TMF Quality Innovation Network

Special Innovation Project: Chronic Obstructive Pulmonary Disease

Empowering patients to reduce hospital admissions for acute exacerbations of COPD

The third leading cause of death in the United States is chronic obstructive pulmonary disease (COPD), affecting 16 million Americans and millions more who likely do not know they have the disease. COPD costs the United States over $32 billion a year.[1] Since 1969, the death rate for COPD has doubled, even as the number of deaths for other chronic conditions has declined.[2]

A Collaborative Approach

To reduce the high prevalence of COPD in the tristate area of Arkansas, Missouri and Oklahoma, the TMF Quality Innovation Network Quality Improvement Organization (QIN-QIO), led by TMF Health Quality Institute in Oklahoma, has partnered with the Arkansas Foundation for Medical Care and Primaris in Missouri. The TMF QIN-QIO will provide chronic disease management in the primary care setting that focuses on quick recognition of worsening symptoms and proper self-management of COPD exacerbation—a period of time when COPD becomes more active. Through participation in this Special Innovation Project (SIP), primary care physicians will work with TMF QIN-QIO consultants to educate patients and implement a standardized approach to manage COPD and other chronic diseases. The goal with using this approach is to help identify patients at risk for admission to the emergency department (ED).

Additionally, by participating in this project, primary care physicians will learn how to empower patients to manage their condition by providing them with a COPD rescue pack that includes tools to proactively identify and begin medication therapy. This intervention is designed to be patient centered and easily adaptable to manage other chronic diseases. When patients feel confident to manage COPD and other chronic diseases they may have, the hope is they will ultimately feel motivated to take an active role in managing their overall health, which should result in better health outcomes.

COPD rescue packs have demonstrated results. A primary care practice in Arkansas, working under the Center for Medicare & Medicaid Innovation's Comprehensive Primary Care initiative, credits the rescue pack intervention as contributing to the practice's 11 percent drop in ED visits over a one-year period. Another practice in Oklahoma concluded a 75 percent reduction in COPD ED utilization. By participating in the COPD SIP, primary care providers can test this initiative on a larger scale.[3]

Continued →

1. COPD National Action Plan aims to reduce the burden of the third leading cause of death https://www.nih.gov/news-events/news-releases/copd-national-action-plan-aims-reduce-burden-third-leading-cause-death 8 June 2017

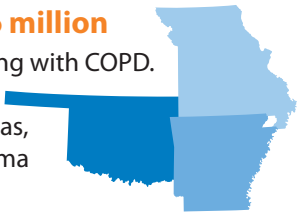
2. Jiemin Ma, Elizabeth M. Ward, Rebecca L. Siegel, and Ahmedin Jemal., "Temporal trends in mortality in the United States, 1969-2013." JAMA, 314 (16), pp.1731-1739 (October 27, 2015)

3. Case studies from the Comprehensive Primary Care initiative, May 2017

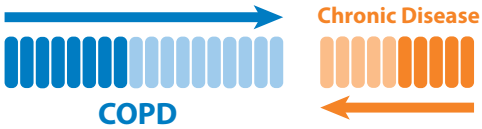
There is no cure for COPD, so **teaching patients to self-manage the disease is** *vital.*

COPD is the **third leading cause of death** behind heart disease and cancer.

Primary care physicians have documented that **16 million Americans** are living with COPD. That's more than the population of Arkansas, Missouri and Oklahoma combined.



But the real number is unknown, as **millions more do not know they have the disease.**



Other chronic disease deaths have declined in the last 50 years. **COPD deaths have doubled**, making it a growing concern for Americans.

How can your facility help?

Join the COPD Special Innovation Project.

Work with the TMF QIN-QIO to **reduce COPD hospital admissions** and **emergency department visits** by educating patients to manage their disease.

Sources: National Institutes of Health
The Journal of the American Medical Association

Goals

The goal for this two-year project, which ends in September 2019, is to decrease hospital admissions and ED visits for acute COPD exacerbations by 10 percent in Arkansas, Missouri and Oklahoma. Primary care physicians will work with the TMF QIN-QIO to achieve this goal and accomplish the following:

- Empower patients to make decisions about their health care, resulting in better health outcomes and better care from primary care physicians
- Reduce ED visits and hospital admissions by spending time effectively educating patients on how to manage COPD
- Learn to scale COPD workflows so providers can identify patients at risk for other diseases and adapt patient self-management methods so patients learn to manage other chronic diseases

Key Strategies and Interventions

With support from TMF QIN-QIO consultants, primary care physicians will receive the following benefits by participating in this project:

- Technical assistance, training via webinars and COPD resources, which will center on best practices for managing COPD and implementing workflows within the practice
- Guidance for identifying a care team and implementing a standardized approach to chronic disease management
- Help with implementing a standardized workflow to identify high-risk patients
- COPD rescue packs to empower patients to self-manage COPD exacerbations, which will include the following:
  - A patient education packet on COPD with instructions on how to use the packet
  - Appropriate prescriptions for medications for each patient to help manage their condition(s)
  - A medical information card explaining the medications and side effects
  - The American Lung Association Symptom Classification List
  - A personalized action plan
  - The clinician's contact card

Contact Us

To learn more about the TMF QIN-QIO, go to www.tmfqin.org. Contact Marlene Kennard, MA, RRT, CPHQ, to sign up and obtain details about the COPD SIP.

Marlene Kennard, MA, RRT, CPHQ
Project Manager
marlene.kennard@area-b.hcqis.org
512-677-0712

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