



The COPD National Action Plan

Improving COPD Outcomes Starting with Prevention

Dan Doyle, M.D.
The Appalachian Pulmonary Health Project



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Continuing Education



- To complete the course, the learner must:
 - Watch the 60-minute webinar (live or recorded)
 - Complete the evaluation & reflective questions
- 1.25 contact hours approved for Nursing
 - Quality Insights is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation
- Quality Insights & Dr. Doyle have no further disclosures.



Learning Outcomes

- After this webinar, the learner will:
 - Identify the need to address primary prevention of COPD for your patients.
 - Explain the need for expanded access to quality-assured spirometry in rural areas.
 - Describe the need and value of pulmonary rehabilitation in rural areas.
 - Identify the need for care management for persons with chronic lung diseases



Improving COPD Outcomes Starting with Prevention

**The COPD National Action Plan.
The Appalachian Pulmonary Health Project.**

Dan Doyle M.D.

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For Quality Insights

March 16, 2023

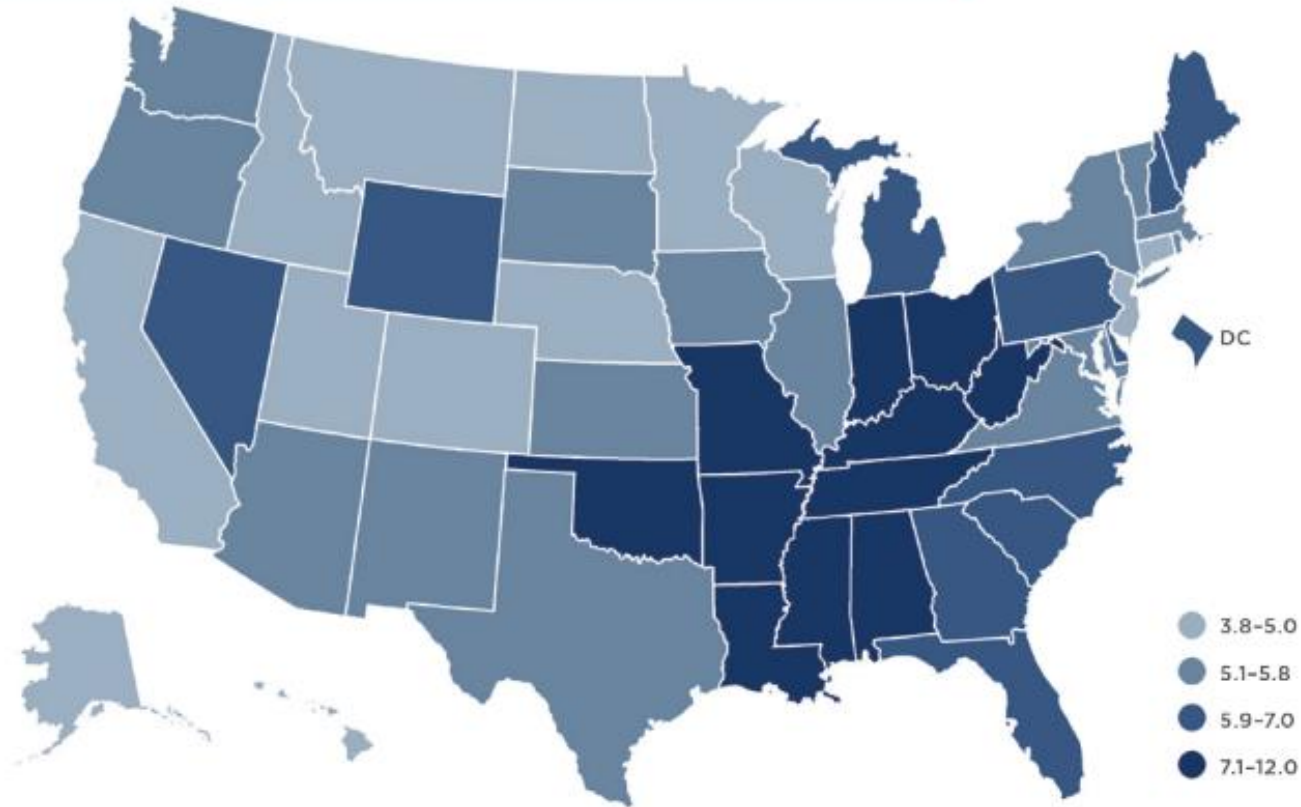
Acknowledgements

- Pallottine Foundation of Huntington
- CATCH Global Foundation
- Partners in Health Network
- CAMC Foundation
- Dorney-Koppel Foundation
- Greater Kanawha Valley Foundation
- WV Alliance of Community Health Solutions (WVACHS)
- CTFWV

- No conflicts to disclose.

High Prevalence of COPD Appalachia and South Central US

16 MILLION PEOPLE HAVE BEEN DIAGNOSED WITH COPD
AND MILLIONS OF OTHERS DO NOT REALIZE THEY MAY HAVE IT.^{2,3}



AGE-ADJUSTED PREVALENCE OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AMONG
ADULTS AGED ≥ 18 YEARS — BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, UNITED STATES, 2015

The COPD National Action Plan

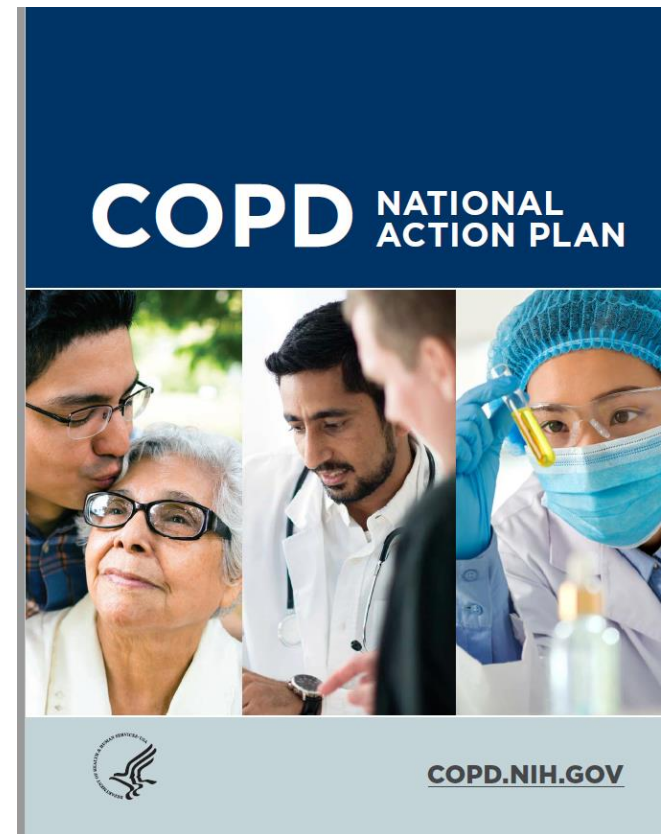
NHLBI

Five main goals

- Goal 1: Empower patients
- **Goal 2: Improve care**
- Goal 3: Collect and use public health data
- Goal 4: Increase and sustain research
- Goal 5: Translate policy into action

68 pages
92 subgoals

May 2017



Goal 2

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

1. Develop a national guideline (5)
2. Develop a curriculum for health care professionals (4)
3. Develop a clinical decision tree (4)
4. Develop a COPD management plan tool (6)
5. Improve access in hard-to-reach areas (5)

Pulmonary Rehabilitation in the National Action Plan

- Goal 2, Section 5, Item b.
- **5. Improve access to care for people with COPD, particularly for those in hard-to-reach areas.**
- b. Improve awareness of quality **pulmonary rehabilitation** treatment available through Medicare, Medicaid, and private health insurance. Additional recommendations include the following:
 - i. Adapt pulmonary-rehabilitation regulations to facilitate broader access to programs outside the hospital setting.
 - ii. Consider opportunities to identify novel ways to help health care providers start and sustain pulmonary-rehabilitation programs and retain patients through the full course of the program — for example, by promoting awareness of best practices and evidence-based guidelines.

Putting the plan into action

- March 19, 2018. NHLBI hosted a national meeting at NIH Bethesda to launch the plan and get input on how to implement it.
- December 10, 2021. NHLBI hosted an international Webinar on Pulmonary Tele-rehabilitation
- April 2022 Forum in Charleston, WV on reducing COPD readmissions. Sponsored by COPD Foundation.

NHLBI Communications office.

Neyal Ammary-Risch

- In 2021 NHLBI launched the [COPD National Action Plan Community Action Tool](#).
Gave groups a way to track and monitor progress on the Action Plan.
- NHLBI's [Learn More Breathe Better® program](#) launched a [Community Subcontract Program](#) to fund organizations around the country to implement innovative health education initiatives for people at-risk, patients, and healthcare providers. Programs have focused on a range of topics from promoting pulmonary rehab, developing outreach strategies for multicultural audiences, reaching rural providers, and more.
- NHLBI's Learn More Breathe Better program develops educational tools and resources for patients and providers. These aid progress for Goals 1 & 2 of the Action Plan. [COPD Healthcare Provider Toolkit](#), [patient edu materials](#), a [COPD Caregiver's Toolkit](#), COPD [social media resources](#), and more.

COPDSOS.org



30 million Americans have COPD, half don't yet know it. With the COVID-19 pandemic, people with COPD are even more vulnerable. They need to be found, protected, and vaccinated. People with COPD have been overlooked and underfunded for too long.



The Appalachian Pulmonary Health Project



APHP Partners

1995



2013



2018



Appalachian Pulmonary Health Project Goal Statement

2018

- To work for the primary prevention of COPD.
- To expand access to quality-assured spirometry in rural areas.
- To expand access to pulmonary rehabilitation in rural areas.
- To provide care management for persons with chronic lung diseases.



Appalachian Pulmonary Health Project Goal Statement

2018

- To work for the primary prevention of COPD.



Tobacco use is the leading cause of preventable disease and death in the United States.

Nearly all tobacco product use begins during youth and young adulthood.

To prevent COPD
PREVENT FIRST USE.

Tobacco use by US Middle and High School Students

	Mid School			High School		
	2017	2018	2019	2017	2018	2019
Any tobacco	5.6	7.2	12.5	19.6	27.1	31
E Cig	3.3	4.9	10.5	11.7	20.8	27.5
Smoking	2.2	1.8	2.3	7.6	8.1	5.8

Finding evidenced-based curriculum

- University of Texas Houston Health Science Center.
- Four 40 minute sessions
- Once a week for 4 weeks
- Interactive, Hands on.
- Free to schools with national CVS funding



The banner features the CATCH My Breath logo at the top left, which includes the text 'CATCH MY BREATH' and 'E-CIGARETTE & VAPOR PREVENTION PROGRAM'. To the right, a red bar contains the text '▶ CATCH My Breath'. The central part of the banner has a blue background with the text 'E-CIGARETTE PREVENTION EDUCATION PROGRAM' in white. Below this text is a photograph of a woman in a pink shirt talking to a man in a striped shirt. At the bottom, there is a yellow bar with the CATCH.org logo, the website 'CATCHmybreath.org', and social media icons for Twitter, Facebook, and YouTube, followed by the text 'CATCHhealth'.

CATCH[®] MY BREATH program impact



192
Students
in avg. 7th grade



17
Will try e-cigarettes
if we do nothing



8
Would be prevented
with CATCH My Breath

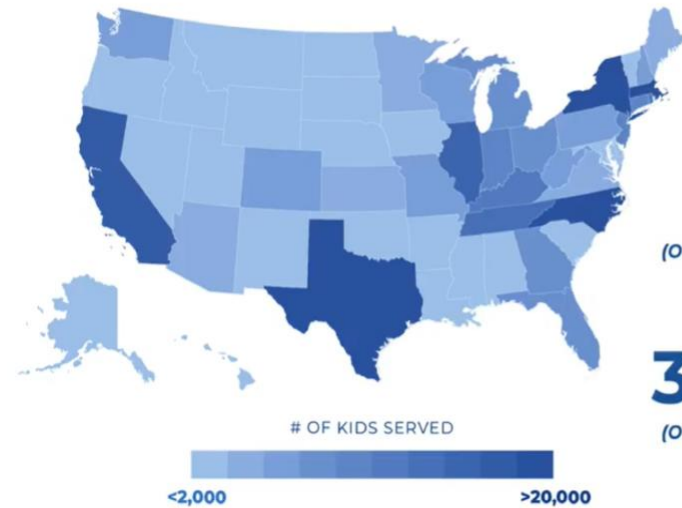


152,000
Fewer 7th graders would try
e-cigarettes this year if implemented
in every public school

CATCH My Breath in U.S.A.

CATCH My Breath Program

2019



CATCH
MY BREATH
E-CIGARETTE & JUUL PREVENTION PROGRAM



49

(+24 from '17-18)

STATES

1,100+

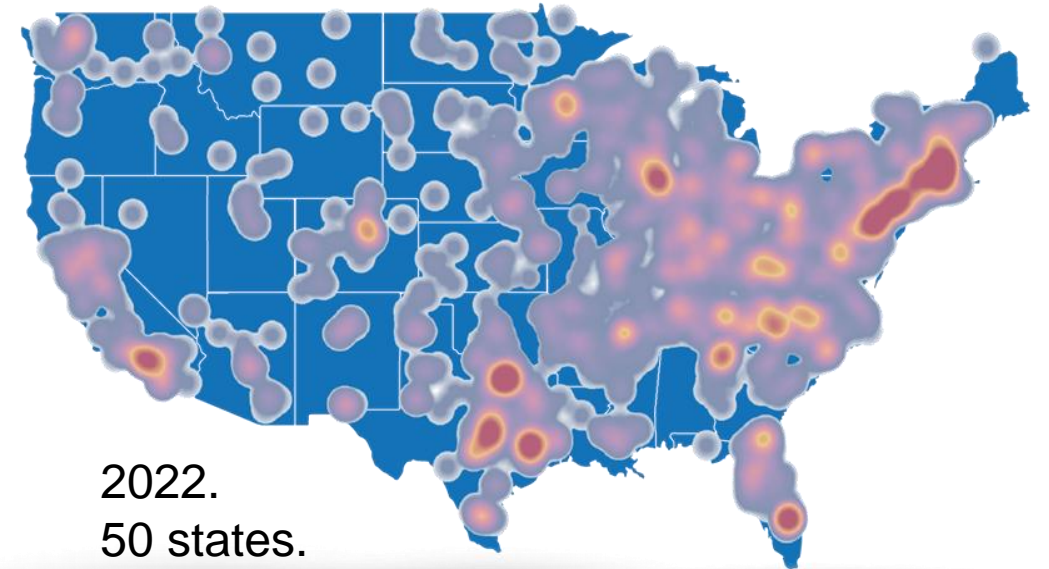
(Over 550% increase from '17-18)

MIDDLE & HIGH SCHOOLS

326,000+

(Over 570% increase from '17-18)

KIDS



2022.
50 states.
5500 schools.
1.8 M students

CATCH My Breath 510. PIHN-Pallottine Foundation 2019-2023 Implementation Outcomes

■ Our commit at baseline

■ 4 counties

■ 10 schools

■ 2400 students

■ As of 12/31/2022

■ 9 counties

■ 25 schools

■ 7000 students

Appalachian Pulmonary Health Project Goal Statement

2018

- To expand access to quality-assured spirometry in rural areas.
- To expand access to pulmonary rehabilitation in rural areas.



Improve access to quality PFT's and Pulmonary Rehabilitation in rural areas

Pulm rehab benefits

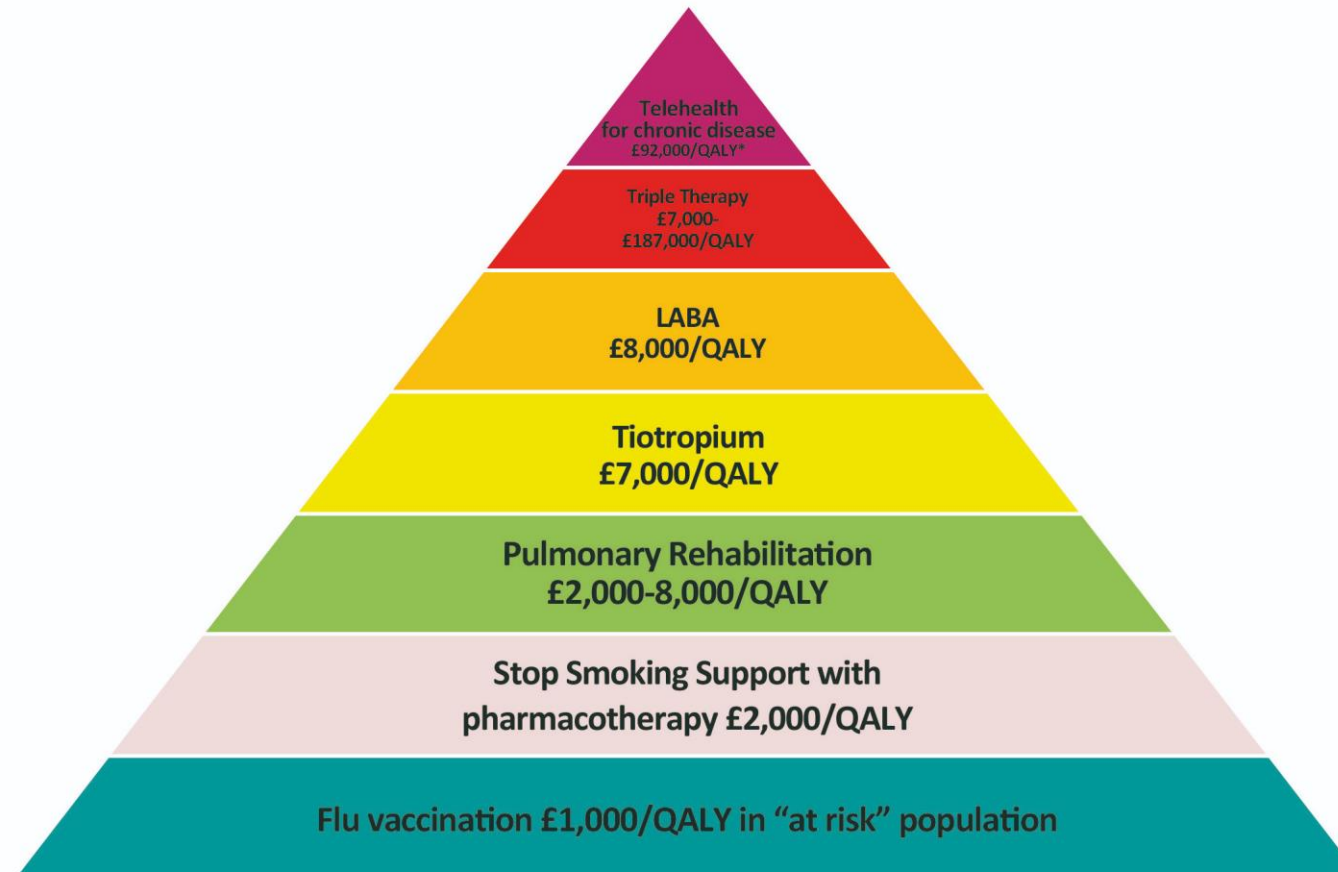
- Reduced dyspnea
- Improved exercise tolerance
- Improved quality of life
- Reduced 30d readmission after AECOPD



The COPD Value Pyramid

(developed by the London Respiratory Network with The London School of Economics and reproduced with permission from the London Respiratory Team report 2013).

This 'value' pyramid reflects what we currently know about the cost per QALY of some of the commonest interventions in COPD. It was devised as a tool for health care organisations to use to promote audit and to ensure adequate commissioning of nonpharmacological interventions.



Rural Pulmonary Rehab

In Autumn 2013, three sites in rural WV received funding from Dorney–Koppel, Benedum and others to provide Pulmonary Rehabilitation services.

- Cabin Creek Health Systems (an FQHC)
- New River Health Association (an FQHC)
- Boone Memorial Hospital (a critical access hospital)



Grand Opening November 2, 2013

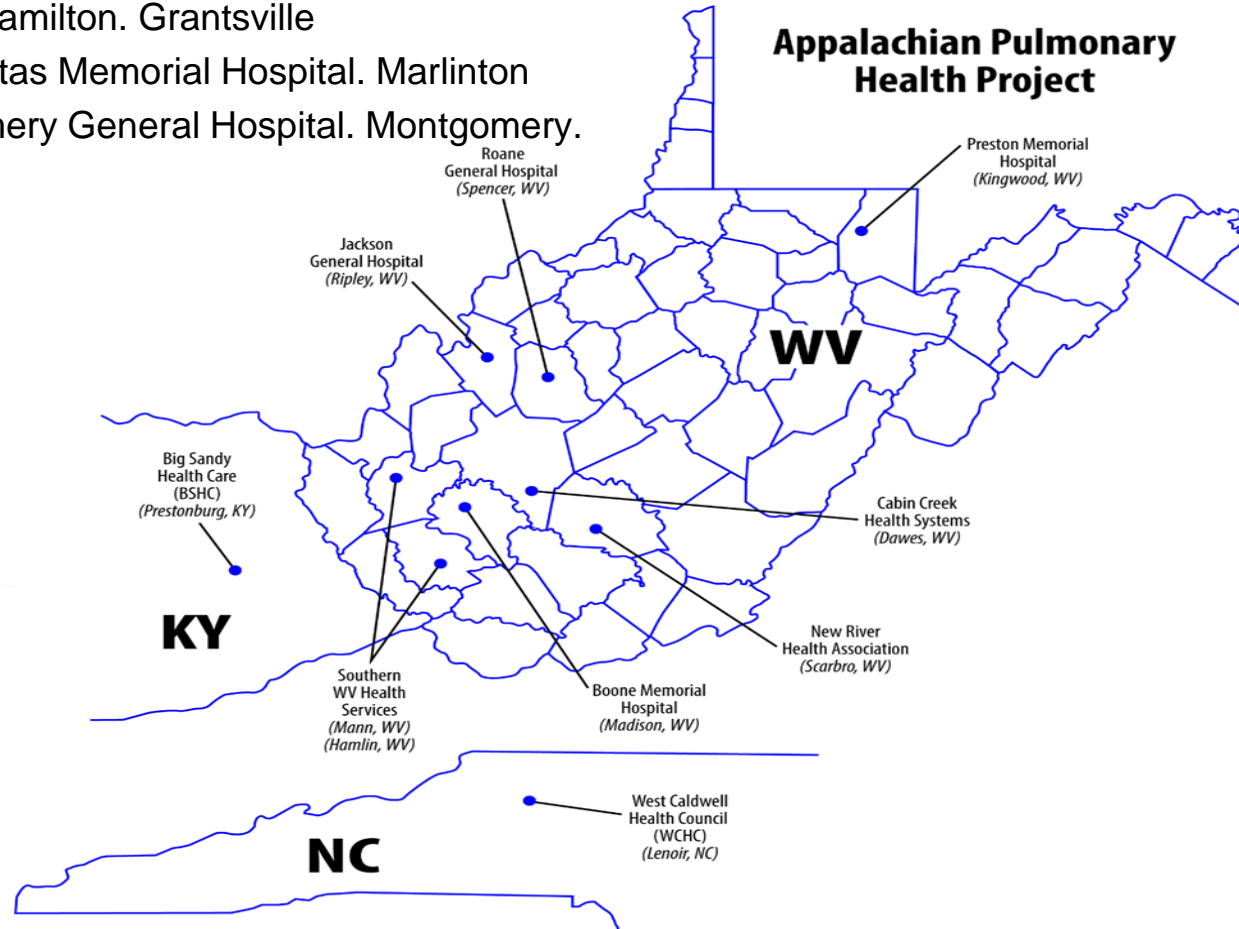


Up next

Appalachian Pulmonary Health Project: a regional collaboration of Grace Anne Dorney Pulmonary rehabilitation centers

10 organizations, 11 sites

- Minnie Hamilton. Grantsville
- Pocohontas Memorial Hospital. Marlinton
- Montgomery General Hospital. Montgomery.

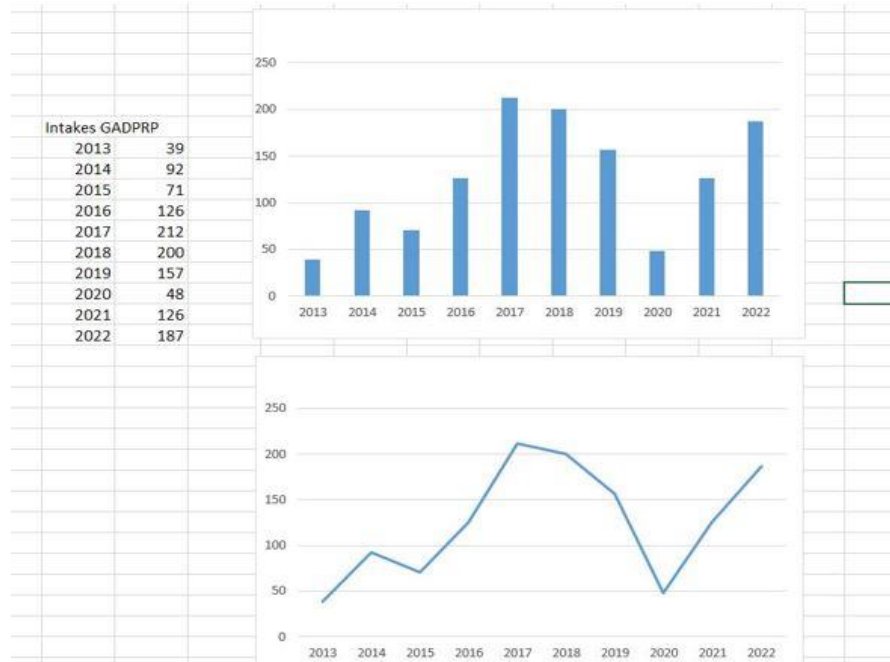


GADPRP Respiratory Therapists Quarterly Meeting 10 20 2017



Over 1000 rural Pulm Rehab intakes since 2013

Intakes per year 2013 to 2022



Appalachian Pulmonary Health Project

Lisa Emery RRT
New River Health



Appalachian Pulmonary Health Project Goal Statement

2018

- To provide care management for persons with chronic lung diseases.



Care coordination with CAMC to improve Pulmonary rehab referral and intake after AECOPD admissions

- CAMC now has a full time RT patient navigator on in-patient side
- Dustin Finney RT
- CAMC has daily COPD admissions report
- APHP director reviews COPD admissions report to identify patients living closer to Cabin Creek, Boone Memorial, New River Health as Pulm Rehab candidates.

QUESTIONS?

Evaluation

- The COPD National Action Plan, 2018-2023
 - **Evaluation & Reflective Questions:**
<https://www.surveymonkey.com/r/MT3XYD3>



QR Code

Activate the camera on your smart phone and scan this QR code to link to the **evaluation**

