

2009-2010 Minnesota Strategic Action Plan

Infrastructure

1. A **diverse and committed coalition** will implement the 2009-2010 COPD Strategic Action Plan and be the premiere resource in Minnesota for COPD.

- By June 30, 2009 ensure the Minnesota COPD Coalition is comprised of a minimum of 50 organizations and/or 100 individuals. Representation shall include a statewide perspective, Minnesota-based health plans, public health, and senior oriented organizations.
- By June 30, 2009, identify and recruit an employer group to serve on the Minnesota COPD Coalition Leadership Team.
- Secure the financial resources needed to execute the Minnesota COPD Coalition's strategic action plan. These funding sources should be diverse and may come from foundations, government sources, donations, industry, and fee-for-service (ongoing).
- By December 31, 2010, hold Minnesota's fourth COPD summit.

2. The **public health community**, including the Minnesota Department of Health and community health service agencies (local public health), will incorporate COPD into their assessment and planning.

- By July 1, 2010, identify and disseminate information regarding the best practices and disparities to incorporate COPD planning into the work of the public health community.

3. **Healthy People 2020** will include objectives around COPD.

- Current *Healthy People 2010* objective 24-9: Reduce the proportion of adults whose activity is limited due to chronic lung and breathing problems.
- Current *Healthy People 2010* objective 24-10: reduce deaths from COPD among adults.
- By January 1, 2009, share the *Scope of COPD in Minnesota* report with the Department of Health and Human Services Secretary's Advisory Committee to help educate them on COPD.
- During the public input phase of *Healthy People 2020*, mobilize Minnesota COPD Coalition members to provide input by providing them template language and contact information for the Department of Health and Human Services Secretary's Advisory Committee.

The Minnesota COPD Coalition will provide the collective voice addressing COPD issues in Minnesota utilizing the talent, expertise, and passion of those participating.

—Cheryl Sasse, RRT

- In January 2010, when the *Healthy People 2020* is released, review the COPD related goals and objectives and determine how they relate with Minnesota's COPD strategic action plan.

Surveillance and Evaluation

COPD is like a well disguised thief that steals the pleasure from the lives of mature Americans. We need to identify the thief and offer hope to those who are losing years of productive and enjoyable life to COPD.

—Barbara Yawn, MD, MSc,
FAAFP, Olmsted Medical Center

1. The COPD **surveillance system** for Minnesota will be refined and continued.
 - By December 31, 2009 and December 31, 2010, ALAMN will collect, analyze, and report annual COPD-related mortality data from the Minnesota Department of Health's Vital Statistics. Data should include incidence, prevalence, demographics, cost, and co-morbid conditions.
 - By December 31, 2009 and December 31, 2010, ALAMN will collect, analyze, and report annual hospitalization and emergency department data from the Minnesota Hospital Association. Data should include incidence, prevalence, demographics, cost, and co-morbid conditions.
2. COPD **treatment patterns** will be described by focusing on health plan administration pharmacy claims.
 - By July 1, 2009, ALAMN will conduct a second phase of health plan administrative data analysis, including pharmacy claims, oxygen therapy, and pulmonary rehabilitation.
3. The Minnesota Department of Health Environmental Tracking Program will conduct surveillance of chronic lower respiratory disease in adults for purposes of identifying and quantifying a population that is vulnerable to environmental triggers.
4. The Minnesota COPD Coalition will share their data, tools, and experiences through **professional publications**, presentations, press releases, and other venues.
 - By January 1, 2009, publish *Patient Identified Needs for Chronic Obstructive Pulmonary Disease (COPD) Versus Billed Services for Care Received* in the International Journal of COPD.
 - By December 31, 2009, submit an article on the impact of COPD selection criteria when working with health plan administrative data sets.
 - Utilize these professional journal articles with secondary audiences to build awareness of COPD and credibility of the Minnesota COPD Coalition (ongoing).

4. Evaluation will be used to measure coalition processes and efforts.
 - Conduct an ongoing process evaluation of the Minnesota COPD Coalition Leadership Team and workgroups.
 - Conduct process and outcome evaluation for all programs.
 - Measure the impact of the Minnesota COPD Coalition by measuring changes in COPD mortality and morbidity over time.

Reducing tobacco use will greatly reduce COPD.

—Pat McKone, President
Minnesota Smoke-free Coalition

Advocacy

1. The Minnesota COPD Coalition will take an **active advocacy role** related to the disease, its causes, and management.
 - The Minnesota COPD Coalition will identify individuals with COPD, caregivers, and pulmonary experts to educate policy makers about healthy indoor and outdoor air quality (ongoing).
 - By January 1, 2010, the Minnesota COPD Coalition will identify best practices around advocacy for the treatment and management of COPD.
2. COPD has a voice in the development of the **medical home concept** in Minnesota.
 - Ensure the Minnesota COPD Coalition is at the planning table related to the medical home concept (ongoing).
 - By December 31, 2010, provide COPD related training to care coordinators.
 - By December 31, 2010, the Minnesota COPD Coalition will draft standards for COPD care coordination.
3. Minnesota-based health plans will provide **coverage** for services and medications necessary for guidelines-based COPD care.
 - Partner with the Minnesota Council of Health Plans to facilitate the information gathering from and conversations with Minnesota-based health plans (ongoing).
 - Update the Minnesota COPD Coalition's Health Plan COPD Coverage assessment annually.
 - Minnesota COPD Coalition Leadership Team and workgroups will review coverage policies annually. Based on current coverage policies, advocate for health plans to provide consistent, appropriate coverage.
4. The Minnesota COPD Coalition will provide input into Institute for Clinical Systems Improvement's (ICSI's) COPD guideline development and review (ongoing).

The Minnesota adult smoking rate is now down to 17%. National rates are currently stalled at 20%. (Minnesota Adult Tobacco Survey, 2007)

COPD is more than a smoker's disease. It is a disease that affects many people's lives in every single breath they take.

—Heather Steffens, RRT, AE-C

Pulmonary rehab has helped me to understand and deal with my COPD.

—Joan

I thought my life was over, but after pulmonary rehab, I have hope again.

—Gene

5. The Minnesota Community Measurement Project (www.mnhealthcare.org), in partnership with the Minnesota COPD Coalition, will develop COPD-related measures.
 - By July 1, 2010, the Minnesota COPD Coalition will develop appropriate measures for COPD.
 - By incorporating COPD-related measures in the Minnesota Community Measurement Project, COPD will increase in priority among health care systems (ongoing).

Public Awareness

1. The **public will be aware** of COPD, what it is, the causes of COPD, who is at risk, and what to do if you are concerned about your lung health.
 - On January 1, 2009, launch a public awareness campaign about COPD statewide in partnership with National Heart, Lung, and Blood Institute's national campaign. This campaign will be through the development of a Minnesota-specific speaker's kit that compliments the NHLBI's materials.
 - By December 31, 2009 and December 31, 2010, a minimum of 24 presentations about COPD will be conducted throughout Minnesota.
 - By December 31, 2009 and December 31, 2010, place a minimum of 12 articles (each year) in newspapers, newsletters, and/or organizational publications.
2. Individuals with COPD, caregivers, and health care professionals will receive **regular communication** about the Minnesota COPD Coalition and its efforts through a monthly electronic newsletter that highlights upcoming events, new research, new medications, and other breaking news.
3. Increase the awareness of **pulmonary rehabilitation** among individuals with COPD, caregivers, and the health care community.
 - By January 1, 2009, develop a pulmonary rehabilitation networking workgroup.
 - By October 1, 2009, launch a statewide awareness campaign about the benefits of pulmonary rehabilitation.

Patient and Caregiver Education

1. Individuals with COPD and their caregivers will receive **education** about their disease and develop self-management skills in a variety of settings.
 - By December 31, 2009, develop *Managing Your COPD: What You Need to Know* patient/caregiver **education tool** for use during hospitalizations or in the clinic setting.
2. Maintain a premiere and comprehensive **online COPD clearinghouse** for individuals with COPD, caregivers, and health care professionals.
 - Continue to provide educational materials online.
 - Continually build and maintain the existing database of pulmonary rehabilitation programs and support groups in Minnesota.
 - By April 1, 2009, develop and maintain an online database of Minnesota home care companies in Minnesota.
 - By April 1, 2009, develop and maintain an online database of Minnesota-based clinical trials and opportunities for patients to participate.
3. Individuals with COPD would be able to **access pulmonary rehabilitation**.
 - By November 1, 2009, create step-by-step guidance about pulmonary rehabilitation to help clinics/hospitals in smaller communities to replicate successful pulmonary rehabilitation programs.
 - By July 1, 2010, develop, implement, and evaluation a condensed, one-hour self-management educational program to be delivered in senior centers, community education programs, and community centers.
 - By June 30, 2009, create a customizable informational flier about pulmonary rehabilitation that would be available online and used by clinics, hospitals, and other settings to explain and market their program.
 - By October 31, 2009, identify the pulmonary rehabilitation reimbursement codes and coverage policies for Minnesota-based health plans and Medicare.
 - By January 1, 2009, create a COPD reimbursement code template. Periodically review this document and update based on the new 2009 federal reimbursement for pulmonary rehabilitation.

I didn't know what else to do for my patients with COPD.
—Family Physician

Someone can't take care of something they don't even know they have.

—Sue Strohman, RCP, CPFT
St. Mary's Duluth
Clinic Health System

Few family physicians (15%) report that they believe COPD treatment was useful or very useful for improving symptoms.
(Yawn, 2008)

4. Educational materials will be available to individuals with COPD, caregivers, and health care professionals through a variety of formats, including web-based, CD-rom, and print.

Early Assessment and Diagnosis

1. Health care professionals will utilize a **screening questionnaire** for the early diagnosis of COPD.
 - By March 1, 2009, convene an ad hoc workgroup to select screening tool(s) to use.
 - By May 1, 2009, have Minnesota COPD Coalition logo printed on selected tool(s).
 - By June 1, 2009, have screening questionnaire available online.
 - By December 31, 2010, utilize 20 venues (clinics, health fairs, public events, etc.) for distribution of the tool.
2. **Spirometry** will consistently be used in the diagnosis and management of COPD.
 - By February 1, 2009, collect information about current use for spirometry in the primary care practice.
 - By August 1, 2009, assess the need for a mobile spirometry unit for primary care use in Greater Minnesota. This mobile unit would augment existing clinical services in Greater Minnesota.
 - By July 1, 2009, develop and market a statewide spirometry consultation ("over-reading") service.
 - By December 31, 2010, conduct four ALAMN's *Interpretation and Implementation of Spirometry in the Primary Care Practice* full-day trainings across Minnesota.

Management and Treatment of COPD

1. Health care professional education/**prepatory programs** will include COPD in their curricula.
 - By March 1, 2009, meet with at least two health professional schools to discuss developing a COPD curriculum for their students and meet with at least two primary care residency (family medicine or internal medicine) programs to discuss how to incorporate COPD in their program.
 - By August 1, 2009, develop curriculum objectives and content.
 - By September 1, 2009, begin implementing curriculum in at least two health professional programs and at least two residencies.
 - By June 1, 2010, meet with schools/residencies using curriculum to review evaluation findings.

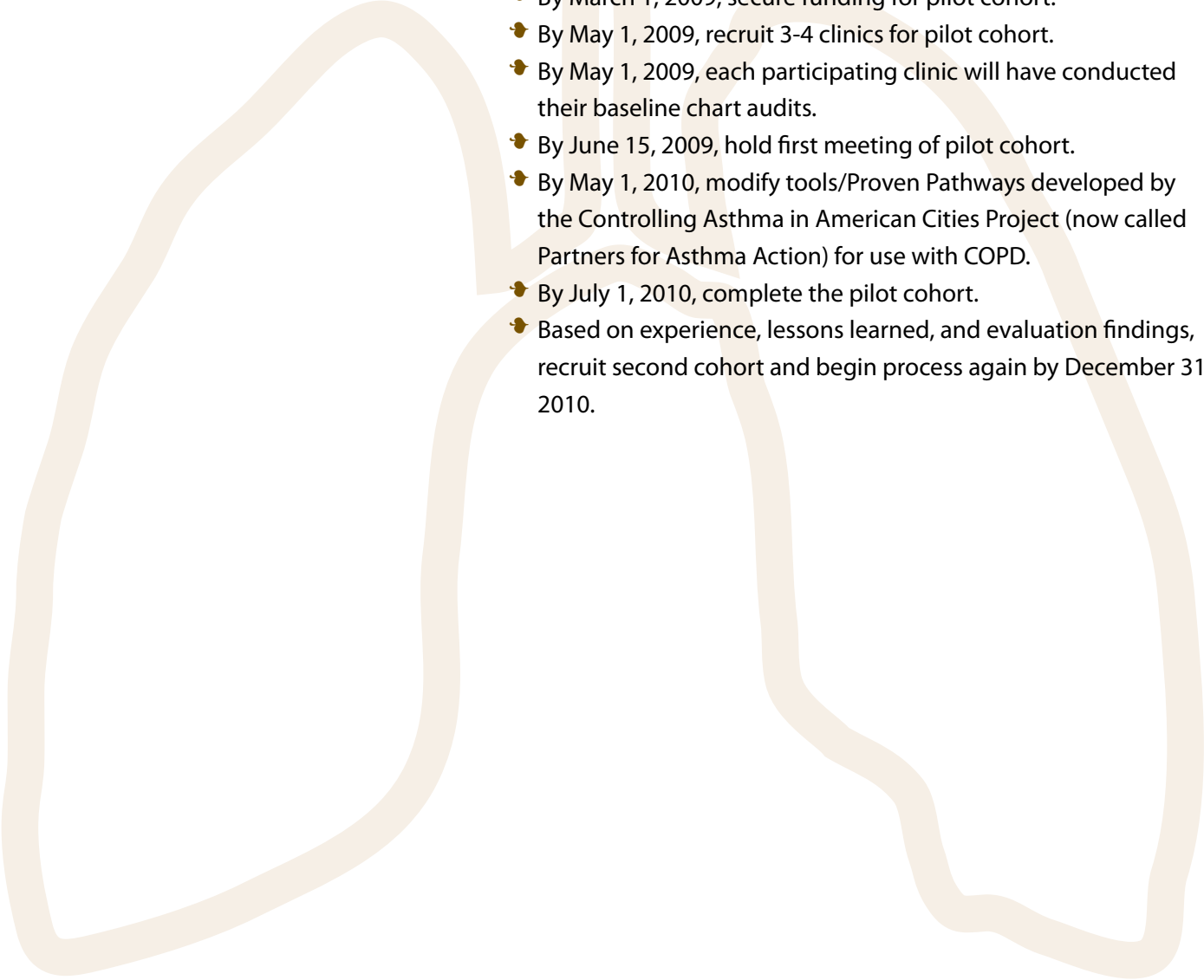
2. Health care professionals will recognize **smoking cessation** is key to COPD prevention and progression and they have the tools to counsel their patients.
 - Complement the efforts of the American Lung Association of Minnesota, ClearWay Minnesota, and Minnesota Smoke-free Coalition related to smoking cessation.
 - Promote tobacco cessation resources, including guidelines, state quitline, and American Lung Association Helpline, in all professional education venues.
 - Develop a Minnesota COPD Coalition quick glance guide for smoking cessation.

3. Patients with COPD will receive guidelines-based COPD **treatment and management** by health care professionals.
 - By July 1, 2009, conduct a **roundtable forum** with at least 12 primary care providers to identify ways to improve COPD identification and treatment in the primary care setting.
 - During 2009 and 2010, work with the Minnesota Chapter of the Academy of Family Practice, Society of General Internal Medicine, and Minnesota Nurse Practitioner Association to have COPD covered in their professional associations' annual refresher courses.
 - In 2009 and 2010, deliver the American Lung Association of Minnesota's existing **continuing medical education** course addressing guidelines-based COPD treatment and management to at least 100 health care professionals each year (total 200).
 - In 2009 and 2010, deliver the American Lung Association of Minnesota's **COPD Educator Course** for 40 health care professionals each year (total 80).
 - Promote the use of the Minnesota COPD Coalition **quick glance guides**, including COPD guidelines, spirometry, oxygen therapy, coding for COPD, and COPD Action Plan through all professional education courses.
 - Explore embedding COPD decision support tools into electronic medical records.

4. In January 2009 and January 2010, the Minnesota COPD Coalition will partner with ALAMN on their *Faces of Influenza* campaign to ensure individuals with COPD understand the value of receiving an annual **influenza vaccination**.

Patients with COPD can live better lives with the proper education, medication, follow-up, and support.

—Timothy Rich, MD
St. Mary's Medical Center

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5. **Pharmacists** will have the capacity to educate individuals with COPD about their disease, medications, and self-management.
 - By December 31, 2010, provide COPD-specific medication therapy management program for 150 pharmacists statewide.

 6. A **clinic-based systems change** initiative will assist primary care clinics to deliver guidelines-based COPD care.
 - By February 1, 2009, identify project champion.
 - By March 1, 2009, secure funding for pilot cohort.
 - By May 1, 2009, recruit 3-4 clinics for pilot cohort.
 - By May 1, 2009, each participating clinic will have conducted their baseline chart audits.
 - By June 15, 2009, hold first meeting of pilot cohort.
 - By May 1, 2010, modify tools/Proven Pathways developed by the Controlling Asthma in American Cities Project (now called Partners for Asthma Action) for use with COPD.
 - By July 1, 2010, complete the pilot cohort.
 - Based on experience, lessons learned, and evaluation findings, recruit second cohort and begin process again by December 31, 2010.