

**American Lung Association of Minnesota
January 18, 2007 COPD Summit
Summary Notes**

On Thursday, January 18, 2007 the American Lung Association of Minnesota held its second half-day COPD Summit. The purpose of this summit was to bring together the COPD community, provide a sampling from the Minnesota COPD Assessment Project, gather advice and direction from participants, and launch the Minnesota COPD Coalition. January 18th was selected intentionally to coincide with the National Heart, Lung, and Blood Institute's COPD public awareness campaign launch. Forty-five professionals participated in the summit. The summit was sponsored by Boehringer Ingelheim. This document summarizes the discussion and recommendations from the six facilitated roundtable discussions.

Assessment and Diagnosis of COPD:

1. Promote non-smoking policies
2. Promote annual flu shots
3. Assess patients with symptoms. Don't wait for an acute exacerbation to occur (prevention)
4. Develop and promote a patient-focused questionnaire that patients can take to their physician (focus on daily limitations and dyspnea). This could be a decision support tool for the physician.
5. Develop tools to assess COPD efficiently in the primary care practice
6. Improve assessment of COPD severity level to ensure appropriate medication and oxygen therapy

Advocacy:

1. Increase resources for COPD public awareness
2. Pass tobacco ordinances
3. Decrease outdoor air pollution
4. Increase access to specialty care
5. Increase knowledge of when and how to refer to specialist
6. Support diesel retro fits
7. Promote 24/7 school-bus idling laws
8. Ensure health plans cover smoking cessation treatment
9. Ensure the Minnesota public health infrastructure includes surveillance for COPD

Self-management:

1. Focus on individual/patient; meet the patient where they are at
2. Provide disease management opportunities
3. Promote personal self-management goals for living and dying
4. Promote access and motivation to self-management tools
5. Provide a team approach for patient education and support
6. Balance with HOPE (H____; Opportunity; Put things in order; Expect the best)
7. Provide hospital discharge planning for disease management and end of life

Health Coverage Issues:

1. Conduct baseline study/survey of all Minnesota health plans to assess coverage policies (pulm rehab, oxygen therapy, formularies, disease management, smoking cessation coverage, etc). Is the misperception between health plan and patient OR provider and health plan? Segment the study by Medicare, employees, and pre-retirees.
2. Develop a voluntary Minnesota consensus statement on COPD screening. Ensure it is evidence based, stratified by age, etc. Model the protocol/decision-tree after colonoscopy screening.
3. Develop continuing education programs for pharmacists that are hands-on, interactive, high-level, and about how to teach COPD in one-minute educational bursts.
4. Consider formularies. Example, BCBSM is providing free generics (no co-pay). This is on Minnesota Council of Health Plans' website and available in hardcopy.

Spirometry in the primary care practice:

1. There is no consensus on when to do spirometry
2. Provide training on efficient ways to do spirometry in the primary care practice
3. Increase provider's interpretation skills
4. Train on legal and appropriate coding and reimbursement
5. Develop mobile PFT lab to travel across Minnesota. Link mobile PFT lab with when the pulmonologist visits communities.
6. Connect with Minute Clinics for screening. Patients can take their results to their physician.
7. Ensure simple spirometry equipment is available
8. Promote national database of patients with COPD

COPD Treatment Guidelines:

1. Come to consensus on what guidelines should be followed? ATS, GOLD, ICSI? Is there a difference? We need to assess local practice patterns.
2. Define benchmark for quality COPD care
3. Develop local champions and incentive programs (pay for performance, peer-review, performance measures)
4. Create good practices with new grads
5. Ensure pharmacy involvement
6. Ensure medication reconciliation at hospital discharge (new JACHO 2007 requirement)
7. What are the patient expected goals?
8. Community-based research is needed
9. Pull health plan quality improvement officers together and promote benchmarks
10. Review formularies
11. Reach primary care providers through repeated contacts and increasing the knowledge and expectations of patients/consumers.

Develop a Minnesota-consensus COPD action plan (like a written asthma action plan)