular molecular pathways or pathophysiological mechanisms are critical in pathogenesis. Develop and test panels of biomarkers that can be used to identify individual patients within these subgroups.

- **Conduct** clinical trials for COPD that are designed to allow analysis of efficacy in predefined subgroups of subjects, thereby providing an evidence base for precision medicine. This applies both to trials of drugs that target particular molecular pathways and to trials of other interventions, such as pulmonary rehabilitation.

- **Design** and test novel approaches for better implementation of effective strategies for the case finding, diagnosis, and treatment of COPD in the community, home, and primary medical care environments.

- **Investigate** the prevalence and incidence of COPD in nonsmokers to contrast and compare them — and their responsiveness to currently available therapeutics — to patients with cigarette-smoke-induced COPD.
GOAL 5
Translate national policy, educational, and program recommendations into research and public health care actions.
GOAL 5: OPPORTUNITIES FOR ENGAGEMENT AND PARTICIPATION

- **Create** quality-control performance metrics for COPD detection, care, and treatment.
- **Encourage** the adoption and use of performance metrics for COPD detection, care, treatment, and prevention.
- **Assess** the progress of the COPD National Action Plan’s initiatives biannually.
- **Share** information about the COPD National Action Plan’s performance.
Chronic Obstructive Pulmonary Disease (COPD)

New Information
The federal Department of Health and Human Services has released the first-ever Chronic Obstructive Pulmonary Disease (COPD) National Action Plan. Its development has been a true collaborative effort among federal and nonfederal partners and the COPD community at large.

On May 22, 2017, the plan was released publicly during the American Thoracic Society annual conference in Washington, D.C. A panel discussion to formally announce the plan featured presenters from the National Heart, Lung and Blood Institute, the COPD Foundation and Alpha-1 Foundation. The COPD National Action Plan is a framework created by and for the entire COPD community.

Kentucky will use the COPD National Action Plan as a framework moving forward to develop strategies for addressing COPD. In late 2016 the Department for Public Health collaborated with state partners to create a Kentucky COPD Advisory Board. The board meets quarterly to address COPD issues in the state.

For more information about the board and meeting times, please contact the Kentucky COPD Program at (502) 564-7996.
Age-Adjusted Percentage of U.S. Adults with COPD by State or Territory, 2011*

†Age-adjusted to the 2000 U.S. standard population.
*Behavioral Risk Factor Surveillance Survey (BRFSS) for 2011.

COPD Learn More Breathe Better®

Find more information about COPD and its treatment is available at www.cdc.gov/. Type COPD in the search box or visit the COPD Learn More Breathe Better® Campaign, at www.nhlbi.nih.gov/health/health-topics/topics/copd/

Other resources:
- www.copdfoundation.org/
- www.thoracic.org/clinical/copd-guidelines/index.php
- www.goldcopd.org/
## Percentage of Kentucky Adults with COPD

2011 BRFSS*, n=10,767

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
<th>95% CI</th>
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<tbody>
<tr>
<td><strong>Age Group (Years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–44</td>
<td>5.6</td>
<td>(4.5–7)</td>
</tr>
<tr>
<td>45–54</td>
<td>12.1</td>
<td>(10.1–14)</td>
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<tr>
<td>55–64</td>
<td>14.8</td>
<td>(12.9–16)</td>
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<tr>
<td>65–74</td>
<td>14.5</td>
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<tr>
<td>≥75</td>
<td>13.2</td>
<td>(10.9–15)</td>
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<tr>
<td><strong>Race/Ethnicity</strong></td>
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<tr>
<td>White</td>
<td>9.8</td>
<td>(8.9–10)</td>
</tr>
<tr>
<td>Black</td>
<td>9.1</td>
<td>(6.0–13)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>**</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>12.4</td>
<td>(8.1–18)</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>8.6</td>
<td>(7.4–9)</td>
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<tr>
<td>Women</td>
<td>11.0</td>
<td>(9.8–12)</td>
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<tr>
<td><strong>Employment Status</strong></td>
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<tr>
<td>Employed</td>
<td>5.0</td>
<td>(4.1–6)</td>
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<td>Unemployed</td>
<td>5.6</td>
<td>(3.9–7)</td>
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<tr>
<td>Homemaker/Student</td>
<td>7.8</td>
<td>(5.7–10)</td>
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<tr>
<td>Retired</td>
<td>12.7</td>
<td>(11.1–14)</td>
</tr>
<tr>
<td>Unable to work</td>
<td>32.5</td>
<td>(28.6–36)</td>
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<tr>
<td><strong>Education Level</strong></td>
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<tr>
<td>Less than High School Diploma</td>
<td>21.1</td>
<td>(18.1–24)</td>
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<tr>
<td>High School Diploma or GED</td>
<td>9.7</td>
<td>(8.4–11)</td>
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<tr>
<td>At least Some College</td>
<td>5.4</td>
<td>(4.6–6)</td>
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<tr>
<td><strong>Income</strong></td>
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</tr>
<tr>
<td>&lt;$25,000</td>
<td>17.5</td>
<td>(15.3–19)</td>
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<td>$25,000–$49,999</td>
<td>6.8</td>
<td>(5.6–8)</td>
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<td>$50,000–$74,999</td>
<td>5.5</td>
<td>(3.8–8)</td>
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<td>&gt;$75,000+</td>
<td>2.6</td>
<td>(1.8–3)</td>
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<td><strong>Marital Status</strong></td>
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<tr>
<td>Married</td>
<td>8.3</td>
<td>(7.3–9)</td>
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<tr>
<td>Divorced/Widowed/Separated</td>
<td>16.6</td>
<td>(14.8–18)</td>
</tr>
<tr>
<td>Never Married</td>
<td>6.8</td>
<td>(4.9–9)</td>
</tr>
<tr>
<td>Member of Unmarried Couple</td>
<td>**</td>
<td>—</td>
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</tbody>
</table>

**Smoking Status**

- Current: 16.7 (14.7–19.0)
- Former: 12.3 (10.7–14.1)
- Never: 4.3 (3.5–5.3)

**Ever Had Asthma**

- Yes: 32.9 (29.3–36.8)
- No: 5.7 (5.1–6.4)

*BRFSS for 2011. Respondents were asked, “Have you ever been told by a doctor or health professional that you have COPD, emphysema, or chronic bronchitis?”
The table to the right breaks down the prevalence of COPD among Kentucky adults by age, race/ethnicity, sex, employment status, education level, income, marital status, smoking status, and asthma history.

Respondents were more likely to report COPD ($p<0.05$) if they
- Were unable to work.
- Had not graduated from high school.
- Had a household income of less than $25,000.
- Were divorced, widowed, or separated.
- Were a current smoker.
- Had a history of asthma.

Respondents were less likely to report COPD ($p<0.05$) if they
- Were aged 44 years or younger.
- Had at least some college education.
- Had never smoked.
- Had no history of asthma.

The figure below compares health and health care characteristics by COPD status.

Compared with adults without COPD, adults with COPD were more likely ($p<0.05$) to report
- They had a primary health care provider.
- Cost was an obstacle to health care.
- Poor/fair health status.
- A health condition limited activity.
- Fourteen or more poor mental health days in the past 30 days.
- No exercise in the past month.
**Diagnosis**

*Spirometry* is the current standard of COPD diagnosis. Spirometry is a simple breathing test administered by a healthcare professional that measures how much air you breathe out and how fast you can blow air out. Spirometry can also determine how severe COPD is and help guide doctors to decide on the appropriate treatment.

**Management**

Although there is no cure for COPD, treatment exists that can prevent worsening of the disease. Daily COPD medications can be used to manage symptoms.

**Doctor Visits and Hospitalization**

COPD poses a significant economic burden. In 2008, the cost to the nation for COPD and asthma was estimated to be approximately $68.0 billion in healthcare expenditures and lost productivity.

**Quality of Life**

COPD causes shortness of breath, which makes it difficult to do the things you used to be able to do, at work and at home. These symptoms can cause decreased quality of life and loss of productivity.

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How You Might Use the COPD National Action Plan

WHICH GROUP DO YOU IDENTIFY WITH MOST?

Patient, family member, caregiver, or at-risk individual
Advocate or nonprofit
Health professional
Researcher
Policymaker

GOAL 1:
Empower patients, their families, and caregivers to recognize and reduce burden of COPD

GOAL 2:
Equip health care professionals to provide comprehensive care to people with COPD

GOAL 3:
Collect, analyze, report, and disseminate COPD data

GOAL 4:
Increase and sustain COPD research

GOAL 5:
Turn COPD recommendations into research and public health care actions
Kentucky RTs Get Actively Involved in COPD National Action Plan

Updated: November 1, 2017

Tags: AARC Members, COPD
How can We (Kentuckians) use this?

Increase Public Awareness

*Part of Goal #1*

- Use tools provided by AARC, ALA, Universities, develop your own, etc.

- COPD outreach fairs
Develop a COPD support group for your community to provide assistance

• “Invest in evaluation research that develops and measures the effectiveness of outreach campaigns. The research should include metrics that measure the scope and health impact of these efforts on patients themselves” (COPD NAP, p.9)
Expand opportunities to increase COPD awareness across the public-private sector

Work with anyone and everyone!

“so they can integrate COPD education and awareness into their programs”.

Community based groups

Minority health focused groups

Faith based networks

Schools

Etc. . .
Smoking Cessation and Prevention

• Develop and implement smoking cessation and prevention programs as well.

• What we can do with COPD education, we can provide support for tobacco education and support
Patients Are a Major Voice

• Stay connected!
• Share your story
• Donate time and money when able
• Learn all you can
• Attend events (Conferences, walks, fundraisers, etc)
• Join an organization
Goal 2
Be the Educator!

“Provide COPD training opportunities for federal and state employees working in public health and direct-care programs, including community health workers, pharmacists, and nurses.”

We can host classes/events to educate other providers in order to provide COPD patients accurate and up-to-date care.
Advance your own COPD Expertise

• We are the experts.
• There are many opportunities to expand our COPD education and provide us added legitimacy
  • COPD-E
  • PDE
COPD Educator Course

Online Courses

- A Guide to Portable Oxygen Concentrators
- A Guide to the Nutritional Assessment and Treatment of the Critically Ill Patient
- AARC University
- Adult Critical Care Specialist Course
- Asthma and the Respiratory Therapist
- Asthma Educator Certification Preparation Course
- Clinician’s Guide to PAP Adherence

CRCE/CNE 10 hours | Cost: $165 for AARC members, $225 for non-members

COPD Education is an area of growing employment opportunities. And with a growing COPD population, it is important you are able to discuss issues with your patients. In this course, you will learn more about diagnosis, assessment, treatment, oxygen therapy, medication, and disease management. Plus, you will learn how to teach your patients about COPD and how to motivate them to control it.

COPD Educator Course Learning Objectives:

1. Describe components of assessment for a patient with Chronic Obstructive Pulmonary Disease (COPD).
2. Describe in the types of pulmonary function testing including spirometry, lung volumes, diffusing capacity, and oximetry.
3. Explain and contrast the 3 general approaches to smoking cessation
4. Describe the required elements of a personalized medication care for COPD patients.
5. Recognize common causes for miscommunication and identify strategies to avoid them.
Pulmonary Disease Educator Course

Online Courses

A Guide to Portable Oxygen Concentrators
A Guide to the Nutritional Assessment and Treatment of the Critically Ill Patient
AARC University
Adult Critical Care Specialist Course
Asthma and the Respiratory Therapist
Asthma Educator Certification Preparation Course
Clinician's Guide to PAP Adherence

Healthcare costs continue to soar for patients with multiple chronic conditions and patients with chronic pulmonary disease account for an exceptionally large proportion of hospital readmissions. Healthcare providers can help reduce readmission rates, as well as improve the quality of life, for persons with chronic pulmonary disease by providing vital education and facilitating the development of disease self-management skills.
Emerging Roles for the Respiratory Therapist in Alpha-1 Antitrypsin Deficiency
Empowering the Respiratory Therapist to be the VAP Expert
Exam Prep Program
Free Education Courses for AARC members
Improving Symptom Control in Patients with Chronic Respiratory Disease
Leadership Institute
Neonatal-Pediatric Specialist Course
Pulmonary Disease Educator Course
Pulmonary Function Testing
Respiratory Care Ethics Course
Tobacco and Smoking Cessation Training

CRCE/CNE: 14.5 hours | Cost: $240 members/$290 non-members
Register for this course

Supporting Organizations

Conflict of Interest/Commercial Support Statement
- The following speakers disclose relationships with industry:
  - Richard Casaburi, Boehringer Ingelheim, Novartis, GlaxoSmithKline, and Astra Zeneca
  - Dabney Eidson: Chiesi Pharmaceuticals
- Content reviewers have evaluated this activity for potential bias and have found that the course is balanced in presentation and evidence-based content is provided.
Goal 2
Actionable Strategies

• Work with local physician groups and devise a plan to help with early intervention and detection.

• Adopt early testing spirometry for patients that fit demographics.
Develop a patient-centric COPD Action Plan

“A patient’s daily treatment, such as which medicines to take, when and why they should be taken; how to control COPD long term; how to handle worsening COPD or exacerbations; when and how to use o2 therapy and physical therapy; importance of medication adherence; and what a patient could expect from optimal therapy and pulmonary rehab.”
Manage your own COPD Community

- Promote yourself and become a physician extender for your community
Dissemination & Implementation

• The entire COPD community owns this plan.

• All stakeholders have a role to play and must engage in its implementation.

Patients and their Families
Scientific Investigators and Physicians
Public Interest Organizations and Advocacy Groups

Government Agencies
Professional Societies
Industry Partners
How Can You Promote the Action Plan?

• Help bring visibility to the Action Plan among patients, caregivers, researchers, advocates, health professionals, policymakers, and anyone interested in COPD.

• Promotional materials available at COPD.nih.gov include:
  • Outreach toolkit
  • Videos and animations
  • Social media resources
  • Fact sheets
  • Executive summary
  • PDF of the Action Plan
  • FAQs
  • And more!